



DIVISION OF SURVEY & CERTIFICATION

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September 11, 2017

Beth Kidder  
Deputy Secretary  
Division of Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive  
Tallahassee, FL 32308

Re: Florida Medicaid Provider Enrollment Disaster Relief

Dear Ms. Kidder:

The President declared a state of emergency for Florida and the HHS Secretary declared a Public Health Emergency for Florida which allows for CMS programmatic waivers based on Section 1135 of the Social Security Act.

Florida Medicaid currently has the authority to rely upon screening that is performed by other SMAs and/or Medicare. Florida is not required to create a temporary provisional enrollment for providers who are enrolled with another State Medicaid Agency (SMA) or Medicare.

With respect to providers not already enrolled with another SMA or Medicare, CMS will waive the following screening requirements so the state may provisionally, temporarily, enroll the provider:

1. Payment of the application fee - 42 C.F.R 455.460
2. Criminal background checks associated with FCBC- 42 C.F.R Section 455.434
3. Site visits - 42 C.F.R Section 455.432
4. In-state licensure requirements - 42 C.F.R Section 455.412

For those providers located out of state and from which Florida Medicaid participants seek care, enrollment is not necessary if the following criteria are met<sup>1</sup>:

1. The item or service is furnished by an institutional provider, individual practitioner, or pharmacy at an out-of-state practice location— i.e., located outside the geographical boundaries of the reimbursing state’s Medicaid plan,
2. The NPI of the furnishing provider is represented on the claim,
3. The furnishing provider is enrolled and in an “approved” status in Medicare or in another

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<sup>1</sup> Medicaid Provider Enrollment Compendium: <https://www.medicare.gov/affordable-care-act/downloads/program-integrity/mpec-6232017.pdf>

- state's Medicaid plan,
4. The claim represents services furnished, and;
  5. The claim represents either:
    - a. A single instance of care furnished over a 180 day period, or
    - b. Multiple instances of care furnished to a single participant, over a 180 day period

If the Medicaid participant is enrolled with the Medicaid program from the disaster designated state, the final two criterion will be waived. Therefore, there is no limit to the instances of care furnished or to how many participants in a 180 day period.

In the instance that a certified provider is enrolled in Medicare or with a state's Medicaid program other than Florida, Florida may perform an expedited enrollment, as described herein, of an out-of-state facility in order to accommodate participants who were displaced by the disaster.

CMS is also granting waiver authority to allow Florida to enroll providers who are not currently enrolled by meeting the following minimum requirements:

1. Must collect minimum data requirements in order to file claims and process, including, but not limited to NPI,
2. Must collect SSN/EIN/TIN in order to perform the following screening requirements:
  - a. OIG exclusion list
  - b. State licensure – provider must be licensed, and legally authorized, in any state to practice or deliver the services for which they intend to file claims
3. Florida may grant a provisional temporary enrollment that meets the following requirements:
  - a. Must cease approving temporary provisional enrollments no later than the date that the disaster designation is lifted
  - b. Must cease payment to providers who are temporarily enrolled within six months from the date that the disaster designation is lifted, unless a provider has submitted an application that meets all requirements for Medicaid participation and that application was subsequently reviewed and approved by
  - c. Florida must allow a retroactive effective date for provisional temporary enrollments that is no earlier than September 07, 2017.

In addition, Florida may temporarily cease revalidation of providers who are located in Florida or are otherwise directly impacted by the disaster. CMS will lift the moratoria on non-emergency ambulance suppliers to reduce potential access to care concerns that may arise. CMS will provide an effective date for this action as soon as possible.

If you have any questions or concerns with what is outlined in this letter, please contact Shantrina Roberts at 404-562-7418 or [Shantrina.Roberts@cms.hhs.gov](mailto:Shantrina.Roberts@cms.hhs.gov).

Sincerely,

/s/

Sandra. M. Pace, Associate Consortium Administrator  
Consortium for Quality of Improvement and Survey & Certification Operations

cc: Shantrina Roberts, Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Molly McKinstry, Deputy Secretary  
Division of Health Quality Assurance

Kim Smoak, Chief of Field Operations  
Florida State Survey Agency