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FLORIDA MEDICAID

A Division of the Agency for Health Care

Florida Medicaid Health Care Alert

October 19,
2018

Provider Type(s):
All

Instructions for 12 Counties Designated by FEMA for Hurricane Michael Disaster

Instructions for Enrollment and Payment for Services Rendered During the Hurricane Michael Disaster

This Alert replaces the 10/9/18 Alert for these counties:

Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Leon, Liberty, Taylor, Wakulla, and Washington

This Alert extends the disaster grace period and expands flexibilities for coverage and payment. If you are serving recipients who reside in one of the 12 Federal Emergency Management Agency (FEMA)-designated counties identified below, please use this Alert in place of the Hurricane Michael alert issued on 10/9/18.

As of 10/11/18, the FEMA designated the following Florida counties as being eligible for individual and public assistance in its major disaster declaration as a result of Hurricane Michael (DR-4399): Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Leon, Liberty, Taylor, Wakulla, and Washington.

The Agency for Health Care Administration (Agency) will ensure reimbursement for all services provided in good faith to eligible Florida Medicaid recipients in these FEMA designated counties during the Hurricane Michael disaster grace period.

- The Agency's Hurricane Michael disaster grace period has been extended for these FEMA designated counties from **10/7/18 through 11/9/18**.

The majority of the information in this alert is new and only applies to the 12 FEMA designated counties.

Section A of this alert provides updated policy information and applies to providers rendering services through both the fee-for-service (FFS) delivery system and the Statewide Medicaid Managed Care (SMMC) program, unless otherwise stated.

Section B of this alert provides reimbursement and payment information and applies to services rendered in the FFS delivery system, unless otherwise specified.

Section C of this alert provides additional resources and contact information.

Section A: Policy Information

Services Provided During the Disaster Grace Period

Prior Authorization Requirements

- Florida Medicaid will waive prior authorization requirements for Medicaid services with dates of service during the disaster grace period.
 - *Exception: all prior authorizations for pharmacy services remain intact.*

Limits on Services

- Florida Medicaid will waive limits on services (specifically related to frequency, duration, and scope) that were exceeded in order to maintain the health and safety of recipients for dates of service during the disaster grace period.
 - Florida Medicaid lifted all limits on early prescription refills during the disaster grace period for maintenance medications, with the exception of controlled substances. *The edits prohibiting early prescription refills will remain lifted until further notice by the Agency.*
 - Medicaid transportation providers will receive reimbursement for transportation of eligible recipients to medical services, such as chemotherapy and dialysis and inter-facility transfers, when the facilities providing those services remain available. Transportation providers will receive reimbursement for transporting eligible recipients to shelters and other temporary housing when they are displaced from the storm.

Enrollment

- To be reimbursed for services rendered to eligible Florida Medicaid recipients on the dates of service in the disaster grace period, providers not already enrolled in Florida Medicaid (out-of-state or in-state) must complete a provisional (temporary) enrollment application. The process for provisional provider enrollment is located at <http://www.mymedicaid-florida.com>.
- Enrollment is waived for providers not already enrolled in Florida Medicaid (out-of-state or in-state) to prescribe non-controlled substances during the disaster grace period if the prescribing provider:
 - holds a clear and active license
 - holds a clear and active National Provider Identification (NPI) number
 - provides services within their scope of practice
- Florida Medicaid will reimburse services provided by mobile pharmacies when the mobile pharmacy is one of the following:
 - A current Florida Medicaid participating pharmacy provider who is rendering services in accordance with [Department of Health Emergency Order 18-276](#). The pharmacy may use its current Medicaid provider number for billing purposes.
 - A current Medicare participating pharmacy provider who is rendering services in accordance with [Department of Health Emergency Order 18-276](#) and is provisionally (temporarily) enrolled in Florida Medicaid program.

