



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 18, 2015

Statewide Medicaid Managed Care (SMMC) Contract Interpretation

Contract Interpretation: 15-04

Re: Claims Payment Provisions in the Statewide Medicaid Managed Care Program

Applicable to:

- Long-term Care Provider Service Network (PSN)
- 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 Network (CMSN) Plan

The Statewide Medicaid Managed Care (SMMC) Contract as amended on April 15, 2015 requires that the managed care plan must comply with the following standards regarding timely claims processing for all providers:

- (a) The managed care plan must pay fifty percent (50%) of all clean claims submitted within seven (7) days.
- (b) The managed care plan must pay seventy percent (70%) of all clean claims submitted within ten (10) days.
- (c) The managed care plan shall pay ninety percent (90%) of all clean claims submitted within twenty (20) days. (Attachment II, Section VIII.D.2.e.(5)¹)

The purpose of this contract interpretation is to clarify claims payment provisions as revised in the April 15, 2015 SMMC contract amendment. In addition, the managed care plan must ensure that claims are processed and comply with the federal and state requirements set forth in 42 CFR 447.45 and 447.46 and Chapter 641, F.S., whichever is more stringent. (Attachment II, Section VIII.D.1.e.²)

The Contract defines a claim as a bill for services, a line item of service, or all services for one (1) recipient within a bill, pursuant to 42 CFR 447.45, in a format prescribed by the Agency through its Medicaid provider handbooks. A clean claim is a claim that can be processed without obtaining additional information from the provider of the service or from a third party. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity, pursuant to 42 CFR 447.45. (Attachment II, Section I.A.³)

¹ The citation for the CMSN plan is Attachment I, Section VIII.D.2.e.(5).

² The citation for the CMSN plan is Attachment I, Section VIII.B.3.a.

³ The citation for the CMSN plan is Attachment I, Section I.A.



The standards for timely claims processing do not apply to:

- Claims submitted for non-covered services,
- Services provided to a recipient not enrolled in the managed care plan,
- Claims for services that require prior approval and approval has not been obtained,
- Claims from providers under investigation for fraud or abuse,
- Claims that cannot be processed without obtaining additional information, adjustment, or alteration by the provider of the service or from a third party in order to be processed by the managed care plan; and
- Claims that are not fully compliant with all coding, HIPAA or any other billing standards, and/or billing protocols adopted by the managed care plan required to process the claim.

Except as required under the Early Periodic Screening, Diagnosis and Treatment benefit, the managed care plan is not responsible for payment of non-covered services that are not a benefit under either the Medicaid State Plan or the managed care plan. (Attachment II, Section II.A., Non-Covered Service.⁴)

Pursuant to Attachment II, Section XII.I⁵. 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: Mr. Justin Senior
Deputy Secretary for Medicaid
Agency for Healthcare 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,



Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/dp

⁴ The citation for the CMSN plan is Attachment I, Section II-A.

⁵ The citation for the CMSN plan is Attachment I, Section XI.F.