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# IMPORTANT!

## Hurricane Ian Provisional Provider Enrollment

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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 residents, Florida Medicaid created a provisional provider enrollment process. Florida Medicaid waived the requirements for providers to submit documentation showing the nature of the treatment, as well as other normally required information, when applying for provisional enrollment.

To be reimbursed for services rendered to eligible Florida Medicaid recipients, providers not already enrolled in Florida Medicaid (out-of-state or in-state) must complete a provisional (temporary) enrollment application. Providers may submit the Florida Medicaid Statewide Medicaid Managed Care Provisional Out-of-network Provider Enrollment Form to [FL-emergent-enroll@gainwelltechnologies.com](mailto:FL-emergent-enroll@gainwelltechnologies.com). Providers will be added to the Florida Medicaid Management Information System (FLMMIS) and the Provider Master List (PML) so that encounters will successfully process in the FLMMIS.

This temporary enrollment process is designed to facilitate the claims payment process for those providers caring for the needs of our Medicaid recipients who were impacted by the recent disaster.

Information specific to provisional providers, including the enrollment form, is located on the Florida Medicaid Web Portal at [www.mymedicaid-florida.com](http://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.

#### Eligibility Verification Process

##### How to Check Medicaid Eligibility if you are Not an Enrolled Medicaid Provider

In-state and out-of-state providers that are not active Florida Medicaid providers and are providing services to displaced Florida Medicaid recipients impacted by Hurricane Ian will need the ability to check eligibility for these recipients. Providers can check eligibility for the displaced Florida Medicaid recipients that are being serviced by calling the Florida Medicaid Automated Voice Response System (AVRS) at the following phone number: 1-800-239-7560.

**The AVRS requires the use of a nine-digit active Florida Medicaid provider identification (ID) number to verify recipient eligibility.** Providers servicing displaced Florida Medicaid recipients who do not have an active Florida Medicaid Provider ID will need to temporarily use the generic, **active ID of 720027700** to access eligibility information until the provider is enrolled in Florida Medicaid. Note: The Florida Medicaid recipient ID is required for submitting all claim forms (CMS-1500, UB-04, or ADA2012) to Florida Medicaid.

##### The AVRS does not provide eligibility for future dates.

This is a **temporary measure** designed to facilitate the claims payment process for those providers caring for the needs of our Medicaid recipients. Thank you for your help in ensuring the continuity of care and safety for our Florida Medicaid recipients during and after Hurricane Ian.

**To check recipient eligibility, use the following instructions:**

1. Dial the AVRS at 1-800-239-7560.
2. Select “1” for English or “2” for Spanish prompts.
3. Enter in the generic ID of “720027700” and press pound (#).
4. Press “1” for recipient eligibility.
5. Use the following recipient identification options to check eligibility:
  - Press “1” to use the 10-digit Florida Medicaid recipient ID.
  - Press “2” to use the combination of the recipient’s Social Security Number (SSN) and Date of Birth (DOB) in the MM/DD/CCYY format.
  - Press “3” to use the recipient’s Florida Medicaid 8-digit plastic card control number.
6. Enter Date of Service (DOS) in a MM/DD/CCYY format or press pound (#) to use today’s date.
7. Press “2” to hear the recipient’s eligibility information for the date entered.

The AVRS will confirm if the recipient is eligible for Florida Medicaid. For additional information, follow the prompts below:

| <b>Option</b>                                | <b>Press</b> |
|--|--------------|
| To hear the Recipient’s First and Last Name. | 1            |
| For Managed Care Information.                | 2            |
| For Medicare Information.                    | 3            |
| For Nursing Home Information.                | 4            |
| For Third Party Liability (TPL)              | 5            |
| For Service Limitations.                     | 6            |

A verification number will be provided as proof that eligibility was checked. Providers are strongly encouraged to keep this verification number on file.

Molina is here to help. You may speak with a Molina representative at 855-322-4076.  
Thank you for your continued care to our members!

Molina Healthcare of Florida