

**Statewide Medicaid Managed Care (SMMC)
Managed Care Plan
Report Guide
Effective 1-1-15**

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Section One: Overview and Reporting Requirements

Chapter 1: General Overview

Purpose of Report Guide

The Report Guide is a companion to each SMMC Managed Care Plan's Contract (Contract) with the Agency for Health Care Administration (Agency). It provides details of plan reporting requirements including instructions, templates, and submission directions.

This Report Guide provides report guidance and requirements for the following types of Managed Care Plans:

- ✓ Long-term Care Capitated Provider Service Networks (LTC Capitated PSNs)
- ✓ Managed Medical Assistance Health Maintenance Organizations (MMA HMOs)
- ✓ Managed Medical Assistance Capitated Provider Service Networks (MMA Capitated PSNs)
- ✓ Managed Medical Assistance Specialty Plans
- ✓ Managed Medical Assistance Children's Medical Services Network (MMA CMSN)
- ✓ Comprehensive Long-term Care (LTC) Plans

Note: This edition of the Report Guide solely reflects the requirements of LTC and MMA Managed Care Plans.

Chapter 2, General Reporting Requirements, covers the general report submission and certification requirements for the SMMC Managed Care Plans. After these introductory chapters, the remaining chapters cover any specific report certification information and specific individual report instructions and formats.

The individual report chapters are organized in the following manner (all in respective alphabetical order):

1. Attachment II, Core Contract Provisions (CORE) – these reports apply to both LTC and MMA plans.
2. Attachment II, Exhibit II-B, Long-term Care Program – these reports apply to LTC plans.
3. Attachment II, Exhibit II-A, Managed Medical Assistance Program – these reports apply to MMA plans.

Within each individual report chapter, the following report-specific items are covered:

- Managed Care Plan types that are required to provide the report.
- Report purpose.

- Report frequency requirements and due dates.
- Report submission requirements.
- Specific instructions and requirements for completion, including format and any variances specific to a particular Managed Care Plan type.
- Report template.

Reading this Report Guide should produce the following four results:

- An understanding of the Managed Care Plan's responsibility for report submissions.
- A clear concept of what each report requires and how it is best fulfilled.
- A specific report format to maintain consistency in the data flow.
- A single location for all format requirements for all contractual non-X-12 reports that must be submitted by the Managed Care Plans to the Agency.

This Report Guide is referenced in each Managed Care Plan's Contract with the Agency, and each report is summarized in the Contract's Summary of Reporting Requirements Table.

The Managed Care Plan must comply with all reporting requirements set forth in its Contract and this Report Guide. All of the reports within the Report Guide are a contractual obligation of the Managed Care Plan to the Agency, and the Managed Care Plans are responsible for their accurate completion and timely submission as specified in the Contract and Report Guide. Non-compliant Managed Care Plans are subject to liquidated damages and sanctions as specified in the Contract.

Report Guide Updates

As specified in each Managed Care Plan Contract, the Agency reserves the right to modify reporting requirements with a 90-calendar-day written notice to the Managed Care Plan, unless otherwise specified. The Agency will post updates to:

http://ahca.myflorida.com/medicaid/statewide_mc/mma_plans_report_guides.shtml

In general, the Report Guide may change on a calendar quarter basis. Changes in templates between Report Guide postings are provided on the website. The latest revised version of the Report Guide will be displayed with its effective date.

Chapter 2: General Reporting Requirements

General Report Certification Requirements

In addition to the specific report requirements found in subsequent chapters, all Managed Care Plans are responsible for fulfilling basic requirements that apply to all submissions. These include submitting an attestation assuring the accuracy, completeness, and timely submission of each report.

Some chapters have designated file names and/or formats for these federally required attestations (also referred to as “certifications”). However, for chapters where a file name and/or format is not designated, Managed Care Plans must create and submit a PDF file with a file name that includes the word “attestation” and the date it is being submitted. The attestation can simply state:

“I, <<NAME OF PLAN OFFICIAL>>, certify that all data and all documents submitted for <<Report Name and Report Period>> are accurate, truthful, and complete to the best of my knowledge, information and belief.”

The attestation should be on the plan’s letterhead, signed by the official referenced on the attestation itself, and it should include the official’s specific title. The attestation PDF file should be submitted to the same person, location, and in the same manner as the report submission unless the specific report chapter indicates otherwise.

The Managed Care Plan must submit its attestation at the same time it submits the certified data reports (see 42 CFR 438.606(c)). The attestation (and delegation of authority if applicable) must be scanned and submitted to the Agency as one PDF file. It must be submitted with the certified data unless specifically indicated in the individual report chapters. A sample delegation of authority letter is provided by the Agency at:

http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml#ltcpr

Report Accuracy and Submission Timeliness

As specified in the Contract provisions, general reporting requirements include the following:

- The Managed Care Plan’s chief executive officer (CEO), chief financial officer (CFO) or an individual who directly reports to the CEO or CFO and who has delegated authority to certify the Managed Care Plan’s reports, must attest, based on his/her best knowledge, information and belief, that all data submitted in conjunction with the reports and all documents requested by the Agency are accurate, truthful and complete (see 42 CFR 438.606(a) and (b)). The written delegation of authority must be contemporaneous and renewed each calendar year.

- The deadline for report submission referred to in the Contract provision is the actual time of receipt at the Agency bureau or location, not the date the file was postmarked or transmitted.
- If a reporting due date falls on a weekend or holiday, the report must be due to the Agency on the following business day.
- All reports filed on a quarterly basis must be filed on a calendar year quarter.

SMMC SFTP Site Access

Most reports are submitted to the Agency's SMMC SFTP site. To access the SMMC SFTP site, contact your Agency contract manager.

Report Naming and Identification

A report naming convention has been established for all reports and attestations (including supporting submission documents) with the following exceptions:

- Audited Annual and Unaudited Quarterly Financial Reports
- CHCUP (CMS-416) and FL 80% Screening
- Provider Network File
- Quarterly Fraud and Abuse Activity Report
- Suspected/Confirmed Fraud and Abuse Reporting
- Quarterly and Annual Medical Loss Ratio (MLR) Reports
- ACA PCP Payment Increase Report
- Reports submitted directly to the Agency's Fiscal Agent or other delegated entities outside of the Agency that maintain their own file naming convention.

This file naming convention uses the plan name identifier as well as a unique 4-digit number assigned to each report, attestation and submission document. There are also codes for the report year, report year type and frequency of each report. These codes are provided in the Plan Identifier Table, Report Code Identifier Table, Report Year Type Table and the Frequency Code Table, respectively, later in this chapter. The plan name identifiers, report code identifiers, report year type identifiers and report frequency codes are all used as part of this SMMC file naming convention.

- The file naming convention is as follows:
 - The Managed Care Plan's three character identifier from the Plan Identifier Table
 - Four-digit year in which the report is due
 - Two-digit month in which the report is due
 - One-character identifier for the report's year type from the Report Year Type Table

- One-character identifier for the report frequency from the Frequency Code Table
 - Two digits indicating the specific data period being reported from the Frequency Code Table (Reporting Data Period)
 - Four-digit report code identifier from the Report Code Identifier Table
- There are **NO** dashes, spaces or other characters between each field.
 - File naming convention examples are provided at the end of this chapter.
 - Most of the report file names not using this file naming convention require the use of the unique alphabetic 3-character plan identifier.
 - For reports that require supplemental documents, the document should be submitted in a .zip file using the file naming convention for that report. This .zip file may not be password protected.
 - Resubmitted or corrected reports must be submitted with the same file name as the original report. **Exception:** If the resubmission is due to a correction needed for an incorrect file name, the file name must be the correct file name using the correct file naming convention.
 - **Late submissions** must be filed with the information required for the on-time filing. For example: a report due in July, but filed in August, must state the month of July (07) not August (08), in the file name. A report due in December 2014, but filed in January 2015, must state the year 2014 in the file name (not January 2015).

Any report that does not require this file naming convention must have a designated file name which can be found within the individual Report Guide chapters, under the section labeled “Submission.” Please submit all such reports and their accompanying attestations in the file formats designated within the “Submission” sections. It is important to follow the file naming designations specified in the individual report chapters in order to maintain submission validity.

Some reports will require the use of a two-digit numeric county code. The two-digit numeric county codes to be used for all such reports are provided on the County Code Table in following pages.

General Submission and Size Limits

In addition to complying with the designated file naming convention and format, the following requirements should be adhered to:

1. The Managed Care Plan may not alter or change report templates in any way.

2. The Agency's email server security protocol allows documents with the ".zip" file extension; however, for reports or documents emailed to the Agency, the file must be within a ten (10) megabyte size limit. If larger files must be sent, the Managed Care Plan should discuss potential alternative delivery methods with its Agency contract manager.

Additional Reporting Format Instructions

If any of the reports contained in this Report Guide require enrollee identifying information that is not available to the Managed Care Plan (such as enrollee full name or Medicaid ID number for pending eligible enrollees), the plan may include available enrollee identifying information.

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| PLAN IDENTIFIER TABLE | |
|------------------------------|------------------------------------|
| Plan Identifier | Comprehensive LTC Plan Name |
| AMG | Amerigroup |
| COV | Coventry |
| HUM | Humana |
| MOL | Molina |
| SUN | Sunshine |
| URA | United |

| Plan Identifier | LTC Plan Name |
|------------------------|----------------------|
| AEC | American Eldercare |

| Plan Identifier | MMA Plan Name |
|------------------------|---|
| PHC | AHF d/b/a Positive Healthcare Florida HIV/AIDS Specialty Plan |
| BET | Better Health, LLC |
| UFS | First Coast Advantage, LLC |
| IHP | Integral Health Plan |
| MCC | Magellan Complete Care, LLC |
| PRE | Preferred Medical Plan, Inc. |
| PRS | Prestige Health Choice |
| CHA | Simply d/b/a Clear Health Alliance HIV/AIDS Specialty Plan |
| SHP | Simply |
| NBD | South Florida Community Care Network |
| STW | Wellcare d/b/a Staywell Health |
| SUN | Sunshine State Health Plan, Inc. Child Welfare Specialty Plan |
| CMS | Children's Medical Services Network (CMSN) Plan |

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Summary Table of Managed Care Plan Reports (non X-12 Reports)

The table below lists the following Managed Care Plan reports required by the Agency. These reports must be submitted as indicated in the Summary of Reporting Requirements table (below) and as specified in the SMMC Report Guide and the SMMC Managed Care Plan Contracts. Please refer to this table as needed. Additional reporting requirements are specified in the SMMC Managed Care Plan Contracts.

| Report Year Type Table | |
|-------------------------------|---------------------------|
| Report Year Type | Report Year Period |
| K = Contract | 09/01 – 08/31 |
| F = Federal | 10/01 – 09/30 |
| S = State | 07/01 – 06/30 |
| C = Calendar | 01/01 – 12/31 |

| Frequency Code Table | |
|-----------------------------|---|
| Report Frequency | Reporting Data Period |
| Annually = A | Last two digits of year's data being reported |
| Semi-annually = S | 01 or 02 for first or second data period being reported |
| Quarterly = Q | Two digits for quarter of data being reported (01, 02, 03, 04) |
| Monthly = M | Two-digit month of data being reported |
| Variable = V | Two-digit day of submission date (01-31) |
| Weekly = W | Two digits for week of data being reported (01, 02, 03, 04, 05) |

SUMMARY OF REPORTING REQUIREMENTS with Report Code Identifier Information

| SMMC Report Name | Contract Att. II, (or Exhibit) Location) | Report Guide Chapter | Reporting Year Type | Report Code | Submission Frequency | Submit To |
|--|--|----------------------------|------------------------|----------------|-------------------------------|---------------------------------------|
| CORE REPORTS | | | | | | |
| Achieved Savings Rebate Financial Reports (IN DEVELOPMENT) | Section IX. and XIV. | 3 | C | 0153 | Annually Quarterly | SMMC SFTP Site |
| Achieved Savings Rebate Financial Reports Attestation | | | | 0154 | | |
| Administrative Subcontractors and Affiliates Report | Section XII. and XIV. | 4 | C | 0100 | Quarterly | SMMC SFTP Site |
| Administrative Subcontractors and Affiliates Report Attestation | | | | 0101 | | |
| | | | | | | |
| | | | | | | |
| Annual Fraud and Abuse Activity Report | Section VIII. and XIV. | 5 | S | 0133 | Annually | MPI-MC SFTP Site |
| Annual Fraud and Abuse Activity Report Attestation | | | | 0134 | | |
| Audited Annual and Unaudited Quarterly Financial Reports | Section X. and XIV. | 6 | C | N/A | Annually Quarterly | MMCFIN@ahca.m yflorida.com |
| Audited Annual and Unaudited Quarterly Financial Reports Attestation | | | | N/A | | |

| SMMC Report Name | Contract Att. II, (or Exhibit) Location) | Report Guide Chapter | Reporting Year Type | Report Code | Submission Frequency | Submit To |
|---|---|-------------------------------------|--------------------------------|------------------------|---------------------------------|---|
| Claims Aging Report & Supplemental Filing Report | Section VIII. and XIV. | 7 | C | | Quarterly | SMMC SFTP Site |
| Capitated Claims Aging Report | | | | 0108 | | |
| Fee-for-Service Claims Aging Report | | | | 0109 | | |
| Claims Aging Report Attestation | | | | 0110 | | |
| Capitated Supplemental Filing Report | | | | 0111 | | |
| Supplemental Filing Report Attestation | | | | 0112 | | |
| Code 15 Report | Section VII. and XIV. | 9 | C | 0155 | Variable | SMMC SFTP Site |
| Code 15 Report Attestation | | | | 0156 | | |
| Critical Incident Report | Section VII. and XIV. | 8 | C | 0118 | Variable | MCP Contract Manager via email |
| Critical Incident Report Attestation | | | | 0119 | | |
| Critical Incident Summary Report | Section VII. and XIV. | 10 | C | 0120 | Monthly | SMMC SFTP Site |
| Critical Incident Summary Report Attestation | | | | 0121 | | |

| SMMC Report Name | Contract Att. II, (or Exhibit) Location) | Report Guide Chapter | Reporting Year Type | Report Code | Submission Frequency | Submit To |
|---|---|-----------------------------|----------------------------|--------------------|-----------------------------|-----------------------|
| Enrollee Complaints, Grievances, and Appeals Report | Section IV. and XIV. | 11 | C | 0127 | Monthly | SMMC SFTP Site |
| Enrollee Complaints, Grievances, and Appeals Report Attestation | | | | 0128 | | |
| Enrollee Help Line Statistics Report (IN DEVELOPMENT) | Section IV. B.2.h. and XIV. | 12 | C | TBD | Monthly | SMMC SFTP Site |
| Enrollee Help Line Statistics Report Attestation | | | | TBD | | |
| Marketing Agent Status/Termination Report | Section IV. D.5.g. and XIV. | 13 | C | 0157 | Variable/Quarterly | SMMC SFTP Site |
| Marketing Agent Status/Termination Report Attestation | | | | 0158 | | |
| Marketing/Educational Events Report | Section IV.B.5.a. and XIV. | 14 | C | | Variable/Monthly | SMMC SFTP Site |
| Marketing/Educational Events Report | | | | 0159 | | |
| Amendment to a reported event change | | | | 0160 | | |
| Market/Educational Events Report Attestation | | | | 0161 | | |

| SMMC Report Name | Contract Att. II, (or Exhibit) Location) | Report Guide Chapter | Reporting Year Type | Report Code | Submission Frequency | Submit To |
|---|---|-------------------------------------|--------------------------------|------------------------|---------------------------------|---|
| Performance Measures Report | Section VII. | 15 | C | | Annually | SMMC SFTP Site |
| Performance Measures Report- LTC & MMA | | | | 0141 | | |
| Performance Measures Report Attestation | | | | 0142 | | |
| HEDIS Auditor Certification with Audit Review Table | | | | 0143 | | |
| Interactive Data Submission System (IDSS) file | | | | 0144 | | |
| Provider Complaint Report | Section VI. and XIV. | 16 | C | 0145 | Monthly | SMMC SFTP Site |
| Provider Complaint Report Attestation | | | | 0146 | | |
| Provider Network File | Section VI. and XIV. | 17 | C | N/A | W | Choice Counseling Vendor SFTP Site |
| Provider Network File Attestation | | | | | | |
| Provider Termination and New Provider Notification Report | Section VI. and XIV. | 18 | C | 0147 | Weekly | SMMC SFTP Site |
| Provider Termination and New Provider Notification Report Attestation | | | | 0148 | | |

