

Medicaid provisional enrollment and claims payment exceptions process — Hurricane Ian

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA).

We would like to thank all medical providers and their staff for the continuity of care and safety provided to our Florida Medicaid recipients post Hurricane Ian. This temporary enrollment process is designed to facilitate the claims payment process for those providers caring for the needs of our Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) recipients who were impacted by the recent disaster.

For providers within the State of Florida, along with out-of-state providers, who are not enrolled with Florida Medicaid and who provided services to our displaced Florida members impacted by Hurricane Ian, the Agency for Healthcare Administration (AHCA) created a provisional provider enrollment process.

Simply and CHA have implemented a claims payment exceptions process for reimbursement of services provided in good faith to eligible Florida Medicaid recipients in **FEMA designated counties** during the Disaster Grace Period. AHCA defines the Disaster Grace Period for Hurricane Ian as September 29, 2022, through November 30, 2022. This claims payment exceptions process includes services that:

- Normally would have required a prior authorization.
- Was rendered by a non-participating or out-of-state provider without a Florida Medicaid provider number.
- Exceeded coverage limits for the service.

Simply and CHA will continue to update policy and procedures to meet the state guidance and to support our providers.

Providers who wish to receive payment for services rendered during and outside of the disaster grace period are required to be enrolled with Florida Medicaid or provisionally enrolled with Florida Medicaid prior to submitting claims. For instructions and further guidance on provisional enrollment and the claims payment exceptions process, see below:

Provider enrollment requirements *(including waiver of non-applicable provider credentialing requirements)*

Simply and CHA will pay for services provided in good faith during the disaster grace period to enrolled members in FEMA designated counties regardless of whether the provider is located or licensed in Florida or located in-state but is not currently participating in Florida Medicaid. The goal of the process is to minimize the administrative effort required by providers to get paid for services they rendered to those Florida Medicaid recipients impacted by Hurricane Ian. This process should only be used by providers who have already provided services and are requesting payment for services.

Non-participating providers will be reimbursed according to the provider reimbursement rates and methodologies published on the Florida AHCA's webpage for covered services rendered to our members.

* Avallity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.

<https://provider.simplyhealthcareplans.com> | <https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

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Provider enrollment requirements (including waiver of non-applicable provider credentialing requirements)

To be reimbursed for services rendered to eligible Simply and CHA members, providers not already enrolled in Florida Medicaid (out-of-state or in-state) must complete and provide the following:

1. A fully completed *Statewide Medicaid Managed Care Provisional Out-of-network Provider Enrollment Form*.
2. A fully completed claim form containing the provider's active national provider identifier (NPI), along with the provider's SSN/FEIN.
3. W2 form.

Please submit documents and completed form via email to: FL_provisional_enrollment@elevancehealth.com.

Minimum documentation requirements for managed care plan decision making

Under AHCA's Hurricane Ian emergency directive, Simply and CHA will not deny medically necessary services for lack of initial or ongoing prior authorization from 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. We will waive limits on medically necessary services for these members. Medical records may be requested for medical necessity review.

For services that would normally have required a medically necessity review, that now fall under the Hurricane Ian emergency directive, providers will be required to submit the same clinical information required for an authorization for a medically necessity review when submitting a claim for the same service.

Claim submission requirements

Refer to the *Provider Manual* for claim submission requirements:

https://provider.simplyhealthcareplans.com/docs/gpp/FLFL_SMH_FHKProviderManual.pdf?v=202204061533.

Simply and CHA encourage the submission of claims electronically through electronic data interchange (EDI). Providers must submit claims within 180 days from the date of discharge for inpatient services or from the date of service for outpatient services. Electronic claims submission is available through Availity*

(<https://www.availity.com>) with payer IDs:

Health plan	Payer ID
Simply Healthcare Plans, Inc.	SMPPLY
Clear Health Alliance	CLEAR

Providers also have the option of submitting paper claims. Paper claims must be submitted within 180 days of the date of service and submitted to the following address:

Simply Healthcare Plans, Inc.
P.O. Box 61010
Virginia Beach, VA 23466-1020

Simply and CHA maintain a system to collect member encounter data. Due to reporting needs and requirements, network providers who are reimbursed by capitation must send encounter data to Simply and CHA for each member encounter. Encounter data can be submitted through EDI submission methods or on a *CMS-1500 (08-05)* claim form unless other arrangements are approved by Simply and CHA. Data will be submitted in a timely manner, but no later than 180 days from the date of service. Encounter data should be submitted to the following address:

Simply Healthcare Plans, Inc.
P.O. Box 61010
Virginia Beach, VA 23466-1010



Statewide Medicaid Managed Care Provisional Out-of-network Provider Enrollment

Information specific to provisional providers is located on the Florida Medicaid Web Portal at www.mymedicaid-florida.com. Click on Provider Services, then New Medicaid Providers. Questions may also be directed to Provider Enrollment at 1-800-289-7799, Option 4.

Fields marked with an asterisk (*) are required.

Fields marked with a caret (^), complete as applicable.

Taxonomies and Specialties by provider type can be obtained from the Florida Medicaid Taxonomy guide at www.mymedicaid-florida.com: Click Provider Services, then Enrollment Forms.

IDENTIFYING INFORMATION

Provisional Registration Type*				
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Facility, or Other Business Entity				
Provider Type*		Specialty Type*		Taxonomy^
Business or Last Name*		First Name^		M^ Suffix
Doing Business As (D/B/A)^				
Tax ID Type*	Tax ID*	NPI Type^	NPI^	
<input type="checkbox"/> SSN <input type="checkbox"/> FEIN		<input type="checkbox"/> IND <input type="checkbox"/> ORG		
License Number^	License State^	CLIA Certificate^	DEA Certificate^	

ADDRESS*

Street Address Line 1* (Not a P.O. or Drop Box)			
Street Address Line 2^			
City*	State*	ZIP Code*	+ 4^
Telephone Number* (with Area Code)	Fax Number^	County*	
E-mail Address*			

MEDICAID HEALTH PLAN CONTACT*

First Name*	Middle Initial^	Last Name*	
Health Plan Name*	Telephone Number*	E-mail Address*	

Email completed form to: FL-emergent-enroll@gainwelltechnologies.com