

FMMIS to deny claims not billed to D-SNP

Effective January 1, 2020, providers must bill Dual-Eligible Special Needs Plans (D-SNPs) for all services. Florida Medicaid Management Information System (FMMIS) will deny any claims not billed to the D-SNP for recipients enrolled in those plans.

Effective January 2020, FMMIS no longer pays for any services billed to Medicaid for recipients enrolled in a D-SNP. Providers must bill all services to a recipient's D-SNP. The D-SNP is responsible for providing and/or arranging for Medicare **and** Medicaid benefits that a dually eligible individual is entitled to receive. Please note, a recipient can also be enrolled in a Medicaid Long-Term Care Plan, which is responsible for Medicaid long-term care services. Providers will need to verify this eligibility separately.

Previously, D-SNPs were only listed in the *Third-Party Liability (TPL)* section in FMMIS. However, with certain services, FMMIS was set to bypass this *TPL* edit and allow providers to straight bill Medicaid. As of January 2020, the system change eliminated that bypass. FMMIS now lists the D-SNP under the *Managed Care* section in the Florida health plan website. Providers must now bill the D-SNP for all services.

The D-SNP Medicaid eligibility categories are:

- Full Medicaid (only).
- Qualified Medicare beneficiary without other Medicaid (QMB only).
- QMB plus (Full Medicaid and QMB).
- Specified low-income Medicare beneficiary without other Medicaid (SLMB only).
- SLMB plus (Full Medicaid and SLMB).
- Qualifying individual (QI).
- Qualified disabled and working individual (QDWI).

The D-SNPs are responsible for and cover the costs for the provision of Medicaid covered services found in [Medicare Advantage Dual Eligible Special Needs Plan \(D-SNP\) Medicaid Covered Services](#), which are incurred by enrolled dually eligible individuals who meet the criteria for full Medicaid benefits.

D-SNPs must track and pay all eligible providers the cost-sharing obligations incurred on behalf of enrolled dually eligible recipients with applicable Full-Dual or QMB Medicaid eligibility categories. D-SNPs must ensure that claims are processed and comply with the federal and state requirements set forth in *42 CFR 447.45* and *447.46* and Chapter 641, F.S.

Simply Healthcare Plans, Inc. encourages the submission of claims electronically through Electronic Data Interchange (EDI). Electronic claims submission is available through Availity.*

- Claim Payer ID: **SMPLY**

* Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.

Submit paper claims to the following address:

Simply Healthcare Plans, Inc.
P.O. Box 61010
Virginia Beach, VA 23466-1010

If you have any inquiries, please contact Simply Healthcare Plans, Inc. at **1-844-405-4297**.