



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

May 1, 2019

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 19-01

Applicable to:

- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan
- Children’s Medical Services (CMS) Plan

Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

Re: Ad Hoc Request for Primary Care Provider (PCP) Assignment Report

The managed care plan may be required to provide the Agency or its agents information or data relative to this contract, in compliance Attachment II, Section II.D.2.¹ 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 verify that data and information it submits to the Agency is accurate, truthful, and complete. The purpose of this policy transmittal is to notify the managed care plan of an ad hoc data request for a Primary Care Provider (PCP) assignment report.

The managed care plan must use the PCP assignment report template attached to this policy transmittal, in accordance with directions in the instructions tab and include data for the dates of service in the following table.

Region	Data to be Included
9, 10, and 11	From July 1, 2016 through November 30, 2018
5, 6, 7, and 8	From July 1, 2016 through December 31, 2018
1, 2, 3 and 4	From July 1, 2016 through January 31, 2019

The managed care plan must submit the completed PCP assignment report to the Agency by close of business on May 15, 2019. The managed care plan must submit the PCP assignment report to the MPA FTP site using the following naming convention: ***PCP, where *** is the managed care plan’s three-character identifier.

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

¹ The citation for the CMS Plan contract is Attachment I, Section II.D.2.



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Page 2 of 2

Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive, flowing style.

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/sr
Attachment: Ad Hoc Template