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January 23, 2019

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2019-01

Applicable to the **2018-2023 SMMC contract benefits** for:

- Managed Medical Assistance (MMA) and MMA Specialty<sup>1</sup>
- Long-Term Care (LTC)
- Dental

### Re: Ad Hoc Request for Provider Education and Training Materials for Medical Foster Care Providers

The managed care plan may be required to provide the Agency or its agents information or data relative to this contract. 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 have at least thirty (30) days to fulfill such ad hoc requests, unless the Agency directs the managed care plan to provide data or information in less than 30 days. The managed care plan must verify that data and information it submits to the Agency is accurate. (Attachment II, Section XVI.A.b.) The purpose of this policy transmittal is to inform the managed care plan of an ad hoc request for provider education and training materials for medical foster care (MFC) providers.

To aid in having a smooth transition for the newly covered services, the Agency is requiring the managed care plan to submit ad hoc materials and information relevant to MFC providers for each of the following areas:

- Simplified Claims and Provider Payment Instructions for MFC providers
- Streamlined MFC Provider Agreements and Credentialing
- Technical Assistance Outreach Calls to MFC Providers
- Posted Training Materials for Provider Enrollment and Provider Billing/Reimbursement

#### Simplified Claims and Provider Payment Instructions for MFC Providers

The managed care plan must create a one (1)-page document that explains how providers bill and receive reimbursement for Medical Foster Care (MFC) services during the continuity of care period, regardless of whether there is a contract or other agreement in place. To assist MFC providers in having a greater understanding of how to operate during and after the continuity of care period, at a minimum, topics must include:

- MFC billing and reimbursement during and after the continuity of care period
- Submission of electronic and paper claims
  - Where to submit claims

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<sup>1</sup> The contents of this policy transmittal are applicable to the following 2014-2018 SMMC contracts: FP027, FP030, and FP031.



- System requirements
- Link to online training materials, including recorded webinars
- Process for provider reimbursement
- Timeline for provider reimbursement, starting from the date of receipt of a clean claim
- Location of additional training materials for ongoing billing and reimbursement (outside of the continuity of care period)
- Direct contact information for provider assistance with MFC billing and reimbursement questions
- Process for escalating provider complaints related to claims issues

The managed care plan must submit its Simplified Claims and Provider Payment Instructions document to the Agency, using the following naming convention “ABCYYYYMMDDMFCBILLING”. Additional directions for submission of documentation are provided at the end of this policy transmittal.

#### Streamlined MFC Provider Agreements and Credentialing

The managed care plan must conduct a review of its provider agreements and credentialing for MFC providers and streamline such agreements and credentialing to remove any unnecessary requirements. The managed care plan must provide to the Agency a narrative that describes the actions the plan has taken to streamline the provider agreements and credentialing for its MFC providers.

The managed care plan must submit its narrative to the Agency, using the following naming convention “ABCYYYYMMDDMFCAGT”. Additional directions for submission of documentation are provided at the end of this policy transmittal.

#### Technical Assistance Outreach Calls to MFC Providers

By noon (EST) on January 30, 2019, the managed care plan must contact every MFC provider to provide technical assistance on the provider enrollment, managed care plan onboarding, and provider billing processes. The managed care plan must complete all fields of the attached Medical Foster Care (MFC) Ad Hoc Report template, documenting in column N of the Excel spreadsheet the date the managed care plan provided individual contact/technical assistance to the MFC provider. If, after repeated attempts the managed care plan is unable to contact the MFC provider by telephone, the managed care plan must dispatch the enrollee’s care coordinator to make face-to-face contact with the provider in the enrollee’s home.

#### Posted Training Materials for Provider Enrollment and Provider Billing/Reimbursement

The managed care plan must post training materials related to provider enrollment and provider billing/reimbursement practices for MFC providers. All materials must be available for provider download on the managed care plan’s public web site. The managed care plan must provide a direct link to its provider web page to the Agency, using the following naming convention “ABCYYYYMMDDMFCTRAINING”. Additional directions for submission of documentation are provided at the end of this policy transmittal.

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Directions for Ad Hoc Submission

The managed care plan must complete the ad hoc report template in its totality and submit it to the Agency, using the following naming convention "ABCYYYYMMDDMFCOUTREACH".

The managed care plan must submit all other requested documentation and the completed ad hoc report template to the Agency's SFTP site at <https://sftp.ahca.myflorida.com:4443/EFTClient/Account/Login.htm> in the AdHoc folder located within the managed care plan's designated folder path. The managed care plan must use the aforementioned naming conventions, where ABC is the managed care plan's three-character identifier; and YYYY is the four-digit year, MM is the two-digit month, and DD is the two-digit day on which the template is being submitted. The managed care plan must submit its files to the Agency **by noon, Eastern Time, on Wednesday, January 30, 2019.**

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/dvp

Attachment: MFC Ad Hoc Report Template 01.10.19.xlsx