

RON DESANTIS GOVERNOR

JASON WEIDA SECRETARY

September 13, 2024

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2024-11

Applicable to the 2018-2024 SMMC contract benefits for:

Managed Medical Assistance (MMA) and MMA Specialty

- Long-Term Care (LTC)
- Dental

RE: Diabetic Supplies – Pharmacy Services

The managed care plan must provide the services identified in Attachment II and its Exhibits in accordance with the Florida Medicaid State Plan, the applicable federal waivers, as well as the Florida Medicaid promulgated rules in Chapter 59G-4, F.A.C., that include the Florida Medicaid Coverage and Limitations Handbooks, Florida Medicaid Coverage Policies, and services listed in the associated Florida Medicaid fee schedules, except where the provisions of this Contract or the applicable federal waivers alter the requirements set forth in the Handbooks, Coverage Policies, and Medicaid fee schedules. (Attachment II, Section VI.A.1.e.) The purpose of this policy transmittal is to provide the managed care plan with changes regarding the coverage of diabetic supplies and to incorporate the new Coverage Policy.

The Agency is modifying the way diabetic supplies are provided to Floridians served through the State's Medicaid program. Effective October 1, 2024, the managed care plan must make diabetic supplies available through the pharmacy benefit as described in Rule 59G-4.252, F.A.C., Diabetic Supply Services.

Details on the transition of diabetic supplies from the durable medical equipment (DME) benefit to the pharmacy benefit are as follows:

- The managed care plan shall maintain coverage through the DME benefit through December 31, 2024, to ensure sufficient transition time is available to prevent disruption of care.
- Enrollees eligible for both Medicare and Medicaid will continue to receive diabetic supplies through the medical benefit from DME providers.
- All enrollees with a diagnosis of diabetes and a prescription for insulin to treat their diabetes are eligible for items included on the Florida Medicaid Preferred Product List (PPL). To access items not listed on the PPL, the managed care plan must prior authorize the product in accordance with the Agency-approved prior authorization process. Both the PPL and the prior authorization form can be found on the Agency's website at <u>Diabetic Supply Services</u>.
- Prescriptions shall be submitted to an enrolled pharmacy provider for dispensation.



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• Effective January 1, 2025, enrollees eligible for diabetic supply services as listed in Rule 59G-4.252 may no longer receive their diabetic supplies through the DME benefit unless as specified in Rule 59G-4.002.

The managed care plan must complete all necessary system changes for claims processing of pharmacy related supplies included on the PPL by October 1, 2024. Also, the managed care plan must notify their providers as soon as possible to ensure all pharmacies in the plan's provider network are aware and ready to begin providing diabetic supplies by October 1, 2024.

The managed care plan must notify all impacted enrollees using the attached Agency-approved Diabetic Supply Products (DSP) Recipient Letter template by no later than October 1, 2024. The plan must submit sample completed DSP Recipient Letter templates to their Agency Contract Manager for review and approval by September 17, 2024. The managed care plan must send an additional notice to enrollees who have not transitioned reimbursement of eligible diabetic supplies to the Pharmacy benefit by no later than December 1, 2024 in accordance with Attachment II, Section V.A.2. of the SMMC contract.

If you have questions or concerns, please contact your Agency contract manager.

Sincerely,

Austin Noll Deputy Secretary Medicaid Policy, Quality, and Operations

AN/jp Attachment: DSP Recipient Letter