

- Volume XIX
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Florida Medicaid

Provider Bulletin

AGENCY FOR HEALTH CARE ADMINISTRATION

A Message from Secretary Justin M. Senior

Dear Medicaid Provider:

I wanted to take this time to say thank you for all of the hard work and care that was provided during the recent hurricanes. The Agency deeply appreciates the providers who worked to meet the needs of not just Floridians impacted by Hurricane Irma, but also those individuals who found themselves in Florida after being displaced by Hurricane Maria.

The actions of the provider community to ensure the safety and wellbeing of Medicaid recipients was swift and with the best interest of the patients in mind. Although no one can ever be fully prepared for a natural disaster, the Agency believes that the provider community made every effort to prepare and respond to the recent storms to the best of their ability.

Thank you again for all that you have done to provide such great care for not only Floridians, but for all of those in need, and for your continued commitment to serving Florida's Medicaid population.

As always, thank you for your continued commitment to serving Florida's Medicaid population.



Justin M. Senior
Secretary

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Changes to the Medicaid Provider Bulletin

Be on the lookout for changes to the provider bulletin in 2018! The Agency will be implementing changes to the appearance as well as the content. In the past, the bulletin only consisted of various articles on various subjects. Moving forward we will continue to have articles we think are important to our provider community, and there will be consistent segments, which serve as a reflection of important happenings that you may have missed during the prior quarter. The bulletin will consistently provide articles updating you on the following subjects:

- Recently Completed Reports
- Florida Medicaid Policy Updates
- Communication Corner
 - Plan Communications
 - Provider Alerts

In addition, there will be select articles that will vary from bulletin to bulletin that cover relevant trending topics. We hope you find this information useful and we welcome any feedback on the content included in the bulletin.

Recently Completed Reports

The Agency is statutorily required to submit reports to the Legislature including the Governor, the Senate President, and the Speaker of the House providing information on the Medicaid program. The reports below were submitted during the second quarter of SFY 17-18.

Report:	Description:	Link:
Florida Nursing Home Prospective Payment Working Group Recommendations	In the General Appropriations Act passed by the Legislature during the 2017 legislative session, the Agency for Health Care Administration (the Agency) was directed to convene a working group to review issues related to the transition to a prospective payment system. The report was submitted November 30, 2017.	Click Here
Pharmaceutical Expense Assistance Report	Per section 402.81, Florida Statutes, the Agency submitted an annual report to the Governor and Florida Legislature reporting on the expenditures and the number of individuals served under the Pharmaceutical Expense Assistance Program.	Click Here
Winter 2017 Quarterly Statewide Medicaid managed Care Report	Analyzes Potentially Preventable Healthcare Events of Florida Medicaid Enrollees: July 2015 to June 2016 – Including Comparisons to August 2014 to July 2015 Results	Click Here

Florida Medicaid Policy Updates

The Agency for Health Care Administration’s Bureau of Medicaid Policy develops policy for the Florida Medicaid program to convey provider requirements for rendering covered services to recipients. Florida Medicaid policies are not static; the Bureau continuously reviews and updates existing policies, and creates new policy as needed.

Florida Medicaid promulgates rules containing these policies in accordance with Chapter 120, Florida Statutes. The rulemaking process provides opportunities for providers and other interested stakeholders to participate in policy development before the policy becomes final.

During the second quarter in state fiscal year (SFY) 17-18, the Bureau adopted the following administrative rules:

**BUREAU OF MEDICAID POLICY –
POLICIES ADOPTED BY
RULE NUMBER DURING 17-18 SECOND QUARTER**

<i>Rule 59G-</i>	<i>Policy</i>
4.250	Prescribed Drug Services
1.100	Medicaid Fair Hearings
1.010	Definitions
4.125	Behavior Analysis Services
4.197	Medical Foster Care
4.260	Prescribed Pediatric Extended Care

Additionally, the Bureau is reviewing current policies and any new legislation impacting Florida Medicaid requiring rule promulgation during the second quarter in state fiscal year 17-18. Real-time information about Florida Medicaid policies and rules is available at <http://ahca.myflorida.com/medicaid/review/index.shtml>

