SMMC Managed Care Plan Report Guide
Suspected/Confirmed Fraud and Abuse Reporting 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:

The purpose of this report is for Managed Care Plans to report all suspected or confirmed fraud and abuse under state and/or federal law relative to the Managed Care Plan contract and/or Florida Medicaid, including occupational fraud and abuse. Failure to report instances of suspected or confirmed fraud and abuse is a violation of law and subject to the penalties provided by law. 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
V = Variable	Two-digit day of submission date (01-31)

The suspected/confirmed fraud and abuse report is submitted via the online Medicaid fraud and abuse complaint form and is due within fifteen (15) calendar days of detection.

REPORT CODE & SUBMISSION:

Report Code	Not applicable.

The Managed Care Plan must complete and submit the following Agency electronic data entry complaint form online to the Agency's Office of Medicaid Program Integrity (MPI):

https://apps.ahca.myflorida.com/mpi-complaintform/

INSTRUCTIONS:

The Managed Care Plan must report suspected or confirmed fraud and abuse relative to the Managed Care Plan's contract and Florida Medicaid. All suspected or confirmed instances of fraud and abuse under state and/or federal law are to be reported to MPI within fifteen (15) calendar days of detection by filing the online report.

1. All suspected or confirmed instances of fraud and abuse must include all of the following complainant information:
   a. Complainant name;
   b. Email address;
   c. City;
   d. State;
   e. Zip code;
   f. Telephone number.

2. All suspected or confirmed instances of fraud and abuse must include the following information relative to the Managed Care Plan submitting the report:
   a. Use the dropdown box to indicate the appropriate reporting entity. Select the Managed Care Plan name. Subcontractors reporting on behalf of a Managed Care Plan are required to indicate the Managed Care Plan for which they are reporting;
   b. Managed Care Plan-Medicaid ID number (nine digits). When a subcontractor is reporting on behalf of a Managed Care Plan, the subcontractor will utilize the Managed Care Plan nine-digit Medicaid Provider ID number. When a Managed Care Plan has more than one Medicaid Provider ID, the Managed Care Plan will use the most appropriate of their assigned Medicaid Provider IDs;
   c. Differentiate whether the Fraud or Abuse is suspected or confirmed through use of the appropriate checkbox;
   d. Select whether the report is regarding suspected or confirmed fraud or abuse through use of the appropriate checkbox;
   e. If the report is describing suspected or confirmed fraudulent activities, indicate whether or not the suspected or confirmed fraud has been reported to the Medicaid Fraud Control Unit (MFCU) through use of the appropriate checkbox;
      i. If the instance is suspected or confirmed fraud, please provide the date it was or will be reported to MFCU through use of the provided date box;
   f. Indicate the date of discovery for the suspected or confirmed fraud or abuse that is being reported. The Managed Care Plan must enter the date of discovery using the date box provided;
   g. Indicate whether the complaint is about a provider, recipient, or Managed Care Plan.

3. All suspected or confirmed instances of provider fraud and abuse must include the following information relative to the provider and allegations. When the nature of the behavior is fraud or abuse, each instance and each provider, recipient, or Managed Care Plan must be separately reported by way of the on-line report form:
   a. Name of the provider being reported;
   b. Provider type;
   c. Provider's Florida Medicaid provider number. If the provider is not enrolled as a Medicaid provider, state this information in the narrative field. If reporting a provider who does not have a Medicaid provider number, the Managed Care Plan must include the NPI number and/or license number (if applicable), and identifying information in the narrative field;
   d. Provider National Provider Identifier (NPI) number;
   e. Provider's Tax Identification number;
   f. Describe the suspected activities (including background, persons involved, events, dates, and locations);
      i. Nature of complaint, summarize the suspected or confirmed fraud or abuse (who, what, when, where, why, and how of the situation);
      ii. Source of complaint/detection tool(s) utilized (how was the issue detected);
      iii. If additional information/documents are being submitted via MPI's SFTP site, indicate and identify the documents that will be included in the submission;
   g. Plan Contact name for follow-up information regarding the complaint;
   h. Plan contact phone number;
   i. Street address for where the issue occurred;
   j. Provider contact information;
   k. Select appropriate current case status from dropdown menu: (Audit, Investigation, Recoupment, Closed, Assessment, or Other) If Other, provide details;
   l. Identify if a potential overpayment has been identified;

m. Identify if the overpayment has been recovered and, if applicable, the current amount of the overpayment recovered;
n. Indicate whether additional information will be uploaded to the MPI SFTP site.

