

Family Partnerships of Central Florida

PROCEDURE

Series:	Operating Procedures	COA: CR.1 CFOP: N/A
Procedure Name:	Network Referral and Provider Training	
Procedure Number:	OP1178	
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Revision #/Date:	N/A	
Effective Date:	07/11/14	
Applicable to:	Family Partnerships of Central Florida (FPoCF) Staff	

PURPOSE: The purpose of this procedure is to establish the method by which Family Partnerships of Central Florida (FPoCF) supports Sunshine Health’s efforts to manage their respective statewide provider networks. FPoCF supports a network strategy for the development of providers who traditionally serve the child welfare population and may refer providers for entry into the network via the credentialing process and at the discretion of Sunshine Health.

PROCEDURE:

Cross Reference(s)

AHCA Contract FP026 with Sunshine Health
Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook
Cbcih OP-401 Network Referral and Provider Training

Scope

This procedure applies to Family Partnerships of Central Florida Staff and its subcontracted agencies, and addresses care coordination activities that are provided on behalf of all CWSP plan enrollees.

Key Terms

Child Welfare Specialty Plan Enrollee—a child who is Medicaid eligible and is enrolled in the Sunshine Health, Child Welfare Specialty Plan, or the Sunshine Health Managed Medical Assistance Plan (MMA), due to an active status in the child welfare system of care. This includes children who have an open child welfare case, those who have been adopted and are receiving maintenance adoption subsidy and those who are receiving extended foster care or independent living services.

Credentialing—the process by which a managed care organization authorizes, contracts with, or employs practitioners, who are licensed to practice independently or as part of a group, to provide services to its members. National Committee for Quality Assurance (NCQA) sets the standard for credentialing in managed care.

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Community Based Care Lead Agency—an “eligible lead community-based provider” as defined in Section 409.1671(1) (e), F.S.

Contracted Service Provider—a private agency that has entered a contract with the Department or with a Community-Based Care Lead Agency to provide supervision of, and services to, dependent children and children who are at risk of abuse, neglect, or abandonment.

Managed care or MMA—refers to the Statewide Medicaid Managed Care plans, a health care system that integrates the fiscal management of medical and behavioral health services for eligible Medicaid recipients to deliver appropriate health care services to covered individuals. MMA Plans have arrangements with selected providers to furnish a comprehensive set of health care services, as well as formal programs for ongoing quality assurance and utilization review.

Medicaid—a program authorized by Title XIX of the Social Security Act. It is a state-administered health insurance program that is jointly funded by the Federal and State governments. Medicaid is an open-ended entitlement program, with states receiving federal reimbursement for every eligible claim they submit. Medicaid, as defined in Rule 59G-1.010, F.A.C., includes eligibility based on income for most groups using Modified Adjusted Gross Income (MAGI).

Provider Enrollment—the process of requesting participation in a health insurance network as a Participating Provider. The provider enrollment process involves requesting enrollment/contracting with a plan; completing the plan’s credentialing/enrollment application; submitting copies of licenses, insurance, and other documents; signing a contract; and any other steps that may be unique to a health care plan.

Standards

Community Based Care Integrated Health (CBCIH) has contracted with Family Partnerships of Central Florida (FPoCF) to provide coordination services for plan enrollees. In that effort, CBCIH works with Sunshine Health to develop a Network of providers who

- Have experience with the child welfare population.
 - Are accessible and provide continuous, comprehensive, and family-centered care; and
 - Utilize individual electronic health records or online portals, ensure portability of records and support evidence-based care protocols for the child welfare population.
- A. FPoCF may submit provider network referrals via the Integrate® application, based upon the available service array and identified service needs within their geographic area.
- B. Sunshine Health Network staff review the new provider requests to assess, among other things, how the provider addresses:
1. Access to care
 2. Service availability
 3. Quality of care concerns
 4. Specific service needs
- C. Regular meetings are held between Sunshine Health and CBCIH to review the status of provider network requests.
- D. Sunshine Health maintains a log of the provider requests, including those who were recommended for admission into the network and those who were declined admission into the

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network. This log includes the reason(s) for acceptance or denial of the request. The log is provided to the Vice President of Operations for CBCIH.

- E. Providers who are accepted into the network are required to meet the criteria established for participation within the health care plan, based on the needs of the child welfare population, the MMA Plan's policies and procedures, and the standards set by the MMA and CBCIH.
- F. Sunshine Health is responsible for conducting credentialing and re-credentialing activities and may request assistance from CBCIH and/or FPoCF related to:
 - 1. Provider and/or necessity of the service
 - 2. Provider communication
- G. Requirements for credentialing include, but are not limited to, the following basic elements:
 - Valid and current licensure
 - Valid Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS) certificate
 - Appropriate education and training
 - Board certification (if specified by the practitioner or required by the MMA)
 - Appropriate work history
 - Accreditation
 - Malpractice insurance
 - History of liability claims
- H. Sunshine Health and/or Cenpatico may also execute single case agreements with potential providers on a case-by-case basis.
- I. Community Based Care Integrated Health and the FPoCF Behavioral Health Care and Nurse Care Coordinator refer any network provider to the identified Sunshine Provider Relations Specialist assigned to the Child Welfare Specialty Plan for management of provider issues, reimbursement/claims issues or other provider concerns.
- J. Providers are also referred to Sunshine Health Plan for necessary training. Training requests can be initiated by the FPoCF Behavioral Health Care and Nurse Care Coordinator via the Integrate® application.
- K. Concerns regarding claims will also be provided to the Vice President of Sunshine's Child Welfare product.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:



PHILIP J. SCARPELLI
President and Chief Executive Officer
Family Partnerships of Central Florida / Family
of Agencies

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