| SMMC Report Name | Contract Att. II, (or Exhibit) Location) | Report Guide Chapter | Reporting Year Type | Report Code | Submission Frequency | Submit To |
|---|---|-------------------------------------|--------------------------------|------------------------|---------------------------------|---|
| Quarterly Fraud & Abuse Activity Report | Section VIII. and XIV. | 19 | C | N/A | Quarterly | OIG MPI Web- based Application Site |
| Quarterly Fraud & Abuse Activity Report | | | | N/A | | |
| Suspected/Confirmed Fraud and Abuse Reporting | Section VIII. and XIV. | 20 | C | N/A | Variable | Agency's Online Electronic Data Entry Complaint Form |
| Suspected/Confirmed Fraud and Abuse Reporting Attestation | | | | | | |
| LONG-TERM CARE REPORTS | | | | | | |
| Case Management File Audit Report | Exhibit II-B, Section V. and XIV. | 21 | C | 0102 | Quarterly | SMMC SFTP Site |
| Case Management File Audit Report Attestation | | | | 0103 | | |
| Case Management Monitoring and Evaluation Report | Exhibit II-B, Section V. and XIV. | 22 | C | | Quarterly | SMMC SFTP Site |
| Case Management Monitoring and Evaluation Report | | | | 0104 | | |

| SMMC Report Name | Contract Att. II, (or Exhibit) Location) | Report Guide Chapter | Reporting Year Type | Report Code | Submission Frequency | Submit To |
|---|---|-------------------------------------|--------------------------------|------------------------|---------------------------------|-----------------------|
| Case Management Monitoring and Evaluation Report Attestation | | | | 0105 | | |
| Annual Roll-Up (4 th Quarter Only) | | | | 0106 | | |
| Annual Roll-Up Attestation | | | | 0107 | | |
| Case Manager Caseload Report | Exhibit II-B, Section V. and XIV. | 23 | C | 0151 | Monthly | SMMC SFTP Site |
| Case Manager Caseload Report Attestation | | | | 0152 | | |
| Denial, Reduction, Suspension or Termination of Services Report | Exhibit II-B, Section V. and XIV | 24 | C | 0125 | Monthly | SMMC SFTP Site |
| Denial, Reduction, Suspension or Termination of Services Report Attestation | | | | 0126 | | |
| Enrollee Roster and Facility Residence Report | Exhibit II-B, Section V. and XIV. | 25 | C | 0129 | Monthly | SMMC SFTP Site |
| Enrollee Roster and Facility Residence Report Attestation | | | | 0130 | | |
| Missed Services Report | Exhibit II-B, Section V. and XIV. | 26 | C | 0131 | Monthly | SMMC SFTP Site |

| SMMC Report Name | Contract Att. II, (or Exhibit) Location) | Report Guide Chapter | Reporting Year Type | Report Code | Submission Frequency | Submit To |
|--|---|----------------------|---------------------|-------------|----------------------|----------------|
| Missed Services Report Attestation | | | | 0132 | | |
| Participant Direction Option (PDO) Roster Report | Exhibit II-B, Section V. and XIV | 27 | C | 0137 | Monthly | SMMC SFTP Site |
| Participant Direction Option (PDO) Roster Report Attestation | | | | 0138 | | |
| Patient Responsibility Report | Exhibit II-B, Section V. and XIV. | 28 | K | 0139 | Annually | SMMC SFTP Site |
| Patient Responsibility Report Attestation | | | | 0140 | | |
| Unable to Locate/Contact Enrollee Report | Exhibit II-B, Section V.E.5 | 29 | C | 0176 | Monthly | SMMC SFTP Site |
| Unable to Locate/Contact Enrollee Report Attestation | | | | 0177 | | |
| Freedom of Choice Selection Report (IN DEVELOPMENT) | Exhibit II-B, Section V.D.4 | 30 | C | 0178 | Quarterly | SMMC SFTP Site |
| Freedom of Choice Selection Report Attestation | | | | 0179 | | |
| MANAGED MEDICAL ASSISTANCE REPORTS | | | | | | |
| Additional Network Adequacy Standards Report (IN DEVELOPMENT) | Exhibit II-A, Section VI. and XIV. | 31 | C | TBD | Monthly | SMMC SFTP Site |

| SMMC Report Name | Contract Att. II, (or Exhibit) Location) | Report Guide Chapter | Reporting Year Type | Report Code | Submission Frequency | Submit To |
|--|---|-----------------------------|----------------------------|--------------------|-----------------------------|-----------------------|
| Additional Network Adequacy Standards Report Attestation | | | | TBD | | |
| ACA PCP Payment Increase Report | Exhibit II-A, Section V. and XIV | 32 | C | 0166 | Quarterly | MPA SFTP Site |
| ACA PCP Payment Increase Report Attestation | | | | 0167 | | |
| CHCUP (CMS-416) and FL- 80% Screening | Exhibit II-A, Section V. and XIV. | 33 | F | N/A | Annually | SMMC SFTP Site |
| CHCUP (CMS-416) and FL- 80% Screening Attestation | | | | | | |
| Customized Benefit Notification Report (IN DEVELOPMENT) | Exhibit II-A, Section V. and XIV. | 34 | C | TBD | Monthly | SMMC SFTP Site |
| Customized Benefit Notification Report Attestation | | | | TBD | | |
| Electronic Health Records Standards Report (IN DEVELOPMENT) | Exhibit II-A, Section VI. and XIV. | 35 | C | TBD | Quarterly | SMMC SFTP Site |
| Electronic Health Records Standards Report Attestation | | | | TBD | | |
| ER Visits for Enrollees without PCP Appointment Report | Exhibit II-A, Section V. and XIV. | 36 | C | 0182 | Monthly | SMMC SFTP Site |

| SMMC Report Name | Contract Att. II, (or Exhibit) Location) | Report Guide Chapter | Reporting Year Type | Report Code | Submission Frequency | Submit To |
|---|---|-----------------------------|----------------------------|--------------------|-----------------------------|------------------|
| ER Visits for Enrollees without PCP Appointment Report Attestation | | | | 0183 | | |
| Healthy Behaviors Report | Exhibit II-A, Section V. and XIV. | 37 | C | 0180 | Quarterly | SMMC SFTP Site |
| Healthy Behaviors Report Attestation | | | | 0181 | | |
| Hernandez Settlement Agreement Survey | Exhibit II-A, Section V. and XIV. | 38 | C | 0168 | Annually | SMMC SFTP Site |
| Hernandez Settlement Agreement Survey Attestation | | | | 0169 | | |
| Hernandez Settlement Ombudsman Log | Exhibit II-A, Section V. and XIV. | 39 | C | 0170 | Quarterly | SMMC SFTP Site |
| Hernandez Settlement Ombudsman Log Attestation | | | | 0171 | | |
| Patient Centered Medical Home (PCMH) Providers Report (IN DEVELOPMENT) | Exhibit II-A, Section V. and XIV | 40 | C | TBD | Quarterly | SMMC SFTP Site |
| Patient Centered Medical Home (PCMH) Providers Report Attestation | | | | TBD | | |

| SMMC Report Name | Contract Att. II, (or Exhibit) Location) | Report Guide Chapter | Reporting Year Type | Report Code | Submission Frequency | Submit To |
|---|---|-------------------------------------|--------------------------------|------------------------|---------------------------------|-----------------------|
| PCP Appointment Report (IN DEVELOPMENT) | Exhibit II-A, Section V. and XIV. | 41 | C | TBD | Annually | SMMC SFTP Site |
| PCP Appointment Report Attestation | | | | TBD | | |
| Timely Access/PCP Wait Times Report | Exhibit II-A, Section VI. and XIV. | 42 | C | 0172 | Annually | SMMC SFTP Site |
| Timely Access/PCP Wait Times Report Attestation | | | | 0173 | | |
| Supplemental HIV/AIDS Report | Exhibit II-A, Section XIV. | 43 | C | 0174 | Monthly | SMMC SFTP Site |
| Supplemental HIV/AIDS Report Attestation | | | | 0175 | | |

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| COUNTY CODE TABLE | | | |
|--------------------------|------------------|-------------------------|--------------------|
| COUNTY NAME | COUNTY ID | AHCA AREA/REGION | DCF CIRCUIT |
| Alachua | 01 | 03 | 08 |
| Baker | 02 | 04 | 08 |
| Bay | 03 | 02 | 14 |
| Bradford | 04 | 03 | 08 |
| Brevard | 05 | 07 | 18 |
| Broward | 06 | 10 | 17 |
| Calhoun | 07 | 02 | 14 |
| Charlotte | 08 | 08 | 20 |
| Citrus | 09 | 03 | 05 |
| Clay | 10 | 04 | 04 |
| Collier | 11 | 08 | 20 |
| Columbia | 12 | 03 | 03 |
| Desoto | 14 | 08 | 12 |
| Dixie | 15 | 03 | 03 |
| Duval | 16 | 04 | 04 |
| Escambia | 17 | 01 | 01 |
| Flagler | 18 | 04 | 07 |
| Franklin | 19 | 02 | 02 |
| Gadsden | 20 | 02 | 02 |
| Gilchrist | 21 | 03 | 08 |
| Glades | 22 | 08 | 20 |
| Gulf | 23 | 02 | 14 |
| Hamilton | 24 | 03 | 03 |
| Hardee | 25 | 06 | 10 |
| Hendry | 26 | 08 | 20 |
| Hernando | 27 | 03 | 05 |
| Highlands | 28 | 06 | 10 |
| Hillsborough | 29 | 06 | 13 |
| Holmes | 30 | 02 | 14 |
| Indian River | 31 | 09 | 19 |
| Jackson | 32 | 02 | 02 |
| Jefferson | 33 | 02 | 14 |
| Lafayette | 34 | 03 | 03 |
| Lake | 35 | 03 | 05 |
| Lee | 36 | 08 | 20 |
| Leon | 37 | 02 | 02 |

| COUNTY CODE TABLE | | | |
|--------------------------|------------------|-------------------------|--------------------|
| COUNTY NAME | COUNTY ID | AHCA AREA/REGION | DCF CIRCUIT |
| Levy | 38 | 03 | 08 |
| Liberty | 39 | 02 | 02 |
| Madison | 40 | 02 | 03 |
| Manatee | 41 | 06 | 12 |
| Marion | 42 | 03 | 05 |
| Martin | 43 | 09 | 19 |
| Miami-Dade | 13 | 11 | 11 |
| Monroe | 44 | 11 | 16 |
| Nassau | 45 | 04 | 04 |
| Okaloosa | 46 | 01 | 01 |
| Okeechobee | 47 | 09 | 19 |
| Orange | 48 | 07 | 09 |
| Osceola | 49 | 07 | 09 |
| Palm Beach | 50 | 09 | 15 |
| Pasco | 51 | 05 | 06 |
| Pinellas | 52 | 05 | 06 |
| Polk | 53 | 06 | 10 |
| Putnam | 54 | 03 | 07 |
| Santa Rosa | 57 | 01 | 01 |
| Sarasota | 58 | 08 | 12 |
| Seminole | 59 | 07 | 18 |
| St. Johns | 55 | 04 | 07 |
| St. Lucie | 56 | 09 | 19 |
| Sumter | 60 | 03 | 05 |
| Suwannee | 61 | 03 | 03 |
| Taylor | 62 | 02 | 03 |
| Union | 63 | 03 | 08 |
| Volusia | 64 | 04 | 07 |
| Wakulla | 65 | 02 | 02 |
| Walton | 66 | 01 | 01 |
| Washington | 67 | 02 | 14 |

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File Naming Convention Examples

Example: File Name **ABC201410KA130139 =**

ABC Managed Care Plan
2013 Patient Responsibility Report due October 1, 2014

- Managed Care Plan's three-character identifier = ABC
- Four-digit year in which report is due = 2014
- Two-digit month in which report is due = 10
- One-character identifier for the report's year type from the Report Year Type Table = K
- One-character identifier for report frequency from the Frequency Code Table = A
- Two digits indicating the specific data period being reported from the Frequency Code Table (Reporting Data Period) = 13 (Reporting Data Period 2013)
- Four-digit report code identifier for the Patient Responsibility Report = 0139

Example: File Name **ABC201404CQ010102=**

ABC Managed Care Plan
1st Quarter 2014 Case Management File Audit Report due April 30, 2014

- Managed Care Plan's three-character identifier = ABC
- Four-digit year in which report is due = 2014
- Two-digit month in which report is due = 04
- One-character identifier for report's year type from the Report Year Type Table = C
- One-character identifier for report frequency from the Frequency Code Table = Q
- Two digits indicating the specific data period being reported from the Frequency Code Table (Reporting Data Period) = 01 (Reporting Data Period 1st Quarter ending 03/31/14)
- Four-digit report code identifier for the Case Management File Audit Report = 0102

Example: File Name **ABC201410CM090131.xls=**

ABC Managed Care Plan
September 2014 Missed Services Report due October 30, 2014

- Managed Care Plan's three-character identifier = ABC
- Four-digit year in which report is due = 2014

- Two-digit month in which report is due = 10
- One-character identifier for the report's year type from the Report Year Type Table = C
- One-character identifier for report frequency from the Frequency Code Table = M
- Two digits indicating the specific data period being reported from the Frequency Code Table (Reporting Data Period) = 09 (September reporting period)
- Four-digit report code identifier for the Missed Services Report = 0131

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Section Two: Core Reports

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Chapter 3: PLACEHOLDER for Achieved Savings Rebate Financial Reports

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Chapter 4: Administrative Subcontractors and Affiliates Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

| | <u>Plan Type</u> | |
|--|------------------|---|
| <input checked="" type="checkbox"/> Comprehensive LTC Plan | | <input checked="" type="checkbox"/> LTC Capitated PSN |
| <input checked="" type="checkbox"/> MMA HMO | | |
| <input checked="" type="checkbox"/> MMA Capitated PSN | | |
| <input checked="" type="checkbox"/> MMA Specialty Plan | | |
| <input checked="" type="checkbox"/> MMA CMSN Plan | | |

REPORT PURPOSE:

The purpose of this report is for Managed Care Plans to report ownership and financial information for all subcontractors¹ and affiliates² to which the Managed Care Plan has delegated any responsibility or service for the Medicaid product line. This is an informational reporting mechanism only. The inclusion of an entity on this report does not constitute Agency approval of the Managed Care Plan's subcontract or relationship with that entity. Entities already reported in the Provider Network File must not be included on this report.

FREQUENCY & DUE DATES:

This report is due quarterly within fifteen (15) calendar days after the end of the reporting quarter.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- The Managed Care Plan's Administrative Subcontractors and Affiliates Report.
- A report attestation described in Chapter 2.

INSTRUCTIONS:

¹ For purposes of this report, "subcontractor" means any person or entity with which the Managed Care Plan has contracted or delegated administrative functions, services or responsibilities for providing services under this Contract, excluding those persons or entities reported by the Managed Care Plan in the Provider Network File.

² For purposes of this report, "affiliate" or "affiliated person" means: (1) Any person or entity who directly or indirectly manages, controls, or oversees the operation of the Managed Care Plan, regardless of whether such person or entity is a partner, shareholder, owner, officer, director, agent, or employee of the entity. (2) Any person or entity who has a financial relationship with the Managed Care Plan as defined by 42 CFR 438.320 (1), and/or (3) An individual or entity who meets the definition of an affiliate as defined in 48 CFR 19.101.

The Managed Care Plan must submit the report using the Agency's template via the SMMC SFTP site to the plan-specific file folder in the following manner. To meet the requirement for report submission, all applicable fields must be completed by the Managed Care Plan for each business entity being reported unless instructions specify otherwise. If a field is not applicable, enter N/A. In this report, do not include entities already reported in the Provider Network File.

