



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 7, 2019

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2019-16

Applicable to the **2018-2023 SMMC contract benefits** for:

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

Re: Submission of Dispute Requests

The managed care plan must submit a written dispute of sanctions or liquidated damages directly to the Deputy Secretary for Medicaid or designee by U.S. mail and/or commercial courier service (hand delivery shall not be accepted). This submission must be received by the Agency within twenty-one (21) days after receiving notice of the imposition of sanctions or liquidated damages and shall include all arguments, materials, data, and information necessary to resolve the dispute (including all evidence, documentation and exhibits). A Managed Care Plan submitting such written requests for dispute as allowed under this Contract by U.S. mail and/or commercial courier service, shall submit such dispute to the following mailing address:

**Deputy Secretary for Medicaid
Agency for Health Care Administration
Attn: Managed Care Appeals/Disputes, MS 70
2727 Mahan Drive
Tallahassee, FL 32308**

(Attachment II, Section XIII.F.1. and Attachment II, Section XIV.A.8.a.)

The purpose of this policy transmittal is to provide the managed care plan with updated guidance for submission of a dispute of a sanction or liquidated damage. Effective September 1, 2019, the managed care plan must submit any and all written disputes of a sanction or liquidated damage directly to the Agency via an electronic submission process; the Agency will not accept deliveries by U.S. mail, commercial courier service, or hand delivery.

Each dispute request must include only one (1) electronic file per submission that includes all of the following information:

- A managed care plan appeal letter addressed to the Deputy Secretary or designee that includes the case and file number from the original compliance action related to the issue being disputed;
- Exhibit A – A copy of the original action letter received from the Agency; and
- Exhibit B – The managed care plan's supporting documentation related to the dispute, including all arguments, materials, data, and information necessary to resolve the dispute (including all evidence, documentation, and exhibits).

The managed care plan must submit its dispute request to the Agency by 5:00 P.M., E.S.T. on the twenty-first (21st) day after the date of issuance of any sanction or imposition of a liquidated

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damage or sanction. The managed care plan must make all submissions to the SMMC_CY 18-23 SFTP site (Port 4443) to the folder titled Reports\Submissions\Appeals. The dispute file must be titled ABC_##### where ABC stands for the managed care plan's three (3)-character identifier and ##### stands for the ten (10)-digit case number for the issue being disputed. The Agency will deny any disputes that are not delivered in the format and timeframes specified above.

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

Sincerely,



Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/dvp