Services Provided Outside of the Disaster Grace Period

For dates of service beginning 11/10/18, Florida Medicaid (fee-for-service and Medicaid health plans) will return to normal business operations as it relates to the coverage and reimbursement of Medicaid services, except as described below:

- Florida Medicaid will continue to reimburse for services furnished after the disaster grace period without prior authorization and without regard to service limitations or whether such services are provided by a current Medicaid enrolled provider in those instances where the provider and/or recipient could not comply with policy requirements because of ongoing storm-related impacts. Providers must have rendered services in good faith to maintain the recipient's health and safety. Examples of such instances include:
 - The provider still does not have access to the Internet or phone services as a result of continued outages, therefore could not request prior authorization timely;
 - The recipient continues to be displaced and must receive services in a different region of the state or out-of-state; or
 - The recipient's assigned primary care physician or specialist's office remains closed due to the storm and urgent care is rendered at another provider's location without prior authorization.

Section B: Reimbursement Information

General Requirements

The Agency and its Medicaid health plans will implement claims payment exceptions processes for any medically necessary services furnished during the disaster grace period that normally would

have required prior authorization, that were rendered by a non-participating provider, or that exceeded normal policy limits for the service.

Providers that furnished services to Medicaid health plan enrollees should work directly with each plan on reimbursement protocols. The Agency is requiring that Medicaid health plans create a web page dedicated to providing detailed instructions to providers for how to seek reimbursement through each Medicaid health plan's claims payment exceptions process. A direct link to each plan's claims payment exceptions information is located on the Agency's [website](#).

Providers Furnishing Services Through the FFS Delivery System

For services provided to recipients receiving services through the FFS delivery system, provisionally enrolled providers should submit claims in accordance with the instructions located at: <http://www.mymedicaid-florida.com>. Providers that furnished services to recipients receiving services through the FFS delivery system must comply with the requirements below:

For services provided during the disaster grace period, providers may submit electronic claims in accordance with normal HIPAA compliant transaction requirements if the service requires a prior authorization number, but prior authorization was not obtained.

- For services provided during the disaster grace period, providers may submit paper claims as described in the Agency's [exceptional claims process](#) if:
 - the provider cannot submit electronic claims because of storm-related impacts - or -
 - service limitations exceeded those stated in the coverage policy or the respective fee schedule.
- For services provided outside of the disaster grace period because of storm-related impacts, providers may submit paper claims as described in the Agency's [exceptional claims process](#).

Reimbursement Rates (for services provided during the disaster grace period)

Florida Medicaid will reimburse for services provided through the FFS delivery system in accordance with the rates established on the Medicaid [fee schedules](#) and the provider [reimbursement rates/reimbursement methodologies](#) published on the Agency's web page. This applies to current enrolled providers and providers that complete the provisional enrollment process.

- The Agency's web page includes links to the Diagnosis-Related Groups and Enhanced Ambulatory Patient Grouping System rate calculator, which provisionally-enrolled providers can utilize.
- Nursing facilities will receive reimbursement for applicable scenarios as detailed in Section 8.0 of the [Florida Medicaid Nursing Facility Coverage Policy](#). For instances not detailed in the coverage policy, the nursing facility will receive the Florida Medicaid nursing facility statewide weighted average rate, which is \$238.27 per day (effective October 1, 2018).

The Medicaid health plans will reimburse participating network providers for services provided at the rates mutually agreed upon by the provider and the plan in their contract/agreement. The Medicaid health plans will reimburse non-participating providers (i.e., providers not already contracted with the Medicaid health plan), for services provided in accordance with the rates established on the Medicaid fee schedules and the provider [reimbursement rates/reimbursement methodologies](#)

published on the Agency's web page, unless otherwise mutually agreed upon by the provider and the Medicaid health plan and otherwise permitted under the Contract.

Section C. Additional Information

Maintenance of Supporting Documentation

- Providers rendering services must maintain as much documentation as possible to help properly and timely adjudicate claims. Nothing precludes the Agency or its Medicaid health plans from conducting retrospective reviews to detect any fraud or abuse.

Agency's Hurricane Michael Website

- Additional information for providers is located on the Agency's website, <http://www.ahca.myflorida.com>. Click on the Hurricane banner at the top of the page for more information.

Medicaid Contact Center

- Additional questions from providers may be directed to the Florida Medicaid Contact Center at 1-877-254-1055.

QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com
COMPLAINTS OR ISSUES? ON LINE <http://ahca.myflorida.com/Medicaid/complaints/> | **CALL** 1-877-254-1055

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Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | <http://ahca.myflorida.com>

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