Ambulance Transportation Service Requirements in the Managed Medical Assistance Program
# Table of Contents

- Overview..................................................................................................................................................................................... 3
- Definitions ..................................................................................................................................................................................... 4
- Contract Language: Transportation Services and Emergency Services ................................................................. 5
- Providing Ambulance Transportation Services to MMA Enrollees: ................................................................. 7
- Emergency versus Non-Emergency Transportation ........................................................................................................... 7
  - Emergency Transportation: Managed Medical Assistance Plans’ Responsibilities ...................... 7
  - Emergency Transportation: Ambulance Providers’ Responsibilities ....................................................... 9
  - Non-Emergency Ambulance Transportation: Managed Medical Assistance Plans’ Responsibilities ................................................................................................................................................................ . 10
  - Non-Emergency Ambulance Transportation: Ambulance Provider’s Responsibilities .......... 11
- Providing Non-Emergency Ambulance Services during the Continuity of Care Period ............... 12
- Frequently Asked Questions ................................................................................................................................................ 14
- Contacting the MMA Plan or Transportation Broker ........................................................................................................... 16
- Additional Resources ......................................................................................................................................................... 18
Ambulance Transportation Service Requirements in the Managed Medical Assistance Program

Overview

The Statewide Medicaid Managed Care (SMMC) program consists of two components: the Managed Medical Assistance (MMA) program and the Long-term Care (LTC) program. The MMA program provides medical, dental, and behavioral health services to infants, children and adults on Medicaid, while the LTC program provides nursing facility and home and community-based services to adults who meet nursing home level of care. Most Medicaid recipients will enroll in managed care by August 1, 2014.

MMA plans are required to provide transportation services, including emergency transportation, to their enrollees who have no other means of transportation available to any covered service. This document provides specific guidance related to the provision of emergency ambulance transportation services and non-emergency ambulance transportation services in the MMA program.

Additional information about the provision of general transportation services in the MMA program can be found in the Agency’s Transportation Service Requirements in the Managed Medical Assistance Program snapshot. This snapshot is available on the Agency’s website: http://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/Transportation_Service_Requirements_MMA_Program.pdf.
Definitions

Ambulance Transportation — Transportation services that provide medically necessary ambulance transportation services to Medicaid eligible recipients.¹

Air Ambulance — A fixed-wing or rotary-wing aircraft used for, or intended to be used for, air transportation of sick or injured persons who may require, or are likely to require, medical attention during transport.²

Emergency Medical Condition — A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate medical attention could result in any of the following:

- serious jeopardy to the health of a patient, including a pregnant woman or fetus;
- serious impairment to bodily functions;
- serious dysfunction of any bodily organ or part.

With respect to a pregnant woman:

- that there is inadequate time to effect safe transfer to another hospital prior to delivery;
- that a transfer may pose a threat to the health and safety of the patient or fetus;
- that there is evidence of the onset and persistence of uterine contractions or rupture of the membranes (see s. 395.002, F.S.).³

Emergency Transportation — The provision of emergency transportation services in accordance with s. 409.908 (13)(c)⁴, F.S. All other transportation to Medicaid-covered services not classified as emergency are considered non-emergency.

Ground Ambulance — A privately or publicly owned land vehicle that is designed, constructed, reconstructed, maintained, equipped, operated for and used for, or intended to be used for, land transportation of sick and injured persons who are likely to require medical attention during transport.⁵

Non-participating Provider – A provider not enrolled in the managed care plan’s provider network.

Participating Provider – A provider having a contract or agreement with the managed care plan and that is enrolled in the managed care plan’s provider network.

Stabilized — With respect to an emergency medical condition, that no material deterioration of the condition is likely, within reasonable medical probability, to result from the transfer of the patient from a hospital.⁶

² Ibid.
³ Attachment II, Core, Section I.A., Definitions.
⁴ Ibid.
⁵ Ambulance Transportation Services Coverage and Limitations Handbook page, 1-2.
⁶ s. 395.002, F.S.
Transportation — An appropriate means of conveyance furnished to an enrollee to obtain Medicaid authorized/covered services.7

Urgent Care— Services for conditions, which, though not life-threatening, could result in serious injury or disability unless medical attention is received (e.g., high fever, animal bites, fractures, severe pain) or substantially restrict an enrollee’s activity (e.g., infectious illnesses, influenza, respiratory ailments).8 Urgent care, although emergency-like in nature, is not life threatening care and does not require emergency ambulance transport.

