

Provider Notice

TO: Community Care Plan MMA Florida Medicaid Providers & Office Managers

DATE: March 23, 2020

SUBJECT: State of Emergency Related to Coronavirus (COVID-19) – MMA ONLY

On March 9, 2020, Governor Ron DeSantis issued Executive Order Number 20-52 declaring a state of emergency related to the 2019 novel coronavirus (COVID-19). During this state of emergency, Community Care Plan will ensure there are no gaps in care for its MMA Florida Medicaid enrollees, while implementing procedures and the use of routine screenings to prevent further spread of COVID-19. The Agency for Health Care Administration (Agency) is committed to ensuring that Medicaid recipients diagnosed with COVID-19 receive all the care needed to address their symptoms. The following provisions are effective March 18, 2020, unless otherwise specified in the program specific provisions below.

Prior Authorization Requirements

In order to reduce administrative burdens on key providers that are on the front line serving the populations most impacted by COVID-19, Community Care Plan will waive initial and ongoing prior authorization requirements for skilled nursing facilities, long term acute care hospitals, hospital services, physician services, advanced practice registered nursing services, physician assistant services, home health services, and durable medical equipment and supplies. This provision is applicable to all MMA Florida Medicaid enrollees.

In addition to the services listed above, Community Care Plan will waive all prior authorization requirements for all services (except pharmacy services) necessary to appropriately evaluate and treat MMA Florida Medicaid enrollees diagnosed with COVID-19. Please refer to official diagnosis coding guidelines that have been published by the <u>Centers for Disease Control (CDC)</u>.

Limits on Services

Community Care Plan will waive limits on medically necessary services (specifically related to frequency, duration, and scope) that need to be exceeded in order to maintain the health and safety of enrollees diagnosed with COVID-19 or when it is necessary to maintain an enrollee safely in their home. Examples of services include: the 45-day hospital inpatient limit, home health services, durable medical equipment, in-home physician visits, \$1,500 outpatient limit, etc.



Community Care Plan will lift all limits on early prescription refills during the state of emergency for maintenance medications, except for controlled substances. The edits prohibiting early prescription refills will remain lifted for 60 days, in accordance with the Governor's Executive Order #2020-52. This does not apply to controlled substances.

Community Care Plan will reimburse for a 90-day supply of maintenance prescriptions when requested by the enrollee and the pharmacy has the requested quantity in stock.

Community Care Plan will allow mail order delivery of maintenance prescriptions during the state of emergency. Community Care Plan will also pay for a 90-day supply of maintenance prescriptions through mail order delivery. This provision is applicable to all MMA Florida Medicaid enrollees.

Cost Sharing

Community Care Plan will waive co-payments for all services.

<u>Preadmission Screening and Resident Reviews</u>

Community Care Plan will not reimburse for claims for nursing facility services provided prior to the date of completion of Preadmission Screening and Resident Review (PASRR) requirements. During this state of emergency, however, all PASRR processes are postponed until further notice by the Agency. During the state of emergency and until otherwise advised by the Agency, Community Care Plan will not deny payment based upon the lack of completion of PASRR requirements for new admissions to a nursing facility.

Provider Enrollment and Credentialing

Community Care Plan will ensure that enrollees impacted by COVID-19 are able to see non-participating providers if they are unable to access covered services from participating providers. Community Care Plan will ensure that providers (including out of state providers and providers not licensed in Florida) not known to Florida Medicaid that rendered services during the state of emergency, complete the Agency's provisional (temporary) enrollment process to obtain a provider identification number for services rendered to enrollees. The process for provisional provider enrollment is available at http://www.mymedicaid-florida.com

Provider Payment Provisions

Community Care Plan will implement a claims payment exceptions process for reimbursement of any medically necessary service furnished during the period of the state of emergency that normally would have required prior authorization, that were rendered by a non-participating provider, or that exceeded coverage limits for the service.

Please refer to AHCA's guidance for provider enrollment requirements, including waiver of non-applicable provider credentialing requirements:



http://portal.flmmis.com/flpublic/Provider ProviderServices/Provider Enrollment/Provider Enrollment
NewMedicaidProviders/tabid/158/Default.aspx

Please refer to CCP's provider manual located in the link for the following guidance on:

- Provider credentialing requirements: please see page 76 in the provider manual link below.
- Minimum documentation requirements for CCP decision making process: please see page 28 in the provider manual link below.
- Claims submission requirements: please see page 28 & 29 in the provider manual link below.
- CCP Telephone and email contact information for the claims payment exceptions process: Please call (866) 899-4828 or via email CCP.Analysts@ccpcares.org

https://www.ccpcares.org/providers/providers-for-mma/provider-resources/mma-provider-handbook-(1)

Should you have any questions or concerns, please call our Provider Operations Hotline at 1-855-819-9506 or email CCP.Provider@ccpcares.org.

Thank you for your patience and cooperation in working with us to keep our community healthy and safe!