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July 25, 2014

## Statewide Medicaid Managed Care (SMMC) Contract Interpretation

### Contract Interpretation: 14-04

#### Re: Newborn Enrollment and Circumcision Services

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 document is to provide guidance on the process of enrolling a newborn recipient when the mother is enrolled in a specialty plan in accordance with 409.977(3) and 409.969(1), Florida Statutes.

The requirement which restricts recipients from enrolling in a managed care plan when they do not meet the clinical criteria of the plan is codified in:

- Attachment II, Section III.B,1.b., Enrollment.

The requirement of the plan to enroll a newborn child into the mother's plan is codified in:

- Attachment II, Exhibit II-A, Section III.B.1.a., Notification of Enrollee Pregnancy.

Newborns are enrolled in the managed care plan of the mother unless the mother chooses another plan or the newborn does not meet the enrollment criteria of the mother's plan. When a newborn does not meet the criteria to be enrolled in the mother's plan, the newborn will be enrolled in a standard plan assigned by the Agency or chosen by the mother. To that end, the Agency provides the following guidance:

1. Managed Medical Assistance plans must comply with the unborn activation process outlined in Attachment II, Exhibit II-A, Section III. B.1.b., c., and d.
2. All newborns are the responsibility of the assigned or chosen plan, retroactive to birth.
3. Circumcisions are covered by Medicaid only when medically necessary; elective circumcisions are not covered. If the newborn is ineligible for enrollment in the mother's plan and instead is enrolled in a standard MMA plan that does not cover elective circumcisions as an expanded benefit, the mother's plan will cover the elective circumcision if it is an expanded benefit in the mother's plan.
4. Additionally, specialty plans must comply with the following process:

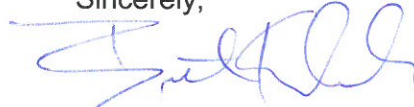


- Pregnant women enrolled in a specialty plan must be informed by the plan that if the child does not meet the criteria for enrollment in the specialty plan at birth, the Agency will assign a standard MMA plan unless the mother chooses another plan.
  - Choice counseling will be available to assist the mother in choosing a plan.
  - The mother of the child has 90 days after the child's enrollment in a plan to choose a different plan for any reason.

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/ha