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SECRETARY

February 7, 2020

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-07

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

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

### Re: Provider Satisfaction Survey

The Managed Care Plan must conduct an annual Provider Satisfaction survey. The Managed Care Plan must submit a written provider satisfaction survey plan to the Agency for written approval within ninety (90) days after initial Contract execution and by January 1 of each Contract year, thereafter. (42 CFR 438.66(c)(5)) (MMA and LTC: Attachment II, Section IX.D.2.a.; Dental: Attachment II, Section IX.D.2.a.) The proposal must include the following: (1) Copy of the survey tool, using a four-point Likert scale and including the following domains: (a) Provider relations and communications; (b) Authorization processes, including denials and appeals; (c) Timeliness of claims payment and assistance with claims processing; (d) Complain resolution process; (e) Care coordination/case management support; (2) Sampling methodology. (MMA and LTC: Attachment II, Section IX.D.2.b.; Dental: Attachment II, Section IX.D.2.b.) The Agency reserves the right to require a specific survey tool, survey questions and/or survey methodology and to provide for minimum qualifications for survey vendors. (MMA and LTC: Attachment II, Section IX.D.2.c.; Dental: Attachment II, Section IX.D.2.c.) The Managed Care Plan must conduct the survey, and compile and analyze its survey results, and provide the survey results to the Agency with an action plan to address the results of the Provider Satisfaction survey by July 1 of each Contract year. (MMA and LTC: Attachment II, Section IX.D.2.d.; Dental: Attachment II, Section IX.D.2.d.) The purpose of this policy transmittal is to provide revised requirements for the provider satisfaction survey.

### Revised Due Date for the Provider Satisfaction Survey Plan

While the Contract requires the Managed Care Plan submit the provider satisfaction survey plan to the Agency by January 1 of each Contract year, the Agency has changed the due date this year to March 6, 2020.

The Managed Care Plan must submit their Provider Satisfaction survey plan to their Agency contract manager via email. The Provider Satisfaction survey plan must include the following:

- A copy of the Agency's standardized Provider Satisfaction Survey Tool with the plan's name included;
- The Managed Care Plan's sampling methodology; and
- The Managed Care Plan's survey administration protocol.



### Provider Satisfaction Survey Tool

To conduct the Provider Satisfaction survey, the Managed Care Plan must use the appropriate Agency-approved Provider Satisfaction Survey Tool(s) attached to this policy transmittal. The Agency designed a separate Provider Satisfaction Survey Tool for each benefit type, which includes the:

- MMA Provider Satisfaction Survey Tool;
- LTC Provider Satisfaction Survey Tool; and
- Dental Provider Satisfaction Survey Tool.

### Survey and Submission of Results

The Managed Care Plan must conduct the Provider Satisfaction survey from May 1, 2020 through June 30, 2020. While the Contract requires the Managed Care Plan to submit the Provider Satisfaction survey results to the Agency by July 1 of each Contract year, the Agency has changed the due date this year to September 1, 2020. The Managed Care Plan must submit the results of the Provider Satisfaction survey to the SMMC secure file transfer protocol site, under the Managed Care Plan's Submissions folder, under the subfolder for Quality Submissions, and then the subfolder for Provider Survey. The Managed Care Plan must submit the following Provider Satisfaction survey files, using the naming convention specified below.

- The provider-level response data must be submitted as an Excel file using the file naming convention ABCYYYYMMSA##XXXPROVr; where ABC is the Managed Care Plan's three character identifier; YYYYMM is the year and month of submission; S is the Report Year Type: State; A is the Report Frequency: Annually; ## is the last two digits of the year in which the survey was conducted; XXX is the survey type: MMA for MMA Provider Satisfaction Survey, LTC for LTC Provider Satisfaction Survey, DEN for Dental Plan Provider Satisfaction Survey; and PROVr is the Provider Satisfaction Survey, a provider-level response data file.
- The tabulated data must be submitted as an Excel and a PDF file using the file naming convention ABCYYYYMMSA##XXXPROVt; where ABC is the Managed Care Plan's three character identifier; YYYYMM is the year and month of submission; S is the Report Year Type: State; A is Report Frequency: Annually; ## is the last two digits of the year in which the survey was conducted; XXX is the survey type: MMA is the MMA Provider Satisfaction Survey, LTC is the LTC Provider Satisfaction Survey, DEN is the Dental Plan Provider Satisfaction Survey; and PROVt is the Provider Satisfaction Survey tabulated data file.
- The response rate data must be submitted using the file naming convention ABCYYYYMMSA##XXXPROVs; where ABC is the Managed Care Plan's three character identifier; YYYYMM is the year and month of submission; S is the Report Year Type: State; A is the Report Frequency: Annually; ## is the last two digits of the year in which the survey was conducted; XXX is the survey type: MMA is the MMA Provider Satisfaction Survey, LTC is the LTC Provider Satisfaction Survey, DEN is the Dental Plan Provider Satisfaction Survey; and PROVs is the Response rate data.
- An action plan to address the results of the survey must be submitted using the file naming convention ABCYYYYMMSA##XXXPROVa; where ABC is the Managed Care Plan's three

character identifier; YYYYMM is the year and month of submission; S is the Report Year Type: State; A is the Report Frequency: Annually; ## is the last two digits of the year in which the survey was conducted; XXX is the survey type: MMA is the MMA Provider Satisfaction Survey, LTC is the LTC Provider Satisfaction Survey, DEN is the Dental Plan Provider Satisfaction Survey; and PROVa is the Provider Satisfaction Survey action plan.

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

Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive style with a small dot above the 'i' in Harris.

Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/sr

Attachment 1: MMA Provider Satisfaction Survey Tool

Attachment 2: LTC Provider Satisfaction Survey Tool

Attachment 3: Dental Provider Satisfaction Survey Tool