**BUREAU OF MEDICAID POLICY –
POLICIES AT PROPOSED RULE BY NUMBER DURING 17-18 SECOND QUARTER**

<i>Rule 59G-</i>	<i>Policy</i>
1.050	General Medicaid Policy
1.052	Third-Party Liability Requirements
1.058	Eligibility
1.060	Enrollment Policy
1.065	Claims Reimbursement
4.160	Outpatient Services
4.002	Provider Reimbursement Schedules and Billing Codes
4.251	Prescribed Drug Reimbursement Methodology
4.300	State Mental Health Hospital Services
6.010	Payment Methodology for Nursing Homes
6.020	Payment Methodology for Inpatient Hospital Services
6.031	Enhanced Ambulatory Patient Grouping Reimbursement Methodology for Hospital Outpatient Services and Ambulatory Surgical Centers
6.045	Payment Methodology for Facilities
6.090	Payment Methodology for County Health Department
13.070	Developmental Disabilities Individual Budgeting Waiver Services
13.081	Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

Communication Corner

Plan Communications



As part of its day-to-day operations, the Agency may send written communications to Medicaid health plans to provide direction and clarity related to the Statewide Medicaid Managed Care (SMMC) program. Depending on the type of direction needed, the Agency will send one of three different types of written communication.

- **ALL-PLAN EMAILS** The most common type of communication, provide information to the health plan and do not require that the plan take any action in response to the information.
- **POLICY TRANSMITTAL** Used in instances where an ad hoc request for information is needed, or when plans need to be advised of anticipated changes in the contract due to changes in reporting requirements, federal law, state statutes, federal waiver requirements, or Agency directives.
- **CONTRACT INTERPRETATION** Used when an explanation or clarification of current contract provisions is needed.

Name:	Communication Type:	Date Sent:	Link to Communication:
Update to Encounter Data Reporting Requirements	Contract Interpretation	11/09/2017	Click Here
Nursing Facility and Hospice Reconciliation Rate File	Policy Transmittal	10/24/2017	Click Here
Missed Services Report	Policy Transmittal	10/18/2017	Click Here
Exondys 51 and Spinraza	Policy Transmittal	10/20/2017	Click Here

Communication Corner

Provider Alerts

The Agency uses an email alert system to deliver health care information messages to providers. This system sends an email to a subscriber's inbox when Medicaid policy or other health care information is available. Private and government agencies, associations, medical providers, and other interested parties may subscribe to receive email alerts through the Agency's website at <http://ahca.myflorida.com/Medicaid/alerts/alerts.shtml>



The chart below outlines provider alerts sent during the second quarter of 17-18:

Provider Alert Subject:	Date(s) Sent:
FloridaHealthFinder.gov Webinars	10/02/2017, 10/10/2017, 10/23/2017, 11/01/2017, 11/13/2017, 11/20/2017, 11/28/2017, 11/29/2017, 12/05/2017
Related to Electronic Health Records Incentive Program	11/01/2017, 10/10/2017, 11/13/2017, 11/17/2017, 12/13/2017
Related to Florida Medicaid Rules	10/09/2017, 10/13/2017, 10/24/2017, 10/26/2014, 10/27/2017, 11/01/2017, 12/07/2017, 12/07/2017
Florida Medicaid End Stage Renal Disease and Peritoneal Dialysis Webinar	10/04/2017, 11/06/2017
ENS Requirements for Low income Pool Hospitals	10/04/2017
Webinars – Adults with Cystic Fibrosis (ACF) Waiver, Traumatic Brain and Spinal Cord Injury (TBI/SCI) Waiver, and Project AIDS Care (PAC) Waiver Program Changes	10/09/2017
Payment Error Rate Measurement Information for Medicaid & Children's Health Insurance Program Providers Regarding Medical Record Requests	10/11/2017
Nursing Home Prospective payment System Working Group Meeting	10/12/2017
Seeking Provider Comments in Relation to Statewide Medicaid Managed Care Program Re-Procurement	10/25/2017, 11/16/2017
Sign up now for Training on the Electronic Visit Verification System	10/30/2017, 11/30/2017
Seeking Provider Comments in Relation to Statewide Medicaid Managed Care Program Re-Procurement	11/03/2017
Florida Medicaid Reinstates Early Prescription Refill Edit	11/03/2017
Nursing Home Prospective Payment System Working Group Meeting	11/06/2017
Enrollment Screening Enhancements – Database Checks	11/09/2017
Children's Medical Services MMA Plan Transportation Transition to Access2Care in Regions 8, 9, 10, and 11	11/29/2017

