
Out of State Authorization Process and Guidelines

Requesting Authorization:

Access FL eQ Health web-portal to download and complete the out of state request form.

- ▶ If the recipient is out of state and is admitted to the Hospital an authorization is required.
 - ▶ All out of state Outpatient Services require an authorization
 - ▶ Authorization is not required for observations
 - ▶ Authorization is not required for deliveries
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- The OOS request should be made to eQHealth Solutions by the Primary Care Physician and/or the specialist of specialty clinic on behalf of the Florida Medicaid recipient.
 - All Clinical documentation should clearly provide the rationale from the PCP of the recipient as to why he/she is requesting OOS care or evaluation.
 - Documentation should indicate if the care for which OOS services are being requested is unavailable or has been exhausted within the state of Florida.
 - The Requesting FL PCP or/and facility should provide a contact person at the OOS facility to whom eQHealth Solutions will liaison with, regarding admission or follow up whichever is appropriate. (i.e. Direct phone #, Fax and/or email address)

Important Reminder:

The requesting Florida provider should not seek an appointment for the request prior to an approval being granted by eQHealth Solutions, and completion of all necessary documents, the time frame for the process below can take 2 weeks or more.

Review Process:

1. Upon receipt of all required documents, eQHealth will review all documentation submitted and if necessary, request additional information.
2. All documents are referred to a Physician consultant for review of the OOS request.
3. If the request is **Approved**, this will be communicated to the FL PCP office, and eQHealth Solutions will request the contact person name and phone number at the OOS facility.



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- Once the request is approved, eQHealth Solutions will need to contact the billing department of the Out of State facility regarding a mutually agreed rate of reimbursement with Florida Medicaid and the Out of state facility, anticipated date of admission, proposed length
 - The Out of state facility will return the signed single case agreement to eQHealth Solutions, this document is then sent to Agency of Health Care Administration for verification.
 - Following the completion of the above steps, notification letters are mailed to all parties (recipient, parent of recipient if under 21 years of age, the Out of state facility, Florida Primary Care physician and/or the specialist of specialty clinic.)
4. If the request is **DENIED**, you have the right to ask for a Reconsideration and a Medicaid Fair Hearing. You have up to 30 days of the date of the denial letter to submit a Reconsideration request. Please follow the instructions outlined on your outcome letter. You have up to 90 days of the date of the denial letter to submit a request for a Medical Fair Hearing. For assistance with requesting a Medicaid Fair Hearing, you will need to contact your local Medicaid office

