

## **Children's Medical Services Specialty Plan Provider Protocols Disaster Grace Period Process**

**Purpose:** The purpose of this policy is to provide direction pertaining to Children's Medical Services Specialty Plan (CMS Plan) continuity and payment of services during and outside of the disaster grace period associated with Hurricane Irma.

**Lines of Business Impacted** – CMS Plan TXIX and TXXI provider network made up of Ped-I-Care and Community Care Plan (CCP) contracted providers.

### **Definitions:**

- 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.
- "Disaster Grace Period" – Per the Agency for Health Care Administration (Agency), the "disaster grace period" for Hurricane Irma as 12:01 a.m. on September 7, 2017 through 11:59 p.m. on September 21, 2017.
- Outside the "Disaster Grace Period" – Per the Agency, beginning Friday, September 22, 2017 through Saturday, September 30, 2017.

CMS Plan will ensure reimbursement for services provided in good faith to eligible Florida Medicaid recipients during the Hurricane Irma disaster grace period.

### **During Disaster Grace Period**

CMS Plan will reimburse for services furnished within 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. Services provided before the disaster grace period qualifying under this provision must be attributable to early evacuations in parts of the state which resulted in the enrollee receiving care in a different region or out-of-state.

During the disaster period as defined by AHCA (September 7- 21<sup>st</sup>, 2017), the following shall apply:

- Authorizations
  - Services will be approved without any form of authorization
    - Providers shall submit minimum documentation for managed care plan care coordination and discharge planning purposes.
    - To provide this documentation, contact the ICS provider (either Ped-I-Care or CCP) based upon the county in which enrollee resides.
      - Ped-I-Care 1-866-376-2456
      - CCP 1-855-819-9506
- Unit/Service limitations
  - Limitations will be suspended during the Disaster Grace Period

## Outside of the Disaster Grace Period

During the timeframe defined by AHCA as “outside the disaster grace period,” the following shall apply:

- Prescription Refills
  - CMS Plan continues to comply with s.252.358, F.S., governing the suspension of early refill edits.
  - If an early refill is required, please call MagellanRX 1-800-603-1714 for approval.
- Durable Medical Equipment and Supply (DME) and Home Health (HH) Authorizations
  - Beginning September 22, 2017, CMS Plan will process all new authorization request within three (3) business days following the expedited authorization timeframe (Attachment I, Section VII.G).

## Providers not Known to Florida Medicaid that Rendered Services During the Disaster Grace Period

Providers without a Florida Medicaid ID that rendered services during the disaster grace period may refer to [the FL Medicaid Web Portal](#) to obtain a provisional provider identification number. You may also review [Emergent enrollment guidelines](#).

## Requirements for CMS Plan expedited enrollment is delineated below:

For Medicaid providers within the State of Florida that are not enrolled with Florida Medicaid, along with out-of-state providers who are providing services to our displaced Florida residents, Florida Medicaid is waiving the requirements to submit documentation showing the nature of the treatment, as well as other normally-required information. Until further notice, Florida Medicaid will accept claims with only the following requirements:

- A fully completed claim form containing the provider’s active National Provider Identifier (NPI), along with the provider’s SSN/FEIN;
- A signed [Florida Medicaid Provider Agreement \(MPA\)](#);
- A copy of the provider’s professional license; and
- An optional signed Florida Medicaid [Electronic Funds Transfer \(EFT\) Authorization Agreement](#), if providers choose to receive payment electronically.

Providers providing services to displaced Florida Medicaid recipients can email their claims, along with the required MPA, copy of professional license and an optional EFT form to Florida Medicaid’s fiscal agent, DXC Technology at [FLemergent-enroll@hpe.com](mailto:FLemergent-enroll@hpe.com).

## Claims Payment Exception Process

Claims submission requirements will remain unchanged.

- For information pertaining to claim submission instructions, providers may refer to the Provider Resources section of the CMS Plan website.

## Contact Information For You

- Additional questions from providers maybe directed to:

- Ped-I-Care 1-866-376-2456
- CCP 1-855-819-9506
- MED3000 1-800-664-0146