Header rows on the template are numbered above header titles. Drop-down selection boxes with pre-populated values and help boxes are located throughout the template. Use one line of entry for each subcontractor/affiliate. If the subcontractor/affiliate has more than one owner (see 13a through 13c), complete fields 1 through 12 for each owner. Template fields are as follows:

1. Managed Care Plan Identifier: Enter the Managed Care Plan's three-character identifier.
2. Managed Care Plan Name: Enter the name of the Managed Care Plan.
3. Managed Care Plan Base ID Medicaid Provider Number: Provide the primary Medicaid Base ID provider number of the Managed Care Plan including leading zeroes when applicable. Field length is seven digits.
4. Reporting Year: Select the Calendar Year being reported.
5. Reporting Quarter: Select the Quarter in the Calendar Year being reported.
6. Subcontractor/Affiliate Name: Enter the name of the Managed Care Plan's subcontractor or affiliate being reported. Entities already reported in the Provider Network File are not to be included on this report.
7. Business Entity Type: Select whether the entity being reported is a subcontractor of the Managed Care Plan, an affiliate of the Managed Care Plan, or both an affiliate and a subcontractor.
8. Tax I.D. (SSN/FEIN): Enter the tax identification number of the subcontractor or affiliate. Only nine numeric characters are allowed. Leading zeroes will be applied to any entry that is less than nine digits.
9. Correspondence Address: Enter the mailing or correspondence address of the subcontractor or affiliate being reported using the:
 - a. Street Address or P.O. Box
 - b. City
 - c. State (two character identifier)
 - d. Zip Code (five digits)
 - e. Country
10. Subcontractor/Affiliate Physical Address:
 - a. Street Address
 - b. City

- c. State (two character identifier)
 - d. Zip Code (five digits)
 - e. Country
11. Parent Company Name (if applicable):
- a. If the subcontractor/affiliate being reported is a subsidiary, enter the name of the parent company.
 - b. State: Select the state where the parent company is located.
 - c. Country: Select the country where the parent company is located.
12. Service Type: Enter service type(s) subcontracted or delegated by the Managed Care Plan to the subcontractor/affiliate. Service type examples include but are not limited to member services, third-party administrator, claims processing, fulfillment vendor (printing and mailing), provider credentialing, provider contracting, and provider services. Separate each service type description using a semi-colon.
13. Subcontractor/Affiliate Ownership: If the subcontractor/affiliate has more than one owner, complete fields 1 through 12, along with 13a, 13b, and 13c, for each owner/organization name.
- a. Last Name (or Organization Name): Enter the last name of the individual or the name of the organization having ownership of the subcontractor or affiliate. Enter one name or organization per line.
 - b. First Name: Enter the first name of the individual having ownership of the subcontractor or affiliate (if applicable). If not applicable, enter N/A. Enter one name per line.
 - c. Percent Ownership: Using a decimal point, enter the numerical value of the ownership percentage of the subcontractor/affiliate. Do not use the % character. NOTE: If the decimal point is not manually inserted, the system will automatically insert the decimal followed by two zeroes.
14. Payment Methodology: Select the Managed Care Plan's payment method for the subcontractor/affiliate services from the drop-down box. Options are "Contingency Fee," "Capitation" (per enrollee), "Cost Reimbursement," "Fixed per Unit Price" or "Other." If "Other" is selected, explain the payment methodology in field 14a.
- a. Payment Methodology - Other: This is an open text field. Describe the Managed Care Plan's payment method for subcontractor or affiliate services when "other" is selected in field 14.
15. Subcontract Beginning Date: Select the MM/DD/YYYY of the beginning of the subcontract.
16. Subcontract End Date: Select the MM/DD/YYYY of the end of the subcontract.
17. Downstream Delegation of Services: Select Yes or No, as appropriate, if the subcontractor or affiliate further subcontracts or delegates to another entity any services or functions under the Managed Care Plan's Medicaid contract obligation(s).

18. Comments: This is an open text, narrative field, provided for other relevant information or comments regarding this report.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Administrative_Subcontractors_and_Affiliates_Report_Template_SMMC_06012014.xlsx

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Chapter 5: Annual Fraud and Abuse Activity Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | | |
|-------------------------------------|------------------------|-------------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input checked="" type="checkbox"/> | LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | | | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | | | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | | | |
| <input checked="" type="checkbox"/> | MMA CMSN Plan | | | |

REPORT PURPOSE:

The purpose of this report is to provide the Agency a summarized annual report on the Managed Care Plan's experience in implementing an anti-fraud plan and conducting or contracting for investigations of possible fraudulent or abusive acts for the prior State Fiscal Year (SFY).

Note: All dollar amounts are to be reported for any overpayment, fraud, or abuse acts.

As used in this report, the terms "overpayment," "fraud," and "abuse" are defined and as referenced in Attachment II, Core Contract Provisions, Section I, Definitions and Acronyms.

FREQUENCY & DUE DATES:

This report is due annually by September 1.

SUBMISSION:

The Managed Care Plan must submit the following to the Agency's Office of the Inspector General, Bureau of Medicaid Program Integrity's MPI-MC SFTP site. Contact the Agency's MPI Business Manager (MPI Site Administrator) for access information via MPIBusiness.Manager@ahca.myflorida.com or 850-412-4600.

- The Managed Care Plan's Annual Fraud and Abuse Activity Report saved in XLS format, and submitted as an electronic file. The Managed Care Plan must use the file naming convention described in Chapter 2.
- A report attestation described in Chapter 2.

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INSTRUCTIONS:

The Plan Contract Manager must obtain access to the MPI-MC SFTP site through the Agency's MPI Business Manager (or designated representative) to upload electronic file documentation. The Managed Care Plan user must implement Agency-approved FTP client software, such as FileZilla, or utilize the web-transfer client protocol provided by AHCA. Security credentials (a single user ID and password) will be provided via encrypted email once the Plan Contract Manager's registration is approved. Use the appropriate host name for the MPI-MC SFTP site: [sftp.ahca.myflorida.com](ftp://sftp.ahca.myflorida.com), port 2232. The Plan Contract Manager is responsible for plan user security and must maintain the user security access for plan staff. The MPI-MC SFTP site is limited to submitting and retrieving electronic file information within the managed care plan-specific folder. The managed care plan password is reissued by email only to the approved registered user (Plan Contract Manager), and will expire every 90 days in accordance with the Agency's security protocol. Password reset reminders and instructions will be sent to the registered user (account holder- Plan Contract Manager) seven days prior to expiration, and upon expiration. The Managed Care Plan must successfully submit a test file within 10 calendar days after the password is issued and as requested by the Agency.

The registered user (Plan Contract Manager) will be notified by email in the event of an account lock out due to multiple, incorrect password attempts. The primary account holder (Plan Contract Manager) will be notified by email when the account has been locked. The account lockout will last for 30 minutes, and then it will be automatically cleared by the system. Users can have the block cleared immediately by contacting their AHCA MPI-MC Site Administrator (MPI Business Manager) at 850-412-4600.

Entering the incorrect username (i.e., a username that does not exist) will cause the user's IP address to be blocked. For the IP address block to take place, the user must attempt to connect with the incorrect username more than five times in 60 seconds. This form of lockout must be cleared by AHCA's network staff. The external user must contact their AHCA Site Administrator (MPI Business Manager) for MPI reporting at MPIBusiness.Manager@ahca.myflorida.com or 850-412-4600 to resolve this issue.

Termination of access is required in instances where there is a change of responsibilities or employee termination. A request to terminate a user's access must be submitted by the Plan Contract Manager and must include the user's full name, position title, and business email address. The Plan Contract Manager must submit the request by email to MPIBusiness.Manager@ahca.myflorida.com.

The Managed Care Plan must submit the Annual Fraud and Abuse Activity Report via the MPI-MC SFTP site to the plan-specific file folder in the following manner using the same format as the XLS template:

Note: ** = A drop down selection box with pre-populated values (selections). Header fields on the template are numbered and header titles are abbreviated (below each number). There are some help boxes located throughout the template.

1. AHCA Contract Number: Enter the alpha-numeric Contract Number, assigned by the Agency that appears on the Agency's contract with the Managed Care Plan.
2. State Fiscal Year**: Select the State Fiscal Year for the year being reported. Note: State Fiscal Years run from July 1 – June 30.
3. Managed Care Plan Identifier: Provide the Managed Care Plan's alpha-character identifier.
4. Managed Care Plan Medicaid Base ID Provider Number: Provide the primary Medicaid Base ID provider number of the Managed Care Plan including leading zeroes when applicable. Only one line of entry is allowed. Field length is seven (7) digits.
5. Total Overpayments Identified for Recovery: Report the total amount of all dollars identified as lost to overpayment, abuse, and fraud during the State Fiscal Year being reported. Report dollars and cents by entering numeric characters only. Do not input dollar signs (\$), decimals or commas; only numeric characters are allowed. The field is formatted to automatically input dollar signs and decimals. If no dollar losses attributable to overpayment, abuse or fraud were identified during the State Fiscal Year being reported, insert zero (0).
 - a. Total Overpayments Recovered: Of the total amount of overpayment identified for recovery, report the amount of total dollars recovered attributable to overpayment, abuse, and fraud during the State Fiscal Year being reported. Report the total dollar amount of recoveries attributable to overpayment, abuse, and fraud during the State Fiscal Year being reported. Report dollars and cents by entering numeric characters only. Do not input dollar signs (\$), decimals or commas; only numeric characters are allowed. The field is formatted to automatically input dollar signs and decimals. If no recoveries of losses attributable to overpayment, abuse or fraud occurred during the State Fiscal Year being reported, insert zero (0).
6. Total Dollars Identified as Lost to Fraud and Abuse: Of the total amount of overpayments identified for recovery, report the portion of total overpayments identified for recovery which were identified as being lost only to fraud and abuse during the State Fiscal Year being reported. Report the total dollar amount identified as lost to abuse and fraud during the State Fiscal Year being reported. Report dollars and cents by entering numeric characters only. Do not input dollar signs (\$), decimals or commas; only numeric characters are allowed. The field is formatted to automatically input dollar signs and decimals. If no dollar losses attributable to abuse and fraud were identified during the State Fiscal Year being reported, insert zero (0).
 - a. Total Dollars Lost to Fraud and Abuse That Were Recovered: Of the portion of dollars identified as being lost to fraud and abuse, report the amount of total

dollar recovered attributable to being lost to fraud and abuse during the State Fiscal Year being reported. Report the total dollar amount of all recoveries of dollars lost to fraud and abuse made during the State Fiscal Year being reported. Report dollars and cents by entering numeric characters only. Do not input dollar signs (\$), decimals or commas; only numeric characters are allowed. The field is formatted to automatically input dollar signs and decimals. If no recoveries of losses attributable to abuse and fraud have occurred, during the State Fiscal Year being reported, insert zero (0).

7. Total Number of Referrals: Enter the total number of referrals made to the Agency's Office of the Inspector General, Office of Medicaid Program Integrity, during the State Fiscal Year being reported. (See Report Guide chapter: Suspected/Confirmed Fraud and Abuse Reporting).
8. Narrative Field: A narrative field is provided for other relevant information or comments regarding this report. Required: Provide an explanation in the narrative field describing the actual steps and efforts taken to recover the identified overpayments and provide the reasons why remaining overpayments could not be recovered. In addition, if variances or discrepancies exist between the reported numbers of the AFAAR and the QFAAR, explain any reconciliation issues.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template to be used for all plan types can be found at:

http://www.ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Annual_Fraud_and_Abuse_Activity_Report_SMMC_01012015.xlsx

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Chapter 6: Audited Annual and Unaudited Quarterly Financial Reports

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | | |
|-------------------------------------|------------------------|------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input checked="" type="checkbox"/> | LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | | | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | | | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | | | |
| <input type="checkbox"/> | MMA CMSN Plan | | | |

REPORT PURPOSE:

The purpose of this report is to provide the Agency with unaudited quarterly financial statements, an audited annual financial statement, an audited annual report and a letter of opinion from an independent auditor (certified public accountant unaffiliated with the Managed Care Plan).

FREQUENCY & DUE DATES:

Unaudited financial statements are due quarterly, within 45 calendar days after the end of each reporting quarter.

Audited financial statement, audited annual report and the letter of opinion from an independent auditor are due annually, on or before April 1 following the end of each reporting calendar year.

SUBMISSION:

The managed care plan must submit the following, via a single, non-secure email to the Agency's mailbox at MMCFIN@ahca.myflorida.com:

- For the unaudited quarterly submissions:
 - a. The completed and accurate financial statement report template, which must be submitted as an XLS file and named F***YYQ#.xls, where *** is the Managed Care Plan's three-character identifier from the Plan Identifier Table (see Chapter 2), YY are the last two digits of the calendar year being reported, and # is the one digit of the quarter being reported (i.e., ABC Managed Care Plan's submission for the 1st quarter of 2015 would be named "FABC15Q1.xls").
 - b. The jurat page (included in the financial statement report template), which must be submitted separately as a PDF file and named F***YYQ#-jurat.pdf, where *** is the Managed Care Plan's three-character identifier, YY are the

last two digits of the calendar year being reported, and # is the one digit of the quarter being reported. This jurat page must be signed only by the Managed Care Plan's chief executive officer (CEO). **Delegate signatures will not be accepted.**

- c. A report attestation as described in Chapter 2. The attestation must be named F***YYQ#-cert.pdf, where *** is the Managed Care Plan's three-character identifier, YY are the last two digits of the calendar year being reported, and # is the one digit of the quarter being reported.

➤ For the audited annual submissions:

- a. The completed and accurate financial statement report template showing any corrections made by the independent auditor, which must be submitted as an XLS file and named AF***YYYY.xls, where *** is the Managed Care Plan's three-character identifier, and YYYY are the four digits of the calendar year being reported.
- b. The jurat page (included in the financial statement report template), which must be submitted as a PDF file and named AF***YYYY-jurat.pdf, where *** is the Managed Care Plan's three-character identifier, and YYYY are the four digits of the calendar year being reported. This jurat page must be signed only by the Managed Care Plan's CEO. **Delegate signatures will not be accepted.**
- c. A report attestation, as described in Chapter 2 for the completed and accurate financial statement report template, which must be submitted with the certified data as a PDF file and named AF***YYYY-cert.pdf, where *** is the Managed Care Plan's three-character identifier, and YYYY are the four digits of the calendar year being reported. This attestation must be signed by the Managed Care Plan's CEO, CFO, or a direct report with written delegated authority certifying that all data and documents submitted are accurate, truthful, and complete. Such delegations of authority must be attached to the submitted signed attestation to certify the report.
- d. The independent auditor's financial report and letter of opinion, which must be submitted as a PDF file and named AFO***YYYY.pdf, where *** is the Managed Care Plan's three-character identifier, and YYYY are the four digits of the calendar year being reported.

INSTRUCTIONS:

1. The Managed Care Plan must complete the financial reporting submission requirements using the Excel file template, provided at the Agency's website specified in the report template section, to report the following sets of financial data:

➤ Balance Sheet;

- Statement of Revenues and Expenses;
 - Statement of Cash Flow; and
 - Footnotes.
2. It is the responsibility of the Managed Care Plan to use the most current financial statement report template supplied by the Agency. The Agency will provide the most recent template within the first quarter of each reporting year.
 3. The Managed Care Plan must file a combined financial statement report for its unaudited quarterly and audited annual statements. These combined financial statement(s) should be submitted and emailed as a single report.
 4. The Managed Care Plan must use generally accepted accounting principles (GAAP) in preparing all financial statements; however, if the Managed Care Plan is also required to file with the State of Florida Office of Insurance Regulation, then the annual financial statement and the annual independent auditor's financial report may be submitted using statutory accounting.
 5. The LTC data must be reported as a separate line of business within the Agency-supplied Excel file template.
 6. The Managed Care Plan must submit financial statements that are specific to the operations of the Managed Care Plan rather than to a parent or umbrella organization.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/AUDITED_ANNUAL-UNAUDITED_QUARTERLY_FINANCIAL_REPORTS_SMMC_06012014.xls

The Agency's template consists of the following:

- A financial workbook to report financial data, which includes an instructions page, and
- A jurat page (in the financial workbook).

