



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

January 6, 2025

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2025-01

Applicable to the **2018-2024 SMMC contract benefits** for:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-Term Care (LTC)
- Dental

Re: Revised Notice of Plan Appeal Resolution Template for MediKids – Effective Immediately

Managed Care Plans must utilize Agency-approved notice templates for all plan appeal resolutions issued to enrollees in accordance with (42 CFR 438.10(c)(4)(ii)) (MMA & LTC: Attachment II, Section VII.I.1. and Dental: Attachment II, Section VII.I.1.). The purpose of this policy transmittal is to provide Managed Care Plans with a revised Agency-approved template for the Notice of Plan Appeal Resolution (NPAR) Template for MediKids Enrollees.

Effective immediately, the Managed Care Plans must use the revised NPAR Template for MediKids Enrollees attached to this policy transmittal. The MediKids NABD template referenced in [PT 2024-10](#) is still in effect. Managed Care Plans may only modify the attached template for plan letterhead and header information, to appropriately fill dynamic text, and to incorporate additional fields that provide specific information in relation to the notice about the enrollee, the provider, or the service authorization. The plan must submit sample completed NPAR Template for MediKids Enrollees to their Agency contract manager for review and approval by **January 13, 2025**.

The Managed Care Plan must adhere to the federal Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) requirement as defined by 42 U.S.C. § 1396d(r)(5) and 42 CFR 440.40(b) or its successive regulation. Nothing in the contract waives the EPSDT requirements of 42 U.S.C. § 1396d(r)(5). As such, in accordance with § 1396d(r) and all binding federal precedents interpreting it, the Managed Care Plan must, for Medicaid eligible children under the age of twenty-one (21) years, pay for any “other necessary health care, diagnostic services, treatment, and other measures described in subsection (a) of this Section to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan.” (42 U.S.C. 1396d(r)(5)) The Managed Care Plan shall not place any time caps (e.g., hourly limits, daily limits, or annual limits) or expenditure caps on services for children under the age of twenty-one (21) years. The



Statewide Medicaid Managed Care (SMMC) Policy Transmittal 2025-01
Re: Revised Notice of Plan Appeal Resolution Template for MediKids – Effective
Immediately
January 6, 2025
Page 2 of 2

Managed Care Plan shall develop a special services process to authorize services exceeding the coverage described in each service-specific coverage policy, if medically necessary (MMA & LTC: Attachment II, Section VI.A.1.c.).

If you have any questions, please contact your Agency contract manager.

Sincerely,

A handwritten signature in blue ink that reads "Brian Meyer".

Brian Meyer
Deputy Secretary for Medicaid

BM/jp

Attachment 1: Notice of Plan Appeal Resolution (NPAR) Template – MediKids Enrollees
Attachment 2: Notice of Plan Appeal Resolution (NPAR) Template – MediKids Enrollees
Redline