



RICK SCOTT  
GOVERNOR

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SECRETARY

June 3, 2015

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 15-12

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: Transitional Care Coordination/Case Management Policies and Procedures

Managed care plans must develop and maintain transition of care policies and procedures that address all transitional care coordination/care management requirements and submit these policies and procedures for review and approval to the Agency. (Attachment II, Section V.E.2.<sup>1</sup>) Managed care plans 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, managed care plans must fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. Managed care plans will have at least thirty (30) days to fulfill such ad hoc requests, unless the Agency directs managed care plans 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.<sup>2</sup>)

The purpose of this policy transmittal is to notify managed care plans serving Long-term Care and Managed Medical Assistance enrollees of an ad hoc request current transition of care policies and procedures as described in Attachment II, Section V.E.2. of the contract. The managed care plan must submit its transition of care policies and procedures via a single email to their Agency contract manager by close of business on Thursday, June 4, 2015.

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<sup>1</sup>The contract citation for the CMSN Plan is Attachment I, Section V.D.5.

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



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

Sincerely,

*for Marie Donnelly*

Beth Kidder  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

BK/slc