



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

June 21, 2018

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 18-13

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: Notice of Adverse Benefit Determination and Notice of Plan Appeal Resolution: Revised Templates Effective July 24, 2018

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.n.¹ and Attachment II, Section VII.G.6.a.²) Due to changes in the law during the 2018 Legislative session, the authority for the Subscriber Assistance Panel (SAP) will end June 30, 2018. The purpose of this policy transmittal is to provide managed care plans with revised Agency-approved templates for the notice of adverse benefit determination and the notice of plan appeal resolution, and to provide managed care plans with direction for implementing these revised templates.

Effective July 1, 2018, the Agency will implement a state review process for MediKids enrollees in place of the former SAP hearings. The revised MediKids templates attached to this policy transmittal describe the revised process for use by MediKids enrollees to request a state review of a managed care plan's service authorization decision.

Effective July 1, 2018, Medicaid enrollee grievance and appeals process will no longer include the SAP hearings as an option in the grievance and appeals process. The revised Medicaid notice templates attached to this policy transmittal remove all references to the SAP.

Managed care plans must revise all materials impacted by the discontinuance of the SAP, as well as update their systems and begin mailing these revised templates for notices issued on or after July 24, 2018. Managed care plans must submit an attestation to their Agency contract manager regarding this requirement by July 23, 2018. The attestation must be completed in accordance with the requirements in Chapter 2 of the SMMC Managed Care Plan Report Guide, effective April 1, 2018. The attestation must identify the revisions to the enrollee materials, and certify that changes to enrollee materials were limited to the requirements of this policy

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

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



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transmittal. 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 about the enrollee, the provider, or the service authorization.

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

Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive, flowing style.

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/sr

Attachment 1: MMA Notice of ABD Template 7-1-2018

Attachment 2: LTC Notice of ABD Template 7-1-2018

Attachment 3: Notice of Plan Appeal Resolution Template 7-1-2018

Attachment 4: MediKids Notice of ABD Template 7-1-2018

Attachment 5: MediKids Notice of Plan Appeal Resolution Template 7-1-2018