

Hurricane Michael Exception Information

The following information is to assist providers who rendered services to a Florida Medicaid recipient during the State of Emergency for Hurricane Michael, please review the following information.

The State of Florida Agency for Health Care Administration is defining the “disaster grace period” for Hurricane Michael as: 3:05 p.m. on October 7, 2018 through 11:59 p.m. on October 21, 2018.

- 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 ensure that 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

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.

Authorization Information

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.

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.

Our Health Plan will 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.

Claims Submission Information

Submit claims on original claim forms (CMS-1500 or CMS-1450) printed with dropout red ink. Claim must be typed and not handwritten in large, dark font. AMA- and CMS-approved modifiers must be used appropriately based on the type of service and procedure code.

Mail To:
Better Health
PO Box 211665
Eagan, MN 55121

For electronic claim submission, please use the following trading partner IDs:

Availity: Payor ID 01508
Emdeon: Payor ID 20488

**Our Health Plan will be conducting regular reporting to ensure that Hurricane Michael exception claims are being processed accordingly to AHCA Guidelines.*

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| <h2>Contact Us</h2> |
| <p>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</p> <p>Email: provideradministration@simplyhealthcareplans.com</p> |

Additional Provider information and guidelines for Hurricane Michael

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

Frequently Asked Questions

Who does this process apply to?

- Any provider that provided services to Medicaid recipients during the Hurricane Michael State of Emergency

What are the dates of service applicable?

- Between the dates 10/7/18 and 10/21/18.

What if I do not have a Medicaid ID #?

- Please refer to our bulletin on "Obtaining a provisional Medicaid ID#" for guidance on how to apply for a number.

Do I need to submit supporting documentation?

- Any documentation request will be asked at the point of claims processing.

How will I be reimbursed?

- Payments will be issued based on contractual agreements and/or Medicaid Fee Schedule.

Who do I contact for any questions?

- You may contact the Provider Services number at 1-877-915-0551.

Mailing Address:
9250 W. Flagler Street
Suite 600
Miami, FL 33174-3460