



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 17, 2016

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 16-16

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

Applicable to enrollees in:

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

Re: Ad hoc Request for Plan-to-Provider Communications on Physician Incentive Programs

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 inform managed care plans of an ad hoc reporting requirement for plan-to-provider communications for all physician incentive programs. This submission is required in order to ensure compliance with the final Medicaid and Child Health Insurance Program Managed Care Rule, specifically 42 CFR subsections 438.3(i), 422.208, and 422.210. The managed care plan must obtain Agency approval prior to distributing communications to physicians regarding managed care plan incentive programs, including the Physician Incentive Program as described PT 16-07 or as otherwise permitted by the Contract. (Attachment II, Exhibit II-A, Section VI.C.2.a.(1)) Please submit such provider communications to your Agency contract manager within thirty (30) days of the date of this notice. Future draft provider communications must be submitted at least forty-five (45) days before the proposed use of the communications or revised communications.



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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". The signature is fluid and cursive, with a large initial "B" and "K".

Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/dp