



Communitycare
the health plan with a heart PLAN

Important Information about Hurricane Irma

CCP has resumed normal operations in the wake of Hurricane Irma.

Please note that Gov. Rick Scott declared a state of emergency, which means you may continue to refill your prescription medications early. CCP will continue to follow the Governor's Executive Order #17-235 declaring a State of Emergency related to Hurricane Irma.

Please note that AHCA has defined a "disaster grace period" for Hurricane Irma for September 7 through September 21st. During this grace period, exceptions have been made for authorizations and claims payment. Please see below for more details.

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.
- Please use CCP's Prior Authorization form to provide this documentation:
<http://ccpcares.org/providers/provider-resources>
- Please submit the information to 1-844-870-0159
- DME and Home Health Providers: prior authorization requests received September 22nd through September 30th will be expedited and processed within three (3) business days to prevent disruption of DME and Home Health services.

Claims Payment Exceptions Process

- CCP will make payment exceptions for medically necessary services rendered without a prior authorization due to Hurricane Irma.
- The exception only applies to claims with no prior authorization or exceeding the service limitation outside of the "disaster grace period mentioned above.
- CCP Claims submission requirements will remain the same. Please refer to CCP's Provider Handbook for claims submission instructions:
<http://ccpcares.org/providers/provider-resources>

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 FL-emergent-enroll@hpe.com

Providers not Enrolled with Florida Medicaid

- To be reimbursed for services rendered to eligible Florida Medicaid recipients during the disaster grace period, providers not already enrolled in Florida Medicaid (out-of-state or in-state) must complete a provisional (temporary) enrollment application. The process for provisional provider enrollment is located at: <http://www.mymedicaid-florida.com>

CCP's Member Services Department is available to assist with any issues you may have:

- MMA: 1-866-899-4828 / TTY TDD 1-855-655-5303
- CMS T19: 1-866-209-5022 / TTY TDD 1-855-655-5303
- CMS T21: 1-866-202-1132 / TTY TDD 1-855-655-5303

You may also email any questions or concerns to governmentprograms@ccpcares.org

Thank you and please continue to stay safe.