Florida Medicaid

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Provider Bulletin

AGENCY FOR HEALTH CARE ADMINISTRATION

Online Provider Enrollment Wizard Required to Enroll as a Medicaid Provider

Effective July 1, 2013, the Agency will require the majority of applicants seeking enrollment as a provider in Florida Medicaid to submit their application via the online Provider Enrollment Wizard. Paper applications will no longer be accepted from most in-state applicants as well as those Alabama and Georgia applicants seeking enrollment in Florida Medicaid. Out-of-state providers of emergency transportation and emergency services, in-state hospitals undergoing a change of ownership, and enrolled providers seeking to add new types of services or additional service addresses to their existing record will continue to submit paper applications until further notice.

Applicants seeking to enroll in Florida Medicaid can apply online using the enrollment wizard on the Medicaid public portal. The wizard provides interactive guidance to the applicant, which ensures an accurately completed application and reduced processing time. To access the wizard, applicants will go to mymedicaid-florida.com, select Public Information for Providers, then select Enrollment.

By indicating the requested provider type and specialty, the applicant engages the wizard, which guides them step-by-step through the required fields. Applicants will complete only those fields related to their specific provider type and specialty. An in-process application can be saved and completed at a later time.



Upon completion of the required information, the wizard supplies additional instructions to assist the applicant with submitting and completing their application. This includes:

- Printing and saving a PDF version of the completed application for the applicant's records.
- Reviewing a list of required documents which is tailored specifically to the applicant's provider type, and specialty.
- Linking to the **Enrollment Forms** page on the Medicaid portal. Any Medicaid provider forms required in the document list may be downloaded to be completed and submitted.
- Uploading the required documents directly to the Medicaid provider record thus eliminating postage costs as well as saving time and effort.
- Tracking the application status by linking to the Enrollment Status page.

The Medicaid fiscal agent will begin processing the application as soon as all required supporting documents, including Florida Medicaid provider agreement and background screening, are received and matched with the online submission.

The online enrollment wizard coupled with the submission of fingerprints through an authorized livescan vendor, makes the provider enrollment process virtually paperless, allowing for more accurate and timely process.

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For more information visit



A Message From Secretary Elizabeth Dudek

Dear Medicaid Provider,

In the spring edition I mentioned several highlights from the start of the year, and looking back on them now, work on each of those items continues:

- The Agency is moving forward with the July 1 implementation of DRGs as the hospital inpatient payment method. Our staff has been working with providers and associations to prepare for this transition, and there is additional information on our Agency website.
- The Background Screening Unit continues to work toward implementing the Background Screening Care Provider Clearinghouse. The Clearinghouse will provide a single data source for background screening results of persons required to be screened by law for employment in positions that provide services to children, the elderly and disabled individuals. The Clearinghouse also uses the retained fingerprints that were mentioned in the spring bulletin and should reduce duplicative screenings for providers.
- More than a dozen teams of staff representing all parts of the Agency continue vigorous work on the Statewide Medicaid Managed Care program. For a while we've been writing about the pending implementation of the Long-term Care program it is upon us now! Read more about the roll-out in the article on page 4. Evaluation of the Managed Medical Assistance proposals continue according to schedule.
- I am proud of the systems the Agency and our partners have implemented in the past year to ensure that medically complex children residing in pediatric nursing facilities, and their families, have our nurse care coordinators as another set of eyes and ears in the health-care setting chosen by the parents. Our new system of care that provides more oversight for children's care is working and was highlighted in a May 28 column in the *Tampa Tribune*. The column is saved on the Agency's website under Agency News.

Thank you for your commitment to serving the Medicaid population and for collaborating with us as we continue to make enhancements to our program. Sincerely,

Elizabeth Dudek

Secretary



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FloridaHealthFinder.gov Makes Your Job Easier

The Agency for Health Care Administration's (AHCA) consumer health care website, <u>FloridaHealthFinder.gov</u>, continues our commitment for better health care for all Floridians, by providing information and tools to help both you as a health care provider and the patients that you serve.

FloridaHealthFinder.gov has a great solution to make everyone's job in the health care field easier—Facility Locator. This function of FloridaHealthFinder.gov can help you locate AHCA's licensed providers at the click of a mouse. It also provides you with such detailed information such as:

- Driving directions
- Inspection reports
- · AHCA license and file number
- Specialty programs and services
- Accreditations
- Legal actions

To use facility locator, go to the Facility/Provider Locator web page and click on "Search by Facility Type/Location." You can then search through the more than 30 facility/provider types represented for the one you are looking for, even utilizing the advanced search option to narrow down your focus more. Once you click the orange "Search" button a list of facilities will appear on your screen—just click any of those facility names for a detailed profile page. Best of all, this is the most up-to-date information available in the state, as FloridaHealthFinder.gov is updated nightly from AHCA's licensure files.

