

- Volume XIV
- Issue 2
- Spring 2014

# Florida Medicaid

## Provider Bulletin

AGENCY FOR HEALTH CARE ADMINISTRATION

### FloridaHealthFinder.gov's Commitment to Long-Term Care

The Agency's consumer health care website, [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov) is proud to show its commitment to those Floridians interested in long-term care by providing information and tools regarding the facilities, providers and resources that serve long-term care recipients.

[FloridaHealthFinder.gov](http://FloridaHealthFinder.gov) is a great resource for all your long-term care information needs. You can access the website to:

- Visit our assisted living and nursing home pages — a one-stop shop of information and resources
- Find a list of long-term care facilities and providers using our Facility Locator
- View inspection reports, sanction histories and legal actions for long-term care facilities
- Read our consumer awareness series, including brochures about “Nursing Home Care in Florida” and “Assisted Living in Florida”
- Learn about important resources and links in our “Long-Term Care” brochure
- Download forms such as living wills, designations of health care surrogates, donor forms and wallet card about your advance directives
- Find family satisfaction scores for hospice providers
- Utilize our comparison tools by viewing nursing home inspection ratings by geographic location
- Easily access the Nursing Home watch list and gold seal facilities

[FloridaHealthFinder.gov](http://FloridaHealthFinder.gov) is easy to access and provides up-to-date information for you and your staff. In addition, the Agency is excited to work with the long-term care community to make this information easily accessible and available to consumers and providers alike. To become familiar with the website, we are now offering free live virtual tours of the website—in English or Spanish. These webinars focus on the highlights of the site combined with a question and answer session to address your personal needs. Please contact Marisol Fitch, Community Outreach Coordinator, at [Marisol.fitch@ahca.myflorida.com](mailto:Marisol.fitch@ahca.myflorida.com) if you are interested, and a webinar invitation will be sent to you.

Thank you for visiting [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov).

**FloridaHealthFinder.gov**

Connecting Florida with Health Care Information

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**National Health Care  
Observances**

**April**[National Donate Life Month](#)**May**[Arthritis Awareness Month](#)**June**[National Safety Month](#)

For more information visit

**healthfinder.gov**  
Live well. Learn how.

## A Message From Secretary Elizabeth Dudek

Dear Medicaid Provider,

By the time you read this bulletin, the Agency will have successfully completed the Long-term Care (LTC) program transition. We worked hard to reach this milestone, but we also had a lot of help from our partners at the Department of Elder Affairs, from recipients and those who represent their interests, from the contracted health plans, and from providers like you. Thank you!

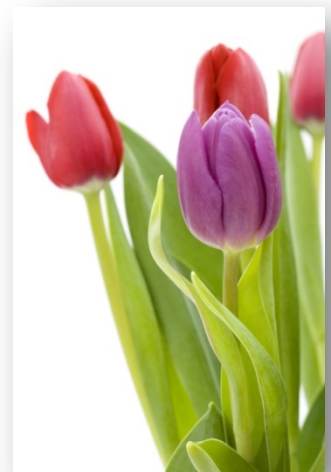
The word is getting out about our increased focus on home and community-based care for LTC recipients and what the LTC program has to offer in terms of enhanced coordination. We had op-eds and guest columns printed in papers statewide, articles in association newsletters, and hosted dozens of webinars with thousands of attendees to share what we are doing. It has paid off.

We know the LTC rollout went smoothly because the vast majority of recipients did not have to change plans or move and services were not missed. During the course of the rollout, a centralized process for tracking issues and complaints was created to provide expedited resolution, and we had positive feedback from our aggressive outreach via outbound calls to recipients by DOEA and regional provider calls hosted by our area offices. Success stories are being shared and positive news is being reported.

Looking forward, we hope to replicate the same level of success with the upcoming rollout of the Managed Medical Assistance (MMA) program. I look forward to sharing more about this program and our goals for a successful MMA implementation in the next bulletin.

Thank you again for your ongoing commitment to serving the Florida Medicaid population and for continuing to be a supportive partner.

