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November 9, 2022

Statewide Medicaid Managed Care (SMMC) Policy Transmittal 2022-10

Applicable to the **2018-2024 SMMC contract benefits** for:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-term Care (LTC)
- Dental Plan

Re: Coverage of and Payment for Services Provided During and Outside the Disaster Grace Period in Florida Counties Affected by Hurricane Ian

The purpose of this policy transmittal is to notify the managed care plan and dental plan of requirements for continuity and payment of services during and outside the disaster grace period for Hurricane Ian. This policy transmittal is in addition to the Agency's [Florida Medicaid Health Care Alert](#) to providers on November 3, 2022, entitled "*Instructions for Counties Designated by FEMA for Hurricane Ian Disaster*". If plans provided flexibilities between September 29, 2022, and the date this policy transmittal is issued, those flexibilities may remain in effect.

On September 29, 2022, the Federal Emergency Management Agency (FEMA) issued a major disaster declaration for the following Florida counties affected by Hurricane Ian ([DR-4673-FL](#)): Brevard, Charlotte, Collier, DeSoto, Flagler, Glades, Hardee, Hendry, Highlands, Hillsborough, Lake, Lee, Manatee, Monroe, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Sarasota, Seminole, St. Johns, and Volusia.

Section (s.) 252.34, Florida Statutes (F.S.), defines a disaster as:

"[A]ny natural, technological, or civil emergency that causes damage of sufficient severity and magnitude to result in a declaration of a state of emergency by a county, the Governor, or the President of the United States."

For the purposes of this policy transmittal, the Agency defines the "disaster grace period" for Hurricane Ian as September 29, 2022, through November 30, 2022. The Agency may amend this time period in a subsequent policy transmittal if it is deemed necessary to protect the health, safety, and well-being of Medicaid managed care enrollees.

All information in this policy transmittal applies ONLY to the FEMA-designated counties.

Requirements During the Disaster Grace Period in the FEMA Designated Counties

I. Coverage and Authorization Provisions

The managed care plan must furnish all Medicaid services during the disaster grace period to an enrollee whose permanent address is in the FEMA designated disaster area:



- Without any form of authorization;
Exception: *all prior authorizations for pharmacy services remain intact.*
- Without regard to service limitations (specifically related to frequency, duration, and scope) that were exceeded in order to maintain the health and safety of enrollees for dates of service during the disaster grace period, stated in the Florida Medicaid Coverage Policies; and
- Whether or not the enrollee has temporarily relocated to a different region or state.

The managed care plan must ensure the ongoing provision of covered services to its impacted enrollees without burden to new providers.

II. Network Provisions

The managed care plan must ensure that enrollees are able to see non-participating providers if enrollees have a permanent address in a FEMA declared disaster area and are unable to access covered services from participating providers.

The managed care plan must ensure that providers not known to Florida Medicaid (out of state or in state) that rendered services during Hurricane Ian complete the Agency's provisional (temporary) enrollment process to obtain a provider identification number for services rendered to enrollees who evacuated to other states. The process for provisional provider enrollment is located at <http://www.mymedicaid-florida.com>.

To ensure the provision of prescribed drug services in the FEMA designated counties, the managed care plan must reimburse for services provided by a mobile pharmacy, when all requirements in the [Department of Health Emergency Order 22-003](#) are met and when the mobile pharmacy is one of the following:

- A participating pharmacy provider in the plan's network and is known to Florida Medicaid (e.g., Walgreens, CVS, etc.).
- A non-participating provider in the plan's network but is currently a Medicare participating pharmacy provider and is provisionally (temporarily) enrolled in the Florida Medicaid program.

Enrollment is waived for providers not already enrolled in Florida Medicaid (out-of-state or in-state) to prescribe non-controlled substances during the disaster grace period if the prescribing provider:

1. Holds a clear and active license
2. Holds a clear and active National Provider Identification (NPI) number
3. Provides services within their scope of practice

III. Claims and Provider Payment Provisions

The managed care plan must implement a claims payment exceptions process for reimbursement of any medically necessary service furnished to impacted enrollees during and after the disaster period that normally would have required prior

authorization, that were rendered by a non-participating provider, or that exceeded coverage limits for the service.

The managed care plan's claims payment exceptions process must include the following minimum elements and be made publicly available on the managed care plan's website:

- Submission instructions for providers that include provider enrollment requirements, including waiver of non-applicable provider credentialing requirements;
- Minimum documentation requirements for managed care plan decision making;
- Claims submission requirements; and
- Telephone and email contact information for a specific unit or division within the managed care plan that is familiar with the claims payment exceptions process for Hurricane Ian.

The managed care plans must reimburse participating network providers for services provided at the rates mutually agreed upon by the provider and the plan in their contract/agreement. Medicaid health plans will reimburse non-participating providers (i.e., providers not already contracted with the Medicaid health plan), for services provided in accordance with the rates established on the 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 during the disaster grace period, unless otherwise mutually agreed upon by the provider and the Medicaid health plan and otherwise permitted under the Contract.

Managed care plans shall reimburse transportation providers for transporting eligible enrollees to shelters and other temporary housing when they are displaced from the storm during the disaster grace period.

The managed care plan must post information related to Hurricane Ian and the exceptions process on its website. The managed care plan must inform their Agency contract manager of any updates to its Hurricane Ian web page with the information prescribed in this transmittal and provide a direct link to its Hurricane Ian web page by close of business, November 14, 2022.

Requirements After the Disaster Grace Period

For dates of service beginning December 1, 2022, the managed care plan will return to normal business operations as it relates to the coverage and reimbursement of Medicaid services, except as specified below:

- Managed care plans licensed by the Office of Insurance Regulation must comply with s. 252.358, F.S., governing the suspension of early refill edits.

- The managed care plan must implement expedited authorization processes (as described in Attachment II, Section VI.G.) for new authorization requests for durable medical equipment and supplies (DME) and home health services.
- The managed care plan must 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 comply with policy requirements because of storm-related impacts. Providers must have rendered services in good faith to maintain the recipient's health and safety. Examples of such instances include:
 - The provider still does not have access to the Internet or phone services as a result of continued power outages, therefore could not request prior authorization timely;
 - The recipient continues to be displaced and must receive services in a different region of the state or out-of-state; or
 - The recipient's assigned primary care physician or specialist's office remains closed due to the hurricane and urgent care is rendered at another provider's location without prior authorization.

If you have any questions, please contact your Agency contract manager.

Sincerely,



Tom Wallace
Deputy Secretary for Medicaid

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