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GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 24, 2014

Statewide Medicaid Managed Care (SMMC) Contract Interpretation

Contract Interpretation: 14-01

Applicable to:

- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan

The purpose of this contract interpretation is to provide guidance on the enhanced standards specifically related to claims and provider payment, enrollee services, and utilization management that were negotiated as a part of the Managed Medical Assistance (MMA) Invitation to Negotiate process and their applicability to the Long-term Care (LTC) program.

The enhanced standards related to claims and provider payment, the toll-free enrollee help-line, and utilization management are codified in Attachment II (Core Provisions) in the following sections:

- Claims and Provider Payment: Attachment II, Section VIII.D.2., Claims Provisions, sub-item e.
- Enrollee Services: Attachment II, Section IV.B.2., Toll-Free Enrollee Help Line, sub-item h.
- Utilization Management: Attachment II, Section VII.G.2., Service Authorization System, sub-item e., Section VII.G.6., Notices of Action, sub-items b. – e., and Section VII.G.6., Notices of Action to Enrollees, sub-item b.

Attachment II includes contract provisions that apply to all managed care plans unless specifically noted otherwise. Accordingly, Comprehensive LTC Plans are required to adhere to these standards for both their MMA and LTC lines of business.

Comprehensive LTC Plans shall be in compliance with the enhanced standards in accordance with the implementation schedule below:

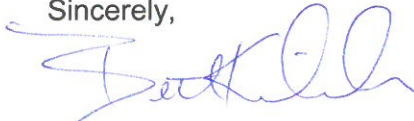
Regions	Implementation Date
2, 3, and 4	May 1
5, 6, and 8	June 1
10 and 11	July 1
1, 7, and 9	August 1



Pursuant to Attachment II, Section XII.I. Disputes, the Managed Care Plan must submit, within twenty-one (21) days after the interpretation of the Contract, a written dispute of the Contract interpretation directly to the Deputy Secretary. This submission shall include all arguments, materials, data, and information necessary to resolve the dispute (to include all evidence, documentation and exhibits). All other provisions in this section apply.

If you have questions or concerns, please contact your Agency contract manager at (850) 412-4004.

Sincerely,



Beth Kidder
Assistant Deputy Secretary
for Medicaid Operations

BK/sh