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FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

Florida Medicaid Health Care Alert

March 16, 2020

Provider Type(s): All

Medicaid Coverage of Services During the State of Emergency Related to COVID-19

The Agency for Health Care Administration (Agency) is committed to ensuring that Medicaid recipients diagnosed with the 2019 novel coronavirus (COVID-19) receive all the care needed to address their symptoms. **Florida Medicaid covers and will cover all medically necessary services required to facilitate testing and treatment of COVID-19.** The purpose of this alert is to provide guidance on the flexibilities offered to providers furnishing services to recipients impacted by COVID-19. This policy guidance applies to services rendered through both the fee-for-service (FFS) delivery system and the Statewide Medicaid Managed Care (SMMC) program.

Here is the list of modifications, effectively immediately, unless otherwise specified. As the situation evolves, the Agency may make additional changes to assist providers and to meet the needs of recipients.

Prior Authorization Requirements

In order to reduce administrative burdens on key providers that are on the front line serving the populations most impacted by COVID-19, Florida Medicaid is waiving prior authorization requirements for medically necessary hospital services, physician services, advanced practice registered nursing services, physician assistant services, home health services, and durable medical equipment and supplies. This will allow these provider types to redeploy resources used to complete these functions, as needed. In addition to the services listed above, Florida Medicaid is waiving prior authorization requirements for all services (except pharmacy services) necessary to appropriately evaluate and treat Medicaid recipients diagnosed with COVID-19. Please refer to official diagnosis coding guidelines that have been published by the [Centers for Disease Control \(CDC\)](#).

Limits on Services

- Florida Medicaid will waive limits on services (specifically related to frequency, duration, and scope) that need to be exceeded in order to maintain the health and safety of recipients diagnosed with COVID-19 or when it is necessary to maintain a recipient safely in their home. Examples of services include: the 45-day hospital inpatient limit, home health services, durable medical equipment, in-home physician visits, etc. When service limits have been exceeded for recipients receiving services through the fee-for-service delivery system, providers must submit paper claims through the Agency's [exceptional claims process](#).
- Florida Medicaid lifted all limits on early prescription refills during the state of emergency for maintenance medications, except for controlled substances. The edits prohibiting early prescription refills will remain lifted until further notice by the Agency. This will assist recipients who may need to be self-quarantined for a period of time.
- Florida Medicaid will reimburse for a 90-day supply of maintenance prescriptions when available at the pharmacy. The recipient must request that the pharmacy dispense a 90-day supply. In addition, Florida Medicaid is waiving any limits on mail order delivery of maintenance prescriptions. Florida Medicaid will also pay for a 90-day supply of maintenance prescriptions through mail order delivery.

Co-Payments

Florida Medicaid is waiving co-payment requirements for all services.

Health Plan Appeals and Fair Hearings

If needed, recipients impacted by COVID-19 may be given more time to submit an appeal through their health plan or request a fair hearing. In addition, the Agency has sought federal approval to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearing decisions during the emergency period if there are workforce shortages. The Agency would limit use of this flexibility to those instances where the recipient is continuing to receive services pending the outcome of the fair hearing.

Preadmission Screening and Resident Reviews

All Preadmission Screening and Resident Review (PASRR) processes may be postponed until further notice by the Agency.

- Retroactively performed screenings or resident reviews must document the reason for delay in the completion of PASRR requirements.

Provider Enrollment

Florida Medicaid will pay for medically necessary services provided to recipients diagnosed with COVID-19, regardless of whether the provider is located in-state or out-of-state. To be reimbursed for services rendered to eligible Florida Medicaid recipients, 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 will be located at <http://www.mymedicaid-florida.com> by Thursday, March 19, 2020. In the event of workforce shortages in the State, practitioners that are not already enrolled in Florida can seek enrollment following the instructions above.

Face-to-Face Provider Site Visits

In order to reduce community-spread of the virus, the Agency (and its Medicaid health plans) will be postponing face-to-face provider-site visit requirements (e.g., enrollment, credentialing, etc.) until further notice. Whenever possible, these requirements will be met telephonically or through audio/visual technology.

Federal Authorities

The Centers for Medicare and Medicaid Services has issued a set of blanket waivers that states may utilize in response to COVID-19. The Agency has already received authority for many of these waivers related to health care facilities and licensure requirements. The Agency is actively working to receive the federal authority needed for many of the items listed in this alert related to the Medicaid program. For a full list of the blanket waivers issued by CMS, click on this link: <https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>.

The Agency will be issuing subsequent guidance related to additional flexibilities or service enhancements that will be enacted to ensure there is no disruption in care for Medicaid recipients in the event of workforce shortages or limitations in recipients seeking care in provider offices (e.g., telemedicine, expanding the participant directed option in the Long-Term Care program, etc.).

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

The Agency for Health Care Administration is committed to its mission of providing "Better Health Care for All Floridians." The Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health maintenance organizations, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via [Facebook \(AHCAFlorida\)](#), [Twitter \(@AHCA_FL\)](#) and [YouTube\(AHCAFlorida\)](#).

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