Elizabeth Dudek, Secretary

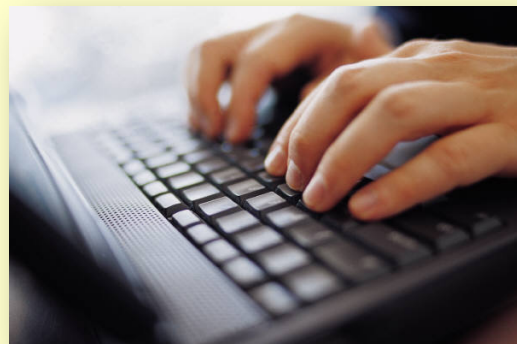


# Viewing and Updating Provider Demographic Information

Enrolled providers are encouraged to review the demographic information on their Florida Medicaid provider record and to submit updates as necessary to ensure the data on file is current.

To view the demographic information, providers log into the Medicaid Secure Web Portal and click the **Demographic Maintenance** link. This opens the Provider Information panel including the Medicaid ID, National Provider ID, Provider Type, and Service Address. From this panel providers may select links to view additional information as described below.

- The **Service Location** panel allows providers to select from drop down menus to indicate if they are accepting new patients or wish to be included in a searchable directory.
- The **Location Name Address** panel displays the complete address information on file with Medicaid. Providers may make changes to phone numbers and fax numbers as well as generate a Change of Address Form which may be submitted to Medicaid to update the addresses on file.
- The **EFT Account** panel displays the bank account information used for depositing Medicaid provider payments. Providers may click a link for assistance with making changes to the banking information.
- The **Service Language** panel allows providers to display the languages spoken in their practice. This aids recipients with a specific language requirement to locate a provider who meets their needs.
- The **Ownership** panel displays the name, affiliation, title, percentage of ownership, and effective and end dates for each individual or entity associated with the Medicaid ID. Providers may review the data to ensure accuracy. A link on the panel accesses the Medicaid Provider General Handbook which contains information on making a change in ownership.
- The **Members of My Group** panel is a comprehensive listing of all providers linked to the Medicaid ID for billing purposes. This is where groups look to verify if they are authorized to bill for a treating provider.
- The **Group Membership** panel is a comprehensive listing of all providers the Medicaid ID is linked to for billing purposes. This is where providers look to verify which groups are authorized to bill on their behalf.
- The **ERA Enrollment** panel allows providers to enroll to receive X12 835 files as their remittance advice preference. To enroll in ERA, providers must be fully-enrolled with an active or pending EFT agreement on file.

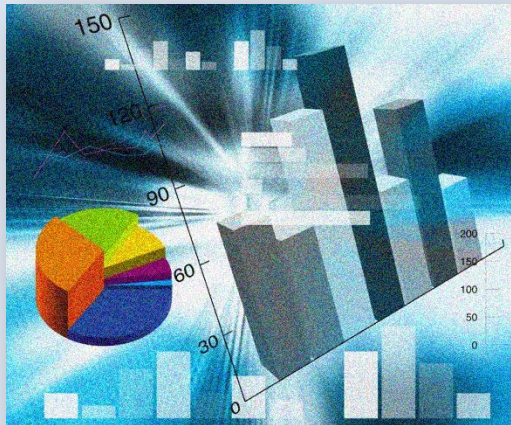


## Payment Error Rate Measurement Project (2014)

The Improper Payments Act of 2002 (HR 4878) requires federal government agencies to provide an estimate of their improper payments annually. The Centers for Medicare and Medicaid Services (CMS) has tested the process and methodology to implement a nationwide effort to measure improper payments in the Medicaid program. The Agency for Health Care Administration (Agency), as the single state agency responsible for administering the Medicaid program in Florida, will be participating in this effort.

CMS will measure the accuracy of Medicaid and Children's Health Insurance Program (CHIP) payments made by states for services rendered to recipients through the Payment Error Rate Measurement (PERM) program. Under the PERM program, CMS will use two national contractors to measure improper payments in Medicaid and CHIP. The first contractor, The Lewin Group, will provide statistical support to the program by selecting a sample of claims to be reviewed and then calculating Florida's error rate. The second contractor, A+ Government Solutions, will provide documentation/database support by collecting medical policies from the state and medical records from the providers. This contractor will also conduct medical and data processing reviews of the sample claims.

If a claim for a service that you rendered to either a Medicaid or CHIP recipient is selected to be in the sample, A+ Government Solutions will contact you for a copy of your medical records to support the medical review of that claim. Medical records will be needed for these reviews to determine if fee-for-service Medicaid and CHIP claims were correctly paid. From the date of contact, you must submit these medical records within 75 calendar days.



