



COVID-19: Florida Medicaid Frequently Asked Questions

Purpose

The purpose of this document is to provide responses to questions that we are frequently receiving from Medicaid providers and other stakeholders about delivery of services during the COVID-19 state of emergency. As additional questions are received related to COVID-19, and as additional guidance is provided, we will be updating this document. Please check back frequently for updates. New questions and answers added since the last update are highlighted in yellow.

Telemedicine

1. Will AHCA allow telemedicine for delivery of medical and behavioral health services to my existing patients?

Yes. The Agency for Health Care Administration (Agency) covers telemedicine for medical and behavioral health services, including evaluation, diagnostic, and treatment services. In addition, the Agency is expanding coverage to include telephone communications for physicians and physician extenders. The Agency recently issued guidance on the provision of medical and behavioral health services through telemedicine during the state of emergency. A copy of the guidance published on March 18th may be found [here](#).

2. Will AHCA allow telemedicine for therapy services?

Yes. The Agency covers telemedicine for therapy services (occupational, speech, and physical therapy), including evaluation, diagnostic, and treatment services as long as services can be delivered in a manner that is consistent with the standard of care. The Agency recently issued guidance on the provision of therapy services through telemedicine during the state of emergency. A copy of the guidance published on March 20th may be found [here](#).

3. Will AHCA allow telemedicine for behavior analysis services?

Yes. The Agency recently issued guidance on the provision of behavior analysis services through telemedicine for the purpose of providing caregiver training during the state of emergency when providers are not able to deliver services because the center is closed (when care is delivered in a center and home-based care is not an option) or when services cannot be delivered in the home because the provider or recipient met one or more of the self-screening criteria developed by the Centers for Disease Control and the Department of Health. A copy of the guidance published on March 18th may be found [here](#).

4. I was told that the federal government has waived HIPAA compliance when providing services via telemedicine. Is that correct?



No. The Office of Civil Rights (OCR) issued guidance advising that they will relax enforcement of some HIPAA requirements in certain instances. However, within the same guidance, the OCR outlines the minimum requirements for compliance by health care providers. The guidance provided by the OCR on March 17, 2020 may be found [here](#).

5. Can an EIS provider render services via telemedicine for a child that just completed the initial evaluations, but sessions have not started?

The Agency has authorized the delivery of early intervention sessions as authorized on the individualized family support plan (IFSP). Services may be provided via telemedicine after the IFSP has been developed for the child.

6. Can I get paid the same for a session using telemedicine as I would get paid if the service was face-to-face?

Yes. In the fee-for-service delivery system, Florida Medicaid reimburses at the same rate that is listed on the EIS fee schedule for sessions. During this state of emergency, the Agency is requiring Medicaid health plans to also pay the same rate for services that are provided via telemedicine as those that are provided through a face-to-face encounter.

7. Is "Live, two-way communication" to be interpreted as audio (telephone) only is acceptable when providing services?

No. Live two-way communication means requires that the patient and practitioner(s) (originating and distant site) have access to audio and video communication during the telemedicine visit.

8. Can all early intervention services (EIS) such as, evaluations, screenings, and sessions be provided using telemedicine?

Yes, Florida Medicaid will reimburse for EIS sessions for the purpose of delivering family training designed to support the caregiver when the provider is not able to perform services in-person. In addition, Florida Medicaid will reimburse for screening and evaluation early intervention services when the service is delivered in accordance with federal and state law requirements (e.g., multidisciplinary team requirements can be met through audio and video capabilities).

9. Can federally qualified health centers (FQHCs) receive the PPS rate for services provided via telemedicine, including those that are provided telephonically?

Yes, FQHCs will be reimbursed at the PPS rate for services provided via telemedicine, including services provided by telephone only (audio-only).

Service Delivery

1. Does Florida Medicaid cover testing for COVID-19?



Yes. The Agency published an updated provider alert on April 27th that provides information on the reimbursement rates for the COVID-19 lab tests. You can find a copy of the alert [here](#).

2. I am an in-home provider of services. Can I continue to provide services in the home?

Yes, it is imperative that Medicaid recipients continue to receive prescribed services. Providers of in-home services should continue to deliver services in the home setting. Providers must take appropriate precautions as specified by the [CDC](#) and Florida [Department of Health](#) when interacting with patients and their families.

3. Will there be any changes to how Florida Medicaid's non-emergency transportation services are delivered?

Yes. The Agency has directed our contracted transportation brokers and the Medicaid health plans to avoid transporting multiple unrelated recipients in the same vehicle to reduce the spread of COVID-19. In addition, we have reinforced the sanitation standards that have been developed by the CDC to ensure drivers are taking all necessary precautions to reduce the spread of the virus.

4. I am a provider of services in the home and need access to personal protective equipment (PPE). Where can I find it?

The entire country is struggling with an extreme shortage of PPE, including masks. Please use your existing supply chain to order any needed masks and other PPE. The County Emergency Operations Center (EOC) is a resource to obtain necessary supplies in an emergency. Although counties do not have excess at this time, if you have not submitted a request already, you can submit a request to the County EOC which will help to inform statewide prioritization of supplies as they arrive in Florida.