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Chapter 7: Claims Aging Report & Optional Supplemental Filing Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | <u>Plan Type</u> | |
|--|---|
| <input checked="" type="checkbox"/> Comprehensive LTC Plan | <input checked="" type="checkbox"/> LTC Capitated PSN |
| <input checked="" type="checkbox"/> MMA HMO | |
| <input checked="" type="checkbox"/> MMA Capitated PSN | |
| <input checked="" type="checkbox"/> MMA Specialty Plan | |
| <input checked="" type="checkbox"/> MMA CMSN Plan | |

REPORT PURPOSE:

The purpose of this report is to provide the Agency with assurance that claims are processed timely and payment systems comply with the federal and State requirements, whichever is more stringent.

FREQUENCY & DUE DATES:

This report is due quarterly, within forty-five (45) calendar days after the end of the reporting quarter.

For capitated Managed Care Plans, the optional Supplemental Filing Report is due within one hundred-five (105) calendar days after the end of each reporting quarter.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- For the quarterly submissions:
 - a. The completed claims aging report template, which must be submitted as an XLS file and named using the file naming convention as described in Chapter 2.
 - b. A report attestation described in Chapter 2.
- For the optional supplemental filing submissions (capitated Managed Care Plans only):
 - a. The completed claims aging supplemental filing report template, which must be submitted as an XLS file and named using the file naming convention as described in Chapter 2.

- b. A report attestation described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must complete the quarterly Claims Aging Report(s) and, if applicable, Claims Aging Supplemental Filing Report(s), using the appropriate report template (specific to Managed Care Plan type) provided on the Agency website (see the “Report Template” section of this chapter).
2. Claims data must be Medicaid only.
3. Claims data must not be run for this report until at least 31 calendar days after the end of the report quarter but before the due date for filing (45 calendar days after the reported quarter).
4. Claims data reported is for clean claims received, paid and denied during the reporting period (see template).
5. If the capitated Managed Care Plan chooses to file a Claims Aging Supplemental Filing Report, it may report claims received during the reported quarter and processed within 90 calendar days of receipt. The supplemental reporting is voluntary on the part of the capitated Managed Care Plan.

VARIATIONS BY MANAGED CARE PLAN TYPE:

Reporting requirements are unique to specific Managed Care Plan types. For example, the Claims Aging Report template contains tabs for fee-for-service Managed Care Plans and tabs for capitated Managed Care Plans. (See the “Report Templates” section of this chapter).

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied claims aging report template for capitated Managed Care Plans (for the required quarterly and optional supplemental filing submission) can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/CLAIMS_AGING_REPORT_SMMC_06012014.xls

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Claims_Aging_Report_Supplemental_Filing_Capitated_LTC.xls

Chapter 8: Critical Incident Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | <u>Plan Type</u> | |
|--|------------------|---|
| <input checked="" type="checkbox"/> Comprehensive LTC Plan | | <input checked="" type="checkbox"/> LTC Capitated PSN |
| <input checked="" type="checkbox"/> MMA HMO | | |
| <input checked="" type="checkbox"/> MMA Capitated PSN | | |
| <input checked="" type="checkbox"/> MMA Specialty Plan | | |
| <input checked="" type="checkbox"/> MMA CMSN Plan | | |

REPORT PURPOSE:

The purpose of this report is to monitor all Managed Care Plans' critical and adverse incident reporting and management system for critical incidents that negatively impact the health, safety or welfare of enrollees. This includes critical and adverse incidents in all service delivery settings applicable to enrollees.

FREQUENCY & DUE DATES:

This report is due immediately upon occurrence and **no later than** twenty-four (24) hours after detection or notification.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following via secure, encrypted email to the Agency's Managed Care Plan Contract manager:

- Critical Incident Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

The Managed Care Plan must report the following to the Agency in accordance with the format set forth in the Critical Incident Report Template:

- Plan Name
- Plan Type: Long-term Care or Managed Medical Assistance (from drop down list)
- Plan Medicaid ID (seven digits)
- Today's Date (Date the plan reports to the Agency) (MM/DD/YYYY)
- AHCA Area/Region (from drop down list)
- County Name

- Enrollee's Medicaid ID (10 digits)
- Enrollee's full name (first, last)
- Date of incident (MM/DD/YYYY)
- Facility (Yes/No)
- Name of facility or Unit (if applicable)
- Facility Type (choose from drop down: Abortion Clinic, Ambulatory Surgical Center, Assisted Living Facility, Doctor's Office, Home Health, Hospital, Long Term Care home-like environment, Long Term Care home based service setting, Nursing Home, or Other type of provider)
- Address of incident
- ICD-9 or ICD-10 Code for Admitting Diagnosis
- Incident Type (select from drop down list)
- Details of Incident
- Follow-up Planned
- Outcome of the incident – LTC only
- Assigned Provider
- Staff Involved
- Witnesses
- Date Reported to Plan
- Report Submitted By
- Date Resolved (MM/DD/YYYY)

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Critical_Incident_Report_SMMC_06012014.xlsx

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Chapter 9: Code 15 Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

| | | <u>Plan Type</u> | | |
|-------------------------------------|------------------------|-------------------------------------|-------------------|--|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | <input checked="" type="checkbox"/> | LTC Capitated PSN | |
| <input checked="" type="checkbox"/> | MMA HMO | | | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | | | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | | | |
| <input checked="" type="checkbox"/> | MMA CMSN Plan | | | |

REPORT PURPOSE:

The purpose of this report is to monitor all Managed Care Plans' critical and adverse incident reporting and management systems and proactive steps for critical events that negatively impact the health, safety, or welfare of enrollees. Such reporting and management systems must be for critical and adverse incidents that occur in all service delivery settings applicable to enrollees.

FREQUENCY & DUE DATES:

This report is due within fifteen (15) calendar days after the Managed Care Plan received information about the incident.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- The Division of Health Quality Assurance's online Code 15 report.
- A report attestation described in Chapter 2.

INSTRUCTIONS:

The Managed Care Plan must submit the report using the Agency's template via the SMMC SFTP site to the plan-specific file folder utilizing the Critical Incident Code 15 report as posted online by the Division of Health Quality Assurance.

For the incident, the report must include, but not be limited to:

- Enrollee's Medicaid ID (10 digits)
- Enrollee's Full Name
- Date of Incident
- Facility Y/N

- Name of Facility (if applicable)
- Facility Type
- Address of Incident
- ICD 9 or ICD 10 Code and ICD 9 CM Code for Admitting Diagnosis
- Critical Incident Type
- Analysis of Incident
- Corrective/Proactive Action(s) Taken
- Details of Incident
- Follow Up Planned/Required
- Outcome of the Incident
- Assigned Provider
- Staff Involved
- Witnesses
- Report Submitted By
- Date Resolved
- Date of Submission

To meet the requirement for report submission, all applicable fields must be completed by the Managed Care Plan for each business entity being reported unless instructions specify otherwise. If a field is not applicable, enter N/A.

VARIATIONS BY MANAGED CARE PLAN TYPE:

While PSNs and the MMA CMSN MCP cannot submit the Code 15 report directly to HQA through the online process, these Managed Care Plans can download the Code 15 form for submission to the Agency. For convenience, a Code 15 report template has been developed as shown below.

REPORT TEMPLATE:

The template to be used for the Code 15 report can be found online at:

http://ahca.myflorida.com/medicaid/statewide_mc/mma_plans_report_guides.shtml

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by Managed Care Plan. The Agency-supplied template for the MMA CMSN MCP and PSNs, as specified in Variations by Managed Care Plan Type above, can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Code_15-Critical_Incident_Report_SMMC_06012014.xlsx

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Chapter 10: Critical Incident Summary Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | | |
|-------------------------------------|------------------------|------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input checked="" type="checkbox"/> | LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | | | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | | | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | | | |
| <input checked="" type="checkbox"/> | MMA CMSN Plan | | | |

REPORT PURPOSE:

The purpose of this report is to monitor all Managed Care Plans' critical and adverse incident reporting and management system for critical incidents that negatively impact the health, safety or welfare of enrollees. This includes all service delivery settings applicable to enrollees.

FREQUENCY & DUE DATES:

This report is due monthly, by the fifteenth (15th) calendar day of the month following the reporting month.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- Critical Incident Summary Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must create the Critical Incident Summary Report in the format and layout specified in the report template.
2. For the reporting quarter, the report must include but not be limited to:
 - Plan Name
 - Plan Medicaid ID (seven digits)
 - As of Date (MM/YY)
 - AHCA Area or Region
 - For SMMC Managed Care Plan reporting, use the appropriate Region associated with the reported incident. Disregard the NR and Reform Area

designations. The Critical Incident Summary Report template and instructions will be revised after full implementation of the Managed Medical Assistance program.

VARIATIONS BY MANAGED CARE PLAN TYPE:

Comprehensive LTC Plans are to select “LTC” from the drop down menu next to “Contract Type” to report LTC incidents, and MMA Plans are to select “MMA” from the drop down menu to report MMA incidents. Until the report template is revised at a later date, Comprehensive Plans should submit one template for LTC critical incidents and a separate template for MMA critical incidents, using the appropriate menu selection for each template (LTC or MMA).

REPORT TEMPLATE

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

[http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Critical Incidents_Summary_Report_SMMC_06012014.xlsx](http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Critical_Incidents_Summary_Report_SMMC_06012014.xlsx)

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Chapter 11: Enrollee Complaints, Grievances and Appeals Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | <u>Plan Type</u> | | |
|-------------------------------------|------------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | <input checked="" type="checkbox"/> | LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | | |
| <input checked="" type="checkbox"/> | MMA CMSN Plan | | |

REPORT PURPOSE:

The purpose of this report is to provide a monthly record of all complaints, grievances, and appeals in accordance with the terms of the Contract.

FREQUENCY & DUE DATES:

This report is due monthly, within fifteen (15) calendar days after the end of the reporting month.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- Enrollee Complaints, Grievances, and Appeals Report using the template provided.
 - a. The completed enrollee template including MMA and LTC data, as applicable on the labeled tab for the appropriate month, must be submitted as an XLS file and named using the file naming convention as described in Chapter 2 of this guide.
 - b. The Managed Care Plan's log of complaints that do not become grievances must be submitted and include, at minimum, each of the following data elements:
 - Date grievance was received by the Managed Care Plan
 - Complainant and Enrollee Name(s)
 - Enrollee's Medicaid ID (10 digits)
 - Nature of Complaint categorized in one of the following four categories:
 1. Claims
 2. Customer Service

- 3. Services, or
- 4. Other
- Type of Complaint categorized in one of the following two categories:
 - 1. Long-term Care (LTC), or
 - 2. Managed Medical Assistance (MMA)
- Description of Resolution
- Final Disposition.

➤ A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must file one Enrollee Complaints, Grievances, and Appeals Report for MMA and LTC data using the template provided.
2. The data provided in the Managed Care Plan's log of complaints must equal the numbers reported in the completed enrollee complaints, grievances, and appeals template.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations

REPORT TEMPLATE:

No alterations or duplications must be made to the report template by the Managed Care Plan. The Agency-supplied Enrollee Complaints, Grievances, and Appeals Report template can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/ENROLLEE_COMPLAINTS_GRIEVANCES_APPEALS_REPORT_SMMC_06012014.xls

The Agency's template consists of the following:

- A workbook with twenty-eight (28) tabs (24 of which are monthly representations as described in paragraph c. below) which includes the following:
 1. Instructions – explains how to complete the template.
 2. Codes – provides report definitions and codes explaining the types of complaints, grievances, appeals and dispositions.
 3. January-December – Each month has a separate worksheet for reporting enrollee complaints received by the managed care plan during the reported timeframe. There is one worksheet for each type of plan (LTC

or MMA) per month.

4. Summary – No data can be entered into the summary worksheet for the MMA and LTC data. As the Managed Care Plan completes each quarterly worksheet, the data is captured and reported in aggregate on the Summary worksheet.

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Chapter 12: PLACEHOLDER for Enrollee Help Line Statistics Report

UNDER DEVELOPMENT

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Chapter 13: Marketing Agent Status/Termination Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | <u>Plan Type</u> | |
|--|------------------|--|
| <input checked="" type="checkbox"/> Comprehensive LTC Plan | | <input type="checkbox"/> LTC Capitated PSN |
| <input checked="" type="checkbox"/> MMA HMO | | |
| <input checked="" type="checkbox"/> MMA Capitated PSN | | |
| <input checked="" type="checkbox"/> MMA Specialty Plan | | |
| <input checked="" type="checkbox"/> MMA CMSN Plan | | |

REPORT PURPOSE:

The purpose of this report is to ensure Managed Care Plans register the state licensure and/or appointment status of each marketing agent/community outreach representative and report agent/representative terminations to the Agency in accordance with the terms of the Contract.

FREQUENCY & DUE DATES:

This report is due two weeks prior to any outreach/educational or marketing activities to be performed by the marketing agent (variable).

This report is due quarterly, within forty-five (45) calendar days after the end of the reporting quarter.

SUBMISSION:

Using the file naming convention described in Chapter 2 of this guide, the Managed Care Plan must submit the following to the SMMC SFTP site:

- The completed marketing agent termination template, which must be submitted as an XLS file and named using the file naming convention as described in Chapter 2 of this guide.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must complete the quarterly marketing agent termination report using the appropriate report template provided on the Agency website (see the "Report Template" section of this chapter).

2. In the event that there are no activities to report for the quarter, the Managed Care Plan must submit a blank report template, along with a completed jurat and attestation.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide and Report Template. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://www.ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/MARKETING_AGENT_STATUS_TERMINATION_REPORT_SMMC_01012015.xlsx

The Agency's template consists of the following:

- A workbook with three (3) worksheet tabs which includes the following:
 1. Instructions – explains how to complete the template.
 2. Jurat – contains Managed Care Plan contact information.
 3. Marketing Agent Activity – contains information including any change of status.

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Chapter 14: Marketing/Educational Events Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | <u>Plan Type</u> | |
|-------------------------------------|------------------------|--|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | <input type="checkbox"/> LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | |
| <input checked="" type="checkbox"/> | MMA CMSN Plan | |

REPORT PURPOSE:

The purpose of this report is to provide written notice to the Agency of the Managed Care Plan's intent to attend and provide marketing, outreach and educational materials at events.

FREQUENCY & DUE DATES:

This report is due monthly, no later than the twentieth (20th) calendar day of the month prior to the event month.

Amendments to the report are due no later than two weeks prior to the event (variable).

SUBMISSION:

Using the file naming convention as described in Chapter 2 of this guide, the Managed Care Plan must submit the following to the SMMC SFTP site:

- An outreach/public event report using the Agency-supplied template. **The month used in the naming convention will represent the month the event will occur.**
- An amendment to a reported event when there is a change in time, location, date or cancellation of the event. **The month used in the naming convention will be the same month the event was originally scheduled to occur.**
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must complete the market/educational events report using the appropriate report template provided on the Agency website (see the “Report Template” section of this chapter).
2. The Managed Care Plan must submit all events on the same template. In the event that there are no events planned to report for the month, the Managed Care Plan must submit a blank report template, along with the completed attestation.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide and Report Template. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://www.ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/MARKETING_EDUCATIONAL_EVENTS_REPORT_SMMC_01012015.xlsx

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Chapter 15: Performance Measures Report LTC & MMA

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | | |
|-------------------------------------|------------------------|-------------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input checked="" type="checkbox"/> | LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | | | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | | | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | | | |
| <input checked="" type="checkbox"/> | MMA CMSN Plan | | | |

REPORT PURPOSE:

The purpose of this report is to measure the Managed Care Plan's performance on specific Healthcare Effectiveness Data and Information Set (HEDIS), Agency-defined, and other indicators. This information is used to monitor and publicly report plan performance.

