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# FLORIDA MEDICAID

*A Division of the Agency for Health Care Administration*

## Florida Medicaid Health Care Alert

May 1, 2020

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### Provider Type(s): 67, 70, 80, and 97

### Long-Term Care Adult Day Care Provider Retainer Payments

The Agency for Health Care Administration (Agency) and its health plans recognize the financial impact that the COVID-19 state of emergency is having on certain LTC home and community-based service waiver providers. In response, LTC health plans will begin issuing retainer payments to stand-alone adult day care (ADC) providers serving LTC enrollees as described in this provider alert.

**What is a Retainer Payment?** A retainer payment is a payment made to ensure that providers that are unable to continue providing services during the state of emergency are able to stay in business and resume services once the emergency ends. Retainer payments are not a loan and do not have to be repaid to the State of Florida or the Medicaid health plan.

**Eligible Providers:** Adult day care centers experiencing the following financial hardships during the state of emergency are eligible for retainer payments, when all other requirements are met:

- The location where services are normally rendered is closed due to COVID-19 and the provider is unable or only able to partially render services in an alternative setting; or
- The provider location remains open, but they are unable to serve all enrollees at this time due to enrollees who are quarantined, hospitalized, or refusing to receive services.

**Payment Methodology:** The health plan will calculate the amount of the retainer payment, based upon the average Medicaid LTC payments the plan made to the ADC provider for the months of December 2019, January 2020, and February 2020. **The provider is only eligible for one retainer payment per month from each health plan.**

**Request Process:** Adult day care center providers must opt-into receipt of the retainer payment by submitting a request form to the health plan. The request form is located on the Agency's COVID webpage at: [http://ahca.myflorida.com/covid-19\\_alerts.shtml](http://ahca.myflorida.com/covid-19_alerts.shtml). ADC providers must complete the form and submit it to the specific health plan email or fax number below. **In the subject line, please include "ADC Retainer Payment".**

Plan Name	Email Address	Fax Number
Aetna Better Health	<a href="mailto:FL_LTC_SAT@aetna.com">FL LTC SAT@aetna.com</a>	1-860-607-8854
Florida Community Care	<a href="mailto:adc_ahca_cvresponse@fcchealthplan.com">adc_ahca_cvresponse@fcchealthplan.com</a>	1-800-862-6569
Humana Medical Plan	<a href="mailto:ltnetworkrequests@humana.com">ltnetworkrequests@humana.com</a>	1-727-897-5872
Molina Healthcare	<a href="mailto:MFLProviderServices@MolinaHealthCare.com">MFLProviderServices@MolinaHealthCare.com</a>	1-562-499-0719
Simply Healthcare	<a href="mailto:ltprovrelations@amerigroup.com">ltprovrelations@amerigroup.com</a>	1-866-495-3017
Staywell	<a href="mailto:FloridaProviderRelations@wellcare.com">FloridaProviderRelations@wellcare.com</a>	1-813-865-6764
Sunshine Health	<a href="mailto:LTC_SSHP_member_info_request@centene.com">LTC SSHP member info request@centene.com</a>	1-855-469-3306
UnitedHealthcare	<a href="mailto:fl_ltc_network@uhc.com">fl_ltc_network@uhc.com</a>	1-844-868-1591

**NOTE: Adult day care providers must submit a separate form to each plan for which a retainer payment is requested. Providers must fill out the form completely. If the health plan receives an incomplete form, the health plan will require the provider to resubmit the form with all required information.**

Upon receipt of a request, the health plan will calculate the ADC payment amount as described above. The health plan will email or fax the provider the payment amount within three business days of receipt of the request. **The ADC provider must respond to the health plan in writing within two business days to “opt-into” the payment, unless an extension is needed.**

If the provider chooses not to opt-into receipt of the retainer payment for the month of May, but wishes to opt-in for a subsequent month, the provider must submit their request form by the 10th of the preceding month in which the retainer payments will begin (e.g., for payments for June, the request must be submitted to the plan by May 10<sup>th</sup>).

**Payment:** The health plan will remit the retainer payment to the provider within seven business days from receipt of the acknowledgement response from the ADC provider. If the health plan does not receive a response from the ADC provider, this means the provider has opted out of the payment process.

The health plan will continue to pay the ADC provider a retainer payment on the first week of each month thereafter until the Agency directs the health plan to stop issuing the retainer payments, or until the ADC provider opts-out of the retainer payments. **The provider will not need to resubmit the request form each month.** The health plan will reimburse the ADC provider the same amount for each month, as originally calculated and shared with the ADC provider.

**Additional Billing Information:** To the extent possible, ADC providers must continue to provide services as agreed upon with the plan and authorized on the enrollee’s care plan. However, if the ADC provider chooses to receive the retainer payment, the provider must not submit any claims for the month in which the retainer payment is made (this includes adult day care services and expanded services that are allowable during the state of emergency). Expanded services refers to medication administration, medication management, adult companion, attendant care, intermittent and skilled nursing, home delivered meals, and personal care services. The retainer payment will be payment in full for the month.

The Medicaid health plan will also update its system to not pay claims from the ADC provider for either ADC services or expanded services during the month in which retainer payments are requested. Health plans will continue to track expanded services being provided by the ADC provider via the care planning process, if applicable. Health plans are not required to reimburse ADC providers that do not have the appropriate service authorization provided by the health plan.

**Additional Conditions that Must Be Met:** ADC providers must agree to comply with several additional requirements/expectations in order to receive the retainer payment (e.g., staffing, service provision, etc.). These requirements are included in the request form. Providers must indicate agreement with each requirement in the form.

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**QUESTIONS?** [FLMedicaidManagedCare@ahca.myflorida.com](mailto:FLMedicaidManagedCare@ahca.myflorida.com)  
**COMPLAINTS OR ISSUES? ON LINE** <http://ahca.myflorida.com/Medicaid/complaints/> | **CALL** 1-877-254-1055 .

*The Agency for Health Care Administration is committed to its mission of providing "Better Health Care for All Floridians." The Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health maintenance organizations, and publishes health care data and statistics at [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). Additional information about Agency initiatives is available via [Facebook \(AHCAFlorida\)](#), [Twitter \(@AHCA\\_FL\)](#) and [YouTube\(AHCAFlorida\)](#).*

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