

Provider Bulletin

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

Update to coverage of services and other provisions during the state of emergency

Magellan Complete Care of Florida is committed to ensuring our members have access to care during the novel coronavirus (COVID-19) state of emergency. As our partners in health, we acknowledge the importance of sharing guidance with you as it becomes available. We will be following all guidance released by the Agency for Health Care Administration regarding discharge planning, elective procedures and electronic visit verification.

The Statewide Medicaid Managed Care (SMMC) Policy Transmittal (PT): 2020-18 for COVID-19 State of Emergency: Coverage of Services and Other Provisions can be found at:

https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/2018-23_plan_comm/PT_2020-18_COVID-19_State-of-Emergency_Coverage_Services_Other_Provisions.pdf

We have also included pertinent sections of the transmittal below for your convenience. AHCA provided this guidance on March 25, 2020. As additional information is released, we will communicate as appropriate.

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-18 COVID-19 State of Emergency: Coverage of Services and Other Provisions

During the 2019 novel coronavirus (COVID-19) state of emergency, the managed care plan must ensure there are no gaps in care for its Medicaid enrollees to the extent possible, while implementing procedures and the use of routine screenings to prevent further spread of COVID-19. The purpose of this policy transmittal is to provide guidance during this state of emergency related to service delivery and other operational requirements. The provisions of this policy transmittal are effective immediately and throughout the duration of the state of emergency period.

Discharge Planning

The managed care plan is responsible for collaborating with the hospital/institution discharge planner/coordinator to implement the discharge plan in the enrollee's home. (Attachment II, Exhibit II-A, Section VI.E.8) Although COVID-19 patients with mild symptoms may be managed in a lower level of care (e.g., home, long-term care facility, etc.), the decision to discharge to another setting must take

into consideration the patient or the facility's ability to adhere to the Centers for Disease Control's (CDC) infection prevention and control recommendations, as well as the potential risk of secondary transmission to household members or other residents. The managed care plan must discontinue any coverage or payment policies and procedures that would result in an enrollee diagnosed with COVID-19 being prematurely discharged from the hospital and transferred to a setting that is ill-equipped to comply with the [CDC guidelines](#) or may place other individuals at risk for exposure to the virus.

Elective Procedures

On March 21, 2020, Governor Ron DeSantis issued Executive Order 20-72, prohibiting hospitals, ambulatory surgical centers, office surgery centers, dental, orthodontic and endodontic offices, and other health care practitioners' offices from providing non-essential elective medical procedures during the state of emergency. As a result, procedures that may have already been prior approved by the managed care plan must be postponed. In order to reduce the administrative burden for providers that already obtained approval for procedures postponed as a result of this executive order, the managed care plan must extend the approval period for affected authorizations for at least six months.

Electronic Visit Verification

The Agency previously issued contract interpretation 2020-05 on January 31, 2020, requiring the managed care plan to continue to allow providers to submit claims through the plan's claims portal/system (e.g., Availity, Emdeon, etc.) if the provider was experiencing technical difficulties with using the EVV system. During this state of emergency and to facilitate prompt payment for home health service providers, the managed care plan must not require providers to submit claims through the EVV system but must continue to require providers to verify the delivery of services using EVV technology to the extent possible.

If you have any questions, please call us at 1-800-327-8613.