



An Independent Licensee of the
Blue Cross and Blue Shield Association

August 30, 2019

Important Information for Your Florida Blue Patients Affected by Hurricane Dorian

In anticipation of Hurricane Dorian, the following emergency procedures are in place for Florida Blue members within all 67 counties. This is in response to Governor Ron DeSantis declaring a State of Emergency. Please read the important information below.

Emergency Supply of Drugs

Prime Therapeutics is notifying all in-network pharmacies about the Emergency Executive Order and providing point-of-sale instructions that allow up to a 30-day supply of prescription medications.

Commercial and Medicare Advantage members are allowed to receive one early refill per maintenance medication up to a 30-day supply from **August 29 through October 27**.

For controlled substances, specialty and prior authorization overrides, members may call the number on the back of their member ID card for emergency refill requests. Pharmacies and providers may call the commercial pharmacy help desk at 888-877-6323 or the Medicare Advantage pharmacy help desk at 888-877-6420.

Accept Member ID Cards During Emergencies and Natural Disasters

Please accept ID cards from Florida Blue or other Blue Plan members during an emergency or disaster like Dorian – even if you're unable to communicate with us. Here are a few general guidelines to remember if you're unable to follow normal business procedures.

Accept the Card Guidelines

1. Verify member eligibility and benefits electronically through Availity^{®1}.
2. If you can't verify member eligibility and benefits electronically, contact the Florida Blue Provider Contact Center at **800-727-2227**.
3. If you're unable to verify member eligibility and benefits electronically or by phone:
 - Accept a valid Florida Blue ID card and picture ID, or
 - Accept a Florida Blue universal application, acknowledgement/acceptance letter and picture ID.

Authorization and Claims Processing Changes for Affected Providers and Members* Authorizations/Prior Approvals

- Florida Blue has relaxed referral and prior authorization requirements for all service types during this time. **If you are unable to obtain a referral or prior authorization, please proceed with providing treatment. Claims will not be denied solely for failure to obtain authorization, but will be reviewed for medical necessity and processed according to the member's contract benefits.**
- Retroactive authorizations are not necessary.

¹Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity's website at availity.com.
900-4075-0819

- If a medically necessary service is not available from an in-network provider, members may seek care from an out-of-network provider and claims will process at the in-network benefit.
- Members should contact Florida Blue at the number on the back of their ID card to discuss their options.

Claims Submission Guidelines

If you can't submit claims electronically:

- Hold electronic claims for up to 14 calendar days or until service is restored.
- If you convert electronic claims to paper claims, purge the electronic claims from your system to avoid duplicate claim submissions.

*These changes do not apply to the following Plans:

- Federal Employee Program®
- Self-funded plans

How to Obtain an Authorization or Prior Approval

Authorizations and certifications can be entered and verified electronically through Availity.

- If you're unable to verify or enter authorizations online, contact the Florida Blue Utilization Management Center at **800-955-5692**. If our office is closed, please follow the prompts for Medicare Advantage or Commercial to speak with our on-call nurse.

Availity Patient Care Summary

If affected members are new to your practice and you need to view their medical history, you can use the up-to-date online capabilities through **Availity's Patient Care Summary**.

- The Patient Care Summary is a longitudinal care record that displays up to 24 months of a patient's medical claims history including diagnoses, procedures, prescriptions, lab results and laboratory services performed by all of their providers. **Your organization's user administrator can grant access to you to view the Patient Care Summary if you do not already have it.**
- There are two options to access the Patient Care Summary after you have logged into [availity.com](https://www.availity.com):
 1. Access Eligibility and Benefits Inquiry through the Patient Registration menu. Click on the Patient Care Summary button that appears on the Eligibility and Benefits Results page.
 2. Click on the Patient Care Summary standalone link located within the Patient Registration menu and complete the required fields.
- Care and coding reminders, if applicable, are available when running an eligibility and benefits inquiry. They are displayed on the *Eligibility and Benefits Results* page.
- Special Note:
 - Some employer groups have requested their employees' data not be included, which will prevent the Patient Care Summary button from appearing.
 - Individual members can elect not to have their claims data displayed; you will receive a message after you click on the button indicating the member is excluded.
 - If you cannot view the patient's data, please talk with the patient to obtain the information.

Additional Services Offered

In the event of a disaster, Teladoc provides free, non-emergency medical care. Floridians who have online or phone access can receive free care from a medical professional 24 hours/day. Residents can call the hotline at 855-225-5032 to receive services at no charge. No insurance is required.