Contract Language: Transportation Services and Emergency Services

Attachment II, Section V. D.3.f., Managing Mixed Services

Managed Care Plans shall provide non-emergency transportation (NET) services to enrollees with both MMA benefits and LTC benefits as follows:

(1) MMA Managed Care Plans shall provide NET to all MMA benefits.

(2) LTC Managed Care Plans shall provide NET to all LTC benefits.

(3) Comprehensive LTC Managed Care Plans shall provide NET to enrollees with both MMA and LTC benefits, and provide NET to [sic] all MMA benefits for enrollees with only MMA benefits.

Attachment II, Exhibit II-A, Section V.A.28., Transportation Services

The Managed Care Plan shall provide transportation services, including emergency transportation, for its enrollees who have no other means of transportation available to any covered service, including enhanced benefits.

The Managed Care Plan shall comply with provisions of the Medicaid Transportation Services Coverage and Limitations Handbooks. In any instance when compliance conflicts with the terms of this Contract, the Contract prevails. In no instance may the limitations or exclusions imposed by the Managed Care Plan be more stringent than those in the Medicaid Transportation Services Coverage and Limitations Handbooks.

The Managed Care Plan may provide transportation services directly through its own network of transportation providers or through a provider contract relationship, which may include the Commission for the Transportation Disadvantaged. In either case, the Managed Care Plan is responsible for monitoring provision of services to its enrollees.

The Managed Care Plan shall ensure transportation services meet the needs of its enrollees including use of multiload vehicles, public transportation, wheelchair vehicles, stretcher vehicles, private volunteer transport, over-the-road bus service, or, where applicable, commercial air carrier transport.

7 Attachment II, Core, Section I.A., Definitions.
8 Ibid.
The Managed Care Plan shall be responsible for the cost of transporting an enrollee from a non-participating facility or hospital to a participating facility or hospital if the reason for transport is solely for the Managed Care Plan's convenience.

The Managed Care Plan shall approve and process claims for transportation services in accordance with the requirements set forth in this Contract.

The Managed Care Plan shall establish a minimum twenty-four (24) hour advance notification policy to obtain transportation services, and the Managed Care Plan shall communicate that policy to its enrollees and transportation providers.

The Managed Care Plan shall establish enrollee pick-up windows and communicate those timeframes to enrollees and transportation providers.

Attachment II, Exhibit II-A, Section V.A.1.(11), Emergency Services

The Managed Care Plan shall not:

- Require prior authorization for an enrollee to receive pre-hospital transport or treatment or for emergency services and care;
- Specify or imply that emergency services and care are covered by the Managed Care Plan only if secured within a certain period of time;
- Use terms such as "life threatening" or "bona fide" to qualify the kind of emergency that is covered; or
- Deny payment based on a failure by the enrollee or the hospital to notify the Managed Care Plan before, or within a certain period of time after, emergency services and care were given.

The Managed Care Plan shall not deny claims for the provision of emergency services and care submitted by a non-participating provider solely based on the period between the date of service and the date of clean claim submission, unless that period exceeds three-hundred and sixty-five (365) days.

Pursuant to s. 409.967(2)(b), F.S., the Managed Care Plan shall pay for services required by ss. 395.1041 and 401.45, F.S. provided to an enrollee under this section by a non-participating provider. The Managed Care Plan must comply with s. 641.3155, F.S. Reimbursement for services under this paragraph is the lesser of:

- The non-participating provider's charges;
- The usual and customary provider charges for similar services in the community where the services were provided;
- The charge mutually agreed to by the Managed Care Plan and the non-participating provider within sixty (60) days after the non-participating provider submits a claim; or
• The rate the Agency would have paid on the most recent October 1.

