



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

May 8, 2020

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-32

Applicable to the following benefits in the **2018-2023 SMMC contract**:

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

Re: Fraud, Abuse, Waste, and Disclosure Reporting Requirements

The managed care plan and the dental plan must comply with all reporting requirements as set forth below and in 42 CFR 438.608 and s. 409.91212, F.S. (Attachment II, Section X.F.6.a.) The purpose of this policy transmittal is to notify the managed care plan and dental plan of new requirements related to fraud, abuse, waste, and disclosure reporting that are effective February 2, 2020.

Within five (5) days of the date of detection of suspected or confirmed provider fraud, the managed care plan and the dental plan must provide MPI with advance notice of the reporting of potential fraud, in accordance with the requirements set forth contract. The advance notice must provide details of the investigative subject (provider), potential fraud scheme, and estimated exposed amount. This advance notice provides Medicaid Program Integrity (MPI) an opportunity to conduct additional analysis of the provider and consider the potential exposure across the entire Medicaid program.

Within ten (10) days of the date of the advanced notice to MPI, the managed care plan and the dental plan must submit a supplemental referral in accordance with the requirements in the instructions attached to this policy transmittal. The managed care plan and the dental plan must document the supplemental referral by uploading the required information to the MPI SFTP site.

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

Sincerely,

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/sr

Attachment: Instructions for Submission of the Supplemental Referral

