



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
INTERIM SECRETARY

October 6, 2016

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 16-30

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: Data Request for Development of Medicaid Capitation Rates for Medicare Special Needs Plans Populations

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.2.1) The purpose of this policy transmittal is to notify managed care plans of an ad hoc report requirement for data to assist the Agency's contracted actuaries in developing Medicaid capitation rates for Medicare Special Needs Plans populations.

The Agency retained Milliman to develop calendar year 2017 Medicaid capitation rates for the following populations:

- Dual eligible recipients enrolled in Medicare Advantage Dual Eligible Special Needs Plans
- Dual eligible recipients enrolled in Medicare Advantage Chronic Condition Special Needs Plans
- Dual eligible Managed Medical Assistance (MMA) enrollees who are enrolled in the same MMA plan's Medicare Advantage Plan (excluding Special Needs Plans) (also referred to as non-special needs plans (non-SNPs))

The Medicare Advantage non-SNP rates are for MMA enrollees who are in the same managed care plan's Medicare Advantage plan. For MMA enrollees in another insurer's Medicare Advantage plan, the standard dual eligible capitation applies.



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Re: Data Request for Development of Medicaid Capitation Rates for Medicare Special Needs  
Plans (SNPs) Populations  
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Please see the attached data request from Milliman for the calendar year 2017 rate development. Managed care plans must send their data submissions and an attestation, completed in accordance with the Statewide Medicaid Managed Care Plan Report Guide, Effective July 1, 2016, directly to Kelly Backes at Milliman (kelly.backes@milliman.com) by October 21, 2016.

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  
Attachment