

Florida Medicaid

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Provider Bulletin

AGENCY FOR HEALTH CARE ADMINISTRATION

A Message from Secretary Justin Senior

Dear Medicaid Provider:

I am happy to announce that we recently received our Healthcare Effectiveness Data and Information Set (HEDIS) scores for calendar year 2016. This is the second full-year HEDIS report that that Agency has received since transitioning to the Statewide Medicaid Managed Care (SMMC) program, and the results show an improvement in the vast majority of measures.

These scores reflect that not only is the program working, but is also providing even better quality of care every year. Florida's Medicaid program is above the national average on a majority of measures, with 53% of measures above the national average and 6% at the national average. Out of the 49 reported measures, 31 showed improvement over last year including the measures for annual dental visits, cervical cancer screening and post-partum care. We are proud of how successful the program has been, and we look forward to continuing to work with health plans to ensure ongoing quality improvement and high levels of health care for Floridians.

Thank you for all that you have done to help the SMMC program provide such great care for Floridians and for your continued commitment to serving Florida's Medicaid population.



Justin M. Senior
Secretary

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AHCA Releases Invitation to Negotiate for SMMC Re-Procurement



The Agency for Health Care Administration (Agency) released the Invitation to Negotiate (ITN) for the re-procurement of the Statewide Medicaid Managed Care (SMMC) program on July 14, 2017. The ITN can be accessed through the Florida Department of Management Services' Vendor Bid System at:

http://www.myflorida.com/apps/vbs/vbs_main_menu

*As stated in s.287.057(23), F.S., "Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer or as provided in the solicitation documents. **Violation of this provision may be grounds for rejecting a response.**"*

As a result, per s. 287.057(23) F.S., with the release of the ITN the Agency has entered into the statutory blackout period. The Agency will not have any discussions relating to the scope, evaluation or negotiation of those procurements.

To assist prospective plans in the development of their responses to the Statewide Medicaid Managed Care program Invitation to Negotiate (ITN), the Agency published a data book on March 30, 2017. The Agency held a public meeting on April 12, 2017 to present the data book and collect stakeholder questions. An updated data book and answers to questions received from stakeholders are included as exhibits to the ITN.

All health plans and potential bidders must direct their questions related to the SMMC procurement to the Agency's Procurement Officer: Jennifer Barrett
Email: Jennifer.Barrett@ahca.myflorida.com

The Agency is also statutorily required to consider comments by any enrolled or registered Medicaid provider relating to a respondent that has submitted a response to the ITN in the same region in which the provider is located and rendering services. The Agency will publish a list of respondents and instructions for how providers may submit comments to this solicitation within two (2) business days of the public opening at:

http://ahca.myflorida.com/medicaid/statewide_mc/index.shtml

The Agency will utilize an online survey tool for the collection of the provider comments. The online survey tool will remain open and active for a period of ten (10) business days.

Additional information about the SMMC re-procurement can be accessed through the following link: http://ahca.myflorida.com/medicaid/statewide_mc/SMMC_Re-Procure.shtml

Florida Medicaid Adopted Policies 2016-17

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 when required.

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

In fiscal year (FY) 2016-2017, the Bureau adopted the following administrative rules:

BUREAU OF MEDICAID POLICY – ADOPTED POLICIES BY RULE NUMBER FY 16-17

| <i>Rule 59G-</i> | <i>Policy</i> | <i>Rule 59G-</i> | <i>Policy</i> |
|------------------|------------------------------------------------------|------------------|--------------------------------------------------------------------------------------|
| 4.020 | Ambulatory Surgical Center Services | 6.045 | Payment Methodology for Facilities |
| 4.025 | Assistive Care Services | 6.020 | Payment Methodology for Inpatient Hospital Services |
| 4.125 | Behavior Analysis Services | 6.030 | Payment Methodology for Outpatient Hospital Services |
| 6.035 | Certified Public Expenditures for Emergency Services | 4.215 | Personal Care Services |
| 13.070 | DD iBudget Waiver Services | 1.040 | Pre-Admission Screening and Resident Review |
| 13.081 | DD iBudget Waiver Services Provider Rate Table | 4.261 | Private Duty Nursing Services |
| 4.015 | Emergency Transportation Services | 4.002 | Provider Reimbursement Schedules and Billing Codes |
| 1.100 | Florida Medicaid Fair Hearings | 1.054 | Recordkeeping and Documentation |
| 8.600 | Good Cause for Disenrollment from Health Plans | 6.005 | Reimbursement Methodology for Services Provided by Medical School Faculty |
| 4.132 | Home Health Electronic Visit Verification | 4.322 | Respiratory Therapy Services |
| 4.130 | Home Health Services | 4.324 | Speech-Language Pathology Services |
| 1.045 | Medicaid Forms | 4.192 | Statewide Medicaid Managed Care Long-term Care Program |
| 4.330 | Non-Emergency Transportation Services | 4.193 | Statewide Medicaid Managed Care Long-term Care Program Prioritization and Enrollment |
| 4.318 | Occupational Therapy Services | 4.320 | Therapy Services |
| 6.090 | Payment Methodology for County Health Departments | | |

