



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 7, 2017

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 17-02

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 Claims Adjudication Accuracy Reports

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.2.¹)

This ad hoc request requires the managed care plan to submit to the Agency any reports used internally by the managed care plan to monitor the accuracy of adjudicated claims. This ad hoc request includes any accuracy reports for claims the managed care plan adjudicated on or after July 1, 2016 through December 31, 2016. As part of each report, the managed care plan must include claim counts and define the criteria used to determine whether or not a claim was adjudicated accurately.

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 thirty (30) days from the date of this policy transmittal. The managed care plan must name the file using the following naming convention: ***2016CAA.xlsx, where *** is the plan's three (3) character identifier. The managed care plan must include an attestation with the report submission. If the managed care plan does not have a report to submit, the managed care plan must submit an attestation to the Agency to certify that the managed care plan does not generate a claims adjudication accuracy report. The managed care plan must complete and submit the attestation as described in Chapter 2 of the

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



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Statewide Medicaid Managed Care Managed Care Plan Report Guide, effective October 1, 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
Deputy Secretary
for Medicaid

BK/sr