FREQUENCY & DUE DATES:

This report is due annually by July 1, for the prior calendar year.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan, through its qualified auditor, must submit the following to the SMMC SFTP site:

- The Performance Measures Report.
- The HEDIS Auditor certification with Audit Review Table.
- A report attestation as described in Chapter 2.
- The Interactive Data Submission System (IDSS) file (for Managed Care Plans generating an IDSS file as part of their HEDIS process) with the Performance Measures Report as an Excel file.

INSTRUCTIONS:

See the Variations By Managed Care Plan Type section below.

VARIATIONS BY MANAGED CARE PLAN TYPE:

LTC Plan Type Variations: The LTC Managed Care Plan must create and report its required LTC Performance Measures (PMs) according to the instructions for LTC

Performance Measures in the attached report template and the Performance Measures Specifications Manual.

MMA Plan Type Variations: The MMA Managed Care Plan must create and report its required MMA Performance Measures (PMs) according to the instructions for MMA Performance Measures in the attached report template and the Performance Measures Specifications Manual.

Comprehensive LTC Plan Type Variations: The Comprehensive LTC Plan must create and report its required LTC & MMA Performance Measures (PMs) according to the instructions for LTC & MMA Performance Measures in the attached report template and the Performance Measures Specifications Manual.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide and Report Template. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Performance_Measures_Report_Template_SMMC_LTC-MMA_06012014.xls

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Chapter 16: Provider Complaint Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | <u>Plan Type</u> | |
|-------------------------------------|-------------------------|---|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | <input checked="" type="checkbox"/> LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | |
| <input checked="" type="checkbox"/> | MMA CMSN Plan | |

REPORT PURPOSE:

The purpose of this report is to assist the Agency (or its designee) in monitoring the Managed Care Plan's provider complaint system. This is the system that permits a provider to dispute the Managed Care Plan's policies, procedures, or any aspect of a Managed Care Plan's administrative functions, including proposed actions, claims, billing disputes, and service authorizations. This report will detail the nature of the complaint, timeline of the complaint, as well as the resolution.

FREQUENCY & DUE DATES:

This report is due monthly, within fifteen (15) calendar days after the end of the reporting month.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- The completed Provider Complaint Report template, which must be submitted as an XLS file.
- A report attestation, as described in Chapter 2 for the completed Provider Complaint Report template.

INSTRUCTIONS:

1. The Managed Care Plan must complete the Provider Complaint Report using the appropriate report template provided on the Agency website.
2. The Managed Care Plan must only use the reasons as permissible via the drop down boxes in the template for the nature of the complaint and description of the complaint disposition.

3. The Managed Care Plan must enter the dates for when the complaint was received and the disposition reached as mm/dd.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template to be used can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/PROVIDER_COMPLAINT_REPORT_SMMC_06012014.xlsx

The Agency's template consists of the following:

- A workbook with twenty-seven (27) tabs (twenty-four of which are monthly representations as described in paragraph b. below) which includes the following:
 - a. Instructions – explains how to complete the template, including reasons for the nature of the complaint and complaint disposition.
 - b. January-December – Each month has a separate worksheet for reporting provider complaints received by the managed care plan during the reported timeframe. There is one worksheet for each type of plan (LTC or MMA) per month.
 - c. Annual – No data can be entered into the annual worksheets. As the Managed Care Plan completes each monthly worksheet, by plan type, the data is automatically updated in the aggregate on the appropriate annual worksheet.

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Chapter 17: Provider Network File

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | |
|---|-------------------------|---|
| <input checked="" type="checkbox"/> Comprehensive LTC Plan <input checked="" type="checkbox"/> MMA HMO <input checked="" type="checkbox"/> MMA Capitated PSN <input checked="" type="checkbox"/> MMA Specialty Plan <input checked="" type="checkbox"/> MMA CMSN Plan | <u>Plan Type</u> | <input checked="" type="checkbox"/> LTC Capitated PSN |
|---|-------------------------|---|

REPORT PURPOSE:

The purpose of this report is to provide the Agency (or its designee) with up-to-date provider network information.

FREQUENCY & DUE DATES:

This report (a full file refresh), is due weekly on Thursday by 5:00 p.m. EST.

SUBMISSION:

1. The Managed Care Plan must submit the following files with the specified file naming conventions to the Agency's choice counseling vendor's SFTP site server.
 - Provider/Group/Hospital (PG)
 - Service Location (SL)
 - End of Transmission (EN)

| Position | Format | Description |
|----------|--------|---|
| 1-2 | @(2) | PG = Provider / Group File |
| | | SL = Service Location File |
| | | EN = End of Transmission File |
| 3-5 | @(3) | The three letter code for the Managed Care Plan submitting the file. |
| 6-13 | D(8) | The date of the file submission in YYYYMMDD format. |
| 14-23 | @(9) | Files submitted by plans should have a .dat extension. Files created by AHS in response to submissions will have a .response extension. |

Choice counseling vendor SFTP site:

URL: fftp.automated-health.com

Connection Type: SFTP (SSH connection – a pop up will ask you to trust a key certificate – once you trust the certificate, the connection will be established)

IP address: 206.17.164.205 (only if required for firewall rules, everyone should use the URL)

Port: 22

2. All Managed Care Plans must submit the following to the Agency via the SMMC SFTP site:
 - A signed attestation specifically addressing the accuracy and completeness of the Provider Network File submission, with the file name *****_PROVYYYYMMW#MMAattestation.pdf** (where ******* represents the Managed Care Plan's three character approved abbreviation, **YYYYMM** represents the four-digit year and two-digit month of submission, and **W#** represents the week number of the month).

INSTRUCTIONS:

1. The Managed Care Plan must create the Provider Network Files in the format and layout described in the Provider Network Verification File Specification document located at: www.flmedicaidmanagedcare.com/pnv, log in and download the latest file specification.
2. The Managed Care Plan must ensure that this is an electronic representation of the plan's network of contracted providers, not a listing of entities for whom claims have been paid.
3. Plans needing technical assistance for submitting Provider Network Files to, or retrieving Provider Network Response Files from, the **Choice Counseling vendor's** SFTP directory should contact the following helpdesk for assistance: AHSFL-Helpdesk@automated-health.com. For more immediate concerns regarding the submission of provider network files, plans may contact 412-367-3030 ext. 2900.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Provider Network Verification File Specification document. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied Provider Network Verification File Specification provides detailed and specific information regarding the Provider Network File and the Provider Network Response File, and can be found on the Agency's choice counselor Web page at www.flmedicaidmanagedcare.com.

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Chapter 18: Provider Termination and New Provider Notification Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | <u>Plan Type</u> | |
|--|---|
| <input checked="" type="checkbox"/> Comprehensive LTC Plan | <input checked="" type="checkbox"/> LTC Capitated PSN |
| <input checked="" type="checkbox"/> MMA HMO | |
| <input checked="" type="checkbox"/> MMA Capitated PSN | |
| <input checked="" type="checkbox"/> MMA Specialty Plan | |
| <input checked="" type="checkbox"/> MMA CMSN Plan | |

REPORT PURPOSE:

The purpose of this report is to provide the Agency with notice in the event of a suspension, termination, or withdrawal of providers from participation in the Managed Care Plan's network; to provide the Agency with notice of new providers; and to provide documentation that the Managed Care Plan has performed enrollee notification in accordance with the provisions of the Managed Care Plan Contract.

FREQUENCY & DUE DATES:

This report is due weekly on Wednesday by 5:00 p.m. EST.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- The completed Provider Termination and New Provider Notification Report template including LTC and/or MMA data on the appropriate tab, which must be submitted as an XLS file.
- The report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must submit provider terminations and new/replacement providers for the prior reporting week using the Agency-supplied template. This submission must occur even when no provider terminations, suspensions, withdrawals, or new provider contracts occurred. The Managed Care Plan must indicate "none" in the first line of the report if there are no such changes.
2. The Managed Care Plan must report behavioral health provider terminations

separately from long-term care or medical provider terminations using the appropriate “Medical Provider Term” labeled tab: “Medical Provider Term” or “Behavioral Health Provider Term” as labeled for LTC and/or MMA data.

3. The Managed Care Plan must report new/replacement providers separately from behavioral health, long-term care, or medical provider information using the appropriate “New Provider Information” labeled tab: “MMA or LTC New Provider” or “MMA or LTC Behavioral Health Provider Term”.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Provider_Termination-New_Provider_Notification_Report_SMMC_06012014.xls

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Chapter 19: Quarterly Fraud and Abuse Activity Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | | |
|-------------------------------------|------------------------|------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input checked="" type="checkbox"/> | LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | | | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | | | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | | | |
| <input checked="" type="checkbox"/> | MMA CMSN Plan | | | |

REPORT PURPOSE:

The purpose of this report is to provide the Agency's Office of the Inspector General, Bureau of Medicaid Program Integrity (MPI), with a quarterly ongoing comprehensive fraud and abuse prevention activity report from the Managed Care Plan regarding their investigative, preventive, and detective activity efforts. This report allows the Managed Care Plan to demonstrate its due diligence for fraud and abuse compliance, including utilization control; to safeguard against unnecessary or inappropriate use of Medicaid services, excess payments, and underutilization; assess quality, and take necessary corrective action to ensure program effectiveness. This report is implemented as an adjunct tool in statewide surveillance for managed care fraud and abuse. This report is a supplemental comprehensive summary regarding the quarterly status, progression, and outcome of the Managed Care Plan's previously reported referrals of suspected/confirmed fraud and abuse.

Note: *This summary report does not replace the Managed Care Plan's requirement to report all suspected/confirmed fraud and abuse within 15 calendar days of detection to Medicaid Program Integrity in accordance with contractual requirements.*

See also: Suspected/Confirmed Fraud and Abuse Report Guide chapter.

FREQUENCY & DUE DATES:

This report is due quarterly, within fifteen (15) calendar days after the end of the quarter being reported.

SUBMISSION:

To comply with the Quarterly Fraud and Abuse Activity Report (QFAAR) requirements, the Managed Care Plan must submit the following:

- The web-based QFAAR report to the Agency Office of the Inspector General, Bureau of Medicaid Program Integrity (MPI) via the web-based application site.

- The report attestation as described in Chapter 2. The attestation must be named MPI_QFAAR***yyQ*-cert.pdf (replacing *** with the Managed Care Plan's unique alphabetic three (3) or four (4) character plan identifier as applicable, replacing yy with the year, and replacing * with the number of the quarter being reported).
Exception: Long-term Care Plan attestation must be named MPI_QFAAR***_LTCyyQ*-cert.pdf (replacing *** with the Managed Care Plan's unique alphabetic three or four character plan identifier, replacing yy with the year, and replacing the * with the number of the quarter being reported).

INSTRUCTIONS:

Note: New records should be entered in the same calendar quarter as the date reported to MPI using the online fraud and abuse report form. The Managed Care Plan should be cognizant of the need to reconcile numbers reported to MPI and be able to provide explanations for any variances and discrepancies between reports and reported numbers (See Chapters “Annual Fraud and Abuse Activity Report”, “Quarterly Fraud and Abuse Activity Report”, and the “Suspected/Confirmed Fraud and Abuse Reporting”).

The Managed Care Plan must perform the following:

1. Obtain access to MPI's web-based application QFAAR site by browsing to the URL and clicking on the “New Users Register Here” link.
2. Complete the online user registration form (See paragraph 3. below for details) and click “submit.”
3. Follow the directions to create a new user account. Using the drop-down selection, select the applicable (Health Plan) Managed Care Plan name. Complete the online registration form using a business email account and click “submit.” After clicking the Submit button, if the user registered successfully, the user will be directed to the registration results page. Note: The user's account is not active at this time/this step. The user will be required to print out the user agreement form. The user should read and complete the User Account Agreement form and sign the acknowledgement for the terms of the User Account Agreement. The Plan Contract Manager is the management approval that must be obtained by signature on the form. The Plan Contract Manager's signature on the user agreement is sufficient to request their own access. Surface mail or fax the completed User Agreement form using the information listed on the form. Activation of access will not occur until the form is received by MPI and the Plan Contract Manager's signature is verified. When access is approved by Agency MPI staff, an email will be generated to the user applicant, notifying the user of password activation or denial. The Plan Contract Manager must be current and have signed an MPI Signature Verification Form for MPI to keep on file (this communication may occur by email or fax). The system allows for password changes by the approved user, but only with inserting the

approved user's correct user ID. If the approved user cannot remember their correct user ID, the user must re-register with a new user ID. MPI will deny access for any registrant that does not use a business email address.

4. The web-based application allows the user to reset his/her own password as long as the user is able to use his/her user name. If the user name is forgotten, the user must reapply for access approval, complete a new user agreement, and select a new user name other than the prior user name.
5. **The Plan Contract Manager must notify the Agency (see #6) to request deactivation (termination of access/request to remove a user) of a Managed Care Plan staff member's password, and to block access of said staff member to the web-based QFAAR application. Deactivation is required in the instances of change of responsibilities or employee termination.**
6. Termination of access is required in the instances of change of responsibilities or employee termination. A request to terminate a user's access must be submitted by the Managed Care Plan's Plan Contract Manager and must also include the User's Full Name, Position Title, and Business Email Address. This request must be submitted by email to qfaar@ahca.myflorida.com.
7. The Managed Care Plan must submit the Quarterly Fraud and Abuse Activity Report via MPI's web-based application. When registering as a first-time user, the registrant must first select its applicable Managed Care Plan name in the "Health Plan" drop-down box. When entering records, the approved user must select the appropriate contract type applicable for each record, related to the fraud and abuse issue being reported. Records may only be entered for the current quarter when the following conditions have been met:
 - a. Records from all previous quarters have been submitted, and
 - b. It is the 16th of the month or later for the current quarter.

Note: *On the web-based application, if "other" is selected for any data element, a narrative box will open. The narrative box is required to be completed to describe or define what is meant by "other." Detailed instructions are available through the web-based application.*

For each new record entry, select the appropriate Medicaid Contract Type, by selecting either: COMP = (MMA+LTC), MMA Only, LTC, or Specialty as related to the fraud and abuse issue being reported for each record.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency's web-based application must be used as specified in the Report Guide. No alterations or duplication must be made by the Managed Care Plan to the report resulting from the Agency's web-based application. This application can be found at:

<https://apps.ahca.myflorida.com/QFAAR/login.aspx>

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Chapter 20: Suspected/Confirmed Fraud and Abuse Reporting

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | | |
|-------------------------------------|------------------------|-------------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input checked="" type="checkbox"/> | LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | | | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | | | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | | | |
| <input checked="" type="checkbox"/> | MMA CMSN Plan | | | |

REPORT PURPOSE:

The purpose of this report is for Managed Care Plans to report all suspected or confirmed fraud and abuse under state and/or federal law relative to the Managed Care Plan contract and/or Florida Medicaid, including occupational fraud and abuse. Failure to report instances of suspected or confirmed fraud and abuse is a violation of law and subject to the penalties provided by law. Notwithstanding any other provision of law, failure to comply with these reporting requirements will be subject to sanctions.

FREQUENCY & DUE DATES:

The suspected/confirmed fraud and abuse report is submitted via the online Medicaid fraud and abuse complaint form and is due within fifteen (15) calendar days of detection.

SUBMISSION:

The Managed Care Plan must complete and submit the following Agency electronic data entry complaint form online to the Agency's Office of the Inspector General, Bureau of Medicaid Program Integrity (MPI):

- a. The Agency online electronic data entry complaint form can be found at:

https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx

INSTRUCTIONS:

The Managed Care Plan must report suspected or confirmed fraud and abuse relative to the Managed Care Plan's contract and Florida Medicaid.

1. The narrative box of the complaint form is required to be completed by describing the suspected fraudulent or abusive activities (including background, persons involved, events, dates, and locations). Be sure to include who, what, when, where, why and how for the situation. If additional information/documents are being

submitted via MPI's SFTP site, indicate and identify the submission in the narrative box of the online complaint form.

