Statewide Medicaid Managed Care (SMMC) Contract Interpretation

Contract Interpretation: 14-06

Re: Choice of Primary Care Provider for Full Dual Eligible Enrollees in the Managed Medical Assistance Program

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 contract interpretation is to provide guidance to Managed Medical Assistance (MMA) plans related to the primary care provider (PCP) requirements for full benefit dual eligible enrollees.

This contract interpretation is related to the following sections of the contract:
- Attachment II, Exhibit II-A, Section V.D.1., Primary Care Provider Initiatives
- Attachment II, Core, Section IV.A.5., New Enrollee Procedures and Materials
- Attachment II, Core, Section VIII.D.1., Claims and Provider Payments

MMA plans are required by contract to assign a PCP to enrollees who did not have a PCP at the time of their managed care plan enrollment.

All dual eligible enrollees already receiving primary care services through Medicare have a PCP authorized through Medicare and do not have to choose a new PCP through the MMA plan. The MMA plan cannot require the enrollee to give up his or her existing Medicare authorized PCP or prevent the enrollee from receiving primary care services from his or her Medicare PCP.

1. MMA plans shall not assign a PCP to dual eligible enrollees who already have a PCP authorized through Medicare. MMA plans shall not inform dual eligible enrollees in their enrollee materials or on their enrollee identification card of their assigned PCP.

2. If a dual eligible enrollee does not have a Medicare PCP, the MMA plan may assist the enrollee in choosing a PCP who accepts their Medicare coverage.
3. For dual eligible enrollees, Medicare is the primary payer for any medical services covered by Medicare, and Medicaid is the payer of last resort. If an enrollee requires a Medicare covered service, the enrollee must follow Medicare's service authorization protocols.

4. The MMA plan is not responsible for authorizing a Medicare covered service for dual eligible MMA enrollees, including the enrollee's Medicare covered primary care services or physicians visits, and may not impose prior authorization requirements on Medicare covered services.

5. The MMA plan is responsible for Medicare coinsurance and deductibles for covered services. If the PCP is primarily receiving reimbursement through Medicare for the enrollee's services, and is only billing Medicaid for any copayments, coinsurance, or deductibles, the PCP does not have to contract with or enter into an agreement with the MMA plan to receive reimbursement.

The Medicare PCP must either be fully enrolled in or registered with the Florida Medicaid program in order to be reimbursed for any copayments, coinsurance, or deductibles from the MMA plan. All Medicare providers that currently receive Medicare crossover payments from Medicaid are already enrolled in Medicaid and do not need to take any action to enroll.

If the PCP does not have a contract or agreement with the plan, the copayment or coinsurance amounts will be calculated using the Medicaid fee-for-service rates as published in the Medicaid fee schedules.

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 for Medicaid; 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,

Beth Kidder
Assistant Deputy Secretary for Medicaid Operations

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