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GOVERNOR

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SECRETARY

December 23, 2015

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 15-28

Applicable to:

- 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 (CMS) Plan

Re: Ad hoc Report for Residential Psychiatric Treatment Report

The Managed Care Plan shall comply with all requirements of the Managed Care Plan Report Guide referenced in Section XIV, Reporting Requirements, and other applicable requirements of this Contract. 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 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 shall 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 shall verify that data and information it submits to the Agency is accurate. (Attachment II, Section II.D.2.1) The purpose of this policy transmittal is to inform managed care plans serving Managed Medical Assistance enrollees of an ad hoc reporting requirement on enrollees under the age of 21 receiving inpatient residential psychiatric treatment (e.g., Statewide Inpatient Psychiatric Program services and other comparable treatment settings).

Please use the attached template (which includes an instructions tab) when completing this ad hoc request. Reports must be submitted monthly, within fifteen days of the end of the reporting month, using the naming convention: Residential***MMYY.xls, where *** is the SMMC plan's three-character plan identifier and MMYY represent the two-digit month and two-digit year of the reporting month. Managed care plans must submit the report to the Residential Psychiatric Treatment Report folder on the Statewide Medicaid Managed Care FTP site. The first report must be submitted for the month of January 2016 by February 15, 2016, and thereafter within fifteen days of the end of the reporting month.

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

Sincerely,

Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/dp

¹ The citation for the CMS Plan is Attachment I, Section II.D.2.