Florida Medicaid Policies in Process 2017-18

BUREAU OF MEDICAID POLICY - POLICIES IN PROCESS BY RULE NUMBER FY 17-18

| <i>Rule 59G-</i> | <i>Policy</i> | <i>Rule 59G-</i> | <i>Policy</i> |
|------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|
| 9.070 | Administrative Sanctions on Providers, Entities, and Persons | 1.100 | Medicaid Fair Hearings |
| 4.125 | Behavior Analysis Services | 4.197 | Medical Foster Care |
| 4.028 | Behavioral Health Assessment Services | 4.160 | Outpatient Hospital Services |
| 4.029 | Behavioral Health Medical and Psychiatric Services | 6.010 | Payment Methodology for Nursing Home Services |
| 4.031 | Behavioral Health Support Services | 4.250 | Prescribed Drug Services |
| 1.065 | Claims Reimbursement | 4.300 | State Mental Health Hospital Services |
| 4.050 | Community Behavioral Health Services | 4.199 | Targeted Case Management Services |
| 1.010 | Definitions | 4.027 | Therapeutic Foster Care |
| 4.070 | Durable Medical Equipment and Medical Supplies | 4.295 | Therapeutic Group Care |
| 4.085 | Early Intervention Services | 1.052 | Third-party Liability Requirements |
| 1.058 | Eligibility | | |
| 6.031 | Enhanced Ambulatory Patient Grouping Reimbursement Methodology for Outpatient Hospitals and Ambulatory Surgical Centers | <i>REPEALS (will adopt simultaneously with replacement policy)</i> | |
| 1.060 | Enrollment Policy | 4.001 | Medicaid Providers Who Bill on the CMS-1500 |
| 1.050 | General Medicaid Policy | 4.003 | Medicaid Providers Who Bill on the UB-04 |
| 4.180 | Intermediate Care Services | 7.003 | Medicaid Third-party Liability Responsibility and Notices |
| 4.035 | Medicaid Certified School Match Program | 5.010 | Provider Enrollment |
| 4.058 | Medicaid County Health Department Certified Match Program | 5.020 | Provider Requirements |

Additionally, the Bureau is reviewing current policies and any new legislation impacting Florida Medicaid requiring rule promulgation in fiscal year 17-18. Real-time information about Florida Medicaid policies and rules is available at

<http://ahca.myflorida.com/medicaid/review/index.shtml>.

Florida Medicaid's Promulgated Fee Schedules

The Agency for Health Care Administration (Agency) updates all fee schedules and billing codes annually. All Florida Medicaid fee schedules and billing codes are promulgated (adopted) into rule. They can be located on the Agency's website at:

http://ahca.myflorida.com/medicaid/review/fee_schedules.shtml.



HISTORY

Inactive fee schedules have been moved to the historical fee schedule and billing code page. These can be located on the Agency's website at: https://ahca.myflorida.com/medicaid/review/Historical_Reim.shtml.

The Agency is providing an overview presentation on the Practitioner Fee Schedule on Wednesday, September 13, 2017, from 9 -10:30 a.m. The goal of this presentation is to provide information to Medicaid practitioners regarding fee schedule use. Information shared will include reimbursement methodologies, the rule promulgation process, and Medicaid coverage policies. A brief question and answer period will follow the presentation. Those interested must register prior to the webinar utilizing the link at: <https://attendee.gotowebinar.com/register/7068185594467210243>. After registering, you will receive a confirmation email containing information about joining the webinar.



New Medicaid Report Provides Critical Data for Quality Improvement



The Agency for Health Care Administration has posted the Spring 2017 Quarterly Statewide Medicaid Managed Care Report.

The report analyzes potentially preventable health care events in the Florida Medicaid program. The implementation of the Statewide Medicaid Managed Care program has controlled the rising cost of health care and continually improved quality. Identifying and taking action to reduce potentially preventable health care events will not only save additional taxpayer money, but also promote better health care. Ensuring recipients are receiving the appropriate care in the appropriate setting by reducing these events is one of Medicaid's primary goals.

The report examines three types of health care events - Potentially Preventable Hospital Admissions, Potentially Preventable Hospital Readmissions, and Potentially Preventable Emergency Department Visits.

Using the findings in the report the Agency has begun outlining strategic approaches to reducing these events. The Agency will work on these approaches with stakeholders and health plans, and additional information about will be distributed in the coming months.

The full report may be viewed on the Agency's website at: http://ahca.myflorida.com/Medicaid/Finance/data_analytics/BI/index.shtml

EAPG Pricing Implementation



On July, 1 2017, Florida Medicaid implemented an ambulatory surgical center (ASC) and hospital outpatient payment method utilizing 3M™ Enhanced Ambulatory Patient Grouping (EAPG). The EAPG pricing is based on date of service. Outpatient hospital and ASC claims with dates of service July 1, 2017, and after will be priced using the EAPG method.

EAPG pricing information including Frequently Asked Questions and a Quick Reference Guide can be found on the Medicaid Provider Portal at Mymedicaid-Florida.com. Email questions to fl.eapg.support@dxc.com.

National Health Observances

August – Psoriasis Awareness Month



Psoriasis affects as many as 7.5 million Americans; up to 30 percent of individuals with psoriasis also develop psoriatic arthritis, which causes pain, stiffness and swelling of the joints. Psoriasis can occur on any part of the body and is associated with other serious health conditions, such as diabetes, heart disease and depression. Psoriasis can be triggered by internal or external factors, which vary from person to person. For more information: <https://www.psoriasis.org/>

September – National Childhood Obesity Awareness Month



One in 3 children in the United States are overweight or obese. Childhood obesity puts kids at risk for health problems that were once seen only in adults, like type 2 diabetes, high blood pressure, and heart disease. The good news? Childhood obesity can be prevented. Communities, health professionals, and families can work together to create opportunities for kids to eat healthier and get more active.

For more information:

<https://healthfinder.gov/NHO/SeptemberToolkit.aspx>