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December 20, 2016

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 16-36

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 clarify directions provided to plans in Policy Transmittal 16-34, Ad-Hoc Report Utilizing Revised HIV-AIDS Algorithm.

Managed care plans were notified of a change in the Supplemental HIV/AIDS Report and were provided the updated algorithm used to identify recipients diagnosed with HIV or AIDS, via Policy Transmittal 16-23 issued on August 22, 2016. The Agency 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".

After reviewing the above-mentioned list, the managed care plan may resubmit an ad hoc report with the names of any enrollees whose HIV/AIDS diagnosis the managed care plan has confirmed. **The managed care plan may only include enrollees from the above mentioned list in its ad hoc report to the Agency.** The managed care plan may submit this one-time ad hoc HIV/AIDS Supplemental Report by January 3, 2017 to the Agency, using the template directions as described in the SMMC Report Guide, effective October 2016. This report must be submitted to the Agency's secure FTP site at sftp.ahca.myflorida.com, Port: 2226 in the "MPA/toMPA". The managed care plan must include an attestation with the report submission,



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completed in accordance with the SMMC Report Guide. The 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,

*for* 

Beth Kidder  
Interim Deputy Secretary  
for Medicaid

BK/dp  
Attachment