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## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 18-11

#### 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: New and Revised Financial Reporting Requirements

The managed care plan must comply with the Statewide Medicaid Managed Care (SMMC) Managed Care Plan Report Guide in submitting required reports, including the report formats, templates, instructions, data specifications, submission timetables and locations, and other materials contained in the guide. (Attachment II, Section XIV.A.1.b.<sup>1</sup>) In accordance with s. 409.967(3), F.S. and as specified in Section XIV, Reporting Requirements, of the contract and the SMMC Managed Care Plan Report Guide, the managed care plan is required to submit annual audited plan financial statements that include the Achieved Savings Rebate (ASR) exhibits. (Attachment II, Section IX.B.5.a.<sup>2</sup>) The purpose of this policy transmittal is to notify managed care plans of new and revised financial reporting requirements.

### New Template: Non-Special Needs Plan (Non-SNP) Report

This policy transmittal establishes a new financial reporting requirement for the managed care plan to provide the Agency with data using the Non-SNP Financial Report Template attached to this policy transmittal. This template requires data only for MMA enrollees who qualify for the Non-SNP Medicare Advantage capitation rate. MMA enrollees who qualify to be included in this Non-SNP Financial Report should also be included in the applicable rate group, region, and quarter of the SMMC MMA ASR Report.

The managed care plan must submit a completed Non-SNP Financial Report Template to the Agency each year on May 1<sup>st</sup>, beginning on May 1, 2018. The managed care plan must submit this Non-SNP Financial Report to the SMMC FTP site using the following naming convention \*\*\*NonSNPYYYY, where \*\*\* is the plan's three digit plan identifier and YYYY is the calendar year of the reporting period.

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

<sup>2</sup> The citation for the CMS plan contract is Attachment I, Section X.E.



### **Revised Template: Claim Lag Report**

The managed care plan is required to submit claim lag data in accordance with the requirements in Chapter 3 of the SMMC Managed Care Plan Report Guide, using the Claim Lags Report Template. The revised Claim Lag Report Template, effective 4/1/2018, attached to this policy transmittal replaces the Claim Lag Report Template, effective 4/1/2017, that is in the SMMC Managed Care Plan Report Guide. The revised Claim Lag Report Template reflects the reporting period of January 1, 2016 through March 31, 2018.

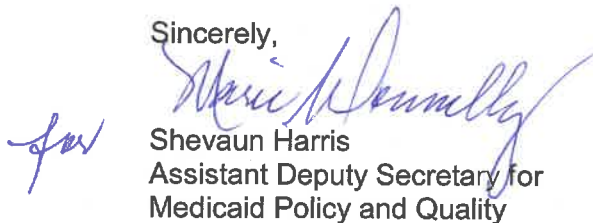
### **Revised Template: Achieved Savings Rebate (ASR) Financial Report**

The managed care plan is required to submit ASR Financial Report data in accordance with the requirements in Chapter 3 of the SMMC Managed Care Plan Report Guide, using the ASR Financial Report Template. The revised ASR Financial Report Template, effective 4/1/2018, is attached to this policy transmittal replaces the ASR Financial Report Template, effective 4/1/2017, that is in the SMMC Managed Care Plan Report Guide. The managed care plan must report the plan's annual financial data to the Agency for the period January 1, 2017 through December 31, 2017, with claims run out through March 31, 2018, using the revised ASR Financial Report Template attached to this policy transmittal. The revised ASR Financial Report Template includes the following changes.

- The "MMA Phys Comp" schedule is renamed the "MPIP Summary" and now includes the additional provider types that are participating in Year 2 of MMA Provider Incentive Plan (MPIP), along with a line item for expenditures incurred but not paid (IBNP).
- The expenditures in Line 4.1.1 - Maternity Services is now to include only costs that are associated with the maternity kick payment, as defined by Milliman in their MMA Capitation Rate Report.
- The Non-Special Needs Plan (Non-SNP) enrollees in SMMC MMA should be included in the SMMC MMA schedule under the following corresponding category (Dual Eligible, HIV/AIDS Dual Eligible, or LTC Dual Eligible). The managed care plan is not to include any Dual Special Needs Plan (D-SNP) members in the SMMC MMA schedule.

If you have any questions, please contact [MDA Actuarial@ahca.myflorida.com](mailto:MDA_Actuarial@ahca.myflorida.com).

Sincerely,



Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/sr

Attachment 1: Non-Special Needs Plan (Non-SNP) Report Template, Effective 4/1/2018

Attachment 2: ASR Claim Lag Report Template, Effective 4/1/2018

Attachment 3: ASR Financial Report Template, Effective 4/1/2018