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GOVERNOR

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SECRETARY

July 10, 2015

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 15-16

Applicable to:

- Long-term Care (LTC) Provider Service Network (PSN)
- 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: Achieved Savings Rebate Financial Report: April 1, 2015 through June 30, 2015

In accordance with s. 409.967(3), F.S. and as specified in Section XIV, Reporting Requirements, of the contract and the Managed Care Plan Report Guide, managed care plans are required to submit annual audited plan financial statements including the Achieved Savings Rebate exhibits. (Attachment II, Section IX.B.5.a.<sup>1</sup>) The purpose of this policy transmittal is to notify managed care plans of a revised quarterly Achieved Savings Rebate (ASR) Financial Report template.

Managed care plans must report plan quarterly financial data for April 1, 2015 through June 30, 2015, using the revised ASR Financial Report template (ASR Financial Report, Revised 062315), which is included with this policy transmittal. The notable changes to this version of the ASR Financial Report include:

- Elimination of the Managed Medical Assistance (MMA) and Long-term Care (LTC) Regional Subcapitation schedules. The Summary Subcapitation schedule has been revised slightly.
- Elimination of the MMA and LTC Regional Related-Party schedules. The Summary Related-Party schedule has been revised slightly.
- Incurred but Not Paid (IBNP) instruction clarification indicating that IBNP amounts should not include margin or loss adjustment expense (LAE).

The template attached to this policy transmittal supersedes and replaces the quarterly audited ASR Report templates referenced in Chapter 3 of the July 1, 2015 SMMC Report Guide. The ASR Financial Report template must be submitted to the Agency by August 15, 2015, according to the instructions in the Report Guide.

If you have any questions, please contact Brian Meyer at (850) 412-4017.

<sup>1</sup> The contract citation for the CMSN Plan is Attachment I, Section X.E.



Sincerely,

A handwritten signature in blue ink that reads "Verona V. Pickle".A small handwritten word "for" in blue ink, positioned to the left of the typed name.

Beth Kidder  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

BK/sr  
Attachments: ASR Financial Report, Revised 062315