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January 23, 2018

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 18-02

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: Update to the CMS-416/CHCUP Report Liquidated Damages Methodology

Managed care plans must collect statewide data on enrollee performance measures, as defined by the Agency and as specified in the Statewide Medicaid Managed Care (SMMC) Performance Measure Tables, the Managed Care Plan Report Guide, and the Performance Measures Specifications Manual. (Attachment II, Section VII.B.¹) Managed care plans must achieve a Child Health Check-up Program (CHCUP) (CMS-416) screening rate and participation ratio of at least an eighty percent (80%) for those enrollees who are continuously enrolled for at least eight (8) months during the federal fiscal year based on the CHCUP data reported by the managed care plan in its CHCUP (CMS-416) and FL 80% Screening Report that is due to the Agency annually by July 1. Failure to meet the eighty percent (80%) screening rate may result in a corrective action plan, liquidated damages and possible sanctions. (Attachment II, Exhibit II-A, Section VII.B.2.a²) The purpose of this policy transmittal is to notify the managed care plan of an update to the liquidated damages provisions table in the SMMC Managed Medical Assistance (MMA) table titled Liquidated Damages Issues and Amounts. Attachment II, Exhibit II-A, Section XIII.B.3-5³ is being amended to add "or \$100 per eligible enrollee, not receiving the service up to the target rate, whichever amount is lower" to the Damages column of the Liquidated Damages Issues and Amounts table so that it states "\$50,000 per occurrence in addition to \$10,000 for each percentage point less than the target or \$100 per eligible enrollee not receiving the service up to the target rate, whichever amount is lower."

#	MMA PROGRAM ISSUES	DAMAGES
3.	Failure to comply with the federal and/or state CHCUP eighty percent	\$50,000 per occurrence in addition to \$10,000 for each percentage point less

¹ The Citation for the CMS plan is Attachment I, Section VII.B.

² The Citation for the CMS plan is Attachment I, Section VII.B.2.b.

³ The Citation for the CMS plan is Attachment I, Section VIII.B.5.83-85.



	(80%) screening rate and/or federal eighty percent (80%) CHCUP participation rate requirements described in the Contract.	than the target <u>or \$100 per eligible enrollee not receiving the service up to the target rate, whichever amount is lower.</u>
4.	Failure to comply with the following preventive dental services rate requirements by year: <ul style="list-style-type: none"> • FFY 2015-16: 28% • FFY 2016-17: 37% • FFY 2017-18: 39% • FFY 2018-19: 41% • FFY 2019-20: 44% 	\$50,000 per occurrence in addition to \$10,000 for each percentage point less than the target <u>or \$100 per eligible enrollee not receiving the service up to the target rate, whichever amount is lower.</u>
5.	Failure to comply with the following dental treatment services rate requirements by year: <ul style="list-style-type: none"> • FFY 2016-17: 17% • FFY 2017-18: 20% • FFY 2018-19: 21% • FFY 2019-20: 23% 	\$50,000 per occurrence in addition to \$10,000 for each percentage point less than the target <u>or \$100 per eligible enrollee not receiving the service up to the target rate, whichever amount is lower.</u>

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/mf