



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

December 6, 2019

Statewide Medicaid Managed Care (SMMC) Contract Interpretation: 2019-08

Applicable to the following benefits in the **2018-2023 SMMC contract**:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-term Care (LTC)
- Dental

Re: Transportation Network Companies (TNCs)

The managed care plan must provide non-emergency transportation services as detailed in the Florida Non-Emergency Transportation Services Coverage Policy, incorporated by reference in Rule 59G-4.330, Florida Administrative Code (F.A.C.). (Attachment II, Exhibit II-A, Section VI.A.1.a. and Attachment II, Exhibit II-B, Section VI.A.2.a.) The 2019 Florida Legislature amended section 316.87, Florida Statutes to allow transportation network companies (TNCs) to provide non-emergency transportation services under the Florida Medicaid program, if certain conditions are met. The Agency updated its coverage policies to implement this change. The purpose of the contract interpretation is to notify the managed care plan of the procedure it must follow in order to obtain approval from the Agency if it chooses to use TNCs within its provider network for the provision of NET services.

To include TNCs in its transportation provider network, the managed care plan must submit to the Agency its revised transportation policies and procedures, submitted during Plan Readiness under NEG.21, updated to include a description of the SMMC plan's process for administration of the transportation benefit, including but not limited to scheduling of rides, background screening, and determining medical necessity for use of a TNC. For the purposes of this policy change, the following requirements must be met:

Scheduling: The managed care plan, or its subcontracted transportation broker, must schedule trips for the enrollee with the TNC. The managed care plan may not delegate the scheduling of trips with the enrollee to the TNC.

Credentialing and Re-credentialing: The provisions of Attachment II, Section VIII.C.2.o. on the credentialing of transportation providers do not apply to TNCs. Instead, the managed care plan must ensure that TNCs meet the requirements of s. 627.748, F.S. and individual drivers of the TNC satisfy one of the following:

- A Level I background screening in accordance with section 435.03, F.S.; or
- A background screening using a process that yields the same minimum results as a background screening completed in accordance with section 435.03, F.S., as determined by the Agency. The managed care plan must submit documentation to the Agency for prior approval, demonstrating the TNC's compliance with the background screening requirements cited above. Attached to this policy transmittal is the instructions and template to propose additional TNC providers.



Medical Necessity/Vehicle Type: The managed care plan or its subcontracted transportation broker must ensure the appropriate use of TNCs, specifically identifying the conditions under which the use of a TNC is appropriate and specifying that enrollees utilizing TNCs must not require boarding assistance, car seats, or special accommodations (must be able to use curbside pick-up and drop-off and must not require door-to-door-assistance) due to a disability.

The managed care plan must submit its revised transportation policies and procedures under the subject line "ABC TNC Request" to SMMCPolicy@ahca.myflorida.com, where ABC is the three-letter plan identifier. Please also copy your Agency contract manager on any submission requests. Please also copy your Agency contract manager on any submission requests.

Pursuant to Attachment II, Section XV.I.1. Disputes, the managed care plan must submit, within twenty-one (21) days after the interpretation of the contract, a written dispute of the contract interpretation directly to the Deputy Secretary. This submission shall include all arguments, materials, data, and information necessary to resolve the dispute (to include all evidence, documentation and exhibits). All other provisions in this section apply.

Please submit such written requests to the following address:

Attn: Ms. Beth Kidder
Deputy Secretary for Medicaid
Agency for Health Care Administration
Attn: Managed Care Appeals/Disputes, MS #70
2727 Mahan Drive
Tallahassee, FL 32308

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

Sincerely,



Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/sr
Attachment