



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 12, 2020

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-12

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

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

### Re: Guidance on the COVID-19 State of Emergency

On March 9, 2020, Governor Ron DeSantis issued Executive Order Number 20-52 declaring a state of emergency related to the 2019 novel coronavirus (COVID-19). During this state of emergency, the managed care plan must ensure there are no gaps in care for its Medicaid enrollees, while implementing procedures and the use of routine screenings to prevent further spread of COVID-19. The purpose of this policy transmittal is to provide guidance during this state of emergency to the managed care plan on contractual provisions requiring face-to-face contact with enrollees.

The State of Florida has entrusted the healthcare of 2.9 million Floridians in the Medicaid program to Statewide Medicaid Managed Care plans. For the managed care plan to best serve its enrollees during this state of emergency, the managed care plan must engage its staff to implement best practices for infection control and medical management. The [Centers for Disease Control and Prevention \(CDC\)](#) currently recommends community preparedness and everyday prevention measures be taken by all individuals and families. The managed care plan must implement self-screen protocols with staff having direct contact with enrollees, such as case managers/care coordinators. For more information and examples of screening protocols, visit the Florida Department of Health's [COVID-19 Toolkit](#).

### LTC Care Coordination/Case Management

The SMMC contract requires the managed care plan to conduct face-to-face visits with Long-Term Care enrollees for the initial visit; initial care planning; quarterly visits; annual visit, reassessment, and care plan updates; and change in placement type (Attachment II, Exhibit II-B, Section VI.E.3.).

Until further notice from the Agency, the managed care plan should discontinue face-to-face contacts with enrollees residing in group settings, such as assisted living facilities and nursing facilities, in order to minimize potential exposure and transmission of COVID-19. The managed care plan must satisfy the minimum contact requirements for the initial and quarterly visit and change in placement type visit through the use of audio/video technology (i.e., telehealth) or telephonically where appropriate. For nursing facility enrollees, the managed care plan must ask the facility to identify the appropriate point of contact (e.g., Social Services Director) to work with



the plan on coordinating the enrollee contacts. The managed care plan must document in the enrollee record that the encounter was not conducted face-to-face in response to COVID-19.

For enrollees who reside in their own home or family home, the managed care plan may contact LTC enrollees telephonically or using audio/video technology in lieu of the face-to-face minimum contact requirements for the initial and quarterly visits and change in placement type. The use of video technology is preferred when conducting the initial visit to develop the care plan. If the managed care plan is not able to reach the enrollee telephonically after three attempts within a seven-day period, the managed care plan must conduct an in-person visit to the enrollee's residence. To the extent possible, managed care plans must ensure that case managers are conducting a pre-screening interview in accordance with the guidelines published by the Department of Health prior to entering the enrollee's residence. The managed care plans must enact the enrollee's service gap contingency plan as specified in Attachment II, Exhibit II-A, Section VI.D.2, as needed.

Regardless of the setting in which the enrollee resides, the managed care plan may postpone the annual reassessment and care plan update until the state of emergency is resolved or the Agency publishes further guidance. However, the managed care plan must have a process for promptly addressing any needed changes to the care plan or to quickly evaluate and address health and safety concerns.

The managed care plan must notify enrollees and their authorized representatives of these changes in writing and inform enrollees of the process to request a face-to-face visit if that is the enrollee's preference.

#### Other Contractual Provisions that Require Face-to-Face Contact with Enrollees

Until further notice, the managed care plan may satisfy any face-to-face contact requirements (e.g., perinatal home visits, interagency staffing meetings, etc.) in the SMMC Contract telephonically or using audio/visual technology.

#### Telemedicine

The SMMC contract requires the managed care plan to provide coverage, when appropriate, for services provided through telemedicine in compliance with 45 CFR 164.312 for services covered under this contract, to the same extent the services would be covered if provided through a face-to-face encounter with a practitioner. (Attachment II, Section IV.D.4.) These telemedicine provisions include store-and-forward and remote patient monitoring services. (Attachment II, Section VI.F.7.) During the state of emergency, the Agency encourages the managed care plan to maximize the use of telemedicine (as appropriate), including remote patient monitoring, in order to minimize public exposure and to promote access to health care services to the fullest extent possible. The managed care plan must comply with all state and federal requirements related to the of telemedicine/telehealth.

Nothing in this policy transmittal should be construed to limit the managed care plan's contractual responsibilities relating to provider networks, utilization management, and coverage of services. This policy transmittal does not relieve the managed care plan of its obligation to provide emergency services in accordance with the contract. (Attachment II, Exhibit II-A, Section VI.A.1.a.(6))

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

Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive, flowing style.

Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/dvp  
Attachment