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GOVERNOR

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SECRETARY

February 27, 2017

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 18-8

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: Revised Long-term Care (LTC) Reporting Requirements

The managed care plan must comply with all reporting requirements set forth in the contract including reports specific to comprehensive LTC managed care plans specified in the LTC contract's Summary of Reporting Requirements Table and the Managed Care Plan Report Guide. (Attachment II, Exhibit II-B, Section XIV.A.1.) The purpose of this policy transmittal is to inform the managed care plan of a revised Summary of Reporting Requirements Table in the LTC contract.

The revised Summary of Reporting Requirements Table in Exhibit II-B is provided below. Changes to this table include revised report submission frequency requirements; an underline indicates new text and a strikethrough indicates text deleted from the table.


Summary of Reporting Requirements		
Report Name	Plan Type	Frequency
Case Manager and Provider Training Report	All Comprehensive LTC Plans	Annually <u>Monthly</u>
Case Manager Caseload Report	All Comprehensive LTC Plans	<u>Monthly</u>
Case Management File Audit Report	All Comprehensive LTC Plans	Quarterly
Case Management Monitoring and Evaluation Report	All Comprehensive LTC Plans	Quarterly and <u>Annually</u>
Critical Incident Report	All Comprehensive LTC Plans	Immediately upon occurrence and no less than within twenty-four (24) hours of detection or notification



Summary of Reporting Requirements		
Report Name	Plan Type	Frequency
Denial, Reduction, Termination or Suspension of Services Report	All Comprehensive LTC Plans	Monthly
Enrollee Roster and Facility Residence Report	All Comprehensive LTC Plans	Monthly
Missed Services Report	All Comprehensive LTC Plans	Monthly
Participant Direction (PDO) Roster Report	All Comprehensive LTC Plans	Monthly Quarterly
Patient Responsibility Report	All Comprehensive LTC Plans	Annually
Provider Network and Qualifications Report	All Comprehensive LTC Plans	Quarterly
Unable to Locate Report	All Comprehensive LTC Plans	Monthly

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

Sincerely,


for
SH

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/sr