Notwithstanding the requirements set forth in this section, the Managed Care Plan shall approve all claims for emergency services and care by non-participating providers pursuant to the requirements set forth in s. 641.3155, F.S., and 42 CFR 438.114

The Managed Care Plan shall provide timely approval or denial of authorization of out-of-network use of non-emergency services through the assignment of a prior authorization number, which refers to and documents the approval. The Managed Care Plan may not require paper authorization as a condition of receiving treatment. Written follow-up documentation of the approval must be provided to the non-participating provider within one (1) business day after the approval. Enrollees shall be liable for the cost of such unauthorized use of covered services from non-participating providers.

Providing Ambulance Transportation Services to MMA Enrollees: Emergency versus Non-Emergency Transportation

Unlike other NET providers, ambulance providers can provide both emergency transportation and non-emergency transportation (sometimes referred to as paratransit) to Medicaid recipients. The type of transport- emergency or non-emergency- determines the service provision, authorization, and payment responsibilities of both the MMA plan and the ambulance provider.

Emergency Transportation: Managed Medical Assistance Plans’ Responsibilities

Service Provision

The SMMC contract defines emergency transportation as transportation that is provided by ambulances licensed pursuant to Chapter 401, Florida Statutes.

The SMMC contract defines an emergency medical condition as:

• A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate medical attention could result in any of the following:
  o serious jeopardy to the health of a patient, including a pregnant woman or fetus;
  o serious impairment to bodily functions;
  o serious dysfunction of any bodily organ or part.

• With respect to a pregnant woman:
  o that there is inadequate time to effect safe transfer to another hospital prior to delivery;
  o that a transfer may pose a threat to the health and safety of the patient or fetus;
  o that there is evidence of the onset and persistence of uterine contractions or rupture of the membranes (see s. 395.002, F.S.).

MMA plans cannot require an ambulance provider to be contracted with or participating in the plan’s network in order to provide emergency transportation to an enrollee. (Providers that are not enrolled in an MMA plan’s network are sometimes referred to as “non-participating” providers.)
Authorization Requirements

Emergency ambulance transportation does not require prior authorization, and MMA plans are prohibited from requiring that ambulance providers obtain prior authorization for emergency ambulance transportation.

Examples of emergency conditions which may require emergency ambulance transport include:

- An enrollee who requires the monitoring or maintenance of their airway. This may be attributed to a number of respiratory related ailments or non-traumatic related situations (e.g.: ICD-9 code 518.5).
- An enrollee with an altered level of consciousness (e.g.: ICD-9 code 780.97).
- An enrollee with chest pain (non-traumatic) which may be accompanied by dull, severe, crushing, substernal, epigastric, left sided chest pain associated with pain of the jaw, left arm, neck, back, and nausea, vomiting, palpitations, decreased level of consciousness (e.g.: ICD-9 code 786.5).

Payment Requirements

MMA plans are required to reimburse ambulance providers for any emergency ambulance transportation provided to enrollees, even if the ambulance provider does not participate in the MMA plan’s or the MMA plan’s transportation broker’s network.

As per chapter 395.1041, F.S., every general hospital which has an emergency department shall provide emergency services and care for any emergency medical condition when:

1. Any person requests emergency services and care; or
2. Emergency services and care are requested on behalf of a person by:
   a. An emergency medical services provider who is rendering care to or transporting the person; or
   b. Another hospital, when such hospital is seeking a medically necessary transfer, except as otherwise provided in this section.

In accordance with Attachment II, Exhibit II-A, Section V.A.1.a.(11).(j)., the Managed Care Plan shall cover any medically necessary duration of stay in a non-contracted facility, which results from a medical emergency, until such time as the Managed Care Plan can safely transport the enrollee to a participating facility. The Managed Care Plan may transfer the enrollee, in accordance with state and federal law, to a participating hospital that has the service capability to treat the enrollee’s emergency medical condition.

MMA plans are required to reimburse ambulance providers for emergency transfers from one hospital to another, without regard to whether the ambulance provider participates in the MMA

---

9 Please note: The ICD-9 codes are provided as examples, and are not all-inclusive or exhaustive. Additional ICD-9 codes related to emergency ambulance conditions are located in the Centers for Medicare and Medicaid Services Medical Conditions List and Instructions: [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf).
plan’s or the MMA plan’s transportation broker’s network, provided that the emergency transfer is medically necessary.