### Consequences of Non-Response

If the requested supporting medical documentation is not submitted, the claim will be coded as an error and any monies paid will be recouped. Since dollars estimated as being paid in error from the sample will be projected to the total universe of claims, the actual impact of each claim error will be magnified several times. This will result in an exponentially negative impact on the Florida Medicaid program. If the error rate is excessive, the Agency may be required to add controls or other limitations to address problem areas that are identified. It

must be emphasized that even small claim amounts identified as payment errors can have a significant impact on how a particular service area is perceived. Therefore, it is important that providers submit requested medical records in a timely manner.

### Medical Record Requests

Please note that providers are required by section 1902(a)(27) of the Social Security Act to retain the records necessary to disclose the extent of services provided to individuals receiving assistance, and to furnish CMS with information regarding any payments claimed by the provider for rendering services. Furnishing information includes submitting medical records for review.

The collection and review of protected health information contained in individual-level medical records is permissible for payment review purposes via the Health Information Portability and Accountability Act of 1996 (HIPAA), as stated in 45 Code of Federal Regulations, parts 160 and 164:

## Payment Error Rate Measurement Project (2014) (continued)

*“...a covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits...or other activities necessary for the appropriate oversight of (1) the health care system; (2) government benefit programs for which health information is relevant to beneficiary eligibility; (3) entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or (4) entities subject to civil rights laws for which health information is necessary for determining compliance.”*

Look for additional details in upcoming Provider Bulletins regarding the 2014 PERM cycle on the [AHCA Medicaid PERM](#) website, during the Federal fiscal year 2013-2014. Medical reviews by A+ Government Solutions will begin in the fall of 2014. CMS will offer four PERM provider education webinars this June and July during the 2014 PERM cycle year. For more details related to these upcoming provider webinars please look for PERM related provider alerts within the next couple of months. We will continue to send out specific information that pertains to medical record requests by A+ Government solutions as the information becomes available. If your claim has been selected as part of the sample, the billing and treating provider offices on the claim will be notified by a letter from the Agency. You will then need to provide medical records as requested by A+ Government Solutions.

Florida Medicaid reminds all providers to bill in accordance with the billing procedures outlined in the Provider General Handbook and within the program policy handbook for the specific procedure being billed.

Please note, if you have changed your address or telephone number and have not updated your information with the Agency, this is a good opportunity to do so, as you are required to report any changes per the Provider General Handbook (page 2-49):

“Providers must promptly notify Medicaid of any change of address by calling the Medicaid fiscal agent’s Provider Services Contact Center at 1-800-289-7799 and selecting Option 4.

The following four addresses may be housed on the provider file: service address, pay-to-address, mail-to or correspondence address, and home or corporate office address. To ensure accurate communication, including prompt payment for services rendered, providers must report address changes.”

Please continually check the [Web Portal](#) for Provider General Rule and Handbook updates for upcoming changes on how to report a change of address.

If you have updated or need to assign a delegated custodian of records, this is a perfect time to make note of this change as well. Please notify the Medicaid fiscal agent of any changes when updating your address change information. If closing out a former custodian, list the individual’s name and the date they departed. If adding a new custodian, list the individual’s name, home address, date of birth, SSN, whether they are the financial or medical custodian, and the date they started. Background screening is required. Please view the Background Screening page under Enrollment on the Medicaid Public [Web Portal](#) for more information.

If you would like more information related to PERM and your role in this process, please visit the [CMS PERM](#) website. All documentation specific to 2014 participating states will be located under **Cycle 3**. General state provider information will be located under **Providers**.

We appreciate your continued cooperation with the Florida Medicaid program. If you have any questions, please contact Jason Ottinger, Office of Medicaid Performance, Evaluation, and Research by telephone at (850) 412-4695 or via email at [Jason.Ottinger@ahca.myflorida.com](mailto:Jason.Ottinger@ahca.myflorida.com).

# Submitting an Accurately Completed Florida Medicaid Provider Enrollment Application

Providers wishing to enroll in Florida Medicaid apply online through the Online Provider Enrollment Wizard located on the [Enrollment](#) page in the Medicaid Public Portal. The Online Provider Enrollment Wizard provides guidance for completing required fields, an upload feature for submitting supporting documentation, and application status tracking. All applicants must use the online wizard except for out-of-state providers, hospitals undergoing a change of ownership and enrolled providers reporting an additional service address. Information on how these exceptions apply is located on the [Enrollment](#) page in the Medicaid Public Portal.

