



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

November 1, 2018

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2018-05

Applicable to the **SMMC contract** years:

- 2012-2018
- 2018-2023

Applicable to the **SMMC benefits** for:

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

Re: Enrollee Continuity of Care Data for Transition Phase 3 (Regions 1, 2, 3, and 4)

SMMC contracts effective 2012-2018:

- The managed care plan must comply with all requirements of the Managed Care Plan Report Guide referenced in Section XIV, Reporting Requirements, and other applicable requirements of the contract. The managed care plan may be required to provide to the Agency or its agents information or data relative to this contract. In such instances, and at the direction of the Agency, the (Attachment II, Section II.D.2.) must fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. The managed care plan will have at least thirty (30) days to fulfill such ad hoc requests, unless the Agency directs the managed care plan to provide data or information in less than thirty (30) days. The managed care plan must verify that data and information it submits to the Agency is accurate, truthful, and complete. (Attachment II, Section II.D.2.) The purpose of this policy transmittal is to inform 2012-2018 managed care plans of an ad hoc request for enrollee data.

SMMC contracts effective 2018-2023:

- The managed care plan must be responsible for continuity of care for new enrollees transitioning into the managed care plan. In the event a new enrollee is receiving prior authorized ongoing course of treatment with any provider, including those services previously authorized under the fee-for-service delivery system or by the enrollee's immediate former managed care plan, the managed care plan must be responsible for the costs of continuation of such course of treatment, without any form of authorization and without regard to whether such services are being provided by participating or non-participating providers for up to sixty (60) days after the effective date of enrollment. The managed care plan must reimburse non-participating providers at the rate they received for services rendered to the enrollee immediately prior to the enrollee transitioning for a minimum of thirty (30) days, unless said provider agrees to an alternative rate. (Attachment II, Section X.H.) The purpose of this policy transmittal is to inform the managed care plan about how to access enrollee continuity of care data during phase 3 (regions 1, 2, 3, and 4) of the implementation of the 2018-2023 SMMC contract.



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The requirements for enrollee continuity of care data are detailed in the attachment to this policy transmittal.

If you have questions or concerns, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive, flowing style.

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/sr

Attachment 1: Instructions and File Layouts

Attachment 2: PNV Provider Data (PD) File Specs_08312018

Attachment 3: Participant Directed Option (PDO) Template

Attachment 4: Non-Emergent Transportation (NET) Template