



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

September 10, 2019

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2019-18

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

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

Re: Administration of the Prescribed Drug Program in SMMC

The managed care plan may delegate any or all functions to one (1) or more pharmacy benefit managers (PBMs) in accordance with Section X.C., Subcontracts. The managed care plan may be required to provide the Agency or its agents information or data relative to this contract. In such instances, and at the direction of the Agency, the managed care plan 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 must 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 30 days. The managed care plan must verify that data and information it submits to the Agency is accurate. (Attachment II, Section XVI.A.1.b.) The purpose of this policy transmittal is to inform the managed care plan of an ad hoc request for information on the managed care plan's processes for utilizing PBMs to administer the prescribed drug benefit on behalf of the managed care plan.

The managed care plan must provide to the Agency information that describes the plan's processes for reimbursement of PBMs specifically for claims processing functions, including the type of payment arrangement the managed care plan has with its PBM (i.e., flat fee, per transaction rate, etc.), and the reimbursement methodology utilized by the managed care plan's PBM for pharmacies in the plan's provider network.

The managed care plan must submit the information using the template attached to this policy transmittal in a single, zipped file to the Agency, using the following naming convention "ABCYYYYMMDDPBM". The managed care plan must submit the ad hoc report file to the Agency's SFTP site at <https://sftp.ahca.myflorida.com:4443/EFTClient/Account/Login.htm> in the AdHoc folder located within the managed care plan's designated folder path. The managed care plan must use the aforementioned naming convention, where ABC is the managed care plan's three-character identifier; and YYYY is the four-digit year, MM is the two-digit month, and DD is the two-digit day on which the file is being submitted. The managed care plan must submit its files to the Agency **by noon, Eastern Time, on Monday, September 16, 2019.**



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

Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive style with a prominent loop at the end of the name.

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/dvp
Attachment