

RON DESANTIS
GOVERNORMARY C. MAYHEW
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FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

Florida Medicaid Health Care Alert

April 3, 2020

Provider Type(s): 67

iBudget Provider Payment Flexibility Process

As described in the [iBudget Provider Payment Flexibility](#) provider alert that was issued on March 18, 2020, the Agency for Health Care Administration (AHCA) and the Agency for Persons with Disabilities (APD) recognize the financial impact that the 2019 novel coronavirus (COVID-19) may have on Individual Budgeting (iBudget) home and community-based waiver providers. In response, the Agency made monthly advanced payments to certain types of iBudget providers, beginning on April 1, 2020. These advance payments are intended to keep providers experiencing a reduction in billing fiscally solvent and their workers employed during the pandemic. The purpose of this alert is to provide additional details on the advanced payment process.

Eligibility Criteria: Providers are eligible for an advanced payment for the following services: residential habilitation, life skills development level 1- companion, life skills development level 3 – adult day training, and in-home personal support services. Advanced payments are not available for Consumer Directed Care Plus services.

In addition, to qualify for the advanced payments, the provider must:

- Have billed Medicaid for iBudget services between October 2019 – March 2020,
- Not be in bankruptcy, and
- Not have any outstanding delinquent Medicaid overpayments.

All providers rendering these services received an advanced payment for the month of April. More information is provided in this alert on how providers can opt-out of the payment made in April. In the future, providers will need to actively submit a request (“opt-in”) for an advanced payment in a subsequent month. More information on that process is also described below.

Payment Methodology: The advanced payments are calculated for each eligible provider using an average of the claims paid to the provider for the eligible services during the months of October 2019 through February 2020, excluding any months with zero payment amounts. Each eligible provider will only receive ONE payment based on this average.

Payment Frequency: Payments will be made monthly. The first advanced payment was made on April 1, 2020 for the period of April 1 – April 30, 2020. Payments in subsequent months will be made in a similar manner.

Service Delivery and Documentation: Providers should continue to render services to the extent possible (e.g., rendering services in an alternative setting). However, we understand that unavoidable circumstances may prevent providers from continuing to serve all clients. The advance payments are intended to assist providers experiencing a reduction in billing because services cannot be fully provided. Providers must continue to submit documentation to the waiver support coordinator for those services that continue to be delivered. In those instances where the provider is unable to continue to render services, the provider must notify the client's waiver support coordinator so alternative services can be arranged for the client.

Payment Reconciliation:

- Providers must accept the monthly advanced payment in full or return the full advance payment amount to AHCA as detailed below.
- Providers accepting the advanced payment **should not** bill for services provided during the month in which the advanced payment was made. For example: providers able to provide some services during the month of April should not submit claims for those services if they accepted the advanced payment on April 1, 2020.
- Providers who do not accept the advanced payment should proceed with billing for services provided during the month of April.
- The Agency will not recoup advanced payments unless a provider accepted the advanced payment **and** bills for services rendered during the month in which the advanced payment was made.

Note: Providers must submit claims for services delivered on dates of service **prior to April 2020**.

Returning the Advanced Payment (“Opting Out”): Providers that received an advanced payment that do not wish to accept it, may void the payment by either returning the paper check received or, if payment was received by electronic funds transfer, sending a paper check in the exact amount back to AHCA. The paper check must:

- Be made payable to the Agency for Health Care Administration.
- Be for the exact amount issued by AHCA. A partial payment should not be sent back.
- Include notation that the check is being issued in response to the “COVID-19 payment”.
- Include the provider name and Medicaid provider identification number.
- Include the date the payment was received.

Checks should be sent to the following address as soon as possible after receipt of the payment:

DXC Banking Department
P.O. Box 13939
Tallahassee, FL 32317

Future Advanced Payment Requests (“Opting-In”): In order to receive an advanced payment in subsequent months during the state of emergency (e.g., May), providers must submit a formal request to the Agency using the advanced payment request form found on the Agency’s website. The form may be found [here](#). The request must be submitted by the 15th day of the month in order to receive the payment the following month.

- *Example: Providers must submit the form no later than **April 15, 2020** in order to receive payment for the month of May.*

The form must have all required fields completed in order to receive the payment. The requested information must be entered accurately, including inputting the correct **Medicaid provider identification** number. Providers will also need to select the type(s) of financial hardship related to COVID-19 causing the need for the advanced payment (e.g., location closure, staffing shortage, etc.).

Providers that do not wish to receive an advanced payment in the future should not submit this form.

If AHCA determines that advance payments can be made for additional months, providers will need to submit a request and attestation as described above **each month** by the 15th.

Frequently Asked Questions

1. **If the advance payments are optional, can we opt-out now and then join the advance payments at a later time?**

Response: Yes, a provider may choose to opt-out now and request the advance payment at a later point in time when help is needed. You can complete the advance payment request form located on the AHCA website to request assistance for the next month.

2. **How will APD know if we have accepted the payment or would rather continue billing for services provided?**

Response: AHCA will be providing APD with information on providers that choose to return the advance payment for April and those that request to receive the advanced payment in the future.

3. **What should I do if I provide multiple services that qualify for the advanced payment, but I only need financial assistance for adult day training services?**

Response: When requesting assistance for subsequent months using the AHCA form, you can request to only receive an advanced payment for adult day training services.

4. **Will AHCA and APD be offering advanced payments to other providers?**

Response: Not at this time. AHCA and APD are working together to identify other opportunities that provide financial relief for providers, subject to available funding.

5. **What should I do if I provided more hours or served more clients than the amount received through the advanced payment? Should we continue to bill hours during this time?**

Response: The purpose of the advanced payment is to assist providers that are experiencing a hardship and reduction in billing. Providers must either accept the monthly advanced payment in full or, if a provider believes they can receive more compensation by billing for actual services rendered, they should return the advance payment amount to AHCA as detailed in the alert and resume billing. AHCA has transitioned to a process where providers can opt-in for future payments. If you do not think you will experience a reduction in billing, you do not need to request an advanced payment in the future.

6. **What should we do about services that were provided in March? Should we bill for those hours?**

*Response: Providers must bill for services delivered **prior to April 2020**.*

7. **What if I return the payment for April and then realize that I needed the money?**

Response: Providers should not return the advance payment for April unless they are sure that assistance is not needed for this month.

8. **Since the advance payment was not broken down by specific service, what if a provider wants to send a portion of it back for the services they are still providing? I have a provider that has ADT and 6 group homes. The ADT is closed but they are still operating their group homes and would prefer to be able to bill for residential habilitation.**

Response: For the month of April, providers must accept the advanced payment in full or return the full payment amount to the Agency. In subsequent months, providers can complete the advanced payment request form and indicate the services for which they would like to receive an advanced payment.

9. **What if I miss the deadline on the 15th? Can I still get an advance payment for the next month?**

Response: No. If you miss the 15th deadline, you will not be able to get the advanced payment for the next month. It is important that providers wishing to receive the advanced payment submit the request timely.

10. **If I have multiple provider IDs, do I need to individually request advanced payment for each ID? What if I only want advanced payments for some of my IDs?**

Response: For providers with multiple provider IDs, a separate submission form will be required for each provider ID where advanced payment is requested.

Additional Information

Please visit the AHCA COVID-19 Alerts [web page](#) to stay informed about AHCA's response to COVID-19 as it provides specific information pertaining to facilities, Medicaid providers, and frequently asked questions (FAQ)s regarding Florida Medicaid requirements during the state of emergency.

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

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Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | <http://ahca.myflorida.com>