



Disaster Grace Period Process: Hurricane Irma

Molina Healthcare of Florida (Molina) recently suspended its prior authorization requirements, in response to Gov. Rick Scott's declaration of a state of emergency related to Hurricane Irma. In connection with the Agency for Health Care Administration's definition of the disaster grace period, please note that Molina will be reinstating its authorization requirements effective September 22, 2017.

What Does this Mean to You?

Molina will pay for covered services provided to its members during the disaster grace period defined by the Agency as "12:01 am September 7, 2017 – 11:59 pm September 21, 2017":

- Without any form of authorization
- Without regard to whether such services were provided by a participating or non-participating provider
- Without regard to service limitations

Claims Payment Exception Process

Molina's authorization claim edits have been lifted during the disaster grace period for all claims with dates of service September 7, 2017 - September 21, 2017. Providers may submit claims electronically, via Molina's Web Portal or by filing a paper claim, even if the service requires authorization and was not pre-authorized.

If you were unable to obtain authorization for services provided prior to September 7, 2017 due to early evacuations related to Hurricane Irma, you may still receive authorization and payment for these services. Please submit your request for authorization, along with an explanation of the reason for the delay, and Molina will review your request retrospectively after September 21, 2017.

Florida Medicaid will continue to reimburse for services furnished after the disaster grace period without prior authorization and without regard to service limitations or whether such services are provided by a current Medicaid enrolled provider in those instances where the provider and/or recipient could not comply with policy requirements because of ongoing storm-related impacts. Providers must have rendered services in good faith to maintain the recipient's health and safety. Examples of such instances include:

- The provider still does not have access to the Internet or phone services as a result of continued power outages, therefore could not request prior authorization timely;
- The recipient continues to be displaced and must receive services in a different region of the state or out-of-state; or
- The recipient's assigned primary care physician or specialist's office remains closed due to the storm and urgent care is rendered at another provider's location without prior authorization.



If the service rendered exceeds Medicaid benefit limitations, please submit your claim via Molina's Web Portal and upload relevant medical records to support the medical necessity of the service. Molina will review the medical records and process the claims as appropriate. Providers may also submit a paper claim with medical records attached for review.

You may send your request through Molina's normal processes including fax to (866) 440-9791, or via Molina's Web Portal, at www.MolinaHealthcare.com. Claims received due to ongoing storm-related impacts will be marked as "Hurricane Irma" for tracking purposes. For additional information or assistance with submitting claims during the disaster grace period, please contact Provider Services at (855) 322-4076.

If you are a non-participating provider:

- and you are not a registered provider with Florida Medicaid, you must cooperate with Molina to complete the Agency's provisional (temporary) enrollment application and obtain a Medicaid Identification Number.
- Molina will reimburse you for covered services at the rates established in the applicable Medicaid fee schedules and reimbursement methodologies published in the Agency's website, <https://ahca.myflorida.com/medicaid/review/reimbursement.shtml> for services rendered to the enrollee during the disaster grace period, unless other rates are mutually agreed upon.

Molina will resume its normal operations beginning Friday, September 22, 2017 with the below exceptions:

- Molina will continue to comply with s. 252.358, F.S., governing the suspension of early refill edits.
- The reviews for expedited authorizations will be completed within (48) hours after the receipt of the request from September 22, 2017 through September 30, 2017 for durable medical equipment and supplies (DME) and home health services. You may send your request marked "Urgent" through Molina's regular processes including fax to (866) 440-9791, or via Molina's Web Portal, at www.MolinaHealthcare.com.

For additional information or assistance during the disaster grace period, please contact Provider Services at: (855) 322-4076.