RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

November 24, 2020

**Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-64**

Applicable to the **2018-2023 SMMC contract benefits** for:
- ☒ Managed Medical Assistance (MMA) and MMA Specialty
- ☒ Long-Term Care (LTC)
- ☒ Dental

**Re: Medicaid Fraud Performance Targets**

The managed care plan's and the dental plan's compliance plan, anti-fraud plan, and fraud and abuse procedures must comply with 42 CFR 438.608 and s. 409.91212, F.S., and require all suspected or confirmed instances of internal and external fraud and abuse relating to the provision of, and payment for, Medicaid services including but not limited to the managed care plan and dental plan employees/management, providers, subcontractors, vendors, delegated entities, or enrollees under State and/or federal law, be reported. Reviews[i] of the Agency's program integrity efforts have recommended that the Agency could further improve its program integrity efforts by establishing evaluation criteria and performance measures. The purpose of this policy transmittal is to notify the managed care plan and dental plan of the establishment of Medicaid fraud performance targets.

The managed care plan and dental plan must achieve or exceed an Agency-specified performance target for the reporting of suspected provider fraud cases to the Medicaid Fraud Control Unit each State fiscal year (SFY) following the processes outlined in the contract and associated federal and state regulations, beginning with SFY 2020-2021. The Agency's Bureau of Medicaid Program Integrity will calculate each plan's performance target each SFY as soon as all data is available and will send each plan its target. The methodology for calculating the performance target is attached to this policy transmittal.

If you have questions, please contact Ann Kaperak with MPI at Ann.Kaperak@ahca.myflorida.com.

Sincerely,

Beth Kidder
Deputy Secretary for Medicaid

BK/sar
Attachment: Medicaid Fraud Performance Target Formula

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[i] AHCA Continues to Improve Medicaid Program Data Quality and Oversight; Additional Improvements Needed in Use of Data, Report 20-04 January 2020; AHCA Reorganized to Enhance Managed Care Program Oversight and Continues to Recoup Fee-for-Service Overpayments, Report 16-03 January 2016; Medicaid Program Integrity Recovers Overpayments in Fee-For-Service and Monitors Fraud and Abuse in Managed Care, Report 14-05 January 2014; Agency for Health Care Administration Continues Efforts to Control Medicaid Fraud and Abuse, Report 11-22 December 2011