The MMA plan must promptly pay in accordance with s. 641.3155, F.S. for emergency transportation provided by ambulance per s. 395.1041, F.S and s. 401.45, F.S., without regard to whether the ambulance provider participates in MMA plan’s or the MMA plan’s transportation broker’s network in accordance with s. 409.967(2)(b), F.S. Reimbursement for emergency transportation is the lesser of:

- The non-participating provider’s charges;
- The usual and customary provider charges for similar services in the community where the services were provided;
- The charge mutually agreed to by the Managed Care Plan and the non-participating provider within sixty (60) days after the non-participating provider submits a claim; or
- The rate the Agency would have paid on the most recent October 1.

MMA plans may not deny claims submitted for emergency transportation services if the claims are cleanly submitted within 365 days of the date of service.

For Medicare eligible enrollees, MMA plans are required to pay the Medicare deductibles and co-insurance for any Medicare covered air or ground ambulance transportation.

**Emergency Transportation: Ambulance Providers’ Responsibilities**

Ambulance providers are required to provide emergency ambulance services in accordance with relevant Federal, state, and local regulations.

Ambulance providers are not required to obtain prior authorization from an enrollee’s MMA plan to provide emergency transportation services to an enrollee.

With respect to interfacility transfers, emergency services personnel for each hospital must make arrangements for medically necessary emergency transfers in consultation with the transportation provider in accordance with s. 395.1041(3)(d)2, F.S. If the transportation is not for emergency purposes, the emergency services personnel for the referring hospital must contact the MMA plan’s transportation vendor to make arrangements.

Ambulance providers are not required to participate in the MMA plan’s network to provide emergency ambulance transportation to an MMA plan enrollee or to receive reimbursement from the MMA plan for providing emergency transportation to an MMA plan enrollee.

Ambulance providers have up to 365 days from the date of service to submit claims to the MMA plan for an emergency transport. The MMA plan cannot deny the claim if it is cleanly submitted within 365 days of the date of service.
Non-Emergency Ambulance Transportation: Managed Medical Assistance Plans’ Responsibilities

Service Provision

The MMA plan shall provide transportation services, including emergency and non-emergency transportation, for its enrollees who have no other means of transportation available to any covered service, including enhanced benefits.

The MMA plan shall comply with provisions of the Medicaid Transportation Services Coverage and Limitations Handbooks. In any instance when the handbook conflicts with the terms of the SMMC contract, the SMMC contract prevails. In no instance may the limitations or exclusions imposed by the MMA plan be more stringent than those in the Medicaid Transportation Services Coverage and Limitations Handbooks.

Nothing in the SMMC contract or Medicaid Transportation Handbooks prohibits the use of ambulance providers for the provision of non-emergency transportation services.

According to the Medicaid Transportation Services and Ambulance Transportation Coverage and Limitations Handbooks, ground and air ambulances are provider types able to provide non-emergency transportation services.

MMA plans should include ground and air ambulances in their transportation provider networks so that enrollees who need non-emergency ground or air ambulance transportation have access to it.

Authorization Requirements

MMA plans are required to determine the mode of transportation that is most appropriate to meet the enrollee’s specific needs and may develop procedures to authorize the non-emergency ambulance transportation prior to the trip. MMA plans should authorize ambulance providers for non-emergency trips only if an ambulance is the most appropriate mode of transportation.

Non-emergency ambulance transportation may be provided without an advance reservation for urgent care needs (e.g., sudden illness, an accident or follow-up laboratory or tests) where advance scheduling is not possible.

Examples of non-emergency trips for which ambulance transport may be appropriate include:10

- A ventilator dependent enrollee requires transportation from his nursing facility to his doctor’s office (e.g.: ICD-9 codes 518.81 or 518.89).

---

10 Please note: The ICD-9 codes are provided as examples, and are not all-inclusive or exhaustive. Additional ICD-9 codes related to non-emergency ambulance conditions are located in the Centers for Medicare and Medicaid Services Medical Conditions List and Instructions: [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf).
- An enrollee has been discharged from the hospital but her condition necessitates special handling to maintain a specific position during transport (e.g.: ICD-9 codes 719.45 or 719.49, or 907.2).

