



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

October 17, 2018

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 18-18

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: Enrollee and Provider Notice Requirement to Withdraw Services from a Region

The managed care plan must work with the Agency to create a transition plan that ensures the orderly and reasonable transfer of enrollee care and progress whether or not the enrollees are hospitalized, under care coordination/case management, and/or have complex medical needs. The managed care plan must notice its enrollees, providers and subcontractors of the change in accordance with this contract.(Attachment II, Section XII.G.2.a.¹) The purpose of this policy transmittal is to require any managed care plan exiting an SMMC region, to notify providers and enrollees of their last date(s) of service(s) in the affected region.

The managed care plan must utilize the notice templates attached to this policy transmittal to notify affected providers and enrollees about the transition. The managed care plan may only modify the attached templates to include the managed care plan’s letterhead and header information, and to appropriately fill dynamic text. The managed care plan must mail all notices on the dates in the following chart.

Regions	Date to Mail Notices	SMMC Transition Date
9, 10, & 11	11/01/2018	12/01/2018
5, 6, 7, & 8	12/01/2018	01/01/2019
1, 2, 3, & 4	01/01/2019	02/01/2019

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 XII.G.2.a.



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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 Enrollee Transition Notice Template
Attachment 2 Provider Transition Notice Template