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Florida Medicaid Provider Bulletin

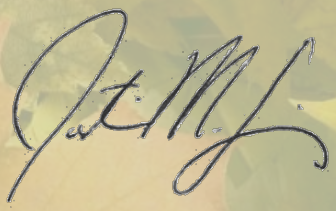
Agency for Health Care Administration

A Message from Interim Secretary Justin Senior

We recently learned that for calendar year 2015 the Florida Medicaid program achieved its highest score ever on the Healthcare Effectiveness Data and Information Set (HEDIS) Annual Dental Visit performance measure.

This improvement in the Florida Medicaid program's HEDIS dental visit score is a big success for our Agency, Florida's health plans, and Florida's dental providers, and is a direct reflection of our collective determination to ensure children are receiving appropriate dental care. The high HEDIS score comes on the heels of our recent announcement that the Agency's CMS 416 preventive dental measure score, which is also at the highest level in Florida Medicaid's history, increased by six percentage points from 2014 to 2015. During Governor Scott's administration so far, 2011 through 2015, this measure has improved by a whopping 19 points. We work every day to ensure that Medicaid recipients are receiving quality care, and we are committed to continuously improving these scores.

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



Justin M. Senior
Interim Secretary

Inside This Issue:

Managed Medical Assistance (MMA) Physician Incentive Program

As part of the Statewide Medicaid Managed Care authorizing statute, provisions were put in place to require plans to increase compensation for physicians, using funds achieved through savings from effective care management.

The Agency has designed the Managed Medical Assistance Physician Incentive Program with the expectation that health plans should be able to fund higher physician reimbursement out of managed care savings, as specified by section 409.967(2) (a), F.S.

As of October 1, 2016, Board Certified Pediatricians and Board Certified Obstetricians who meet specified criteria and/or access and quality measures and who are contracted with one or more MMA plans are eligible for enhanced payments that are equivalent to Medicare rates for specific services. The Agency intends to add additional physician types to the program over time. Please continue to monitor provider alerts and bulletins for additional information about the program.

A website with information about the Managed Medical Assistance Physician Incentive Program, including health plan contacts for providers and plan specific program summaries, how pediatricians and obstetricians qualify, and what services are included can be accessed through the following link: http://ahca.myflorida.com/medicaid/statewide_mc/mma_physician_incentive.shtml.

Payment Error Rate Measure Project (2017) Update

We will begin to send out specific information that pertains to medical record requests by the federal review contractor, A+ Government Solutions, LLC, a CNI Company, as information becomes available for the 2017 Payment Error Rate Measurement cycle. Please look for additional details in upcoming Provider Bulletins and on the Agency's PERM website at http://ahca.myflorida.com/Medicaid/perm/.

In the meantime, Florida Medicaid reminds all providers receiving reimbursement through the Medicaid fee-for-service delivery system that they must comply with all requirements in general and service-specific Florida Medicaid handbooks and policies.

Providers must report address changes and any change in their managing employees in accordance with their Medicaid Provider Agreement and the Florida Medicaid Provider General Handbook to ensure accurate communication and prompt payment for services rendered.

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. The Provider General Handbook (page 2-49) requires the following:

"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."

If closing out a former managing employee, list the individual's name and the date they departed. If adding a new managing employee, list the individual's name, home address, date of birth, social security number, 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.

To receive notifications on specific Florida Administrative Code (FAC) Agency rules, visit the FAC website at https://www.flrules.org/ and select "Subscribe for Notifications." Updates on Florida Medicaid rules are posted to the Agency's Rules website at http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/rules/index.shtml.

If you would like more information related to PERM and your role in this process, please visit the CMS PERM website at http://www.cms.hhs.gov/perm/. All documentation specific to 2017 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, in the Utilization Management Unit at Jason.Ottinger@ahca.myflorida.com.

