

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

This Alert is in addition to the **October 9, 2018 Emergency Alert for the following counties:** Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Leon, Liberty, Taylor, Wakulla, and Washington

Effective October 11, 2018, the Federal Emergency Management Agency 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](#))

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

Additionally, the Agency for Healthcare Administration issued an alert for Medicaid providers that extends the disaster grace period and expands flexibilities for coverage and payment for Medicaid services. The Hurricane Michael disaster grace period has been extended for these FEMA designated counties from 3:05 p.m. on October 7, 2018 through 11:59 p.m. on November 9, 2018. This extension is applicable to Better Health.

Our Health Plan 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.

- Without any form of authorization;
- Without regard to whether such services are provided by a participating or non-participating provider; and
- Without regard to service limitations

For Non-Participating Providers and Out-of-State Providers

Our Health Plan will reimburse non-participating providers at the rates established in the applicable Medicaid fee schedules incorporated by reference in Rule 59G-4.002, F.A.C. and the provider reimbursement rates/reimbursement methodologies published on the Agency's web page for services rendered to the enrollee during the disaster grace period.

Providers not known to Florida Medicaid (providers without a Medicaid ID Number), that rendered services during the disaster grace period, must complete the Agency's provisional (temporary) enrollment process to obtain a provider identification number.

[Florida Medicaid Enrollment](#)



http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/Provider_Enrollment_EnrollmentForms/tabId/58/Default.aspx

Florida Medicaid Out-of-State Provider Application

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/PUBLIC%20MISC%20FILES/OOS_App.pdf

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

Authorizations

Our Health Plan will reimburse for services furnished outside of the disaster grace period without prior authorization and without regard to service limitations or whether such services are provided by a participating provider in those instances where the provider and/or enrollee could not adhere to the policy requirements because of storm-related impacts.

The Health Plan will also continue to follow the State of Emergency rules outlined in s. 252.358, F.S., governing the suspension of early prescription refill edits. Members who are affected can fill existing prescriptions early (one time, up to 90-day refill) until further notice or when the governor declares an end to the State of Emergency. Early refills don't include controlled substances

Exception: all prior authorizations for pharmacy services remain intact.

Limits on Services

Our Health Plans, 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.

Pharmacy

The Plan 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.

Our plan 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.

Transportation

Plan 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 Plan member 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>.

Services Provided Outside of the Disaster Grace Period

Services provided before the disaster grace period qualifying under this provision must be due to early evacuations in parts of the state, which resulted in the enrollee receiving care in a different region or out-of-state. Prior authorization requirements for Medicaid services with dates of service during the disaster grace period will also be waived.

For dates of service beginning November 10, 2018, Our Health Plan will return to normal business operations as it relates to the coverage and reimbursement of Medicaid services, except as described below:

Plan 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.

Reimbursement Information

Our Health Plan has implemented a 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.

For services provided to Plan members, provisionally enrolled providers should submit claims in accordance with the instructions located at: <https://www.betterhealthflorida.com/provider.html>

Providers that furnished services to Plan members 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 Plan's Hurricane Michael exceptional claims process, available at <https://www.betterhealthflorida.com/provider.html>
- 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 Plan's Hurricane Michael exceptional claims process, available at <https://www.betterhealthflorida.com/provider.html>

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

Our Health Plan will reimburse non-contracted providers for services provided to plan members 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); in accordance with the Florida Medicaid Program payment policy.

Our Health Plan 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

Providers rendering services must maintain as much documentation as possible to help properly and timely adjudicate claims.

Nothing precludes the Plan from conducting retrospective reviews to detect any fraud or abuse.

Additional information for providers is located on our Health Plans website

<https://www.betterhealthflorida.com/provider.html>

Contact Us
Provider Services: (877) 915-0551
Eligibility Verification, Prompt # 1
Referrals and Authorizations, Prompt # 2
Claims Status, Prompt # 3
Provider Relations, Prompt # 4
Pharmacy Department, Prompt # 5
Email: provideradministration@simplyhealthcareplans.com

Additional Provider state guidelines for Hurricane Michael please visit:

https://ahca.myflorida.com/MCHQ/Emergency_Activities/michael_2018.shtml