The following are the four most common errors which cause delays in processing of applications. Over 50% of all applications which must be rejected for deficiencies are due to one or more of these four errors.

1. **Missing or Incomplete Florida Medicaid Provider Agreement** - There are four types of provider agreements: Non-Institutional, Institutional, Intermediate Care Facility for the Developmentally Disabled, and Medicaid Crossover-only. The Online Provider Enrollment Wizard specifies which provider agreement is appropriate for the type of application being submitted. The agreement is to be signed by either the provider, if the provider is an individual or sole practitioner, or each principal of the provider, if the provider is a corporation, partnership, association, or other entity. For this purpose, principals include partners or shareholders of five (5) percent or more, officers, directors, managing directors, financial records custodian, medical records custodian, subcontractors, and individuals holding signing privileges on the depository account, and other affiliated persons. A chief executive officer (CEO) or president may sign this agreement in lieu of all principals.
2. **Missing or Incomplete Background Screening Results** - A Level 2 background screening including both a local check through the Florida Department of Law Enforcement and a national check through the Federal Bureau of Investigation is required as part of the provider application process under §409.907 (8), F.S. The provider, if the provider is an individual or sole practitioner, or each principal of the provider, if the provider is a corporation, partnership, association, or other entity, are required to submit a complete set of fingerprints for purposes of obtaining criminal history. For this purpose, principals are defined as partners or shareholders of five (5) percent or more, officers, directors, managing directors, financial records custodian, medical records custodian, subcontractors, and individuals holding signing privileges on the depository account, and other affiliated persons. Additional information is located on the [background screening](#) page in the Medicaid Public Portal.
3. **Missing or Incomplete Electronic Funds Transfer** - All providers are required to receive payment via electronic funds transfer (EFT). In order to establish an EFT, applicants must submit a completed EFT form and attach proof of the bank account information. The proof may be a letter from the bank or a voided check or deposit slip showing the name on the account with the routing and account numbers. The information on the proof of account must match the information supplied on the EFT form.
4. **Missing or Incomplete Proof of Tax ID** - The applicant must enter their tax identification number (TIN) on the provider application. The TIN for an individual is either the Social Security Number (SSN) or federal tax ID (FEIN) if they are self-incorporated. The TIN for a group provider or facility is their FEIN. An individual cannot enroll using their employer's TIN.

The applicant must submit proof of ownership of the TIN they have submitted as part of their provider application. Appropriate proof would be a copy of a Social Security Card, if submitting an SSN, or an IRS Form SS-4, 1072, or 147c, if submitting a FEIN.

An IRS Form W-9 with an original signature may also be accepted but care should be taken to ensure the accuracy of the information disclosed on the W-9. Inaccurate reporting of a TIN to Medicaid will result in suspension of claims and possibly delayed payment or non-payment for services rendered.

## Are You Signed Up for Florida Medicaid Health Care Alerts?

We are making it easier for you to keep up-to-date with changes in Medicaid by signing up to receive Medicaid Health Care Alerts.

Once signed up, you will receive updates on policy, billing, and news for the provider type(s) and geographic areas you select. You will control what you wish to receive and will be able to easily update your email address and preferences.

Here's how you sign up:

Go to the [Agency for Health Care website](#).

Click on **Sign Up for Medicaid Health Care Alerts** located at the bottom of the page.

On the Florida Medicaid Health Care Alerts page complete the form with your email address (required), first name and last name (optional). You can then choose to receive all areas and all messages/provider types, or as many individual provider types and areas as you wish. Once you have completed the form, click **Submit**.

A confirmation email will be sent to your mailbox to avoid fraudulent subscription requests. You must click on the link **Confirm to list: Medicaid Alerts** in the confirmation email to complete your subscription. If you do not wish to be added, do not click on the link.

You can unsubscribe or add/change email addresses at any time by clicking on the **Manage Your Subscription** link located at the bottom of any health care alert email you receive.

If you have any questions on subscribing or unsubscribing to health care alerts, please contact [Medicaid\\_Alert@ahca.myflorida.com](mailto:Medicaid_Alert@ahca.myflorida.com).

To see previous health care alerts please visit the [Provider Message Archive](#) page and follow the instructions on how to search for an alert.