4. All suspected or confirmed instances of enrollee fraud and abuse under state and/or federal law are to be reported to MPI within fifteen (15) calendar days of detection by filing the online report. The report must contain, at a minimum:
   a. The enrollee's Medicaid ID number (ten digits);
   b. The enrollee's full name;
   c. The enrollee's date of birth;
   d. The enrollee's Medicaid ID number (ten digits);
   e. A description of the acts allegedly involving suspected fraud or abuse and case status;
      i. Nature of complaint, summarize the suspected or confirmed fraud or abuse (who, what, when, where, why, and how of the situation);
      ii. Source of complaint/detection tool(s) utilized (how was the issue detected);
      iii. If additional information/documents are being submitted via MPI's SFTP site, indicate and identify the documents that will be included in the submission;
   f. Select appropriate current case status from dropdown menu: (Audit, Investigation, Recoupment, Closed, Assessment, or Other) If Other, provide details;
   g. Identify if a potential overpayment has been identified;
   h. Identify if the overpayment has been recovered and, if applicable, the current amount of the overpayment recovered;
   i. Indicate whether additional information will be uploaded to the MPI SFTP site.

5. Reporting all suspected or confirmed instances of internal fraud and abuse relating to the provision of and payment for Medicaid services including, but not limited to fraud and abuse related to the Managed Care Plan contract and/or Florida Medicaid that is other than provider and enrollee fraud and abuse (e.g., internal/occupational fraud and abuse to the Managed Care Plan – allegations regarding Managed Care Plan employees/management, subcontractors, vendors, delegated entities). The online report must contain, at a minimum:
   a. Name of the individual or Managed Care Plan being reported;
   b. Provider type;
   c. Florida Medicaid provider number of the Managed Care Plan being reported. If the allegation is regarding an individual that is not enrolled as a Medicaid provider, state this information in narrative field. If reporting an individual who does not have a Medicaid provider number, the Managed Care Plan must include identifying information in narrative field;
   d. National Provider Identifier (NPI) number of the Managed Care Plan being reported. If the allegation is regarding an individual who does not have this information, it must be stated in the narrative field. Where the nature of the behavior is fraud or abuse, each instance and each Managed Care Plan or individual, must be separately reported by way of the on-line report form;
   e. Tax Identification number of the Managed Care Plan being reported. If the allegation is regarding an individual who does not have this information it must be stated in the narrative field. Where the nature of the behavior is fraud or abuse, each instance and each Managed Care Plans or individual must be separately reported by way of the on-line report form;
   f. Describe the suspected activities (including background, persons involved, events, dates, and locations).
      i. Nature of complaint, summarize the suspected or confirmed fraud or abuse (who, what, when, where, why, and how of the situation);

   ii. Source of complaint/detection tool(s) utilized (how was the issue detected);
   iii. If additional information/documents are being submitted via MPI's SFTP site, indicate and identify the documents that will be included in the submission;
g. Plan Contact name for follow-up information regarding the complaint;
h. Plan contact phone number;
i. Street address for where the issue occurred;
j. Managed Care Plan's or individual(s)' contact information;
k. Select appropriate current case status from dropdown menu: (Audit, Investigation, Recoupment, Closed, Assessment, or Other) If Other, provide details;
l. Identify if a potential overpayment has been identified;
m. Identify if the overpayment has been recovered and, if applicable, the current amount of the overpayment recovered;
n. Indicate whether additional information will be uploaded to the MPI SFTP site.

6. The Managed Care Plan may submit supplemental information via the MPI SFTP site. Reporting via the SFTP site is not a substitute for using the required online Medicaid Fraud and Abuse Complaint Form.

7. 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).

8. 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.

9. 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.

10. 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.

11. Any additional supporting documentation to the online Fraud and Abuse report must be HIPAA-compliant and may be submitted to the MPI SFTP site.

12. A system-generated acknowledgement from the intake unit at MPI occurs for each online fraud and abuse form (report) received.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

Notwithstanding the instructions in Chapter 1, the Managed Care Plan must use the template on MPI's general website located at:

http://ahca.myflorida.com/MCHQ/MPI/index.shtml

The Medicaid fraud and abuse complaint report form is available online at:

https://apps.ahca.myflorida.com/mpi-complaintform/

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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