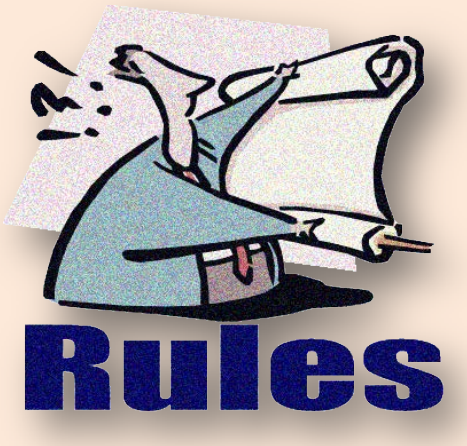
Florida Medicaid Administrative Rule Updates

The Agency for Health Care Administration (Agency) recently reviewed and assessed all Medicaid administrative rules (including Medicaid policies, forms, and fee schedules as incorporated by reference) found in Rule Division 59G, Florida Administrative Code, to determine whether updates were needed. The Agency's goal is to ensure all rules align with the implementation of the Statewide Medicaid Managed Care (SMMC) program, comport with the Agency's federal and state authorities, and are clear, concise, and accurate. The new policies are not provider specific, but rather service/topic specific and are now called "coverage policies." The Agency began promulgating revised rules in 2015, and is expected to complete all impacted rules by June 2017.

The Agency has updated its website to consolidate all rule information into one location. Providers and other interested stakeholders can now access rule materials, such as workshop and hearing drafts and promulgated rule materials at http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/rules/index.shtml.

The Agency encourages providers and all interested stakeholders to engage in the rulemaking process. To help with this, the Agency will enable individuals who cannot attend in-person to listen by phone during rule workshops. Information on how to participate in rule workshops (face-to-face and by phone) will be included in the Notice of Rule Development published in the Florida Administrative Register.

The Agency will also host web-based training sessions to orient interested stakeholders to changes in the format and approach of the newly promulgated coverage policies. More information about these web-based training sessions will be sent via Florida Medicaid Health Care Alerts. To sign up for alerts, please visit http://ahca.myflorida.com/medicaid/alerts/alerts.shtml.



Medicaid Provider Enrollment Application

Common Errors and How to Avoid Them

Providers seeking to enroll in Florida Medicaid must apply online through the Online Provider Enrollment Wizard (Wizard) located on the Medicaid Public Portal at http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/tabId/42/Default.aspx. The Wizard provides guidance for completing the application, an upload feature for submitting supporting documentation, and an application status tracking feature.

Upon submission, provider applications are reviewed for accuracy and validation that all required supporting documentation has been received. Applications with deficiencies are rejected and the provider must resubmit in order to continue the enrollment process. As such, deficiencies directly impact the total time it takes between the submission of a provider application and completion of the enrollment process.

Providers are encouraged to review the four most common application deficiencies as described below. These four items account for over 50% of all provider application rejections.

Missing or Incomplete Florida Medicaid Provider Agreement

All providers must sign the provider agreement, which is the contract between the provider and the Agency for Health Care Administration (Agency). The most common error that causes provider applications to be rejected is a missing provider agreement, or one that is not signed by the appropriate persons.

- Sole proprietors and sole proprietors enrolling as a member of a group must sign their own provider agreement. An employer or other person cannot sign on behalf of the provider.
- Groups, facilities, or other business entities' provider agreements must be signed by all persons disclosed on the provider application. Alternatively, a chief executive officer (CEO) or president may sign the agreement in lieu of all other persons.

Missing or Incomplete Background Screening Results

All persons disclosed on a provider application must submit a complete set of fingerprints for purposes of obtaining a criminal history background check. The second most common error that causes provider applications to be rejected is failure to submit a Medicaid eligible background screening.

