



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

February 9, 2017

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 17-05

#### 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: Supplemental HIV/AIDS Report Chapter Revision

The managed care plan must submit enrollees identified with an HIV/AIDS diagnosis to the Agency in a report format and transmittal method approved by the Agency and as specified in the Agency's Managed Care Plan Report Guide. (Attachment II, Exhibit II-A, Section XIV.A.<sup>1</sup>) The purpose of this policy transmittal is to notify managed care plans of a change in the submission criteria for the supplemental HIV/AIDS report.

The purpose of the supplemental HIV/AIDS report is to help ensure that the Agency maintains up-to-date records of all enrollees who have been diagnosed with HIV or AIDS – in particular, those who might not have been captured by the Agency's monthly disease determination algorithm. Submission of this report is optional for all MMA plans. (Statewide Medicaid Managed Care Report Guide, Chapter 40)

With the implementation of the revised HIV/AIDS algorithm for rate year 2016-2017, the Agency subsequently determined that the algorithm does not adequately identify dual eligible enrollees with HIV or AIDS. Therefore, effective with submissions beginning February 2017, the managed care plan may submit only dual eligible enrollees who have been diagnosed with HIV or AIDS on its supplemental report. This report is due to the Agency by the 10<sup>th</sup> of each month for the prior month and must be submitted to the Agency's secure FTP site at [sftp.ahca.myflorida.com](https://sftp.ahca.myflorida.com), Port: 2226 in the MPA/toMPA/. The managed care plan must include an attestation with the report submission, 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. The managed care plan must ensure that prior to reporting the dual eligible enrollees to the Agency, the

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



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enrollee's medical record includes either documentation of laboratory testing that has been interpreted by a licensed physician confirming the enrollee's HIV or AIDS diagnosis, or a written and signed physician attestation confirming the enrollee's HIV or AIDS diagnosis. The managed care plan must provide the Agency with such documentation upon request.

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

Sincerely,



Shevaun Harris  
Assistant Deputy Secretary  
for Medicaid Policy and Quality

SH/sr