May 19, 2015

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 15-11

Applicable to:
- Long-term Care Provider Service Network
- 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 Plan

Re: Ad Hoc Report Request: Case Manager and Direct Service Provider Training Report

The managed care plan must comply with all requirements of the Managed Care Plan Report Guide referenced in Section XIV, Reporting Requirements, and other applicable requirements of the contract. The managed care plan may be required to provide to the Agency or its agents information or data relative to the contract. In such instances, and at the direction of the Agency, the Managed Care Plan shall 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 will have at least thirty (30) days to fulfill such ad hoc requests, unless the Agency directs the managed care plan to provide data or information in less than thirty (30) days. The managed care plan must verify that data and information it submits to the Agency is accurate. (Attachment II, Section II.D.2.) The purpose of this policy transmittal is to notify managed care plans of a new ad hoc report requirement.

The authority for the Statewide Medicaid Managed Care Long-term Care program requires compliance with a number of performance measures set forth in the federally approved 1915(c) waiver. In order to comply with annual waiver performance measure report submissions to the Centers for Medicare and Medicaid Services, managed care plans servicing Long-term Care enrollees must submit an ad hoc report titled “Case Manager and Direct Service Provider Training Report”. Please use the attached template when completing this ad hoc report with the naming convention: PlanName_Submission8_CMTraining_MMDDYYYY, where MM represents the two-digit month, DD represents the two-digit day, and YYYY represents the four-digit year.

Managed care plans must submit the report to the ad hoc folder on the Statewide Medicaid Managed Care FTP site by 4:30 PM, Monday, June 8, 2015.
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/sr
Attachment: CM and DS Provider Training Report Template