- An enrollee has been admitted to a hospital or facility under the Baker Act and has not yet been stabilized (e.g.: ICD-9 codes 298.9, 293.1, or 298.8.)

The Centers for Medicare and Medicaid Services provides guidance in the Medical Conditions List and Instructions (referenced in the Ambulance Handbook) to Medicare ambulance providers about conditions that reasonably permit the authorization of non-emergency ambulance transportation. The Medical Conditions List and Instructions may be accessed at this link: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf.

MMA plans may deny requests for non-emergency ambulance transportation provided by out-of-network (non-participating) providers. Enrollees may be liable for the costs of unauthorized use of covered services from non-participating non-emergency ambulance transportation providers.

**Payment**

To be reimbursed for non-emergency transportation services provided to MMA enrollees, ambulance providers must be a participating provider or have an agreement with the MMA plans or the MMA plans' transportation brokers.

Rates for service provision, including any reimbursement for mileage, will be established through negotiation between the provider and the MMA plan during the contracting process.

**Non-Emergency Ambulance Transportation: Ambulance Provider's Responsibilities**

**Service Provision**

To provide scheduled, routine non-emergency ambulance transportation to an MMA enrollee, ambulance providers must participate in the MMA plan’s or the plan’s transportation broker’s networks.

Ambulance providers should provide non-emergency ground or air ambulance transportation to MMA enrollees only when it is medically necessary.

With respect to interfacility transfers for non-emergency conditions, the hospital personnel must contact the MMA plan’s transportation vendor to schedule non-emergency transportation. The MMA plan’s transportation vendor is responsible for authorizing and scheduling transport with the non-emergency transportation provider as appropriate to the enrollee’s medical condition. Ambulance providers accepting referrals directly from the hospital for non-emergency transportation are responsible for seeking prior authorization from the MMA plan’s transportation vendor in order to receive payment.
Authorization Requirements

Ambulance providers should obtain prior authorization from the MMA plan or the MMA plan’s transportation broker for all non-emergency ambulance transportation that is routine and scheduled in advance.

Ambulance providers should, to the best of their abilities, communicate with the MMA plan or the MMA plan’s transportation broker prior to the trip when a stabilized enrollee requires urgent or non-routine, non-emergency ambulance transportation, and should attempt to obtain authorization from the MMA plan or the MMA plan’s transportation broker.

Ambulance providers who are not part of the MMA plan’s network and MMA plans or the MMA plan’s transportation broker may execute single case agreements in order to provide urgent or non-routine non-emergency ambulance transportation.

Payment

To be reimbursed for non-emergency transportation services provided to an MMA enrollee, ambulance providers must be a participating provider or have an agreement with the MMA plan or the MMA plan’s transportation broker.

Rates for service provision, including any reimbursement for mileage, will be established through negotiations between the provider and the MMA plan during the contracting process.

Providing Non-Emergency Ambulance Services during the Continuity of Care Period

The continuity of care period is defined as a period of 60 days after the effective date of enrollment in a Medicaid managed care plan, or until the enrollee's primary care provider or behavioral health provider (as applicable to medical care or behavioral health care services, respectively) reviews the enrollee's treatment plan, whichever comes first. This period is in effect during both the initial implementation of the MMA program and for any new enrollments in a plan after implementation.

During the 60-day continuity of care period MMA plans are required to cover any non-emergency transportation (NET) services, through the recipient’s existing NET provider, that were previously authorized or prescheduled prior to the enrollee’s enrollment in the plan.

This applies even if that provider does not participate in the plan’s network. Non-emergency ambulance services are allowable NET services and are covered by the provisions of the continuity of care period.

If non-emergency transportation services were previously authorized or prescheduled, the MMA plan may not require additional authorization in order for the enrollee to obtain the service. Please note: MMA plans may not require prior authorization for emergency transportation services.

Existing NET service providers, including non-emergency ambulance providers, should continue providing NET services to MMA enrollees during the continuity of care period for any NET services that were previously authorized or prescheduled prior to the MMA implementation in their region, regardless of whether the provider is participating in the plan’s network.
The NET provider should continue providing NET services to recipients through the continuity of care period or until it is contacted by the MMA plan and directed to discontinue services, whichever comes first. NET providers should notify the enrollee’s MMA plan as soon as possible of any prior authorized or prescheduled NET trips.

