



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

November 9, 2017

## Statewide Medicaid Managed Care (SMMC) Contract Interpretation

### Contract Interpretation: 17-02

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
- Children's Medical Services (CMS) Plan

Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

### Re: Update to Encounter Data Reporting Requirements

Pursuant to Section 627.6385(3) and 641.54(7), Florida Statutes (F.S.), each health insurer that participates in Medicaid managed care pursuant to part IV of chapter 409 F.S. must contribute all claims data from Florida policy holders held by the insurer and its affiliates to the contracted vendor selected by the Agency under Section 408.05(3)(c), F.S. The purpose of this contract interpretation is to clarify the reporting mechanism for submission of such claims data pursuant to Attachment II, Section VIII.D.1.p. of the contract.

The current contract requires the managed care plan to submit encounter data for all services, including expanded benefits, rendered to its enrollees (excluding services paid directly by the Agency through the fee-for-service delivery system). (Attachment II, Section VIII.E.1.a)<sup>1</sup> The managed care plan must submit all claims data to the vendor beginning July 1, 2017. To promote administrative efficiency, the Agency will submit all encounter data it receives from the managed care plans to the vendor on behalf of the managed care plan in satisfaction of this requirement. Thus, managed care plans are relieved of the contractual requirement to directly submit claims data to the vendor as described in Attachment II, Section VIII.D.1.p.

Pursuant to Attachment II, Section XII.I.1.<sup>2</sup> 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.

Please submit such written requests to the following address:

<sup>1</sup> The citation for the CMS Plan contract is Attachment I, Section VIII.E.1.a.

<sup>2</sup> The citation for the CMS Plan contract is Attachment I, Section XII.I.1.



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Attn: Ms. Beth Kidder  
Deputy Secretary for Medicaid  
Agency for Health Care Administration  
Managed Care Appeals/Disputes, MS #70  
2727 Mahan Drive  
Tallahassee, FL 32308

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

Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive style with a prominent initial "S".

Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/mf