



Hurricane Michael

Request for Exceptional Claims Processing

Provider Name: _____

Contact: _____ Phone number: _____

Florida Medicaid Provider Number*: _____

*If you do not have a Florida Medicaid Provider Number please visit this link for instructions on how to become a Florida Medicaid provider temporarily solely for the purpose of receiving payment for Medicaid services rendered to Florida Medicaid recipients during Hurricane Michael: <http://www.mymedicaid-florida.com>

This form should only be submitted if all of the below apply to the claim:

- 1) The claim is related to services provided during and outside the disaster grace period for Hurricane Michael.
- 2) The claim was previously denied through the normal Florida Medicaid claims processing system.
- 3) The claim contains a valid Florida Medicaid Provider Number.
- 4) The Florida Medicaid recipient is not enrolled in a Statewide Medicaid Managed Care Plan.

Check all Exceptional Criteria that apply:

Section I (Limits on Services)

___(1) Service limit exception is requested for services provided during the disaster grace period.

___(2) Service limit exception is requested for services outside the disaster grace period where the provider and/or recipient could not comply with policy requirements because of storm-related impacts. (Attach documentation)

Section II (Prior Authorization Requirements)

___(1) Prior authorization waiver is requested during the disaster grace period.

___(2) Prior authorization waiver is requested for services outside the disaster grace period where the provider and/or recipient could not comply with policy requirements because of storm-related impacts. (Attach documentation)

Section III

Other Disaster Recovery reason: _____

NOTE: 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.

Signature

Date

A separate completed Hurricane Michael. Request for Exceptional Claims Processing form is required for each claim.

Mail to: Exceptional Claims Processing

P.O. Box 7080

Tallahassee, FL 32314-7080

Contact Medicaid's Fiscal Agent for assistance on how to complete your claim form at 1-800-289-7799 Option 7.

Contact the Medicaid Contact Center at 1-877-254-1055 for direction on who to contact for other questions.