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ACTING SECRETARY

November 17, 2020

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-61

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

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

Re: Ad Hoc Request for Real Time Reporting of Home Health Provider Issues

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 thirty (30) days. The managed care plan must certify that data and information it submits to the Agency is accurate, truthful, and complete in accordance with 42 CFR 438.606. (Attachment II, Section XVI.A.1.b.)

During the 2020 Legislative Session, the Florida Legislature directed the Agency to withhold and set aside a portion of the managed care rates from the rate cells for special needs and home health services in the MMA and LTC programs to implement a home health performance incentive program. At this time, the Agency has limited implementation of the home health performance incentive program to private duty nursing (PDN) services. The purpose of this policy transmittal is to inform the managed care plan of the legislative mandate to implement a method for families and caregivers to report provider failures to provide services in real time and to issue an ad hoc request for documentation of how the managed care plan proposes to meet this legislative mandate for real time reporting of PDN provider failures.

The managed care plan must submit a proposal to the Agency to identify mechanisms for documenting the managed care plan's compliance with the requirements for real time reporting. The managed care plan's proposal to the Agency must clearly illustrate how enrollees, as well as the enrollee's families and caregivers, will report PDN provider issues to the managed care plan on a real time basis. The managed care plan's documentation must include, at a minimum, policies and procedures, process maps, and enrollee materials, that incorporate:

- ❖ Details of the process for real time reporting of PDN provider issues;
- ❖ How the managed care plan will ensure the provision of all covered and authorized PDN services to its enrollees;
- ❖ How the managed care plan will provide methods for measuring PDN provider compliance;



- ❖ How the managed care plan will notify and educate PDN providers prior to implementation of the real time provider issue reporting;
- ❖ How the managed care plan will notify enrollees, families and caregivers prior to implementation of the real time PDN provider issue reporting; and
- ❖ Details of how the managed care plan will resolve PDN provider issues reported through this real time process.

The managed care plan must submit the requested documentation of the proposed process for real time reporting of home health provider failures to the Agency's SMMC_CY18-23 secure file transfer protocol site, Port 4443, within the managed care plan's designated folder path, in the Submissions/Quality Submissions folder. The managed care plan must use the file naming convention "XXXPDNRealTimeDocumentationX," where XXX is the plan's three-digit identifier, and X is the document number for each document submitted. The managed care plan must submit this ad hoc report to the Agency by close of business December 18, 2020.

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

Sincerely,



Beth Kidder
Deputy Secretary for Medicaid

BK/sar