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October 9, 2018

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 18-17

#### Applicable to:

- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan
- Children's Medical Services (CMS) Plan

#### Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

### Re: Provision of and Payment for Services During the Disaster Grace Period for Hurricane Michael

The purpose of this policy transmittal is to notify the managed care plan of requirements for continuity and payment of services during the disaster grace period for Hurricane Michael.

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 is defining the “disaster grace period” for Hurricane Michael as of 3:05 p.m. on October 7, 2018 through 11:59 p.m. on October 21, 2018. 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.

#### Requirements during the Disaster Grace Period

The managed care plan must furnish critical Medicaid services that are life sustaining (examples include: durable medical equipment and supplies, home health services, hospital services, nursing facility services, chemotherapy, dialysis services, etc.) to an enrollee during the disaster grace period:

- Without any form of authorization;
- Without regard to whether such services are provided by a participating or non-participating provider; and
- Without regard to service limitations.



While the Agency has provided examples of critical Medicaid services, this is not intended to be an exhaustive list and therefore, should not preclude the Managed Care Plan from covering other life sustaining services that are medically necessary to protect the health, safety, and well-being of the enrollee. The managed care plan must ensure that providers not known to Florida Medicaid that rendered services during Hurricane Michael 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>.

The managed care plan must reimburse non-participating providers at the rates established in the applicable [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 to the enrollee during the disaster period, unless other rates are mutually agreed upon by the provider and the managed care plan and otherwise permitted under the Contract.

The managed care plan must post information related to Hurricane Michael and the exceptions process on its website. The managed care plan must provide a direct link to its Hurricane Michael web page to Eunice Medina at [Eunice.Medina@ahca.myflorida.com](mailto:Eunice.Medina@ahca.myflorida.com) by October 10, 2018.

If you have any questions, please contact Eunice Medina or Abby Riddle.

Sincerely,



Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/dp