- Beginning the screening process as early as possible may reduce the length of time that a provider application may be pending for the receipt of the screening results.
- Screenings must be initiated through the Care Provider Background Screening Clearinghouse (Clearinghouse) prior to sending an applicant for fingerprinting. Applicants must create an account in the Clearinghouse and request access to Florida Medicaid screenings.
- Applicants who have been granted access to the Clearinghouse for another agency, such as the Department of Children and Families, must still request access to Florida Medicaid in order for screening results to be shared with Florida Medicaid.
- New applicants must create their provider application first and then allow 24-hours for the application tracking number to be received by the Clearinghouse before creating a new account.
- Providers with existing Medicaid IDs can create their account at any time as their Medicaid IDs are already recognized by the Clearinghouse.
- If an individual has an eligible screening by another agency in the Clearinghouse, they may request an agency review by Florida Medicaid at no cost. The provider must log in under their Florida Medicaid account to request the agency review for the results to be shared with Medicaid.
- Renewing providers are encouraged to complete their screenings as soon as possible, so that their screenings will already be on file when they are contacted to renew their provider agreement.

Information on the Clearinghouse, including user guides and training videos, is available on the Agency's website at http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/BGS_results.shtml .

Medicaid Provider Enrollment Application

Common Errors and How to Avoid Them (Cont.)

Missing or Incomplete Proof of Tax ID

All providers must disclose their tax identification number (TIN) on the provider application. The third most common error that causes provider applications to be rejected is failure to submit compliant TIN information.

- Sole proprietors and sole proprietors enrolling as a member of a group must enroll with their Social Security Number (SSN).
- Incorporated persons, groups, facilities, and other entities must enroll using their Federal Employer Identification Number (FEIN).
- Providers cannot enroll using any other person's or entity's TIN.
- Applicants must submit proof of ownership of the TIN they have submitted as part of their provider application. Acceptable proof of Tax ID would be an IRS document, such as an IRS Letter 147c, IRS Form SS-4, Social Security Card, or IRS Form W-9.

NOTE: The name on the provider application and any license or permit must match exactly with the name on the tax document.

Missing or Incomplete Electronic Funds Transfer

All sole proprietors, groups, facilities, and other business entities must receive payment from Florida Medicaid via electronic funds transfer (EFT). The fourth most common error that causes provider applications to be rejected is failure to submit compliant payment information.

- Applicants must complete all required fields on the EFT agreement.
- Applicants must check only one box when multiple options are provided.
- The EFT agreement must list all persons with signing authority for the account, and all of those persons must be disclosed on the provider application.
- Applicants must submit a letter from the financial institution or a voided check showing the name on the account, the routing number, and the account number.

NOTE: The information on the EFT form must match exactly with the information on the provider application and the letter or voided check.

Summary

A correctly completed and compliant application reduces processing time. Applicants can improve their application processing time by following the guidance in this article to avoid unnecessary rejections.

For any questions related to this article or additional help with provider enrollment, please contact the Provider Enrollment Call Center at (800) 289-7799, Option 4.

National Health Observances

October – National Breast Cancer Awareness Month

Breast cancer is the most common cancer diagnosed in women in the United States, other than skin cancer. It is the second leading cause of cancer death in women, after lung cancer.

The chance of a woman having invasive breast cancer some time during her life is about 1 in 8. The chance of dying from breast cancer is about 1 in 37. Breast cancer death rates have been going down. This is probably the result of finding the cancer earlier and better treatment. Right now there are more than 3.1 million breast cancer survivors in the United States.

For more information, please visit the American Cancer Society website.

November – American Diabetes Month

Did you know that 1 in 11 Americans today has diabetes? Despite its prevalence, diabetes is an invisible disease. It affects men and women, people young and old, and people of all races, shapes and sizes. Often there are no outward signs from the 29 million Americans who fight this chronic illness every day. That's why there is a critical need to foster awareness and education while breaking down stereotypes, myths and misunderstandings about this growing public health crisis that affects so many of us.

For more information, please visit the American Diabetes Association website.

December – National Influenza Vaccination Week (NIVW) 12/4 – 12/10

Each year, the Centers for Disease Control and Prevention (CDC) invest in a national awareness campaign to educate the general population about the importance of influenza vaccination. As a critical public health issue, it is CDC's mandate to inform the general public, including at-risk populations, about the importance of influenza vaccination to provide them with useful information about influenza prevention.

For more information on NIVW, please visit the CDC website.

For more information about National Health Observances visit the healthfinder.gov website.

healthfinder.gov
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