2. All suspected or confirmed instances of provider fraud and abuse under state and/or federal law is to be reported to MPI within fifteen (15) calendar days of detection by filing the online report. The report must contain at a minimum:
 - a. The date reported ("Date reported" is the date the online report is submitted to MPI)(MM/DD/YYYY);
 - b. The name of the Managed Care Plan reporting;
 - c. Plan's Medicaid ID (seven digit Base IDs);
 - d. The name of the provider being reported;
 - e. The provider's Florida Medicaid provider number; if the provider is not enrolled as Medicaid provider, state this information in narrative field;
 - f. The provider's National Provider Identifier (NPI) number;
 - g. The provider type;
 - h. The provider's tax identification number;
 - i. A description of the acts allegedly involving suspected fraud or abuse and case status:
 - (1) Source of complaint/detection tool(s) utilized;
 - (2) Nature of complaint (who, what, when, where, why, how);
 - (3) Status of case at the time of reporting.
 - j. Potential overpayment identified;
 - k. If applicable, report any collection or recoupment at the time of reporting.
3. Reporting suspected or confirmed **enrollee** fraud and abuse:
 - a. All suspected or confirmed instances of enrollee fraud and abuse under state and/or federal law is to be reported to MPI within fifteen (15) calendar days of detection by filing the online report. The report must contain, at a minimum:
 - (1) The date reported ("Date reported" is the date the online report is submitted to MPI)(MM/DD/YYYY);

- (2) The name of the Managed Care Plan reporting;
 - (3) The Managed Care Plan's Florida Medicaid provider number;
 - (4) The full name of the enrollee being reported (Last name, First name, M.I.);
 - (5) The enrollee's Managed Care Plan identification number;
 - (6) The enrollee's Medicaid ID (10 digits);
 - (7) A description of the acts allegedly involving suspected fraud or abuse and case status:
 - (a) Source of complaint/detection tool utilized;
 - (b) Nature of complaint (who, what, when, where, why, how);
 - (c) Potential amount of exposure (ineligible payment) identified; and
 - (d) Status of case at the time of reporting.
4. Reporting all suspected or confirmed instances of internal fraud and abuse relating to the provision of and payment for Medicaid services including, but not limited to fraud and abuse acts related to the Managed Care Plan contract and/or Florida Medicaid that is other than provider and enrollee fraud and abuse (e.g., internal/occupational fraud and abuse to the Managed Care Plan – allegations regarding Managed Care Plan employees/management, subcontractors, vendors, delegated entities). The online report must contain, at a minimum:
- a. The date reported ("date reported" is the date the online report is submitted to MPI);
 - b. The name of the Managed Care Plan reporting;
 - c. The Managed Care Plan's Florida Medicaid provider number;
 - d. The name of the individual (provider, enrollee, employee/management) or entity (e.g., vendor, subcontract, or delegated);
 - e. The individual's/entity's tax identification number;
 - f. A description of the acts allegedly involving suspected fraud or abuse and case status:
 - (1) Source of complaint/detection tool utilized;
 - (2) Nature of complaint (who, what, when, where, why, how);

- (3) Status of case at the time of reporting;
- g. Potential exposure/loss identified;
 - h. If applicable, report any action, collection or recoupment at the time of reporting.
5. The Managed Care Plan may submit supplemental information via MPI's SFTP site. Reporting via the SFTP site is not a substitute for using the required online Medicaid Fraud and Abuse Complaint Form.
 6. The Plan's Contract Manager must obtain access to MPI-MC SFTP site through the Agency's MPI Business Manager (or designated representative) to upload electronic file (supplemental) documentation. The Managed Care Plan user must implement Agency-approved FTP client software, such as FileZilla, or utilize the web-transfer client protocol provided by AHCA. Security credentials (a single user ID and password) will be provided via encrypted email once the Plan Contract Manager's registration is approved. Use the appropriate host name for the MPI-MC SFTP site: [sftp.ahca.myflorida.com](ftp://sftp.ahca.myflorida.com), port 2232. The Plan Contract Manager is responsible for plan user security and must maintain the user security access for plan staff. The MPI-MC SFTP site is limited to submitting and retrieving electronic file information within the managed care plan-specific folder. The managed care plan password is reissued by email only to the approved registered user (Plan Contract Manager) and will expire every 90 days in accordance with AHCA security protocol. Password reset reminders and instructions will be sent to the registered user (account holder- Plan Contract Manager) seven days prior to expiration and upon expiration. The Managed Care Plan must successfully submit a test file within 10 calendar days after the password is issued and as requested by the Agency.
 7. The registered user (Plan Contract Manager) will be notified by email in the event of an account lock out due to multiple, incorrect password attempts. The primary account holder (Plan Contract Manager) will be notified by email when the account has been locked. The account lockout will last for 30 minutes, and then it will be automatically cleared by the system. Users can have the block cleared immediately by contacting their AHCA MPI-MC Site Administrator (MPI Business Manager) at 850-412-4600.
 8. Entering the incorrect username (i.e. a username that does not exist) will cause the user's IP address to be blocked. For the IP address block to take place, the user must attempt to connect with the incorrect username more than five times in 60 seconds. This form of lockout must be cleared by AHCA's network staff. The external user must contact their AHCA Site Administrator (MPI Business Manager) for MPI reporting at MPIBusiness.Manager@ahca.myflorida.com or [850-412-4600](tel:850-412-4600) to resolve this issue.

9. Termination of access is required in instances where there is a change of responsibilities or employee termination. A request to terminate a user's access must be submitted by the Plan Contract Manager and must include the user's full name, position title, and business email address. The Managed Care Plan must submit the request by email to MPIBusiness.Manager@ahca.myflorida.com.
10. Any additional supporting documentation to the online Fraud and Abuse report must be HIPAA-compliant and may be submitted to MPI-MC SFTP site. For questions, contact:

Field Office Manager, Managed Care Intake Unit
Medicaid Program Integrity
Agency for Health Care Administration
2727 Mahan Drive, MS #6, Tallahassee, FL 32308
Phone: 850-412-4600
11. If reporting a provider who does not have a Medicaid provider number (enrolled or registered), the Managed Care Plan must include the NPI number and/or license number (if applicable), and identifying information in narrative form.
12. A system-generated acknowledgement from the intake unit at MPI occurs for each online fraud and abuse form (report) received.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The MPI's general website is located at:

http://ahca.myflorida.com/Executive/Inspector_General/medicaid.shtml

The Medicaid fraud and abuse complaint report form is available online at:

https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx

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Section Three: Long-term Care Reports

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Chapter 21: Case Management File Audit Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | | |
|-------------------------------------|------------------------|------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input checked="" type="checkbox"/> | LTC Capitated PSN |
| <input type="checkbox"/> | MMA HMO | | | |
| <input type="checkbox"/> | MMA Capitated PSN | | | |
| <input type="checkbox"/> | MMA Specialty Plan | | | |
| <input type="checkbox"/> | MMA CMSN Plan | | | |

REPORT PURPOSE:

The purpose of this report is to ensure that the Managed Care Plan has an internal monitoring system in place for its case management program, and that enrollees receiving LTC benefits are receiving quality care.

FREQUENCY & DUE DATES:

This report is due quarterly, within 30 calendar days after the end of the reporting quarter.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- Case Management File Audit Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

The Managed Care Plan must submit the Case Management File Audit Report in the format and layout specified in the report template.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://www.ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Case_Management_File_Audit_Report_SMMC_10012014.xlsx

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Chapter 22: Case Management Monitoring and Evaluation Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | | |
|-------------------------------------|------------------------|------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input checked="" type="checkbox"/> | LTC Capitated PSN |
| <input type="checkbox"/> | MMA HMO | | | |
| <input type="checkbox"/> | MMA Capitated PSN | | | |
| <input type="checkbox"/> | MMA Specialty Plan | | | |
| <input type="checkbox"/> | MMA CMSN Plan | | | |

REPORT PURPOSE:

The purpose of this report is to ensure that the Managed Care Plan has a system of internal monitoring of its case management program and it is well documented, for enrollees receiving LTC benefits.

FREQUENCY & DUE DATES:

This report is due quarterly within 30 calendar days after the end of the quarter.

An annual roll-up is due within 30 calendar days after the end of the fourth (4th) calendar quarter.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- Quarterly Case Management Monitoring and Evaluation Report using the template provided.
- A quarterly report attestation as described in Chapter 2.
- Annual Roll-Up of all calendar quarters using the same quarterly template provided.
- An annual report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must submit the Case Management Monitoring and Evaluation Report, both quarterly and annual roll-up, in the format and layout specified in the report template.

This must include the results of:

- a. Case file audits,
 - b. Reviews to determine the timeliness of enrollee assessments performed by case managers,
 - c. Reviews of the consistency of enrollee service authorizations performed by case managers, and
 - d. The development and implementation of continuous improvement strategies to address identified deficiencies.
2. The annual roll-up is separate from the fourth quarter report; however, both are due as specified under Frequency and Due Dates. The annual roll-up contains cumulative results from all calendar quarters.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template to be used can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Case_Management_Monitoring_and_Evaluation_Report_04172013.xls

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Chapter 23: Case Manager Caseload Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | <u>Plan Type</u> | |
|--|---|
| <input checked="" type="checkbox"/> Comprehensive LTC Plan | <input checked="" type="checkbox"/> LTC Capitated PSN |
| <input type="checkbox"/> MMA HMO | |
| <input type="checkbox"/> MMA Capitated PSN | |
| <input type="checkbox"/> MMA Specialty Plan | |
| <input type="checkbox"/> MMA CMSN Plan | |

REPORT PURPOSE:

The purpose of this report is to ensure that enrollees receiving LTC benefits are receiving quality case management services, by monitoring the caseloads of case managers.

FREQUENCY & DUE DATES:

This report is due monthly, within fifteen (15) calendar days after the end of the reporting month.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- Case Manager Caseload Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must submit the Case Manager Caseload Report in the format and layout specified in the report template.
2. For the reporting month, the report must include the following, as specified by tab:

All case managers must be included in the Case Manager Caseload Report and can be listed on only one caseload tab of the report in addition to being reported on the Caseload Summary Tab.

Note that the template is formatted for five case managers per caseload type. The template is unlocked to allow for manual insertion of rows and columns to accommodate the Managed Care Plan's required reporting of all case managers.

Community Caseload Tab:

- Case Manager's Name (First, Last)
- Enrollee's Medicaid ID (10 digits)
- Enrollee's Name (Last)
- Total number of enrollees who reside in the community assigned to the case manager

Facility Caseload Tab:

- Case Manager's Name (First, Last)
- Enrollee's Medicaid ID (10 digits)
- Enrollee's Name (Last)
- Total number of enrollees who reside in the facility assigned to the case manager

Mixed/Other Caseload Tab:

Only include case managers serving both enrollees in the Community and enrollees in the facility on the Mixed/Other Caseload Tab. **Such case managers should not be included on the Community Caseload Tab or the Facility Caseload Tab.**

For example, a case manager serves fifty-nine (59) enrollees who reside in the community and one (1) enrollee that resides in the facility. The case manager will be reported on the Mixed/Other Caseload Tab with the maximum mixed caseload.

- Case Manager's Name (First, Last)
- Enrollee's Medicaid ID (10 digits)
- Enrollee's Name (Last)
- Total number of enrollees in multiple caseload types assigned to the case manager
- Total number of enrollees residing in the community
- Total number of enrollees residing in a facility

Caseload Summary Tab:

The number of case managers reported on the Caseload Summary Tab should match the combined number of case managers reported on the Community Caseload Tab, Facility Caseload Tab, and the Mixed/Other Caseload Tab.

- Case Manager's Name (First, Last)
- Total number of enrollees in the community, in the facility, and in multiple caseload types assigned to Case Manager

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://www.ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Case_Manager_Caseload_Report_SMMC_01012015.xlsx

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Chapter 24: Denial, Reduction, Termination or Suspension of Services Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

| | <u>Plan Type</u> | |
|-------------------------------------|------------------------|---|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | <input checked="" type="checkbox"/> LTC Capitated PSN |
| <input type="checkbox"/> | MMA HMO | |
| <input type="checkbox"/> | MMA Capitated PSN | |
| <input type="checkbox"/> | MMA Specialty Plan | |
| <input type="checkbox"/> | MMA CMSN Plan | |

REPORT PURPOSE:

The purpose of this report is to monitor for trends in the amount and frequency that the Managed Care Plan denies, reduces, terminates or suspends services, including both home and community-based and nursing facility services, for enrollees receiving LTC benefits.

FREQUENCY & DUE DATES:

This report is due monthly, within fifteen (15) calendar days after the end of the reporting month.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- Denial, Reduction, Termination or Suspension of Services Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must create the Denial, Reduction, Termination or Suspension of Services Report in the format and layout specified in the report template.
2. For the reporting month, the report must include the following, as specified by tab, that occurs during the reporting month:

Denial of Services Tab:

- Enrollee's name (last, first)
- Enrollee's Medicaid ID (10 digits)
- Requested services (service name must be identical to service names as listed in Attachment II, Exhibit II-B, Section V, Covered Services)
- Date of service denial during the reporting month
- Date notice of action was sent to the enrollee
- Reason for denial using the numerical denial code specified in the template

Reduction of Services Tab:

- Enrollee's name (last, first)
- Enrollee's Medicaid ID (10 digits)
- Previously authorized service
- Initial date of previously authorized service
- Previously authorized service amount and frequency
- Date of service reduction during the reporting month
- Date notice of action was sent to the enrollee
- New service amount and frequency
- Reason for reduction using the numerical reduction code specified in the template

Termination of Services Tab:

- Enrollee's name (last, first)
- Enrollee's Medicaid ID (10 digits)
- Previously authorized service
- Initial date of previously authorized service
- Previously authorized service amount and frequency
- Date of service termination during the reporting month
- Date notice of action was sent to the enrollee
- Reason for termination using the numerical termination code specified in the template

Suspension of Services Tab:

- Enrollee's name (last, first)
- Enrollee's Medicaid ID (10 digits)
- Previously authorized service
- Initial date of previously authorized service
- Previously authorized service amount and frequency
- Date of service suspension during the reporting month
- Date notice of action was sent to the enrollee
- Reason for suspension using the numerical reduction code specified in the template

Note: services specified must be named identically to the service names as listed in the Contract.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Denial_Reduction_Termination_Suspension_of_Services_Rpt_LTC_SMMC_06012014.xlsx

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Chapter 25: Enrollee Roster and Facility Residence Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | | |
|-------------------------------------|------------------------|------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input checked="" type="checkbox"/> | LTC Capitated PSN |
| <input type="checkbox"/> | MMA HMO | | | |
| <input type="checkbox"/> | MMA Capitated PSN | | | |
| <input type="checkbox"/> | MMA Specialty Plan | | | |
| <input type="checkbox"/> | MMA CMSN Plan | | | |

REPORT PURPOSE:

The purpose of this report is to provide information on the current physical location of each enrollee receiving LTC benefits. The report may be used for disaster recovery planning and relief, and is also designed to track individuals who are transitioning between settings (e.g., nursing facility to community and vice versa).

FREQUENCY & DUE DATES:

This report is due monthly, within fifteen (15) calendar days after the beginning of the reporting month.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- Enrollee Roster and Facility Residence Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

This report must include all enrollees currently enrolled in the Managed Care Plan, including all Medicaid Pending and SIXT enrollees, and the facility in which they are residing at the end of the reporting month, if applicable.

