



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 19, 2016

Statewide Medicaid Managed Care (SMMC) Contract Interpretation

Contract Interpretation: 16-02

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: National Standards

The SMMC contract allows that managed care plans may utilize a national standardized set of criteria (e.g. Interqual*) or other set of criteria approved by the Agency as a guide to approving covered services. These criteria must not be used to deny, reduce, suspend or terminate a good or service. (Attachment II, Section VII.G.1.e.¹) The purpose of this contract interpretation is to clarify application of national standardized criteria in conducting utilization management activities and issuing notices of action to enrollees.

Managed care plans may utilize a national standardized set of criteria (e.g. Interqual*) or other evidence-based guidelines approved by the Agency to approve services. Such criteria and guidelines must not solely be used to deny, reduce, suspend or terminate a good or service, but may be used as evidence of generally accepted medical practices which support the basis of a medical necessity determination.

The managed care plan must provide each enrollee with a written notice of action using the template approved by the Agency that must include, in addition to other reasons cited in Attachment II, Section VII.G.6.a.² of the contract, the specific elements of the criteria that were not met and resulted in the plan's action to deny, reduce, suspend, or terminate a good or service. The Agency has updated the Notice of Action templates and replaced the versions associated with Policy Transmittal 14-23, located on the Agency's Web page at http://ahca.myflorida.com/medicaid/statewide_mc/smmc_plan_comunications_archive.shtml. Managed care plans may make the same modification to the signature line for the Notice of Action template for Title XXI MediKids enrollees.

¹ The citation for the CMS plan is Attachment I, Section VII.G.1.e.

² The citation for the CMS plan is Attachment I, Section VII.G.6.a.



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Pursuant to Attachment II, Section XII.I.1.³ 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 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,



Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/dp

³ The citation for the CMS plan is Attachment I, Section XII.I.1.