



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

July 1, 2016

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 16-19

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 Policies and Procedures Related to Provider Complaints

The managed care plan may be required to provide 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 must 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 must 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 must verify that data and information it submits to the Agency is accurate. (Attachment II, Section II.D.2.<sup>1</sup>)

The purpose of this policy transmittal is to inform the managed care plan of an ad hoc reporting requirement for all policies and procedures relating to its provider complaints process.(Attachment II, Section VI.D.<sup>2</sup>)

The managed care plan must upload the requested information to the managed care plan's ad hoc report folder on the SMMC FTP site by close of business, August 1, 2016, using the following naming convention for individual policy and procedure documents:

\*\*\*YYProvCompPP.pdf, where \*\*\* is the plan's three (3)-character identifier and YY is the two (2)-digit year. In the event of multiple document submissions (i.e., \*\*\*YYProvCompPP##.pdf), the file should be named by adding a two (2)-digit numeric indicator after "PP" in the naming convention, where ## represents a sequential number for each report submitted on a date (i.e., 01, 02, 03, etc.)

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

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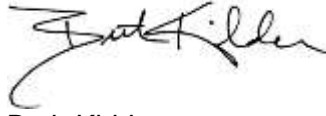
<sup>1</sup> The citation for the CMS plan contract is Attachment I, Section II.D.2.

<sup>2</sup> The citation for the CMS plan contract is Attachment I, Section VI.D.



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Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder", written in a cursive style.

Beth Kidder  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

BK/nw