Medicaid Re-Procurement Update



The Agency for Health Care Administration, Division of Medicaid, currently has several competitive procurements in various stages of progress. The re-procurement of the Statewide Medicaid Managed Care (SMMC) Program in all regions of the state represents eleven separate Invitations to Negotiate (ITNs). The Agency has completed evaluation of the responses received from interested vendors and negotiations have begun.

The Statewide Prepaid Dental Health Plan procurement was issued on October 16, 2017 with responses due February 9, 2018. The Agency also issued a Request for Proposal (RFP) for the re-procurement of the Statewide Medicaid Comprehensive Hemophilia Management Program on December 14, 2017.

All of the aforementioned competitive procurements are active procurements; therefore, the Agency is observing the statutorily imposed "Restriction on Communications" timeframe for the active procurements (see Section 287.057(23), Florida Statutes) and no additional information can be provided at this time.

Interested parties may look to the Department of Management Services, Vendor Bid System for additional information regarding active procurements.

Background Screening Clearinghouse Retained Prints Renewal Process

Per Florida Statute, retained fingerprints must be renewed every five years in order to maintain eligibility for employment. To maintain the retention of fingerprints within the Clearinghouse the employer must request a Clearinghouse Renewal through the Clearinghouse Results Website (CRW) prior to the retained prints expiration date. By initiating a Clearinghouse Renewal through the CRW, the current fingerprints retained on file at the Florida Department of Law Enforcement will be resent to the Federal Bureau of Investigation allowing for an updated criminal history to be processed by the Clearinghouse. If the employer does not initiate a Clearinghouse Renewal an employee's prints will no longer be retained, the employee's eligibility determination will expire, and the employee will have to be re-fingerprinted at a Livescan Service Provider at an increased cost to comply with background screening requirements.



Providers may initiate a Clearinghouse Renewal 60 days before the Retained Prints Expiration Date is reached. If the Clearinghouse Renewal is not initiated before the retained prints expiration date a new screening will need to be initiated in the Clearinghouse and the employee will have to be fingerprinted again.

Employers will receive notification of upcoming expiring retained prints for those employees listed on the Employee/Contractor Roster.

Please visit our [Clearinghouse Renewals webpage](#) for additional information, instructional video and guide, and FAQs.

If you have any further questions after visiting the website, please contact the Background Screening Unit at 850-412-4503 or email bgscreen@ahca.myflorida.com.

Statewide Provider and Health Plan Claim Dispute Resolution Program

The Agency for Health Care Administration contracts with MAXIMUS, an independent dispute resolution organization, to provide assistance to health care providers and health plans in order to resolve claim disputes. MAXIMUS has been accepting claim disputes for Florida’s managed care line of business since 2001.

Services offered by Maximus are available to Medicaid managed care providers and health plans. Claims submitted to health plans that have been denied in full or in part, or were presumed to have been underpaid or overpaid, may be eligible for dispute under the arbitration process.

To learn more about this program go to http://ahca.myflorida.com/medicaid/statewide_mc/index.shtml Click on the Claims Dispute Resolution Program button and access “Frequently Asked Questions”.

Application forms and instructions on how to file claims can be obtained directly from MAXIMUS by calling **1-866-763-6395 (select 1 for English or 2 for Spanish), and then select Option 2 - Ask for Florida Provider Appeals Process.**

