



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 3, 2016

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 16-10

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 (CMS) Plan

Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

Re: Ad hoc Report for Preliminary Calendar Year 2015 Performance Measures

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.)

The purpose of this policy transmittal is to notify managed care plans of an ad hoc reporting requirement for preliminary calendar year 2015 performance measures that must be submitted to the Agency by close of business on May 6, 2016. Managed care plans must submit this report using the Excel template attached to this policy transmittal, as well as complete and submit an attestation as described in Chapter 2 of the Statewide Medicaid Managed Care Managed Care Plan Report Guide, effective April 1, 2016. The purpose of this ad hoc report is for the plans to provide the Agency with specific unaudited calendar year 2015 HEDIS measure results. These data will be used for informational purposes only and will not be used to assess liquidated damages.

Managed care plans must submit this ad hoc report and the required attestation to the ad hoc report folder on the Statewide Medicaid Managed Care FTP site using the following naming convention: PrelimCY2015_***YYYYMMDD##, where *** is the managed care plan's three-character plan identifier; YYYYMMDD represents the four-digit year, two-digit month, two-digit day for the date of submission.

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



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Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder". The signature is fluid and cursive, with the first name "Beth" being more prominent than the last name "Kidder".

Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/sr