5. Should durable medical equipment providers honor the existing, expired prescription and continue to provide the medical equipment and supplies, or is there some other guidance?

Whenever possible, new authorizations should be obtained from the physician using telemedicine or other flexibilities granted during this time such as a telephone-based encounter between the physician and the patient. If the recipient cannot obtain a new physician's order, the provider may honor the existing order in order to continue the provision of services.

6. Is Florida Medicaid waiving copayments for all COVID-19 related services (testing and treatment) or is Florida Medicaid waiving copayments for any and all other medical services unrelated to COVID-19?

Florida Medicaid has waived copayments for all services for all recipients, regardless of diagnosis.

7. How is Florida handling payment for COVID-19 testing for uninsured individuals?

For individuals with health insurance, including Medicare and Medicaid, there are no copayments or cost-sharing for COVID-19 testing.



For individuals who are uninsured:

Florida has not instituted the optional federal coverage of COVID testing for individuals who do not have health insurance, however, they may receive testing from their county health department or a federally qualified health center for free. In addition, many communities provide testing for free for individuals who do not have insurance. Please go to:

<https://floridadisaster.org/covid19/testing-sites/> to find a test site in your area. Uninsured individuals should ask before the test whether testing is free of charge.

Long-Term Care

- 1. Are psychiatric consults allowable to be provided via telehealth in nursing homes, or must they be face-to-face?**

Medicaid reimburses for psychiatric consults via telemedicine in a nursing facility.

- 2. Does Florida Medicaid allow physicians to be reimbursed for evaluation and management consultations that are performed via telemedicine for assisted living facility residents {in the home}?**

Yes. Physicians can use the standard evaluation and management procedure codes with the GT modifier to indicate it is a service performed by telemedicine. Physicians should use procedure codes 99201-99205 for a new patient and 99211-99215 for an established patient.

- 3. Can an assisted living facility be reimbursed separately for respite for residents who can no longer go to adult day centers?**

Yes. Respite is a covered service in the Long-Term Care program that can be delivered by assisted living facilities. Providers should work with the resident's LTC case manager to review and update the care plan to make this adjustment.

- 4. If my wife was approved for 40 hours of adult day care services and the center closes, will she be allowed to receive the same amount of in-home care as an alternative?**

Health plans are required to ensure that their members needs are met adequately in the home if the adult day center closes. Each member is assigned a case manager who will work with you and your wife to determine the appropriate level of in-home supports needed to maintain your wife safely at home.

- 5. Can a nursing facility be reimbursed for Medicaid resident if they are in a Medicare certified bed at this time of emergency?**

Yes. During the state of emergency, Medicaid will reimburse for an eligible recipient who is occupying a Medicare certified bed.

- 6. Can Medicaid waive nursing facility bed hold requirements for hospital and therapeutic leave during the state of emergency?**



Yes, Medicaid will waive the bed hold occupancy limit of 95% from April 1 Through 90 days following the state of emergency. No change will be made to number of leave days Florida Medicaid will reimburse.

7. Are all PPEC services required to be offered in the patient's home setting only until further notice? Or can the PPEC center still operate if certain parents prefer for their child to receive care at the center?

At this time, Florida Medicaid will reimburse PPECs for services that are delivered in the child's home when the center is closed. The Agency has not mandated the closure of any PPEC centers; therefore, PPECs can continue to render services in the center.

Other

1. Has AHCA waived all prior authorization for services during this time?

The Agency has lifted prior authorization for certain critical services for all Medicaid recipients and has lifted prior authorization for all services if the recipient is diagnosed with COVID-19. Please refer to the guidance published by the Agency on March 18th for a list of service categories where the prior authorization requirement has been lifted. You can find the guidance [here](#).

2. Do the provider alerts apply to the health plans?

Yes, Florida Medicaid's provider alerts apply to health plans participating in the Statewide Medicaid Managed Care program, unless otherwise stated. We make every effort to denote in our alerts related to the COVID-19 state of emergency when a provision only applies to the fee-for-service delivery system.

3. Can the face-to-face assessment that is required for home health services be done via telemedicine?

Yes, a licensed advanced practice registered nurse, registered nurse, or physician can conduct the face-to-face assessment through the use of telemedicine when it is deemed to be medically appropriate.

4. Can a home health agency that is not Medicare/Medicaid certified enroll in Medicaid to provide services?

To ensure that all Florida Medicaid recipients get the care they need during this time, the Agency is temporarily allowing non-Medicare certified home health providers to be [provisionally enrolled](#) in the Medicaid program for the state of emergency. As a prerequisite, non-certified home health agencies must still be licensed in accordance with Chapter 400, Florida Statutes.

5. Will the Agency waive coverage requirements to pay for oxygen on a short-term basis for COVID-19 patients or persons experiencing respiratory distress (e.g. pneumonia) who is being treated at home versus a hospital for safety reasons?



The Agency has already waived service limits for recipients diagnosed with COVID-19 or when the service is needed to safely remain in the home, so no further waivers are needed in the scenario that you have described as this would be permissible during the state of emergency.

6. Can DME providers use telemedicine for follow-up contacts with patients that are typically performed face-to-face to check on the status of equipment use (e.g., apnea monitor checks, etc.)?

Yes, this is permissible during the state of emergency.