For services provided in the first 30 days of the continuity of care period, the MMA plan must pay non-participating providers at the rate they received for services rendered to the enrollee immediately prior to the enrollee transitioning to MMA, unless the provider agrees to an alternative rate.

MMA plans are responsible for approving and processing claims submitted for non-emergency transportation services in accordance with the requirements established in contract or agreement. Providers will need to follow the process established by the managed care plans for getting these claims paid appropriately. NET providers may be required to submit written documentation of any prior authorized prescheduled services, along with their claim(s) in order to receive payment from the plan.
Frequently Asked Questions

Can ambulances provide non-emergency transportation to MMA enrollees? For example, from a nursing facility to a doctor’s appointment, or following a discharge from a hospital back home?

YES. Ambulances can provide non-emergency transportation to MMA enrollees, as long as the mode of transportation (ambulance) is medically necessary and is the most appropriate mode to meet the enrollee’s needs. Enrollees who are being transported to or from a doctor’s appointment or discharged from a hospital who have no other means of transportation to an MMA-covered service and who do not need or are unlikely to need medical attention during transport should be transported by a non-emergency transportation (NET) provider other than an ambulance.

How will ambulance providers be reimbursed for providing non-emergency transportation services to MMA enrollees?

To be reimbursed for non-emergency transportation services provided to MMA enrollees, ambulance providers must be a participating provider or have an agreement with the MMA plans or the MMA plans’ transportation brokers. Rates for service provision will be established through negotiation between the provider and the plan during the contracting process.

For enrollees who are dually eligible for Medicare and Medicaid, are the MMA plans required to cover the Medicare coinsurance and deductibles for Medicare-covered ambulance transportation?

YES. MMA plans are required to cover the Medicare deductibles and co-insurance for any Medicare covered air or ground ambulance transportation.

Are ambulance providers required to obtain prior authorization from the managed care plans for emergency ambulance transportation? Are ambulance providers required to participate in the managed care plan’s network to provide emergency ambulance transportation to a managed care plan enrollee?

NO. Ambulance providers are not required to obtain prior authorization from an MMA plan for emergency ambulance transportation. Ambulance providers are not required to participate in an MMA plan’s network to provide emergency ambulance transportation to an MMA plan enrollee or to receive reimbursement from the MMA plan for providing emergency transportation to an MMA plan enrollee.

How long do ambulance providers have to submit a claim to a managed care plan for emergency ambulance transportation services?

Ambulance providers have up to 365 days from the date of service to submit claims to the MMA plan for an emergency transport. The MMA plan cannot deny the claim if it is cleanly submitted within 365 days of the date of service.

Are MMA plans required to reimburse an ambulance provider for an emergency transport if the ambulance provider responds to a 911 call and provides a medical intervention on-
site to an SMMC enrollee, but the SMMC enrollee refuses to be transported to the treating facility?

NO. The Medicaid program does not reimburse for medical interventions provided by ambulance providers when a recipient is not transported to a treating facility, and so MMA plans are not required to reimburse ambulance providers when these situations occur. Medicare, however, does pay for on-site medical interventions.
Contacting the MMA Plan or Transportation Broker

**How can I reach the MMA plans’ transportation coordinator or transportation broker to schedule non-emergency ambulance transportation services or to discuss claims or payment issues?**

The below table lists the contact information for the MMA plans’ transportation coordinators or transportation brokers:

