

**SMMC Managed Care Plan Report Guide
Supplemental HIV/AIDS Report Summary**

12/18/2020

BENEFIT TYPE(S):

The Managed Care Plan providing the following benefit type(s) must submit this report:

- LTC
- MMA & MMA Specialty
- Dental

REPORT PURPOSE:

To help ensure that the Agency maintains up-to-date records of all dual eligible SMMC enrollees receiving MMA benefits who have been diagnosed with HIV/AIDS and might not have been identified by the Agency's monthly disease determination algorithm. Submission of this report will help to ensure that Managed Care Plans are compensated at the proper rate. Submission of this report is optional for all applicable SMMC Managed Care Plans.

FREQUENCY & DUE DATES

Report Year Type	Report Year Period
C = Calendar	01/01 – 12/31

Report Frequency	Reporting Data Period
M = Monthly	Two-digit month of data being reported

If submitting this report, the Managed Care Plans must submit by the 10th of each month, for the prior month.

REPORT CODE & SUBMISSION:

Report Code	
	0174

Using the file naming convention described in Chapter 2 of this guide, the Managed Care Plan shall submit the following to the MDA applicable SFTP Site (server: sftp.ahca.myflorida.com, Port: 2226) in the "MPA/ToMPA/HIV-AIDS Supplemental/" subdirectory:

- A fixed-width text file containing the variables identified in the "Instructions" section of this chapter.
- A report attestation (see Chapter 2).

INSTRUCTIONS:

1. The fixed width file must contain the following variables:
 - a. Enrollee's Medicaid ID (ten digits)
 - b. Enrollee's Date of Birth (YYYYMMDD)
 - c. Managed Care Plan identification number (nine digits)
2. The Managed Care Plan must submit a **cumulative** list of dual eligible enrollees having HIV or AIDS. The list must contain only those who are currently enrolled in the Managed Care Plan. Once the Managed Care Plan has begun submitting enrollees, the Managed Care Plan must continue to submit a cumulative listing each month in order to continue to receive the appropriate HIV/AIDS capitation payment.

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3. Capitation rates generated by the submitted reports will be applied to Managed Care Plans for the following month's enrolled population. (For example, the report submitted in May 2014 would result in capitation payment for June 2014.)
4. No file or attestation is due if the Managed Care Plan chooses not to submit this supplemental data file.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

Notwithstanding the instructions in Chapter 1, the file submitted must be a fixed-width text file. Below is an example of what a record on the file might look like:

123456789019800101987654321

The above record indicates that the enrollee with Recipient ID 1234567890 and birth date January 1, 1980 is enrolled in the Managed Care Plan with a Medicaid Managed Care Plan Provider ID number of 987654321.

Additional information regarding the algorithm used by the Agency to identify HIV and AIDS recipients as well as a listing of diagnosis codes can be found in the Report Guide web pages by following the instructions in Chapter 1 of this document.

AMENDMENT HISTORY:

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
None	None	No change(s) from the SMMC Report Guide 9/1/2019.

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