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SECRETARY

February 9, 2017

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 17-04

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: Claims Aging Report Template Revision

Managed care plans must submit the quarterly Claims Aging Report in accordance with Section XIV Reporting Requirements and the Managed Care Plan Report Guide. (Attachment II, Section XIV.A.<sup>1</sup>) The purpose of this policy transmittal is to notify managed care plans of the revised Claims Aging Report template.

The Agency has revised the Claims Aging Report template that is required in Chapter 6 of the Managed Care Plan Report Guide effective October 1, 2016. The attached revised Claims Aging Report template supersedes and replaces the Claims Aging Report template referenced in Chapter 6 of the Managed Care Plan Report Guide that was effective October 1, 2016. Managed Care Plans must complete the revised Claims Aging Report template in accordance with the instructions in the Managed Care Plan Report Guide. Managed care plans must begin to use the revised Claims Aging Report template for the quarterly report that must be submitted to the Agency by February 22, 2017, reporting claims aging data for October 1, 2016 through December 31, 2016.

The revisions to the Claims Aging Report template include the following changes.

- The addition of a tab to monitor compliance with Section VIII, D.2.c.(3)(b) of the contract and Section 409.982(5), Florida Statutes concerning timeframes for adjudicating nursing facility and hospice claims. The "NF&Hospice" schedules must be completed for the current quarter, as well as the previous three quarters of 2016. This schedule will only need to be completed for the current quarter on subsequent report submissions.

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<sup>1</sup> The citation for the CMS plan contract is Attachment I, Section XIII.A.



- A revision to the Long-term Care schedule to allow nursing facility and hospice claims processed in eleven to twenty (11-20) calendar days to be included in the ninety percent (90%) of claims processed within the twenty (20) days measure.
- Revised instructions to clarify payment date for electronic payments.

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

Sincerely,



Shevaun Harris  
Assistant Deputy Secretary  
for Medicaid for Policy and Quality

SH/sr  
Attachment