In addition, this function is available for you to download to your smart phone, so that when you are traveling the state for business or pleasure, you, your staff and your family can have this function at your fingertips. If you have any questions about FloridaHealthFinder.gov or are interested in attending a free live virtual tour of the website in a webinar, please contact Marisol Fitch, Community Outreach Coordinator, at Marisol-Fitch@ahca.myflorida.com. Thank you for visiting FloridaHealthFinder.gov.

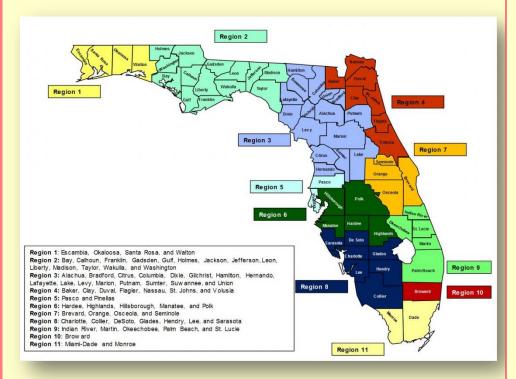


SMMC implementation has begun!

The spring bulletin included a two-page article about the upcoming implementation of the Statewide Medicaid Managed Care (SMMC) program and some of the Agency's preparations. Those efforts have paid off as enrollment of recipients into the Long-term Care program has officially begun! The choice counseling call center opened May 20 and several hundred recipients have already made their long-term care plan choice.

The Long-term Care program is being implemented in phases around the state, beginning with the greater Orlando area (Region 7). Providers in Regions 8 and 9 are getting ready for the transition as they are next in the regional implementation process. The Agency is offering a series of webinars for providers on topics including Medicaid pending status, plan of care transition and participant directed option, among others. We encourage you to participate in these webinars and can access more information via the Statewide Medicaid Managed Care website. The webinars are recorded and for viewing from available the Agency's YouTube page: www.YouTube.com/AHCAFlorida.

The SMMC website is updated to include a page specifically for <u>LTC providers</u> that will be updated regularly with information specifically for you — our valuable providers. The Agency continues to receive questions about the LTC program, many of which have already been answered and responses are posted in our FAQ document that is updated weekly.



Stay in touch via social media.

As the 'go-live' date for the Statewide Medicaid Managed Care program grew closer, the Agency began looking for additional ways to spread the word and provide assistance to recipients throughout the transition. Adding social media to the existing outreach strategy seemed like the next logical step in that process. As of April 15, the Agency began maintaining official profiles on Facebook, Twitter and YouTube.

Agency social media profiles will share news releases, event notices, educational videos and other resources as a way to inform and engage the public. Anyone interested in learning more about the programs and initiatives being undertaken by the Agency are encouraged to like, follow, or subscribe to receive regular updates on these popular social networks.

Facebook.com/AHCAFlorida



Twitter.com/AHCA FL



Youtube.com/AHCAFlorida



Medicaid Compliance Awareness

Providers are encouraged to develop a compliance training program, to seek educational opportunities, and to educate staff on the statutes, rules, and regulations that govern the Florida Medicaid program. The Bureau of Medicaid Program Integrity oversees the activities of providers to ensure that fraudulent and abusive behavior and neglect of recipients do not occur, and to recover overpayments and impose sanctions. The Medicaid Provider Agreement states that the provider agrees to comply with all local, state, and federal laws, as well as rules, regulations, and statements of policy applicable to the Medicaid program, including Medicaid Provider Handbooks issued by AHCA.

It is important that a provider be familiar with the applicable publications. For example, goods and services provided must be medically necessary and properly documented. A Medicaid provider must keep, maintain, and make available all medical and Medicaid-related records as required for a period of at least five years. Overpayments, sanctions, investigative, legal, and expert witness costs are recoverable from providers. An overpayment includes any amount that is not authorized to be paid by the Medicaid program whether paid as a result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse, or mistake. In making a determination of overpayments to a provider, the agency can use any accepted and valid auditing, accounting, or analytical methods, as well as, generally accepted statistical methods, including extrapolation.

An ounce of prevention is worth a pound of cure. If you need assistance in locating the regulations that govern the Florida Medicaid program, please contact your <u>Medicaid area office</u>.



Compliance Corner

Each quarter the Medicaid Director's Fraud Prevention and Compliance Unit prepares an article intended to assist providers with increasing compliance with Medicaid program rules. This article will provide you with helpful tips and information/resources to aide you in those efforts.

First, are you signed up for Medicaid health care alerts? We are making it easier for you to keep up-to-date with changes in Medicaid. Sign up for "Florida Medicaid Health Care Alerts" in three easy steps.

