



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 31, 2017

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 17-15

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: Provider Complaint Report Template Revision

The managed care plans must submit the monthly Provider Complaint Report in accordance with Section XIV Reporting Requirements and the Managed Care Plan Report Guide. (Attachment II, Section XIV.A.1.b.¹) The purpose of this policy transmittal is to notify the managed care plans of the revised Provider Complaint Report template.

The attached revised Provider Complaint Report template supersedes and replaces the Provider Complaint Report template referenced in Chapter 12 of the Managed Care Plan Report Guide that was effective April 1, 2017 and will be reflected in the upcoming October 1, 2017 Report Guide. The managed care plans must complete the revised Provider Complaint Report template in accordance with the instructions in the Managed Care Plan Report Guide. The managed care plans must begin to use the revised Provider Complaint Report template for the monthly report that must be submitted to the Agency by November 15, 2017, reporting provider complaint data for October 1, 2017 through October 31, 2017.

The revisions to the Provider Complaint Report template include the following changes:

- The addition of a required field in the Provider Complaint Report - "Type of Claim/Billing Dispute".
- Revised instructions addressing the addition of the "Type of Claim/Billing Dispute" field and the requirement of the plan to populate the "Plan Internal Complaint ID" with the Agency complaint ID for all complaints received via the Agency.

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

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



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Sincerely,

A handwritten signature in blue ink that reads "Euca Floyd Thomas" with "for" written below it.

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/mf
Attachment