



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
INTERIM SECRETARY

November 4, 2016

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 16-34

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 Report Utilizing Revised HIV/AIDS Algorithm

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 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.) The purpose of this policy transmittal is to inform the managed care plan of an ad hoc reporting requirement related to enrollees diagnosed with HIV or AIDS.

Managed care plans were notified of a change in the Supplemental HIV/AIDS Report and provided the updated algorithm used to identify recipients diagnosed with HIV and AIDS, via Policy Transmittal 16-23 issued on August 22, 2016. The Agency has prepared a list for each managed care plan of enrollees previously flagged as diagnosed with HIV/AIDS but not identified by the revised algorithm. The managed care plan may access its list of enrollees on the Agency's secure FTP site (Server: sftp.ahca.myflorida.com, Port: 2226) in the "MPA/fromMPA/" subdirectory, under the file name "[Plan\_ID3] AIDS3 as of Nov 2016.xlsx".

The managed care plan may submit a monthly Supplemental HIV/AIDS Report to help ensure that the Agency maintains up-to-date records of all MMA enrollees who have been diagnosed with HIV or AIDS. (Attachment II, Exhibit II-A, Section XIV.A.) If the managed care plan has any enrollee(s) diagnosed with HIV/AIDS who are not identified by the revised HIV/AIDS algorithm, and who are included on the above-mentioned list the managed care plan may submit the HIV/AIDS Supplemental Report this one-time to the Agency in accordance with the requirements of the SMMC Report Guide, effective October 2016 by November 18, 2016. The



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Agency may subsequently request the managed care plan provide supporting documentation to validate the information submitted on the HIV/AIDS Supplemental Report.

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", written in a cursive style.

Beth Kidder  
Interim Deputy Secretary  
for Medicaid

BK/sr  
Attachment