



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

December 29, 2020

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-72

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

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

Re: Ad Hoc Request for 2019 Achieved Savings Rebate (ASR) Claims Data

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 thirty (30) days. The managed care plan must certify that data and information it submits to the Agency is accurate, truthful, and complete in accordance with 42 CFR 438.606. (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 2019 ASR claims data to facilitate the reconciliation of the FLMMIS encounter data to be used for the capitation rate setting.

To complete this ad hoc request, the managed care plan must use the current ASR Financial Report Template in the [Managed Care Plan Report](#) Guide. This ad hoc request includes data for claims with dates of service January 1, 2019 through December 31, 2019, and claims paid through December 31, 2020. This ad hoc request is only for the benefit expenses data in the ASR Financial Report.

For the purposes of this ad hoc report, the managed care plan must report data in the following tabs and lines of the ASR Financial Report Template. The managed care plan is not required to report data in any field of the ASR Financial Report Template not listed below.

❖ **Managed Medical Assistance**

Managed Medical Assistance Schedules: Fill out lines 2.1 through 11.11 on the MMA Rev-Exp Summary and regional tabs. Cell Range (D20: BL88).

❖ **Long Term Care**

Long Term Care Schedules: Fill out lines 2.1 through 4.11 on the LTC Rev-Exp Summary and regional tabs. Cell Range (D19: X56).

The managed care plan must submit the requested data to the Agency's SMMC_CY18-23 secure file transfer protocol site, Port 4443, within the managed care plan's designated folder path, in the AdHoc/2019/Claims Data folder. The managed care plan must use the file naming



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convention "XXX2019ASRCD", where XXX is the is the plan's three-digit identifier and submit this proposal to the Agency by close of business on January 27, 2021.

If you have any questions, please contact Ms. Eileen Lin in the Bureau of Medicaid Program Finance by calling (850) 412-4017 or emailing Eileen.Lin@ahca.myflorida.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder". The signature is fluid and cursive, with a long, sweeping underline that extends to the left.

Beth Kidder
Deputy Secretary for Medicaid

BK/sar