| BENEFIT TYPE(S): |
The Managed Care Plan providing the following benefit type(s) must submit this report:
- ☒ LTC
- ☒ MMA & MMA Specialty
- ☒ Dental

| REPORT PURPOSE: |
The purpose of this report is to document Managed Care Plan reporting of instances of waste as required by the Medicaid and CHIP Managed Care Final Rule (CMS-2390-F) (Final Rule). 42 CFR 438.608(a)(7) requires the Managed Care Plan to report waste to the state Medicaid program integrity unit. Notwithstanding any other provision of law, failure to comply with these reporting requirements will be subject to sanctions.

| FREQUENCY & DUE DATES: |

Report Year Type	Report Year Period
S = State	07/01 – 06/30

Report Frequency	Reporting Data Period
Q = Quarterly	Two digits for quarter of data being reported (01, 02, 03, 04)

The suspected/confirmed waste report is due within ~~fifteen~~ forty-five (~~15~~45) calendar days after the end of the quarter being reported.

| REPORT CODE & SUBMISSION: |

Report Code	0192

To comply with the Suspected/Confirmed Waste Reporting requirements, the Managed Care Plan must submit the following via the MPI SFTP site:

- ➢ The template provided with all required fields completed.
- ➢ The report attestation as described in Chapter 2.

| INSTRUCTIONS: |
The Managed Care Plan must report suspected or confirmed instances of waste relative to the Managed Care Plan's contract and Florida Medicaid. All suspected or confirmed instances of waste under state and/or federal law are to be reported to MPI.

1. In the template provided, on the tab "Summary of Waste" the Managed Care Plan must provide the following information relative to the quarter's activities in waste recoveries:
    a. The reporting period for which the report is being submitted;
    b. The Medicaid Health Plan name for which the report is being submitted;
    c. The Medicaid Health Plan Medicaid ID or IDs for which the report is being submitted;
    d. A summary, by quarter, of the instances of suspected/confirmed waste identified relative by the Managed Care Plan, broken into categories as provided on the template;

e. A summary, by quarter, of the overpayment recoveries made relative to waste by the Managed Care Plan broken, into categories as provided on the template.

2. In the template provided, on the tab "Details of Waste Efforts" the Managed Care Plan must include the following information relative to the quarter's activities regarding instances of suspected/confirmed waste identified, including overpayment recoveries:

   ~~a. Indicate the appropriate reporting quarter;~~
   ~~b. Indicate the Managed Care Plan 3 letter identifier;~~
   ~~c.~~a. Managed Care Plan Internal Tracking ID for the issue being listed;
   ~~d.~~b. Date Recovery was initiated, MMDDYYYY format;
   ~~e.~~c. Indicate the reporting quarter the issue was first reported;
   ~~f.~~d. Status of the Recovery, ongoing or closed pertaining specifically to the line;
   ~~g.~~e. Entire Project Completion Date, MMDDYYYY format, only to be reported when whole project is closed;
   f. Waste Recovery Category defined as: Cost Share, Credit Balance, Data Mining, DRG Validation, Medical Records Review, Retro-terms, Settlements, Subrogation, TPL, Other, Vendor Name;
   ~~h.~~g. Vendor Type Associated
   ~~i.~~h. Provider or Recipient Indicator
   ~~j.~~i. Provider or Recipient Last Name, if an entity this field may be blank;
   ~~k.~~j. Provider or Recipient First Name, if an entity this field may be blank;
   ~~l.~~k. Provider or Recipient Middle Initial, if an entity this field may be blank;
   ~~m.~~l. Entity Name, required if there is not an individual listed;
   ~~n.~~m. Provider Type from drop down;
   ~~o.~~n. ~~City~~ 5-digit Zip Code of provider or member's location where issue occurred;
   ~~p.~~o. Provider's National Provider Identifier if a provider;
   ~~q.~~p. Provider or Recipients Tax Identification Number (TIN);
   ~~r.~~q. Provider's or Recipient's Medicaid Provider ID;
   ~~s.~~r. Preliminary Overpayment Amount Identified;
   ~~t.~~s. Updated Overpayment Amount Identified;
   ~~u.~~t. Final Overpayment Amount Identified;
   ~~v.~~u. Overpayment Amount Recovered this quarter;
   v. Overpayment Collection Method defined as: Provider Submitted Check, Plan Initiated Withhold, or Plan Initiated Recoupment;
   w. MCO Comments and Details Regarding Waste Recovery Category: provide detail if selecting "Other" as option in Waste Recovery Category;
   x. Other MCO Comments and Details: A summary of the audit findings in the summary area, must include details of the recovery including what the audit was of and how many claims were involved.

3. The Plan's Contract Manager must obtain access to the MPI SFTP site through the Agency's MPI Business Manager (or designated representative) to upload electronic file (supplemental) documentation. (See Annual Fraud and Abuse Report chapter for access instructions).

4. The registered user (Plan Contract Manager) will be notified by email in the event of an account lock out due to multiple, incorrect password attempts. The primary account holder (Plan Contract Manager) will be notified by email when the account has been locked. The account lockout will last for 30 minutes, and then it will be automatically cleared by the system.

Users can have the block cleared immediately by contacting their AHCA MPI-MC Site Administrator (MPI Business Manager) at 850-412-4600.

5. Entering the incorrect username (i.e. a username that does not exist) will cause the user's IP address to be blocked. For the IP address block to take place, the user must attempt to connect with the incorrect username more than five times in sixty (60) seconds. This form of lockout must be cleared by AHCA's network staff. The external user must contact the AHCA Site Administrator (MPI Business Manager) for MPI reporting at MPI-MCU@ahca.myflorida.com or 850-412-4600 to resolve this issue.

6. Termination of access is required in instances where there is a change of responsibilities or employee termination. A request to terminate a user's access must be submitted by the Plan Contract Manager and must include the user's full name, position title, and business email address. The Managed Care Plan must submit the request by email to MPI-MCU@ahca.myflorida.com.

7. Any additional supporting documentation to the Suspected/Confirmed Waste report must be HIPAA-compliant and may be submitted to the MPI SFTP site.

VARIATIONS BY MANAGED CARE PLAN TYPE:
No variations.

REPORT TEMPLATE:
The Agency templates can be found using the directions in Chapter 1. There are no additional report template instructions unique to this report chapter.

AMENDMENT HISTORY:

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
RCN 2021-05	**1/21/2021**	These updates require greater detail of information already being collected in this report.
None	**None**	No change(s) from the SMMC Report Guide 9/1/2019.

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