

Provider Bulletin

These bulletins are how we communicate procedures, reminders and other information to our valued Magellan Complete Care providers. Please take the time to read the information and share with your colleagues and staff. You can also find this information on www.MCCofFL.com.

Florida Medicaid COVID-19 Flexibilities Ending on July 1, 2021

The Agency for Healthcare Administration (Agency) previously required managed care plans to establish certain provider flexibilities to help respond to the 2019 novel coronavirus (COVID-19).

The purpose of this bulletin is to notify providers that the below flexibilities will end, effective **July 1, 2021**.

- All required PASRR processes are reinstated effective with any admission on or after July 1, 2021. Providers must resume submission of all PASRR related documents for all new admissions to a nursing facility beginning with an admission date on or after July 1, 2021. The managed care plan may deny payment based upon the lack of completion of PASRR requirements for new admissions to a nursing facility with an admission date on or after July 1, 2021. Retroactively performed screenings or resident reviews must document the reason for the delay in the completion of PASRR requirements.
- Prior authorization requirements for non-emergency ambulance transportation services for the hospital transfer scenarios listed below are reinstated for dates of service on or after July 1, 2021
 - Inter-facility transfers
 - Transfers to a long-term care hospital
 - Transfers to a nursing facility

This does not apply to prior authorization and service limit flexibilities put in place to properly evaluate and treat individuals diagnosed with COVID-19. The Agency will continue to waive prior authorization and service limits for the treatment of COVID-19 through the end of the federal public health emergency.

- Prior authorization requirements and service limits (frequency and duration) for behavioral health services, including targeted case management services are reinstated.
 - Service limits are reinstated for dates of service on or after July 1, 2021
 - Prior authorization requirements are reinstated for dates of service on or after **July 15, 2021**

In the event an enrollee is receiving an ongoing course of treatment when that treatment began during the authorized flexibilities for COVID-19 where prior authorization was not required, the managed care plan is responsible for the continuation of that course of treatment, without any form of authorization and without regard to whether such services are being provided by participating or non-participating providers for up to sixty (60) days after July 15, 2021.

- The availability of provisional provider enrollment ends on July 1, 2021, prohibiting providers from enrolling through that provisional enrollment process effective July 1, 2021.

Providers currently enrolled through the provisional enrollment process have through **December 31,2021** to enroll in Medicaid. Providers who do not complete the enrollment by that date will be terminated from Florida Medicaid.

- On March 18, 2020, the Agency provided enrollees extended time to submit an appeal through their managed care plan or request a fair hearing. The availability of extended time ends on July 1, 2021, and the standard timeframes available to enrollees to submit an appeal or request a fair hearing are reinstated effective July 1, 2021.

If you have any questions, please call MCC of FL's Provider Services Department at 1-800-327-8613. You may also visit our website, www.magellancompletecareoffl.com.