



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 14, 2017

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 17-11

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
- Children's Medical Services (CMS) Plan

Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

### Re: Ad Hoc Report for Private Duty Nursing Services Now Monthly

The managed care plan may be required to provide the Agency or its agent information or data relative to this contract. In such instances, and at the direction of the Agency, the managed care plan must fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. The managed care plan must have at least thirty (30) days to fulfill such ad hoc requests, unless the Agency directs the managed care plan to provide data or information in less than thirty (30) days. The managed care plan must verify that data and information it submits to the Agency is accurate. (Attachment II, Section II.D.2.<sup>1</sup>)

With policy transmittal 16-28 issued on October 6, 2016, the Agency established a weekly ad hoc report regarding the provision of private duty nursing (PDN) services. The purpose of this policy transmittal is to notify the managed care plan that the requirement for submission of this PDN ad hoc report is changing from weekly to monthly.

Managed care plans must submit the last weekly PDN ad hoc report by close of business on Monday, April 17, 2017. Managed care plans must start to use the revised report template beginning with the submission of the report due May 1, 2017<sup>2</sup>, for the reporting period April 1, 2017 through April 30, 2017. The monthly report is due on the first Monday of each month, thereafter. The attached report template instructions have been updated to reflect the revised reporting frequency.

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

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<sup>1</sup> The citation for the CMS plan is Attachment I, Section II.D.2.

<sup>2</sup> The CMS Plan must submit a report in the format and frequency agreed upon by the Agency.



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Sincerely,

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

Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/sr  
Attachment