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November 12, 2013

**Statewide Medicaid Managed Care Long-term Care (LTC) Policy Transmittal 13-05**

Applicable to:

**Capitated Managed Care Plan Contract Type**

**LTC Plan Type**

LTC HMO

**Fee-for-Service PSN Contract Type**

**LTC Plan Type**

LTC FFS PSN

Re: Provider Network Requirements

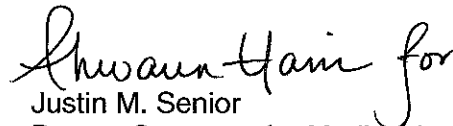
Dear LTC HMOs and LTC Fee-for-Service PSN:

The purpose of this policy transmittal is to provide clarification of Attachment II, Exhibit 7, Section VII, Provider Network, Item G. of the LTC Contract regarding provider network requirements. When a LTC plan is unable to meet the minimum facility-based provider network requirements because there are no facility providers in a specific county, or providers have refused to contract with a LTC plan, the following policies apply:

- In counties where there are no facility-based providers or fewer than two (2) facility providers, the term “neighboring” is defined as a county within the region.
- In counties where there are more than two (2) facility-based providers, but the plan is only able to contract with fewer than two (2) providers, the plan may contract with facility-based providers outside the county. However, the plan must contract with a facility-based provider in the *closest* neighboring county within the region where the facility-based providers exist.

The SMMC LTC Contract will be amended to reflect this clarification. If you have questions or concerns, please contact your Bureau of Health Systems Development contract manager.

Sincerely,

  
Justin M. Senior  
Deputy Secretary for Medicaid

JMS/slc

