



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 10, 2015

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 15-14

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 (CMSN) Plan

Re: Nursing Facility Rates and Nursing Facility Retroactive Rate Adjustments

The Agency sets facility-specific payment rates based on the rate methodology outlined in the most recent version of the Florida Title XIX Long-term Care Reimbursement Plan. The managed care plan must pay nursing facilities an amount no less than the most recently published nursing facility specific payment rates set by the Agency for the appropriate rate period. The managed care plan must use the published facility-specific rates as a minimum payment level for all future payments. (Attachment II, Exhibit II-B, Section IX.B.2.a.(1)(a)i.)

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 purpose of this policy transmittal is to notify managed care plans serving Long-term Care enrollees of an ad hoc report requirement regarding nursing home payments. (Attachment II, Section II.D.2.) This report will be utilized by the Agency to ensure retroactive nursing home rate adjustments are made accurately by the Agency based on Medicaid nursing home days paid by managed care plans.

Each managed care plan must review the ad hoc report for Medicaid resident days by facility and dates of service, and confirm or correct the encounter data. Managed care plans must submit the report to the ad hoc folder on the Statewide Medicaid Managed Care SFTP site within 30 days of receipt of this document, using a template to be provided by the Agency contract manager and the file naming convention: XXX_NH_Census_and_Payment, where XXX is the managed care plan's three-character identifier.



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For rate changes published prior to 4/15/15, the Agency will calculate the amount owed to the nursing facility for claims submitted prior to the publication date. The Agency will settle directly with the nursing facility for underpayments or overpayments based on rate changes. For all rates changes published prior to 4/15/15, the Agency is requesting that managed care plans do not process any rate adjustments for claims paid prior to the rate adjustment publication date to ensure the Agency adjustments do not produce duplicate payment. If the managed care plan has not been paying the most current published rate, each plan is responsible for making the appropriate payments and adjustments at this time.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder", written in a cursive style.

Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/sr

Attachment 1: Information Sheet

Attachment 2: Request for Nursing Home Resident Days and Payment Rate Confirmation