



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 21, 2020

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-24

Applicable to the **2018-2023 SMMC contract benefits** for:

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

Re: COVID-19 State of Emergency: Prior Authorization and Claims Payment Requirements

On March 9, 2020, Governor Ron DeSantis issued Executive Order Number 20-52 declaring a state of emergency related to the 2019 novel coronavirus (COVID-19). The purpose of this policy transmittal is to provide additional requirements related to prior authorization and claims payment during the state of emergency.

As previously required by policy transmittal 2020-15, the managed care plan must waive prior authorization for certain services for all enrollees and waives prior authorization for all services for individuals diagnosed with COVID-19. For all services in which prior authorization requirements are waived, the managed care plan must not impose penalties for failing to notify the plan of the provision of services. The managed care plan must relax prior authorization edits in its claims system to promote prompt payment for the delivery of services provided in good faith during the state of emergency. The managed care plan is also prohibited from reducing coverage or payment of emergency department services (i.e., down coding) provided during the state of emergency based on final diagnosis on the claim.

In addition, the managed care plan may not deny, delay, or recoup payment of clean claims by implementing prepayment or post-payment review procedures for services in which prior authorization is waived, except as follows:

The managed care plan may:	
deny payment	<ul style="list-style-type: none"> • When the service was not covered by the managed care plan. • When the service was furnished by a provider prohibited by the contract from participation as a managed care plan provider as stipulated in Attachment II, Section X.F.4.d.(15).
delay payment and require proof of medical necessity	<ul style="list-style-type: none"> • When there is compelling suspicion that the service was fraudulently provided. • When the service was provided in violation of Executive Order 20-72¹. • If a provider was previously placed on pre-payment review due to aberrant billing activity. • Related to durable medical equipment, when the item requires customization (e.g., customized wheelchairs).

Nothing in this policy transmittal should be construed to limit the managed care plan from complying with national correct coding requirements and conducting investigations of fraud,

¹ Executive Order 20-72 prohibits providers from rendering any medically unnecessary, non-urgent, or non-emergent procedure or surgery which, if delayed, will not place the patient's health at risk.



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abuse, waste, and overpayment as required by this contract, state, or federal law, unless otherwise stated in this policy transmittal. (Attachment II, Section X.F.)

Nothing in this policy transmittal should be construed to limit the managed care plan from complying with transition of care requirements in the contract. (Attachment II, Exhibit II-A, Section VI.E.5.)

The provisions in this policy transmittal must be implemented by April 24, 2020 and is effective retroactively for any unpaid or pending claims for services rendered during the state of emergency.

If you have questions or concerns, please contact your contract manager at (850) 412-4004.

Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive style with a prominent initial "S".

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/dvp