



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 8, 2015

Statewide Medicaid Managed Care (SMMC) Contract Interpretation

Contract Interpretation: 15-03

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: Medical/Case Record Reviews

Managed care plans serving Long-term Care and/or Managed Medical Assistance enrollees must establish and implement a mechanism to ensure provider records meet established medical/case record standards. If the managed care plan is not yet fully accredited by a nationally recognized accrediting body, the managed care plan shall establish processes for medical/case record review that meet or exceed nationally recognized accrediting body medical/case record review standards. All managed care plans, despite their accreditation status, must conduct medical/case record reviews to ensure that enrollees are provided high quality health care that is documented according to established standards in the Statewide Medicaid Managed Care (SMMC) model contract (Attachment II, Core, Section VII.E.3.a.¹). Annually, managed care plans are required to submit a written strategy for conducting medical/case record reviews for Agency approval (Attachment II, Core, Section VII.E.3.b.²). Managed care plans must conduct medical/case record reviews at all provider and facility sites that meet the criteria established in the SMMC contract (Attachment II, Core, Section VII.E.3.c.³).

The purpose of this contract interpretation is to clarify medical/case record review requirements specific to primary care provider (PCP) sites and to clarify managed care plan responsibilities related to submission of the written strategy for conducting medical/case record reviews.

The Contract requires that managed care plans serving MMA enrollees must conduct medical/case record reviews of all PCP sites that serve ten (10) or more enrollees. (Attachment II, Exhibit II-A, Section VII.E.1.a.⁴) The contract is being amended to delete the above requirement for medical/case record reviews of PCP sites, effective July 15, 2015. However, the managed care plan must continue to conduct medical/case record reviews of all provider sites with a pattern of complaints or poor quality outcomes. (Attachment II, Section VII.E.3.d.)

¹ The contract citation for the CMSN Plan is Attachment I, Section VII.E.3.a.

² The contract citation for the CMSN Plan is Attachment I, Section VII.E.3.b.

³ The contract citation for the CMSN Plan is Attachment I, Section VII.E.3.c.

⁴ The contract citation for the CMSN Plan is Attachment I, Section VII.E.3.f.



By June 1 of each Contract year, the managed care plan must submit a written strategy for conducting medical/case record reviews for Agency approval. (Attachment II, Section VII.E.3.b.) Due to the revised medical/case record review requirements in the July 15, 2015 amendment, the Agency is extending the due date for submission of these written strategies until August 1, 2015. Managed care plans that have already submitted written strategies for conducting medical/case record reviews will be provided an opportunity to submit revised strategies in accordance with this schedule.

Managed care plans serving Long-term Care enrollees are reminded that the contract continues to require medical/case record reviews at the following provider sites:

- (1) Adult Family Care Homes at least once every two (2) years; and
- (2) Assisted Living Facilities at least once every two (2) years. (Attachment II, Exhibit II-B, Section VII.E.1.a.)

Pursuant to Attachment II, Section XII.I⁵. 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.

Sincerely,



Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/kw

⁵ The contract citation for the CMSN plan is Attachment I, Section XI.F.