The Managed Care Plan must create the Enrollee Roster and Facility Residence Report in the format and layout specified in the report template including the following information:

- Managed Care Plan Name
- Managed Care Plan identifier (Managed Care Plan three-character identifier from

Chapter 2)

- Reporting Month (MM/DD/YYYY)
- Enrollee's full name (last, first)
- Enrollee's Medicaid ID (10 digits)
- Enrollee's date of birth (MM/DD/YYYY)
- Enrollee's physical address
- Enrollee's county of residence
- Enrollee's region of residence
- Residential Setting Type: Home, Assisted Living Facility (ALF), Skilled Nursing Facility (SNF) or Adult Family Care Home (AFCH).
- Name of facility (if applicable)
- Facility License Number (if applicable)
- Identify if transitioning into a SNF or back into Community (SNF, Community or N/A)
- Date of transition to SNF or Community (if applicable, N/A if not)
- Date the 2515 form was sent to DCF if transitioning (if applicable, N/A if not)
- Able to Locate Enrollee: Yes (Y) or No (No)
- Able to Contact Enrollee: Yes (Y) or No (No)
- If unable to contact or locate enrollee, what was the date of last contact? (if applicable, N/A if not)
- Comments including the demonstration of attempts to contact enrollee (if applicable, N/A if not)

For enrollees who are identified in the reporting month by the Managed Care Plan as "unable to locate or contact" in the Enrollee Roster and Facility Residence Report, the Managed Care Plan shall also report those enrollees in the Unable to Locate/Contact Enrollee Report for the same reporting month.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://www.ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Enrollee_Roster_Facility_Residence_Report_SMMC_01012015.xlsx

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Chapter 26: Missed Services Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | | |
|-------------------------------------|------------------------|------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input checked="" type="checkbox"/> | LTC Capitated PSN |
| <input type="checkbox"/> | MMA HMO | | | |
| <input type="checkbox"/> | MMA Capitated PSN | | | |
| <input type="checkbox"/> | MMA Specialty Plan | | | |
| <input type="checkbox"/> | MMA CMSN Plan | | | |

REPORT PURPOSE:

The purpose of this report is to monitor all missed facility and non-facility services covered by the Managed Care Plan for enrollees receiving LTC benefits for the previous month in accordance with the Long Term Care Contract/Exhibit.

FREQUENCY & DUE DATES:

This report is due monthly, within thirty (30) calendar days after the end of the reporting month.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- Missed Services Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan shall create the Missed Services Report in the format and layout specified in the report template. A missed service is defined as any authorized facility or non-facility covered service unit that was not provided during the reported month.
2. Data to be reported includes, but is not limited to the following:
 - Enrollee's full name (last, first)
 - Enrollee's Medicaid ID (10 digits)
 - Provider Name
 - Authorized service type (select from the drop down menu on the template)
 - Authorized service units for the reported month

- Number of authorized service units that were not provided in the reported month (missed service units)
- Reason for missed service (missed service codes are provided on the instruction tab of the template)
- Date of missed service or date range if multiple dates are missed of one service.
- Explanation and resolution of missed services

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template to be used can be found on the Agency for Health Care Administration information web page at:

http://www.ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Missed_Services_Report_SMMC_01012015.xlsx

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Chapter 27: Participant Direction Option (PDO) Roster Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | <u>Plan Type</u> | |
|--|---|
| <input checked="" type="checkbox"/> Comprehensive LTC Plan | <input checked="" type="checkbox"/> LTC Capitated PSN |
| <input type="checkbox"/> MMA HMO | |
| <input type="checkbox"/> MMA Capitated PSN | |
| <input type="checkbox"/> MMA Specialty Plan | |
| <input type="checkbox"/> MMA CMSN Plan | |

REPORT PURPOSE:

The purpose of this report is to provide information about the total number of participants enrolled in and total number of participants who have discontinued participation from the Participant Direction Option (PDO), for enrollees receiving LTC benefits. The report includes the PDO services provided to each participant, the PDO services that were discontinued during the report month and the reasons for discontinuing participation.

FREQUENCY & DUE DATES:

This report is due monthly, within fifteen (15) calendar days after the end of the reporting month.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- Participant Direction Option (PDO) Roster Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must create the Participant Direction Option (PDO) Roster Report in the format and layout specified in the report template.
2. For the reporting month, the report must include a list of all PDO participants.
3. The report will also include any participants who were disenrolled from the PDO for the month being reported and the reasons for discontinuing participation.

Note: If a participant does not have any direct service workers receiving a paycheck for more than 30 calendar days, the participant should be reported as disenrolled from PDO.

4. The report will include the PDO services that each PDO participant is currently receiving and the PDO services that the disenrolled participant was receiving up until disenrollment.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Participant_Directed_Option_Roster_Report_SMMC-LTC_06012014.xlsx

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Chapter 28: Patient Responsibility Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | <u>Plan Type</u> | |
|-------------------------------------|------------------------|---|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | <input checked="" type="checkbox"/> LTC Capitated PSN |
| <input type="checkbox"/> | MMA HMO | |
| <input type="checkbox"/> | MMA Capitated PSN | |
| <input type="checkbox"/> | MMA Specialty Plan | |
| <input type="checkbox"/> | MMA CMSN Plan | |

REPORT PURPOSE:

The purpose of this report is to provide a comparison of the total cost of home and community-based services (HCBS) to the enrollee's assigned patient responsibility amount for the prior Contract year, for enrollees receiving LTC benefits.

FREQUENCY & DUE DATES:

This report is due annually, by October 1 for the prior Contract year.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- Patient Responsibility Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must create the Patient Responsibility Report in the format and layout specified in the report template.
2. Data to be reported includes the following:
 - Enrollee's name (last, first)
 - Enrollee's Medicaid ID (10 digits)
 - Total patient responsibility amount
 - Total cost of home and community-based services enrollee received
 - Service(s) for which the Managed Care Plan and enrollee agreed that patient responsibility was/would be applied
 - Total cost of other Medicaid services enrollee received via the Managed Care Plan

- Is the total cost of the HCBS received greater than or equal to the enrollee's patient responsibility amount?

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Patient_Responsibility_Report_SMMC-LTC_06012014.xlsx

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Chapter 29: Unable to Locate/Contact Enrollee Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | <u>Plan Type</u> | |
|-------------------------------------|------------------------|---|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | <input checked="" type="checkbox"/> LTC Capitated PSN |
| <input type="checkbox"/> | MMA HMO | |
| <input type="checkbox"/> | MMA Capitated PSN | |
| <input type="checkbox"/> | MMA Specialty Plan | |
| <input type="checkbox"/> | MMA CMSN Plan | |

REPORT PURPOSE:

The purpose of this report is to formalize and establish LTC plans' reporting of enrollees receiving LTC benefits whom the plans are unable to locate and/or contact as indicated in the LTC Contract/ Exhibit.

FREQUENCY & DUE DATES:

This report is due monthly on the fifth (5th) day following the end of the month being reported.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan shall submit the following to the SMMC SFTP site:

- LTC Plan Unable to Locate/Contact Enrollee Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

The Managed Care Plan shall include an enrollee in this report for each reporting month in which the Managed Care Plan is unable to locate or contact the enrollee. The enrollee shall remain on the Unable to Locate/Contact Enrollee Report until located/contacted.

The Managed Care Plan shall report the following to the Agency in accordance with the format set forth in the Unable to Locate/Contact Enrollee Report Template:

- Managed Care Plan identification number (seven digits)
- Plan's Name
- Enrollee's Medicaid ID (10 digits)
- Enrollee's Last Name

- Enrollee's First Name
- Enrollee's Middle Initial
- Enrollee's DOB (Date of Birth) (MM/DD/YYYY)
- County
- Last Known Address
- Last Known Address2
- City
- State (two character identifier)
- Zip Code (five digits)
- Able to Locate? Y or N
- Location of Enrollee (n/a if unable to locate)
- Able to Contact? Y or N
- Date of Last Contact
- Date of Death, if applicable
- Last Date that services were provided
- Comments; Demonstration of Attempts to Contact or Locate

The Managed Care plan shall report all of the above information in the report template provided for each enrollee the plan is unable to locate and/or contact during the reporting month. One Excel workbook shall be submitted for each region in which the Managed Care plan provides services. The plan shall insert additional rows as necessary to completely report on all enrollees whom it has been unable to locate and/or contact.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication shall be made to the report template by Managed Care Plan. The Agency-supplied template to be used can be found on the Agency for Health Care Administration information web page at:

http://www.ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Unable_to_Locate_Contact_Enrollee_Report_SMMC_01012015.xlsx

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Chapter 30: PLACEHOLDER for Freedom of Choice Selection Report

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Section Four: Managed Medical Assistance Reports

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**Chapter 31: PLACEHOLDER for Additional Network Adequacy
Standards Report**

UNDER DEVELOPMENT

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Chapter 32: Affordable Care Act (ACA) Primary Care Physician (PCP) Payment Increase Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- Plan Type**
- Comprehensive LTC Plan LTC Capitated PSN
 MMA HMO
 MMA Capitated PSN
 MMA Specialty Plan
 MMA CMSN Plan

REPORT PURPOSE:

The purpose of this report is for the capitated Managed Care plan to provide the Agency with accurate data reports that document the primary care physician's (PCP's) eligibility and eligible provider payments, including vaccination administration payments, made to the physician relative to the federal Affordable Care Act provision for increased payments, for enrollees receiving MMA benefits.

FREQUENCY & DUE DATES:

This report is due quarterly, by the last day of the month after the end of the reporting quarter.

SUBMISSION:

Using the file naming convention described in the reporting requirements below, the Managed Care Plan must submit the following to the MPA SFTP site:

- The Affordable Care Act (ACA) Primary Care Physician (PCP) Payment Increase Report, which consists of a summary report and supporting encounter data.
- A report attestation described in Chapter 2.

Submission of Data to the MPA FTP Site

To avoid an excessive number of sub-folders, Managed Care Plans must submit their data to the MPA FTP site in the folder "MPA\toMPA\PCP Fee Increase." Where multiple versions of files for a specific quarter are submitted, a suffix of "_2", "_3", etc., should be added to the file name to indicate the sequence number of the submission.

INSTRUCTIONS:

1. Quarterly Reporting

The Managed Care Plan quarterly reporting requirement consists of two items: (1) a quarterly summary utilization report for each quarter of 2014, for which services are provided to MMA enrollees, and (2) supporting data to identify the corresponding encounters. The quarterly report must be submitted using the Agency-supplied template and the included technical instructions attached, and the specific requirements for the PCP fee increase documentation delineated below.

- a. The content, format, and file naming convention for the quarterly summary report are specified in the "PCP Fee Increase Summary Information.xlsx" tab.
- b. The content, file layout, and file naming convention for the PCP fee increase supporting encounter data are provided in "PCP Fee Increase Encounter Data File Layout.xlsx" tab.
- c. The first submission of the MMA quarterly summary report and the supporting encounter data is due on or before July 31, 2014. This submission covers eligible services provided between May 1, 2014, and June 30, 2014, with payment dates no later than June 30, 2014. Subsequent submissions are due according to the schedule in Frequency and Due Dates above.
- d. The Managed Care Plan must ensure that the summary report and PCP fee increase supporting encounter data include payments and any adjustments to payments, positive or negative.
- e. The Managed Care Plan must not include ACA PCP fee increases (differential) in its regular, ongoing encounter data submissions to the Agency (see Statewide Medicaid Managed Care Contract, Attachment II, Section VIII, E., Encounter Data Requirements).
- f. The Managed Care Plan must not include payments for primary care services provided to MediKids in the summary reports and encounter data supporting documentation submissions for the ACA PCP fee increase payments.
- g. All services provided by medical school physicians, and claims denied by Managed Care Plans are not eligible for the ACA PCP fee increase. Non-denied fee-for-service claims submitted by Managed Care Plans must include a dollar amount not equal to zero to be eligible for the PCP increase payment. The dollar amount should represent the amount paid by the Managed Care Plan and any amount paid by third parties. Thus, the field designated for reporting payment amount should contain one of the following, as appropriate:
 - (a) the amount paid by the Managed Care Plan, if a third party has paid nothing;
 - (b) the sum of the amount paid by the Managed Care Plan and a third party or parties; or
 - (c) the total amount paid by a third party or parties, where the Managed Care Plan has paid nothing.

The only exception to the requirement that non-denied fee-for-service claims must include a payment amount is for vaccine administration codes (90460, 90471, and 90472). These codes are eligible for the PCP increase even when the Managed Care Plan has paid the physician for the vaccine under product (serum) codes. In such cases, it is permissible to include vaccine administration claims with a payment amount of zero in data submitted to the Agency to support the PCP payment calculation.

2. Corrections to Previously Submitted Data

Once payment for a quarter has been made by the Agency, data corrections identified by the Managed Care Plan may still be submitted and applied retroactively. However, corrected data may not be submitted until four months after the payment date. This will allow plans time to finalize corrections. For submission of corrected data, Managed Care Plans should submit both a summary report and supporting encounter data containing only the corrected items.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The ACA PCP Payment Increase Report Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication may be made to the report template by the Managed Care Plan. The Agency-supplied template can be found below:

The Agency's template consists of the following:

- PCP Fee Increase Encounter Data File Layout.xlsx - http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/ACA_PCP_Payment_Increase_Encounter_Data_File_Layout_SMMC_MMA_06012014.xlsx
- PCP Fee Increase Summary Information.xlsx - http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/ACA_PCP_Payment_Increase_Summary_Information_SMMC-MMA_06012014.xlsx

MPA SFTP Instructions.doc -

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/ACA_PC_P_Payment_Increase_MPA_SFTP_Instructions_06012014.doc

The report attestation as described in Chapter 2 for each submission.

Chapter 33: CHCUP (CMS-416) and FL 80% Screening

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | |
|-------------------------------------|------------------------|-------------------------|--|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input type="checkbox"/> LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | | |
| <input checked="" type="checkbox"/> | MMA CMSN Plan | | |

REPORT PURPOSE:

The purpose of this report is to provide the Agency with data documenting the Managed Care Plan's program and compliance with federal and state statutory requirements regarding Child Health Check Up (CHCUP) screening and participation, for enrollees receiving MMA benefits.

FREQUENCY & DUE DATES:

The Unaudited CHCUP (CMS-416) and FL 80% Screening Ratio Report and back-up encounter data is due annually, on or before January 15 following the end of the reporting federal fiscal year (October 1 through September 30).

The Audited CHCUP (CMS-416) and FL 80% Screening Ratio Report is due annually; the Audited Report Summary and the Letter of Opinion from an Independent Auditor (certified public account unaffiliated with the Managed Care Plan) is due on or before October 1 following the end of the reporting federal fiscal year (October 1 through September 30).

SUBMISSION:

The Managed Care Plan must submit the following to the SMMC SFTP site:

- For the Unaudited CHCUP (CMS-416) and FL 80% Screening Ratio Report:
 - a. The completed Unaudited CHCUP and FL 80% Screening Ratio Agency-supplied templates, submitted as an XLS file and named: UA-CHCUP-***yyy.xls, where "****" is the Managed Care Plan's three character identifier from the Plan Identifier Table (see Chapter 2) and "yyy" represents the four (4) digit federal fiscal year being reported. For example: ABC Health Plan's submission for October 1, 2013 – September 30, 2014 would be named "UA-CHCUP-ABC1314.xls").

- b. The back-up encounter data, which must be submitted as a text file in .csv format and named using the naming convention, CMS416_***YYYY_Encounters.csv, where *** is the health plan's three-character identifier from the Plan Identifier Table (see Chapter 2) and YYYY is the four-digits of the federal fiscal year being reported (i.e. ABC Managed Care Plan's submission for October 1, 2013 – September 30, 2014 would be named "CMS416_ABC1314_Encounters.csv").
 - Dates of Service: October 1 – September 30
 - Dates of Payment: October 1 - December 31

 - c. The back-up encounter data, which must be submitted as a text file in .csv format and named using the naming convention, CMS416_***YYYY_Eligibility.csv, where *** is the health plan's three-character identifier from the Plan Identifier Table (see Chapter 2) and YYYY is the four-digits of the federal fiscal year being reported (i.e. ABC Health Plan's submission for October 1, 2013 – September 30, 2014 would be named "CMS416_ABC1314_Eligibility.csv").
 - Includes all enrollees and all months of eligibility contributing to the calculation of lines 1a and 1b of the CHCUP (CMS-416) & FL 80% Screening Ratio Report
 - Dates of Eligibility: October 1 – September 30

 - d. The attestation (see Chapter 2) for the completed financial statement report template and for the two back-up encounter data reports, which must be submitted with the certified data as a PDF file and named UA-CHCUP-***YYYY-cert.pdf, where *** is the health plan's three-character identifier from the Plan Identifier Table (see Chapter 2), and YYYY is the four-digits of the federal fiscal year being reported (i.e. ABC Health Plan's submission for October 1, 2013 – September 30, 2014 would be named "UA-CHCUP-ABC1314-cert.pdf").
- For the Audited CHCUP (CMS-416) and FL 80% Screening Ratio Report:
- a. The completed Audited CHCUP and FL 80% Screening Ratio Agency-supplied templates submitted as an XLS and named: A-CHCUP-***yyyy.xls, where "****" is the Managed Care Plan's three-character identifier from the Plan Identifier Table (see Chapter 2) and "yyyy" represents the four digit federal fiscal year being reported. For example, ABC Managed Care Plan's submission for October 1, 2013 – September 30, 2014 would be named "A-CHCUP-ABC1314.xls").
 - b. The independent auditor's report summary and letter of opinion, which must be submitted as a PDF file and named AO-CHCUP-***yyyy.pdf, where "****" is the Managed Care Plan's three-character identifier from the Plan

Identifier Table (see Chapter 2) and “yyyy” represents the four-digits of the federal fiscal year being reported. For example, ABC Managed Care Plan’s submission for October 1, 2013 – September 30, 2014 would be named “AO-CHCUP-ABC1314.xls”).

