



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 19, 2015

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 15-07

Re: Revised Address for Submitting Mandatory and Permissive Exclusions to DHHS OIG

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 serving Long-term Care or Managed Medical Assistance enrollees are required to notify the Department of Health and Human Services Office of Inspector General (DHHS OIG) and Medicaid Program Integrity (MPI) within ten (10) business days of discovery of individuals who have met the conditions giving rise to mandatory or permissive exclusions per s. 1128, s. 1156, and s.1892 of the Social Security Act, 42 CFR 455.106, 42 CFR 1002.3, and 42 CFR 1001.1 (Attachment II, Core, Section VIII.F.5.d.). Managed care plans are required to submit written notification to DHHS OIG either via email or hard copy (Attachment II, Section VIII.F.5.g., h.). The purpose of this policy transmittal is to notify managed care plans of a change of address for the point of contact for submitting mandatory and permissive exclusions to DHHS OIG.

Effective immediately, managed care plans must use the following revised addresses when submitting mandatory and permissive exclusions to DHHS OIG in accordance with Attachment II, Section VIII.F.5.g. and h:

- Via email:

Kathleen.pettit@oig.hhs.gov, and copy MPI via email at mpifo@ahca.myflorida.com.

- Via hard copy:

Attention: Kathy Pettit
Office of Inspector General
Office of Investigations
Exclusions Branch
P.O. Box 23871
Washington D.C. 20026

With a copy to MPI at:



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Attention: Florida Exclusions
Office of the Inspector General Medicaid Program Integrity
2727 Mahan Drive, M.S. #6 Tallahassee, FL 32308-5403

Please note: the contract will be amended to reflect the updated addresses.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder". The signature is fluid and cursive, with the first name "Beth" being more prominent than the last name "Kidder".

Beth Kidder
Assistant Deputy Secretary for
Medicaid Operations

BK/kw