



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 22, 2015

Statewide Medicaid Managed Care (SMMC) Contract Interpretation

Contract Interpretation: 15-02

Applicable to:

- Long-term Care Provider Service Network (PSN)
- 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 Network (CMSN) Plan

Re: Pre-admission Screening and Resident Review (PASRR)

Managed care plans serving Long-term Care and/or Managed Medical Assistance enrollees must ensure that a Pre-admission Screening and Resident Review (PASRR) is completed in accordance with Rule 59G-1.040, F.A.C., prior to nursing facility placement. (Attachment II, Section V.E.5.a.) The purpose of this contract interpretation is to clarify managed care plans' responsibilities to ensure compliance with the Agency's rule.

To ensure that a PASRR is completed in accordance with Rule 59G-1.040, F.A.C., managed care plans must verify that the PASRR screenings and evaluations were completed prior to the enrollee's admission into a nursing facility.

Managed care plans must continue to report the most recent PASRR date for enrollees entering or residing in a nursing facility in accordance with Section XIV, Reporting Requirements and the Managed Care Plan Report Guide. (Attachment II, Section V.E.5.b.)

Pursuant to Attachment II, Section XII.I¹. Disputes, the managed care plan must submit, within twenty-one (21) days after the interpretation of the Contract, a written dispute of the Contract interpretation directly to the Deputy Secretary; this submission shall include all arguments, materials, data, and information necessary to resolve the dispute (to include all evidence, documentation and exhibits). All other provisions in this section apply.

Please submit such written requests to the following address:

Attn: Mr. Justin Senior
Deputy Secretary for Medicaid
Agency for Health Care Administration
Managed Care Appeals/Disputes, MS #70
2727 Mahan Drive
Tallahassee, FL 32308

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

¹ The citation for the CMSN plan is Attachment I. Section XI.F.



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Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder". The signature is fluid and cursive, with a large initial "B" and "K".

Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/sr