

**SMMC Managed Care Plan Report Guide  
Annual Fraud, Waste and Abuse Activity Report Summary**

02/01/2025

**BENEFIT TYPE(S):**

The Managed Care Plan providing the following benefit type(s) must submit this report:

- LTC
- MMA & MMA Specialty
- Dental

**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:**

Report Year Type	Report Year Period
S = State	07/01 – 06/30

Report Frequency	Reporting Data Period
A = Annually	Last two digits of year's data being reported

This report is due annually by September 1.

**REPORT CODE & SUBMISSION:**

<b>Report Code</b>	0133
--------------------	------

To comply with the Annual Fraud, Waste and Abuse Activity Report (AFWAAR) requirements, the Managed Care Plan must submit the following via the Agency's Office of Medicaid Program Integrity's MPI-MCU SFTP site to the Reports subfolder in the Managed Care Plan specific file folder (see the Instructions section for more information), using the file naming convention described in Chapter 2:

- The template provided with all required fields completed, and
- A report attestation described in Chapter 2.

**INSTRUCTIONS:**

1. The Managed Care Plan must complete the Annual Fraud, Waste and Abuse Activity Report using the report template provided on the Agency website (see the "Report Template" section of this chapter).
2. The Managed Care Plan must submit a blank report template even if no fraud, waste and/or abuse activities are recorded. This type of submittal must also include a completed attestation.
3. Refer to the current Annual Fraud, Waste and Abuse Activity Report template for additional general instructions as well as specific instructions.

**SMMC Managed Care Plan Report Guide  
Annual Fraud, Waste and Abuse Activity Report Summary**

02/01/2025

**Note: The Managed Care Plan must be aware 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 Report Guide chapters “Annual Fraud, Waste and Abuse Activity Report”, “Quarterly Fraud and Abuse Activity Report”, “Suspected/Confirmed Fraud and Abuse Report”, and “Completed Recovery of Fraud and Abuse Report”).**

Each Managed Care Plan may have up to three (3) registered users with access to the MPI-MCU SFTP site. The MPI-MC SFTP site is to submit and retrieve electronic file information within each of the Managed Care Plan’s specific folders. Requests to add user access to the MPI-MCU SFTP site must be made by the Managed Care Plan’s Contract Manager via email to the Agency’s MPI-MCU SFTP Site Administrator at [MPI-MCU@ahca.myflorida.com](mailto:MPI-MCU@ahca.myflorida.com). The request must contain at least the last name, first name, title, phone number and business email address of the requested Managed Care Plan user(s). Below is information regarding the MPI-MCU SFTP site location:

<b>Site Name:</b>	MPI-MCU
<b>Host:</b>	sftp.ahca.myflorida.com
<b>Port:</b>	2232
<b>Site Management URL:</b>	<a href="https://sftp.ahca.myflorida.com:4432/manageaccount">https://sftp.ahca.myflorida.com:4432/manageaccount</a>

Security credentials (a single user ID and password) will be provided via encrypted email once the new user’s registration request is approved. All new Agency approved registered users to the MPI-MCU SFTP site must do the following within ten (10) calendar days of receiving their security credentials:

- Add [MPI-MCU@ahca.myflorida.com](mailto:MPI-MCU@ahca.myflorida.com) to their safe senders list to prevent spam filtering, and
- Successfully submit a test file to the MPI-MCU SFTP site, which shall be named “ABC\_New SFTP User Test File\_MM-DD-YY”, where ABC is the 3-letter plan identifier, and MM-DD-YY is the date that the test file is uploaded to the MPI-MCU SFTP site in the Reports subfolder of the Managed Care Plan specific folder.

The password is reissued via email only to the MPI-MCU SFTP registered users and will expire every ninety (90) calendar days in accordance with the Agency’s security protocol. Password reset reminders and instructions will be sent from [MPI-MCU@ahca.myflorida.com](mailto:MPI-MCU@ahca.myflorida.com) to the Managed Care Plan’s registered users seven (7) calendar days prior to expiration, and upon expiration.

If you already have an account, but do not know your username or password, you may retrieve them by accessing the Site Management page (<https://sftp.ahca.myflorida.com:4432/manageaccount>). If you are unable to retrieve your username or password, or if you are locked out due to multiple, incorrect password attempts or using an incorrect username, please contact [MPI-MCU@ahca.myflorida.com](mailto:MPI-MCU@ahca.myflorida.com).

It is recommended that you test your account access several days prior to the report due date. Any account that is not used for a period of ninety (90) calendar days will automatically be disabled due to inactivity.

**SMMC Managed Care Plan Report Guide  
Annual Fraud, Waste and Abuse Activity Report Summary**

**02/01/2025**

Termination of registered user access is required in instances where there is a change of responsibilities or employee termination. Requests to delete user access to the MPI-MCU SFTP site must be made by the Managed Care Plan's Contract Manager via email to the Agency's MPI-MCU SFTP Site Administrator at [MPI-MCU@ahca.myflorida.com](mailto:MPI-MCU@ahca.myflorida.com). The user termination notice must contain at least the last name, first name, title, phone number and business email address of the Managed Care Plan user(s) and should be submitted within seven (7) calendar days of any change of responsibilities or employee termination.

**VARIATIONS BY MANAGED CARE PLAN TYPE:**

No variations.

**REPORT TEMPLATE:**

The Agency templates can be found using the directions in Chapter 1. There are no additional report template instructions unique to this report chapter.

**AMENDMENT HISTORY:**

<b>PLAN COMMUNICATION</b>	<b>DATE</b>	<b>RECAP OF CHANGE(S)</b>
None	None	None

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**