



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 1, 2014

Statewide Medicaid Managed Care (SMMC) Contract Interpretation

Contract Interpretation: 14-05

Re: Transportation Services to Managed Medical Assistance Enrollees

Applicable to:

- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan

The purpose of this document is to interpret contract language relating to the provision of non-emergency transportation (NET) to Medicaid-covered services provided to Managed Medical Assistance (MMA) plan enrollees.

Standards related to transportation for MMA enrollees are codified in:

- Attachment I, Section I.A., Definitions
- Attachment II, Exhibit II-A, Section V.A.1., Transportation Services
- Attachment II, Exhibit II-A, Section V.A.1.a.(9).(g)., Covered Services

The contract defines transportation as, “an appropriate means of conveyance furnished to an enrollee to obtain Medicaid authorized/covered services.” Medicaid authorized/covered services include those services specified in the Medicaid State Plan. Medicaid authorized services include all services that are authorized and covered under the Medicaid State Plan.

Per the contract, MMA plans are responsible for transportation to any covered service, including enhanced benefits. This includes all Medicaid services provided to the enrollee, including Medicaid authorized State Plan services and plan covered services, but excluding Long-term Care services. For example, while the Prescribed Pediatric Extended Care (PPEC) service is not a plan covered service, PPEC is a Medicaid State Plan service. Therefore, MMA plans are responsible for providing transportation to plan enrollees to and from PPEC services.

Pursuant to Attachment II, Section XII.I. Disputes, the managed care plan must submit, within twenty-one (21) days after the interpretation of the Contract, a written dispute of the Contract interpretation directly to the Deputy Secretary; this submission shall include all arguments, materials, data, and information necessary to resolve the dispute (to include all evidence, documentation and exhibits). All other provisions in this section apply.



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

Sincerely,

A handwritten signature in blue ink, appearing to read "Beth Kidder for". The signature is written in a cursive style.

Beth Kidder
Assistant Deputy Secretary for
Medicaid Operations

BK/sb