- c. The attestation (see Chapter 2) for the completed report template, which must be submitted with the certified data as a PDF file and named A-CHCUP-***YYYY-cert.pdf, where *** is the health plan’s three-character identifier from the Plan Identifier Table (see Chapter 2), and YYYY is the four-digits of the federal fiscal year being reported. For example, ABC Managed Care Plan’s submission for October 1, 2013 – September 30, 2014 would be named “A-CHCUP-ABC1314-cert.pdf”).

INSTRUCTIONS:

1. The audited HEDIS Report does not meet the contractual obligation for submission of the CHCUP report. Note: the audited CHCUP report is required for compliance with federal and state law.
2. Report age based upon the child's age as of September 30 of the federal fiscal year. All case months should be reported as the age on September 30.
3. Services provided to individuals prior to them turning 21 during the report year must be counted in the 19-20 year age group even though these individuals are not counted in the 19-20 age category on Line 1. Count all CHCUP services, referrals and dental services in the appropriate lines.
4. Count only CHCUPs that were completed when eligibles were enrollees of the reporting HMO/PSN. Do not count CHCUPs performed by other HMOs or PSNs.
5. Do not count the MediKids population in the data reported.
6. Do not report sick visits or episodic visits provided to children unless an initial or periodic screen was also performed during the visit. However, it may reflect a screen outside of the normal state periodicity schedule that is used as a "catch-up" CHCUP screening. (A catch-up CHCUP screening is defined as a complete screening that is provided to bring a child up-to-date with the State's screening periodicity schedule.) Use data reflecting date of service within the federal fiscal year for such screening services or other documentation of such services furnished under capitated arrangements.
7. All fields in the templates must be completed according to the services required under contract.
8. Note: Line 11 in the report must include the number of individuals who were referred for corrective treatment. This element does not include correction of health problems during the course of a screening examination. Please refer to

the CMS-416 Instructions tab in the Excel template for further details regarding line 11 data.

9. Line 14 in the report must include the number of children receiving blood lead screenings. Blood lead tests done on persons who have been diagnosed or treated for lead poisoning should not be counted. Do not make entries in the shaded columns. Please refer to the CMS-416 Instructions tab in the Excel template for further details regarding line 14 data.
10. The Managed Care Plan must use the instructions and file layouts provided on the Encounter Data tab to complete the back-up encounter data required for this Report.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The CHCUP (CMS-416) & FL 80% Screening Ratio Report Agency-supplied template must be used as specified in the Report Guide, and is emailed to the Managed Care Plan's compliance contact each November. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template to be used can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Child_Health_Check-Up_SMMC_%20MMA_06012014.xls

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Chapter 34: PLACEHOLDER for Customized Benefit Notification Report

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Chapter 35: PLACEHOLDER for Electronic Health Records Standards Report

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Chapter 36: ER Visits for Enrollees without PCP Appointment Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | <u>Plan Type</u> | |
|-------------------------------------|------------------------|--|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | <input type="checkbox"/> LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | |
| <input checked="" type="checkbox"/> | MMA CMSN Plan | |

REPORT PURPOSE:

The purpose of this report is to provide the Agency information regarding the number of emergency room visits by enrollees with MMA benefits who have not had at least one appointment with their primary care provider in accordance to Exhibit II-A, Section V. and XIV of the SMMC contract.

FREQUENCY & DUE DATES:

This report is due monthly, by the fifteenth (15th) calendar day of the month following the reporting month.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- ER Visits for Enrollees without PCP Appointment Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must use the ER Visits for Enrollees without PCP Appointment Report Template provided at the link below.
2. For the reporting quarter, the report must include but not be limited to:
 - Plan Name
 - Plan Medicaid ID (9 digit)
 - Reporting Month/Year – Month and Year for which data is being reported
 - Enrollee's Full Name (Last, First, Middle Initial)
 - Enrollee's Medicaid ID

- Date of Service
- Name of Enrollee's PCP
- Provider Name – Name of the Facility
- Provider ID – Enter the Facility's Medicaid Provider ID Number
- Provider's Service Location Address – Enter the Facility's street address, city and Zip code
- Diagnosis Codes – Enter the ICD 9 or ICD 10 Codes
- CPT Codes
- Enrollee's Disposition – Enter whether the enrollee was admitted to the hospital, Transferred to another facility, Discharged to home or Other and describe.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://www.ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/ER_Visits_Without_PCP_Appointment_Report_SMMC_01012015.xlsx

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Chapter 37: Healthy Behaviors Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | |
|-------------------------------------|------------------------|-------------------------|--|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input type="checkbox"/> LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | | |
| <input checked="" type="checkbox"/> | MMA CMSN Plan | | |

REPORT PURPOSE:

The purpose of this report is to monitor all Managed Care Plans' data related to their healthy behaviors programs, pursuant to s. 409.973(3), F.S., including caseloads for each healthy behavior program and the amount and types of rewards/incentives offered for each program. The population to be reported includes all enrollees receiving MMA benefits.

FREQUENCY & DUE DATES:

This report is due quarterly by the fifteenth (15th) calendar day of the month following the reporting quarter.

SUBMISSION:

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the SMMC SFTP site:

- Completed Healthy Behaviors Report template found in the Agency Report Guide.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must supply all of the Healthy Behaviors information required in the format and layout specified in the report template.
2. For the reporting quarter, the report must include but not be limited to:
 - Plan Name
 - Plan Type
 - Plan Medicaid ID (9-digit)

- Reporting Quarter: Quarter for which data is being reported
 - Reporting Year
 - Report Submission Date
 - Report Submitted By-Name of person submitting report
 - Number of recipients enrolled in Medically Approved Smoking Cessation Program, Medically Directed Weight Loss Program, Medically Approved Alcohol or Substance Abuse Recovery Program and Other Approved Program(s)
 - Number of recipients by gender (Males/Females) enrolled in Medically Approved Smoking Cessation Program, Medically Directed Weight Loss Program, Medically Approved Alcohol or Substance Abuse Recovery Program and Other Approved Program(s)
 - Number of recipients by age (0-20, 21-40, 41-60, over 60) enrolled in Medically Approved Smoking Cessation Program, Medically Directed Weight Loss Program, Medically Approved Alcohol or Substance Abuse Recovery Program and Other Approved Program(s)
 - List Type of Incentive/Reward and Value of Incentive/Reward for each program: Medically Approved Smoking Cessation Program, Medically Directed Weight Loss Program, Medically Approved Alcohol or Substance Abuse Recovery Program and Other Approved Program(s)

VARIATIONS BY MANAGED CARE PLAN:

No variations.

REPORT TEMPLATE:

The Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication may be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://www.ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/Healthy_Behaviors_Report_SMMC_01012015.xlsx

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Chapter 38: Hernandez Settlement Agreement Survey

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | | |
|-------------------------------------|------------------------|------------------|--------------------------|-------------------|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input type="checkbox"/> | LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | | | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | | | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | | | |
| <input type="checkbox"/> | MMA CMSN Plan | | | |

REPORT PURPOSE:

The purpose of this report is to provide the Agency with annual settlement agreement Hernandez et.al. v. Medows (Case number 02-20964 Civ-Gold/Simonton), commonly referred to as the Hernandez Settlement Agreement (HSA) surveys conducted by the Managed Care Plan on no less than 5% of all participating pharmacy locations in an effort to ensure compliance with the HSA, for enrollees receiving MMA benefits,.

FREQUENCY & DUE DATES:

This report is due annually, on or before August 1 of each year.

SUBMISSION:

Using the file naming convention described in Chapter 2 of this guide, the Managed Care Plan must submit the following to the SMMC SFTP site:

- The HSA survey template.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must conduct HSA surveys of no less than 5% of all participating pharmacy locations.
2. The Managed Care Plan must not include any participating pharmacy locations that the Managed Care Plan found to be in complete compliance with the HSA requirements within the previous 12 months.
3. The Managed Care Plan must require all participating pharmacy locations that fail any part of the HSA survey to undergo mandatory training within six months and then be re-evaluated within one month of the Managed Care Plan's HSA training to ensure compliance.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations

REPORT TEMPLATE:

The HSA Survey Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/HERNANDEZ_SETTLEMENT_AGREEMENT_SURVEY_SMMC_MMA_06012014.xls

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Chapter 39: Hernandez Settlement Ombudsman Log

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | <u>Plan Type</u> | |
|-------------------------------------|-------------------------|--|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | <input type="checkbox"/> LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | |
| <input type="checkbox"/> | MMA CMSN Plan | |

REPORT PURPOSE:

The purpose of this report is to provide the Agency with details regarding any enrollee issues related directly to the settlement agreement Hernandez et.al. v. Medows (Case number 02-20964 Civ-Gold/Simonton), commonly referred to as the Hernandez Settlement Agreement (HSA), for enrollees receiving MMA benefits.

FREQUENCY & DUE DATES:

This report is due quarterly, fifteen (15) calendar days after the end of the reporting quarter.

SUBMISSION:

Using the file naming convention described in Chapter 2 of this guide, the Managed Care Plan must submit the following to the SMMC SFTP site:

- The Agency supplied HSA Template.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must maintain a log of all correspondence and communications from enrollees relating to the HSA Ombudsman process using the provided Agency template.
2. For each line in the report, use "1" to indicate a Comprehensive LTC Plan issue and use "2" to indicate an MMA Plan issue.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations

REPORT TEMPLATE:

The HSA Log Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

1. The template has 5 spreadsheets — one plan information sheet, and four (4) quarterly spreadsheets

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/HERNANDEZ_SETTLEMENT_AGREEMENT_LOG_SMMC_MMA_06012014.xls

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**Chapter 40: PLACEHOLDER for Patient Centered Medical Home
(PCMH) Providers Report**

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Chapter 41: PLACEHOLDER for PCP Appointment Report

UNDER DEVELOPMENT

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Chapter 42: Timely Access/PCP Wait Times Report

SMMC PLAN TYPES

The following Managed Care Plans must submit this report:

- | | | <u>Plan Type</u> | |
|-------------------------------------|------------------------|-------------------------|--|
| <input checked="" type="checkbox"/> | Comprehensive LTC Plan | | <input type="checkbox"/> LTC Capitated PSN |
| <input checked="" type="checkbox"/> | MMA HMO | | |
| <input checked="" type="checkbox"/> | MMA Capitated PSN | | |
| <input checked="" type="checkbox"/> | MMA Specialty Plan | | |
| <input checked="" type="checkbox"/> | MMA CMSN Plan | | |

REPORT PURPOSE:

The purpose of this report is to provide the Agency with confirmation of the Managed Care Plan's examination and regular review of its participating PCP offices' average appointment wait times through a statistically valid sample, and to ensure these PCP offices are held accountable to contractually obligated standards (see Contract Attachment II, Exhibit II-A, Section VI, Provider Network), for enrollees receiving MMA benefits.

FREQUENCY & DUE DATES:

This report is due annually on or before February 1, following the reported calendar year.

SUBMISSION:

Using the file naming convention described in Chapter 2 of this guide, the Managed Care Plan must submit the following to the SMMC SFTP site:

- The completed report using the Agency-supplied template, which must be submitted as an XLS file and named using the file naming convention as described in Chapter 2 of this guide.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must submit the completed report using the Agency's supplied template (see the "Report Template" section of this chapter).
 - a. On the Cover Sheet of the report template, the Managed Care Plan must:
 - Indicate which calendar year is being reported; and
 - Submit the methodology used to determine a "statistically valid" sample.
 - b. On the PCP Wait Times Sheet of the report template, the Managed Care Plan

must:

- Indicate the PCP information and the number of calendar days for PCP services and referrals to specialists for covered services.
2. The Managed Care Plan must refer to Exhibit II-A, Section VI of the Managed Care Plan Contract for pertinent wait time definitions.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations

REPORT TEMPLATE:

The Timely Access/PCP Wait Times Report Agency-supplied template must be used as specified in the Report Guide. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied template can be found at:

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/Report_Guides/TIMELY_ACCESS-PCP_WAIT_TIMES_REPORT_SMMC_MMA_06012014.xls

The Agency's template consists of the following:

- A Cover Sheet; and
- A PCP Wait Times worksheet.

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Chapter 43: Supplemental HIV/AIDS Report

SMMC PLAN TYPES

The following Managed Care Plans may submit this report:

- Plan Type**
- Comprehensive LTC Plan LTC Capitated PSN
 MMA HMO
 MMA Capitated PSN
 MMA Specialty Plan
 MMA CMSN Plan

REPORT PURPOSE:

To help ensure that the Agency maintains up-to-date records of all SMMC enrollees receiving MMA benefits who have been diagnosed with HIV/AIDS – in particular, those that might not have been captured by the Agency’s monthly disease determination algorithm – and thus ensure that managed care plans are compensated at the proper rate. Submission of this report is optional for all applicable SMMC managed care plans.

FREQUENCY & DUE DATES:

- Due monthly – if submitting this report, managed care plans must submit by close of business on the second Thursday of each month.

SUBMISSION:

Using the file naming convention described in Chapter 2 of this guide, the health plan shall submit the following to the SMMC SFTP Site:

- A fixed-width text file containing the variables identified in the “Instructions” section of this chapter.
- A report attestation (see Chapter 2).

INSTRUCTIONS:

1. The fixed width file is must contain the following variables:
 - a. Enrollee’s Medicaid ID (10 digits)
 - b. Enrollee’s Date of Birth (YYYYMMDD)
 - c. HIV/AIDS Indicator – Indicates whether the enrollee has HIV or AIDS. The values are 1 for HIV and 2 for AIDS.
 - d. Managed Care Plan identification number (seven digits)

2. The list submitted by the managed care plan must be a **cumulative** list of enrollees and can contain only those who are currently enrolled in the managed care plan. Once a managed care plan has begun submitting enrollees, it must continue to submit a cumulative listing each month in order to continue to receive the appropriate HIV/AIDS capitation payment.
3. Capitation rates generated by the submitted reports will be applied to the managed care plans for the following month's enrolled population.
4. No file or attestation is due if the managed care plan chooses not to submit this supplemental data file.
5. For plan-identified enrollees, documentation of completed lab testing as interpreted by a licensed physician must be included in the enrollee's medical record prior to reporting the enrollee to the Agency as having an HIV or AIDS diagnosis. The managed care plan must provide the Agency with such enrollee's test results upon request.

VARIATIONS BY HEALTH PLAN TYPE:

No variations.

REPORT TEMPLATE:

The file submitted must be a fixed-width text file. Below is an example of what a record on the file might look like:

1234567890198001012987654321

The above record indicates that the enrollee with Recipient ID 1234567890 and birth date January 1, 1980 has AIDS (the HIV/AIDS indicator is equal to 2) and is enrolled in the managed care plan with a Medicaid managed care plan provider ID of 987654321.

Additional information regarding the algorithm used by the Agency to identify HIV and AIDS recipients as well as a listing of diagnosis codes can be found at:

http://ahca.myflorida.com/MCHQ/Managed_Health_Care/MHMO/docs/Templates/2009-2012-Templates/HIV-AIDS_Algorithm_Detail-03-06-09.xls

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