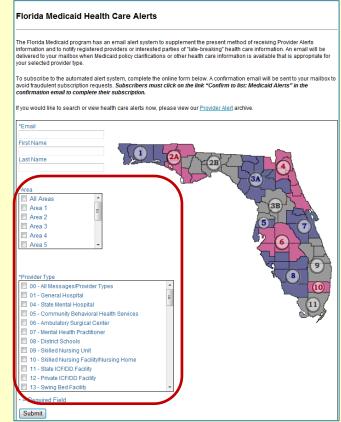
Instructions for subscribing are listed below. Once signed up, you will receive updates on policy, billing, and news for the provider type(s) and geographic areas you select. You control what you wish to receive and will be able to easily update your email address and preferences.

- Go to the <u>Agency for Health Care Administrations</u> website to sign up for Florida Medicaid Health Care Alerts.
- 2) Click on the Sign Up for Medicaid Health Care Alerts located at the bottom of the page.



3) The Florida Medicaid Health Care Alerts page allows you to subscribe to the automated alert system. To subscribe, complete the online form shown below. A confirmation email will be sent to your mailbox to avoid fraudulent subscription requests. You can check OO- All Messages/Provider Types or as many individual provider types as you wish. You will receive information via email as soon as Medicaid Health Care Alerts are sent from AHCA. You can unsubscribe or add/change email addresses at any time by clicking on the "Manage your Subscription" link at the bottom any of the messages.

Note: Subscribers must click on the link "Confirm to list: Medicaid Alerts" in the confirmation email to complete their subscription.



Compliance Corner (cont.)

A second item we wanted to provide is a list of contact information for key Medicaid offices and resources. We have included links to both AHCA and other websites that might be of use to you in your efforts to be compliant with program policies.

Helpful Information Regarding Florida Medicaid

- AHCA website address: http://ahca.myflorida.com/
- Florida Medicaid information: http://ahca.myflorida.com/medicaid/
- Medicaid Area Offices: http://ahca.myflorida.com/Medicaid/index.shtml#a reas
- To download a copy of the Florida Medicaid Summary of Services go to http://ahca.myflorida.com/medicaid/ then click on the Resources tab then click on Summary of Services.
- To view or download the Medicaid Provider
 Handbooks go to:
 http://ahca.myflorida.com/medicaid/ and click on
 the Providers tab, then the Provider Resources tab,
 then click on Provider Handbooks.
- Medicaid providers may reach the fiscal agent, HP at the following phone number: 1-800-289-7799
- Medicaid providers may reach EDI Services at the following phone number: 1-866-586-0961
- OIG's Federal Exclusions List: https://oig.hhs.gov/exclusions/index.asp
- ICD-10 Transition: http://ahca.myflorida.com/Medicaid/ICD-10/
- To find a facility licensed by AHCA visit: http://www.floridahealthfinder.gov/facilitylocator/ FacilitySearch.aspx
- Complaints about health care facilities are taken during regular business hours, 8:00 A.M. to 5:00 P.M., (EST) call (888) 419-3456
- Recipient information (DCF) 1-866-762-2237 or http://www.myflorida.com/accessflorida/

Report suspected fraud, abuse, or overpayments to Medicaid Program Integrity:

1-888-419-3456 or ahca.myflorida.com/reportfraud

Those who report fraud may be entitled to a reward if they report a criminal case that results in a fine, penalty or forfeiture of property. To find out more, call the Attorney General at 1-866-966-7226.

Our third item may be one of the most valuable resources available to providers. Florida Medicaid now has an e-Library which contains training resources for providers on policy and compliance issues. By using this site you can benefit from Agency training resources at a time that is convenient for you. Providers can learn at their own pace and build their knowledge of Medicaid policy, decreasing the risk of noncompliance and avoiding billing errors.

Find additional resources and training on the Florida Medicaid Provider Training e-Library

- 1) Go to the Agency's website
- 2) Click on Medicaid



- 3) Then click on the tab for Providers
- 4) Then click on the tab for the Training e-Library



On the Florida Medicaid Provider Training e-Library you may look through the list of PowerPoint presentations and videos on the "Upcoming Training and Schedules" and "Previous Training Materials" tabs and select the information that is of interest to you.

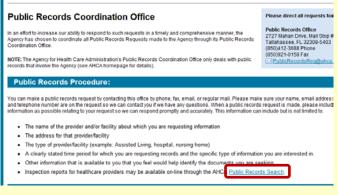
Compliance Corner (cont.)

