Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 15-18

Applicable to:
- Long-term Care 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 (CMSN) Plan

Re: Financial Reporting Requirements

The managed care plan must submit financial reporting to the Agency, including an annual audited financial report and quarterly unaudited financial statements in accordance with Section XIV, Reporting Requirements, and the Managed Care Plan Report Guide. (Attachment II, Section X.F.1.a.) The managed care plan must submit to the Agency the audited financial statements no later than three (3) calendar months after the end of the calendar year, and submit the quarterly statements no later than forty-five (45) days after each calendar quarter. (Attachment II, Section X.F.1.b.) The purpose of this policy transmittal is to notify managed care plans about changes in quarterly and annual financial reporting requirements that are effective beginning with reporting the quarter ending June 30, 2015.

The requirement for submission of the Agency’s Audited Annual and Unaudited Quarterly Financial Report template is being replaced with the requirement for submission of the quarterly and annual National Association of Insurance Commissioners (NAIC) Health Statement.

For the quarterly submissions, the NAIC Health Statement must be submitted to the FTP site using the following naming convention: N***YYQ#.pdf where *** is the managed care plan’s three character identifier, YY are the last two digits of the calendar year reported, and # is the one digit of the quarter reported. For the annual submissions, the NAIC Health Statement must be submitted to the FTP site using the following naming convention: AN***YYYY.pdf where *** is the managed care plan’s three character identifier, and YYYY are the four digits of the calendar year being reported.

Managed care plans regulated by the Office of Insurance Regulation (OIR) must submit the NAIC Health Statement effective with the quarter ending June 30, 2015, by August 15, 2015. Subsequent quarterly statements must be submitted to the Agency forty-five (45) calendar days after the end of the reporting quarter.

Managed care plans not regulated by the OIR must either submit the NAIC Health Statement or continue to use the Agency’s Quarterly Audited Annual and Unaudited Quarterly Financial Report template for the quarters ending June 30, 2015 and September 30, 2015, prepared...
using Statutory Accounting Principles (SAP). Effective immediately, the basis of accounting for the Agency’s Quarterly Unaudited Financial Report template has changed from generally accepted accounting principles (GAAP) to SAP. Follow the instructions in the Report Guide for submission of the Agency’s Audited Annual and Unaudited Quarterly Financial Report template.

The requirement to submit annual audited financial statements to the Agency no later than three (3) calendar months after the end of the calendar year has not changed; however the Agency will now require the audited financial statement to be prepared using SAP beginning with calendar year 2015 due to the Agency by April 1, 2016.

If you have any questions concerning this communication, please contact Brian Meyer at (850) 412-4017 or via email at brian.meyer@ahca.myflorida.com.

Sincerely,

Beth Kidder
Assistant Deputy Secretary for Medicaid Policy and Quality

BK/sr