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GOVERNOR

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SECRETARY

June 3, 2015

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 15-13

Applicable to:

- Long-term Care Provider Services 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: ICD-10 Implementation Activities

The managed care plan must be responsible for ensuring its ability to transition from ICD-9 codes to the new ICD-10 codes upon Agency implementation and must modify its policies, procedures and operations to reflect the coding changes brought about by the transition to ICD-10. (Attachment II, Section VIII.C.10.¹). Upon the Agency's written request, the managed care plan must provide details of the test regions and environments of its core production information systems, including a live demonstration, to enable the Agency to corroborate the readiness of the managed care plan's information systems. (Attachment II, Section VIII.C.5.d.(2).²) The managed care plan 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 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.2.³)

The purpose of this policy transmittal is to inform managed care plans of requirements regarding the transition from ICD-9 to ICD-10 and to notify managed care plans of an ad hoc report requirement regarding the Centers for Medicare and Medicaid Services (CMS) Critical Success Factors (CSFs) Provider Testing Results Report.

The ICD-10 implementation is scheduled to occur on October 1, 2015. The Florida Medicaid Management Information System and Decision Support System have been updated to include the new ICD-10 codes and associated policy changes. Internal and external testing activities are ongoing to ensure the proper adjudication of claims based on the new requirements.

The Agency for Health Care Administration (Agency) and CMS are requiring all Florida managed care plans to complete the following two (2) activities:

¹ The contract citation for the CMSN Plan is Attachment I, Section VIII.C.10.

² The contract citation for the CMSN Plan is Attachment I, Section VIII.C.5.d.(2).

³ The contract citation for the CMSN Plan is Attachment II, Section II.D.2.



1) CMS Critical Success Factors (CSFs) Provider Testing Results

CMS has identified five operational processes (CSFs) that State Medicaid Agencies (SMAs) must be able to perform by October 1, 2015, including:

1. Accept electronic claims with ICD-9/10 codes based on date of service and date of discharge;
2. Adjudicate claims;
3. Pay providers (institutional, professional, managed care);
4. Complete Coordination of Benefits; and
5. Create and send Transformed-MSIS (TMSIS) reports.

All SMAs are required to validate their ability to perform the five CSFs and report their testing results to CMS no later than June 30, 2015. CMS is requiring states with managed care plans to provide the plan's testing results from their provider testing for CSF #3 above.

Attached to this Policy Transmittal is the Test Results Template that should be utilized to report the ICD-10 testing results. Managed care plans must complete Items 3A and 3B in the Test Result template only. The completed template must be returned to the Agency. Managed care plans are not required to submit the actual test cases.

Please complete the items and return by e-mail to Daniel.Gray@ahca.myflorida.com no later than June 19, 2015.

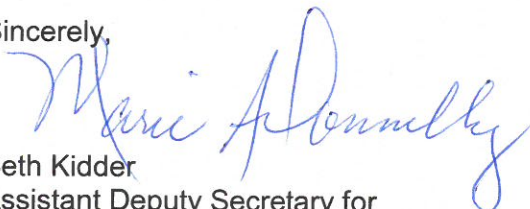
2) Mandatory Encounter Testing with HP Enterprise Services

The Agency, along with its fiscal agent, HP Enterprise Services, will soon be coordinating ICD-10 testing for the managed care plans to ensure encounter processing readiness for the upcoming transition to ICD-10. ICD-10 testing for all managed care plans is mandatory and will occur in July 2015.

For more information regarding ICD-10 testing and registration, please visit the [ICD-10 Provider Testing Registration Site](#) or contact icd10_flsupport@hp.com.

If you have any questions regarding this ad hoc request please contact Daniel Gray at Daniel.Gray@ahca.myflorida.com or Debbie Warfel at Deborah.Warfel@ahca.myflorida.com.

Sincerely,


for Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/kw

Attachments: CSF Test Results Template, v.10