Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 17-22

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: Nursing Facility and Hospice Reconciliation Rate File

Pursuant to Section 409.983(6) and 409.983(7), Florida Statutes (F.S), the Agency will reconcile managed care plan’s payment to nursing facilities and hospices. (See Attachment II, Exhibit II-B, Section IX.B.2.) The purpose of this policy transmittal is to notify the managed care plan of an update to the nursing facility and hospice reconciliation rate file.

The Agency has finalized the results of the nursing facility and hospice reconciliation for capitation rate year from August 1, 2013 through August 31, 2014 (year one) and September 1, 2014 through August 31, 2015 (year two) using the special feed encounter data provided by the managed care plans on the January 20, 2017 submission. The Agency has reconciled the nursing facility and hospice per diem rates used in year one and year two capitation rate setting with the actual payments to nursing facilities. The Agency has placed the nursing facility and hospice rate file for the managed care plan to review in the “MPA\fromMPA\LTC” folder on the Data Analytics FTP site.

The data files are in an Excel (.xlsx) format and include data representing non-zero paid claims from rate year one and year two. The file names are nh_recon_final_yr1_xxx and nh_recon_final_yr2_xxx, where “xxx” is the managed care plan’s three-character identifier. The reconciliation summary results and the rate data are included on separate tabs in the year 2 workbook. Also uploaded to the FTP site is a brief on the methodology used in the reconciliation.

The managed care plan must review and provide written comments or a letter of concurrence to the Agency by December 8, 2017. (Attachment II, Exhibit II-B, Section IX.B.2.) This reconciliation is considered final if the Managed Care Plan concurs with the result. Please address all comments or letters of concurrence to:
Lisa Smith
Regulatory Analyst Supervisor
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee, Florida 32308
(850) 412-4114

If you have any questions or comments regarding the rates used for nursing home and hospice reconciliation, please contact Lisa Smith at Lisa.Smith@ahca.myflorida.com. For questions regarding the reconciliation, please contact Michael.Roberts@ahca.myflorida.com.

Sincerely,

[Signature]

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/mf