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's Office of Medicaid Program Integrity (MPI), with a quarterly report from the Managed Care Plan regarding the Managed Care Plan's determinations to deny, suspend, and terminate providers from participation in the Managed Care Plan's network. 42 CFR 438.608(a)(4) requires the Managed Care Plan to report information regarding a network provider's circumstances that may affect the provider's eligibility to participate in the Managed Care Program. This requirement includes information regarding the Managed Care Plan's determinations to deny a provider from participating, or to suspend or terminate a provider from continued participation in the Managed Care Plan's network. Notwithstanding any other provision of law or contract, failure to comply with these reporting requirements will be subject to sanctions.

Note: This 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:

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

Report Frequency	Reporting Data Period
Q = Quarterly	Two digits for quarter of data being reported (01, 02, 03, 04)

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

REPORT CODE & SUBMISSION:

Report Code	0193

To comply with the Denied/Suspended/Terminated Provider Report requirements, the Managed Care Plan must submit the following via the MPI SFTP site:

- ➢ The template provided with all required fields completed.
- ➢ The report attestation as described in Chapter 2.

INSTRUCTIONS:

The Managed Care Plan must perform the following:

1. In the template provided, on the tab “Denials” the Managed Care Plan must provide the following information relative to providers denied from network participation by the Managed Care Plan during the reporting quarter:
    a. The appropriate Reporting Year;
    b. The appropriate Reporting Quarter;
    c. The Managed Care Plan three-character identifier;
    d. Provider’s Name in its entirety;
    e. Provider’s Tax Identification Number (TIN);
    f. Provider’s NPI, if applicable;
    g. Provider’s Medicaid ID number, if applicable;
    h. Provider Type from drop down;
    i. The Date the provider is effectively denied from participating in the Managed Care Plan’s network;
    j. The primary Reason the Managed Care Plan denied the provider’s participation;
    k. Indication of whether or not the provider had been Previously Denied participation;
    l. Additional details or Comments relevant to the Managed Care Plan’s denial determination that are not captured elsewhere in the report.

2. In the template provided, on the tab “Participation Suspensions” the Managed Care Plan must provide the following information relative to providers suspended from network participation by the Managed Care Plan during the reporting quarter:
    a. The appropriate Reporting Year;
    b. The appropriate Reporting Quarter;
    c. The Managed Care Plan three-character identifier;
    d. Provider’s Name in its entirety;
    e. Provider’s TIN;
    f. Provider’s NPI, if applicable;
    g. Provider’s Medicaid ID number;
    h. Provider Type from drop down;
    i. The Effective Date of provider’s suspension from participation in Managed Care Plan’s network;
    j. The End Date of the provider’s suspension from participation in the Managed Care Plan’s network;
    k. The primary Reason the Managed Care Plan suspended the provider’s network participation;
    l. Additional details or Comments relevant to the Managed Care Plan’s suspension determination that are not captured elsewhere in the report.

3. In the template provided, on the tab “Payment Suspensions Activities” the Managed Care Plan must provide the following information relative to providers suspended from network participation by the Managed Care Plan during the reporting quarter:
    a. The appropriate Reporting Year;
    b. The appropriate Reporting Quarter;
    c. The Managed Care Plan three-character identifier;
    d. Provider’s Name in its entirety;
    e. Provider’s TIN;
    f. Provider’s NPI, if applicable;
    g. Provider’s Medicaid ID number;
    h. Provider Type from drop down;

   i. The Effective Date of provider's payment suspension from participation in Managed Care Plan's network;
   j. The End Date of the provider's payment suspension from participation in the Managed Care Plan's network;
   k. The primary Reason the Managed Care Plan suspended the provider's payments from participation;
   l. Additional details or Comments relevant to the Managed Care Plan's payment suspension determination that are not captured elsewhere in the report.

4. In the template provided, on the tab "Terminations" the Managed Care Plan must provide the following information relative to providers terminated from network participation by the Managed Care Plan during the reporting quarter:
   a. The appropriate Reporting Year;
   b. The appropriate Reporting Quarter;
   c. The Managed Care Plan three-character identifier;
   d. Provider's Name in its entirety;
   e. Provider's TIN;
   f. Provider's NPI, if applicable;
   g. Provider's Medicaid ID number;
   h. Provider Type from drop down;
   i. The Effective Date of provider's termination from participation in the Managed Care Plan's network;
   j. The primary Reason the Managed Care Plan terminated the provider's network participation;
   k. Additional details or Comments relevant to the Managed Care Plan's termination determination that are not captured elsewhere in the report.

5. The Managed Care Plan's Contract Manager must obtain access to the MPI SFTP site through the Agency's MPI Business Manager (or designated representative) to upload electronic file (supplemental) documentation (See Annual Fraud and Abuse Report chapter for access instructions).

6. The registered user (Managed Care 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.

7. 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 sixty (60) seconds. The external user must contact the AHCA Site Administrator (MPI Business Manager) for MPI reporting at MPI-MCU@ahca.myflorida.com or 850-412-4600 to resolve this issue.

8. 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 Managed Care 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 MPI-MCU@ahca.myflorida.com.

9. Any additional supporting documentation to the Denied/Suspended/Terminated Provider Report must be HIPAA-compliant and may be submitted through the MPI SFTP site.

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:

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
None	**None**	**None**

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK