



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 14, 2020

## **Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-14**

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

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

### **Re: COVID-19 State of Emergency: Medicaid Coverage of Laboratory Testing, Guidance for Non-Emergency Transportation Brokers and Providers, and Managed Care Plan Provider Credentialing**

The Agency is committed to ensuring that Medicaid recipients diagnosed with the 2019 novel coronavirus (COVID-19) receive all the care needed to address their symptoms. The purpose of this policy transmittal is to provide guidance to the managed care plan on the service coverage obligations.

#### Medicaid Coverage of Coronavirus Laboratory Testing

The managed care plan must cover all medically necessary services required to facilitate testing and treatment of COVID-19, including testing for COVID-19 consistent with the guidelines established by the Centers for Disease Control and Prevention (CDC). Beginning March 16, 2020, the managed care plan must cover procedure codes U0001 and U0002 for any at-risk enrollee consistent with the CDC guidelines, for dates of service on or after February 4, 2020.

#### Guidance for Non-Emergency Transportation Brokers and Providers

To prevent further spread of COVID-19 and to ensure that patients infected with or suspected of having the virus receive the best care possible, the Agency is providing guidance for Florida Medicaid's non-emergency medical transportation (NEMT) providers. Please see Attachment 1 to this policy transmittal, which provides guidance for transport of patients who test positive or are suspected of infection, precautions for ambulance providers when transporting infected or suspected COVID-19 patients, and precautions for NEMT providers transporting patients not suspected of having COVID-19. The managed care plan must share this guidance with its NEMT brokers and ensure services are provided accordingly.

#### Managed Care Plan Provider Credentialing

The managed care plan is responsible for the credentialing and recredentialing of its provider network. (Attachment II, Section VIII.C.1.) The managed care plan may conduct on-site reviews prior to including the provider in its network. Effective immediately and until further notice, the managed care plan must waive or suspend all provider site visit requirements. The managed care plan may implement alternative strategies in place of site visits, including conducting desk reviews or postponing the site visit until after the state of emergency has resolved.



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Until further notice, the managed care plan must postpone all long-term care provider site visits that are conducted for the purpose of validating compliance with the federal home and community-based settings requirements in the Contract.

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 style with a large initial "S".

Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/dvp

Attachment: Guidance for NEMT Brokers and Providers on COVID-19