



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 24, 2017

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 17-08

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: Notices of Adverse Benefit Determination and Notices of Plan Appeal Resolution: New and Revised Templates Effective March 1, 2017

Managed care plans must utilize Agency-approved notice templates for all adverse benefit determinations and plan appeal resolutions issued to enrollees. (Attachment II, Section IV.C.5.m.¹ and Attachment II, Section VII.G.6.a.²) The purpose of this policy transmittal is to provide managed care plans with the new and revised Agency-approved notice templates, for adverse benefit determinations and plan appeal resolutions, and to provide direction for implementing these templates.

Beginning March 1, 2017, managed care plans must begin using the attached templates.

- Managed care plans must use the MMA notice of adverse benefit determination template for decisions related to MMA covered services.
- Managed care plans must use the LTC notice of adverse benefit determination template for decisions related to LTC covered services.
- Managed care plans serving MMA or LTC enrollees must use the notice of plan appeal resolution template.
- Managed care plans serving the MediKids population must use the MediKids notice of adverse benefit determination template and the MediKids notice of plan appeal resolution template.

¹ The citation for the CMS plan contract is Attachment I, Section IV.C.5.m.

² The citation for the CMS plan contract is Attachment I, Section VII.G.6.a.



Medicaid Managed Care (SMMC) Policy Transmittal 17-08

Re: Notices of Adverse Benefit Determination and Notices of Plan Appeal Resolution: New and Revised Templates Effective March 1, 2017

February 24, 2017

Page Two

Managed care plans may only modify the attached templates for plan letterhead and header information, to appropriately fill dynamic text, and to incorporate additional fields that provide specific information in relation to the notice of action about the enrollee, the provider, or the service authorization.

Your Agency contract manager will continue to work with you to review and approve the final templates and all associated materials affected as a result of implementing these templates.

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

Attachment 1: MMA Notice of ABD Template 02-17

Attachment 2: LTC Notice of ABD Template 02-17

Attachment 3: Notice of Plan Appeal Resolution Template 02-17

Attachment 4: MediKids Notice of ABD Template 02-17

Attachment 5: MediKids Notice of Plan Appeal Resolution Template 02-17