The last two pieces of information we have to share will help providers ensure they are compliant with the statutory provisions regarding terminated providers. Section 409.913(25)(b), Florida Statutes, provides that the Agency may not pay for goods or services that were furnished by, supervised by, or caused to be furnished by (e.g., prescribed, ordered, authorized) a person who has been suspended or terminated from the Medicaid program or Medicare program by the Federal government or any state. If the Agency does reimburse a provider for goods or services that were furnished, supervised, ordered, authorized or prescribed by a terminated or suspended person, the reimbursements are subject to recoupment. Providers may find information about Medicaid sanctioned providers, including providers who were sanctioned with suspension or termination, by a simple search on the Agency's website.

1) From the AHCA website, click on Public Records.



2) Then click on Public Records Search



Click on the tab for Legal Orders and select Medicaid Sanctioned Providers.

The page also contains an **information document** to further assist you with searches.

Providers are also welcome to contact Kelly Bennett, the Medicaid Director's liaison regarding compliance matters at Kelly.Bennett@ahca.myflorida.com



Finally, we appreciate your continued efforts to assist us by reporting suspected fraud and abuse. The Agency's Bureau of Medicaid Program Integrity accepts referrals of suspected fraud, abuse, or overpayments in the Medicaid program at 1-888-419-3456 or electronically on the Agency's website (see link to form below). Suspected Fraud can also be reported to the Office of the Attorney General toll-free at 1-866-966-7226.

REPORT MEDICAID FRAUD

Online or 866-966-7226

REPORTE FRAUDE DE MEDICAID

Children and Hospice: Comfort Care without Giving Up Hope for a Cure

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (PPACA) into law. One of the provisions of PPACA is called "Concurrent Care for Children." This new provision significantly changes the way end-of-life care and services are provided to terminally ill children.

Prior to the passage of PPACA, when any individual, including children, elected the hospice benefit, they were required to discontinue treatment for their terminal diagnosis and related conditions. This is because hospice services are primarily designed to provide comfort care when there is no longer hope for a cure.

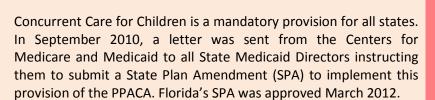
Now, children may receive hospice services while continuing to receive curative care and treatment for their terminal diagnosis. This new provision applies to children under age 21 who are covered by Medicaid, including children served in the Children's Health Insurance Program and in the Children's Medical Services (CMS) network. Children receiving "concurrent care" must still meet the hospice medical eligibility criteria, which is a terminal diagnosis with a life expectancy of six months or less if the disease runs its normal course.

Under Concurrent Care for Children, curative services are paid for separately from those provided under the child's hospice benefit. Simply stated, under concurrent care, the hospice provider bills Medicaid for the hospice services and the treating providers bill separately for their services. The hospice and the treating providers

must work closely

together to ensure care plans are coordinated.





The Agency is working closely with Florida Hospice and Palliative Care Association to implement Concurrent Care in Florida. Several children are already receiving concurrent care, and a task force has been formed to ensure a smooth implementation process.

For more information, please contact Barbara Hengstebeck at Barbara.Hengstebeck@ahca.myflorida.com



Medicaid Statewide Prepaid Dental Health Plan Program Update

Due to a provision in Florida law, Medicaid recipients will no longer be allowed to "opt out" of the Statewide Prepaid Dental Health Plan (PDHP) program and instead receive dental services through Medicaid fee-for-service (also called straight Medicaid). Effective July 1, 2013, all Medicaid children eligible for the PDHP program will be enrolled in one of the two PDHPs: DentaQuest or MCNA Dental.

Recipients who have opted out of the PDHP program up to this point will be notified of this change by mail and offered a choice between the two PDHPs. Recipients who do not choose a PDHP will be assigned to one by the state effective July 1, 2013, but may change plans at any time thereafter.

Even after July 1, 2013, Medicaid fee-for-service dental providers should not cancel appointments in July for patients newly assigned to a PDHP. Each PDHP is required to cover ongoing treatments for a minimum of the first 30 days of a member's enrollment. For members in active orthodontia care prior authorized by Florida Medicaid, each PDHP is required to cover the completion of the treatment whether or not the orthodontist participates in the PDHP's provider network.

As always, providers should carefully check eligibility before rendering services to Medicaid recipients to ensure the appropriate payer is contacted or billed.

Many Medicaid fee-for-service dental providers also participate in one or both PDHP provider networks, and will be able to continue treating PDHP enrollees after July 1, 2013. Providers who are interested in contracting with the state's PDHP vendors should contact DentaQuest or MCNA Dental.

For updates on the Statewide PDHP program as they become available, visit the <u>Statewide PDHP</u> web page or direct questions to the Statewide PDHP mailbox at <u>statewide.PDHP@ahca.myflorida.com</u>.

