



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 10, 2017

Statewide Medicaid Managed Care (SMMC) Contract Interpretation

Contract Interpretation: 17-01

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
- Children's Medical Services (CMS) Plan

Applicable to enrollees in:

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

Re: Alteration of Encounter Data

Encounter data collection and submission is required from the managed care plan for all services, including expanded benefits, rendered to its enrollees (excluding services paid directly by the Agency through the fee-for-service delivery system). The managed care plan must submit complete, accurate and timely encounter data to the Agency as defined in the contract. (Attachment II, Section VIII.E.2.c.¹) The managed care plan must institute processes to ensure the validity and completeness of the data, including reports, it submits to the Agency. Data elements include, but are not limited to: enrollee ID, date of service, assigned Medicaid provider ID, category and subcategory (if applicable) of service, diagnosis codes, procedure codes, revenue codes, date of claim processing, and (if and when applicable) date of claim payment. (Attachment II, Section VIII.C.3.c.²) The managed care plan must implement and maintain review procedures to validate encounter data submitted by providers. (Attachment II, Section VIII.E.2.b.³) The purpose of this contract interpretation is to provide clarification of the Agency's managed care policy regarding alteration of claims submitted by health care providers to managed care plans prior to the managed care plan submitting encounter data to the Agency.

The managed care plan must submit encounter data to Florida Medicaid without alteration or omission. All encounter data must meet the HIPAA X12N EDI standards for completeness and accuracy. In order to maintain the integrity of the claims submitted by a health care provider to a managed care plan, altering any data on claims before submission to the Agency as encounter data, is strictly prohibited. If the managed care plan determines changes to the encounter data

¹ The citation for the CMS Plan contract is Attachment I, Section VIII.E.2.c.

² The citation for the CMS Plan contract is Attachment I, Section VIII.C.3.c.

³ The citation for the CMS Plan contract is Attachment I, Section VIII.E.2.b.



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are needed, the managed care plan must work with its health care provider to require submission of an adjustment to the claim paid by the managed care plan.

Pursuant to Attachment II, Section XII.I.1.⁴ 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:

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

Sincerely,



Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/dvp

⁴ The citation for the CMS Plan contract is Attachment I, Section XII.I.1.