



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 27, 2015

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 15-05

Re: Ad Hoc Requests Regarding Provider Network for SIPP 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
- Children's Medical Services Network (CMSN) Plan

Managed care plans must enter into provider contracts with a sufficient number of providers to provide all covered services to enrollees and ensure that each covered services is provided promptly and is reasonably accessible. (Attachment II, Section VI.A.1.a.<sup>1</sup>) Managed care plans serving Managed Medical Assistance enrollees are required to provide Statewide Inpatient Psychiatric Program (SIPP) services for individuals under age twenty-one (21) in accordance with the Contract. (Attachment II, Exhibit II-A, Section V.A.1.a.(4)(b)<sup>2</sup>)

Managed care plans may be required to provide to the Agency or its agents information or data relative to this Contract. In such instances, and at the direction of the Agency, the managed care plan must fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. The managed care plan must verify that data and information it submits to the Agency is accurate. (Attachment II, Section II.D.2.<sup>3</sup>)

The Agency is asking that managed care plans ensure the submission of all known SIPP providers in their network file (PNF) on February 27, 2015. This submission should show an indicator of (Y) under the Column Header SIPP\_PROV and include bed count information under the Column Header of BED\_COUNT.

Furthermore, plans must submit a separate report that contains any providers currently pending a contract or potential contract for the provision of SIPP services. The report shall be submitted in the same format as the PNF file and placed in the ad hoc folder on the SMMC SFTP site by 4:30 p.m. on March 6, 2015, using the following naming convention: SIPP\*\*\*MMDDYY.xls, where \*\*\* is the SMMC plan's three-character plan identifier and MMDDYY represent the two-digit month, two-digit day, and two-digit year of the report submission.

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<sup>1</sup> The citation for the CMSN Plan contract is Attachment I, Section VI.A.1.a.

<sup>2</sup> The citation for the CMSN Plan contract is Attachment I, Section V. A.3.(4)(ii)


<sup>3</sup> The citation for the CMSN Plan contract is Attachment 1, Section, Section II,D.2.



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

Sincerely,

A handwritten signature in blue ink, appearing to read "Beth Kidder for".

Beth Kidder  
Assistant Deputy Secretary for  
Medicaid Operations

BK/dp