Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Children's Medical Services Managed Care Plan (CMS Plan) is a health plan for children with special health care needs and is offered by the Florida Department of Health.

March 20, 2019

RE: Retro-Authorization Provider Communication

CMS Health Plan has received and is processing service authorizations with dates of service prior to January 31, 2019. All providers will receive notice after the service authorization has been successfully inputted into the system. While CMS Health Plan is working as expeditiously as possible, we sincerely ask for our provider network not to resubmit service authorizations that have already been submitted. This will alleviate the task of reviewing duplicate service authorizations and allow CMS Health Plan staff to continue in their progress. CMS Health Plan would like to remind our provider network of our Continuity of Care (COC) period where services are to continue to for a period of 180 days since our transition to WellCare effective February 1, 2019. As you may already be aware, providers who have furnished appropriate services to CMS Health Plan population during the COC period are guaranteed payment. As a friendly reminder, in accordance with Section 409.907(3)(j), Florida Statutes, providers are to accept payments from Medicaid as payment in full and are prohibited from billing CMS Health Plan members for any remaining balances.

Below are some frequently asked question with answers to provide further clarity:

- Question: Where can providers submit authorizations with dates of service between July 1, 2018 up to February 1, 2019?
 - **Answer:** Please submit the service authorizations to the following fax number: 850-413-8782.
- Question: Who should providers contact to submit service authorizations with dates of service after February 1, 2019?
 - **Answer:** Providers can receive assistance by contacting WellCare at the following number: 866-799-5321.
- **Question:** What if my service authorization has a date of service that begins prior to January 31, 2019, but continues past (overlap)?
 - **Answer:** You will need to submit your service authorization to both CMS Health Plan and WellCare. CMS Health Plan will cover the dates of service up to January 31, 2019 and WellCare will cover the dates of service from February 1, 2019 and after.
- Question: How do I follow up to determine if a service authorization has been received or the status?
 - **Answer:** Once an authorization has been reviewed and successfully inputted into the MED3000 System, you should receive written notification as you have in the past. You can also view service authorizations on the Provider Portal hosted by MED3000. If your concern is whether your authorization has been received, please submit your questions to the following email



address: <u>CMSPlanClaimsRetroAuths@flhealth.gov</u> Please include the name of the child, type of service(s), dates of service, and provider information (i.e. NPI, address, etc.) in your request or in an attached spreadsheet. Please be sure to also encrypt any communication to ensure HIPAA compliance.

• **Question:** How long will CMS Health Plan accept and honor retro authorization requests with dates of service prior to February 1, 2019?

Answer: May 1, 2019.