<table>
<thead>
<tr>
<th>Managed Medical Assistance Plan</th>
<th>For non-emergency ambulance transportation authorization requests, call:</th>
<th>For non-emergency ambulance claims or payment issues, call:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amerigroup</td>
<td>Logisticare: 1-866-372-9794</td>
<td>1-800-486-7642 (FL billing prompt)</td>
</tr>
<tr>
<td>Better Health</td>
<td>Better Health: Health Services/UM Department via the Provider Helpline number: 1-877-915-0551 (Option 2)</td>
<td>1-877-915-0551 (Option 3)</td>
</tr>
<tr>
<td>Children’s Medical Services Network (CMSN)</td>
<td>For the counties each CMSN Plan integrated care system (ICS) services, use the following: For Ped-I-Care: 1-866-376-2456 For SFCCN: 1-866-250-7455 (Reservations) See link for map showing the counties each ICS serves (scroll down to “CMS Network Integrated Care Systems (ICS)” heading): <a href="http://www.floridahealth.gov/AlternateSites/CMS-Kids/providers/providers.html">http://www.floridahealth.gov/AlternateSites/CMS-Kids/providers/providers.html</a></td>
<td>Use the following for the appropriate CMSN Plan ICS (Ped-I-Care or SFCCN) based on county: Ped-I-Care: 800-664-0146 SFCCN: 800-698-8457</td>
</tr>
<tr>
<td>Clear Health Alliance</td>
<td>Clear Health Alliance: Health Services/UM Department via the Provider Helpline number: 1-877-915-0551 (Option 2)</td>
<td>1-877-915-0551 (Option 3)</td>
</tr>
<tr>
<td>Coventry Health Care of Florida</td>
<td>Coventry: 1-800-447-3725</td>
<td>1-800-441-5501</td>
</tr>
<tr>
<td>First Coast Advantage</td>
<td>FCA: 1-866-201-9967</td>
<td>1-800-874-0222</td>
</tr>
<tr>
<td>Humana Medical Plan</td>
<td>Humana: 1-866-779-0565</td>
<td>1-800-477-6931</td>
</tr>
<tr>
<td>Integral</td>
<td>Integral: 1-866-258-4326</td>
<td>1-866-258-4326</td>
</tr>
<tr>
<td>Magellan Complete Care</td>
<td>Magellan: 1-800-327-8613</td>
<td>1-877-796-5843</td>
</tr>
<tr>
<td>Positive Healthcare Florida</td>
<td>AHF/Positive: 1-888-999-0979</td>
<td>1-855-318-4387</td>
</tr>
<tr>
<td>Prestige Health Choice</td>
<td>Acess2Care: 1-855-573-7516</td>
<td>1-866-874-0222</td>
</tr>
<tr>
<td>Managed Medical Assistance Plan</td>
<td>For non-emergency ambulance transportation authorization requests, call:</td>
<td>For non-emergency ambulance claims or payment issues, call:</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>Simply Healthcare Plans</td>
<td>Simply: Health Services/UM Department via the Provider Helpline number: 1-877-915-0551 (Option 2)</td>
<td>1-877-915-0551 (Option 3)</td>
</tr>
<tr>
<td>South Florida Community Care Network (SFCCN)</td>
<td>Logisticare: 1-866-306-9358</td>
<td>1-800-698-8457</td>
</tr>
<tr>
<td>Staywell</td>
<td>Medical Transportation Management (MTM): 1-866-591-4066</td>
<td>1-877-892-3997</td>
</tr>
<tr>
<td>Sunshine</td>
<td>Sunshine: 1-866-796-0530</td>
<td>1-866-796-0530</td>
</tr>
</tbody>
</table>
Additional Resources

The following list provides additional resources that ambulance providers may find helpful. Additional resources specific to the SMMC program, including webinars, trainings, and information about the SMMC plans, are available on the Agency’s SMMC webpage at www.ahca.myflorida.com/smmc.

❖ SMMC Model Contract
  • Core Contract:
    http://ahca.myflorida.com/medicaid/statewide_mc/mmaplans.shtml
  • Managed Medical Assistance Program Exhibit:
    http://ahca.myflorida.com/medicaid/statewide_mc/mmaplans.shtml

❖ Managed Medical Assistance Program Snapshot:

❖ Network Providers and Potential Network Providers Snapshot:

❖ SMMC Program Frequently Asked Questions:
  • http://www.ahca.myflorida.com/Medicaid/statewide_mc/faqs.shtml

❖ Medicaid Provider Handbooks
  • Medicaid Provider General Handbook:
  • Ambulance Transportation Services Coverage and Limitations Handbook:
    o http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Ambulance%20Transportation%20Services_Adoption.pdf
  • Transportation Coverage, Limitations and Reimbursement Handbook:
    o http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/TransportationHB.pdf

❖ Centers for Medicare and Medicaid Medical Conditions List and Instructions: