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GOVERNOR

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SECRETARY

April 1, 2014

Statewide Medicaid Managed Care (SMMC) Contract Interpretation

Contract Interpretation: 14-02

Applicable to:

- Comprehensive Long-term Care 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 development of contracts with the Florida Medical School Quality Network in accordance with s. 409.975(2), F.S.

The standards related to contracting requirements between the Managed Care Plan and the Florida Medical School Quality Network are codified in Attachment II (Core Provisions) in the following sections:

- General Overview: Attachment II, Section II.D.19., General Responsibilities of the Managed Care Plan.
- Quality and Utilization Management: Attachment II, Section VII.A.1., General Provisions.

The Agency for Health Care Administration has determined it is sufficient for MMA and Comprehensive LTC plans to have cooperative agreements with the Florida Medical School Quality Network, versus contractual agreements. Accordingly, the following provisions in the SMMC Contract executed on February 6, 2014 should be interpreted as follows:

- General Overview: Attachment II, Section II.D.19., General Responsibilities of the Managed Care Plan: The Managed Care Plan shall cooperate with the Agency and the EQRO and shall have a cooperative agreement with the Florida Medical School Quality Network when the network becomes operational, in accordance with s. 409.975(2), F.S.
- Quality and Utilization Management: Attachment II, Section VII.A.1., General Provisions: The Managed Care Plan shall have a cooperative agreement with the Florida Medical School Quality Network when the network becomes operational, in accordance with s. 409.975(2), F.S.

These updated provisions will be incorporated into the SMMC Contract during the next amendment.

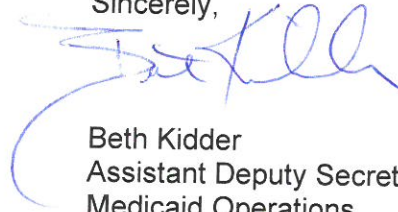
Pursuant to Attachment II, Section XII.I. Disputes, the Managed Care Plan must submit, within twenty-one (21) days after the interpretation of the Contract, a written dispute of the Contract



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 contract manager at (850) 412-4004.

Sincerely,



Beth Kidder
Assistant Deputy Secretary for
Medicaid Operations

BK/ccj