# Florida Medicaid
# Provider Bulletin

## AGENCY FOR HEALTH CARE ADMINISTRATION

## Health Information Exchange
## 2012 – The Year of Adoption

2012 has been designated as the "year of adoption" for both the Patient Look-Up (PLU) and Direct Secure Messaging (DSM) services offered as part of Florida's Health Information Exchange (HIE) program. PLU service provides connectivity between already existing HIEs in Florida. The first three early adopters in the PLU (Big Bend RHIO, Florida Hospital-Adventist and Strategic Health Alliance) will begin exchanging data with one another in the very near future.
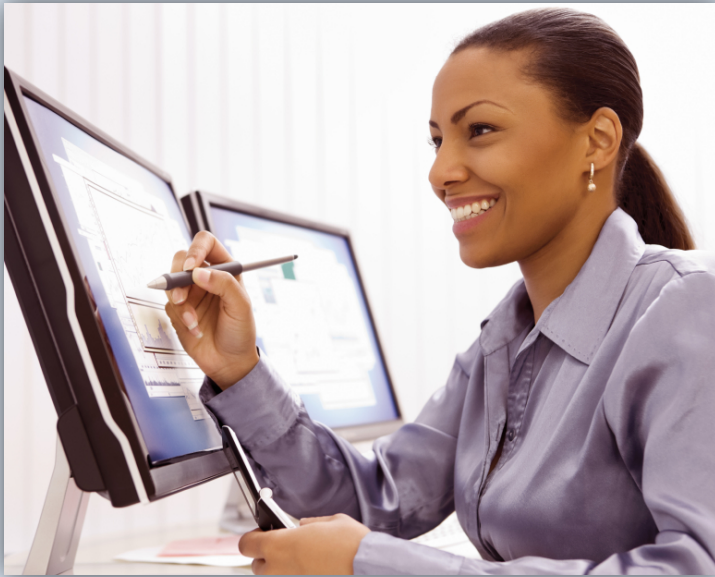
This means health information for over 2.5 million unique patients will be available (with patient consent only) to health providers from Florida's Panhandle to Central Florida via the Florida HIE Patient Look-Up service. The second user group (Orlando Health, Atlantic Coast HIE, Florida Department of Health and Health Choice Network) will expand the Patient Look-Up network to cover over 3.8 million unique patients from the Keys to the Florida-Georgia line. The second group of PLU adopters is expected to be able to share data with the other networks by the middle of 2012. Additionally, readiness questionnaires were received in early March and are being reviewed to determine which HIE networks are ready to participate in the third group of early adopters.

The use of the Health Information Exchange's DSM service is also expected to increase in adoption this year. DSM is a secure, encrypted email portal that allows providers to send and receive patient information electronically, as long as they have an internet connection. This free service is one way providers can meet Electronic Health Record Incentive Program Meaningful Use requirements.

With your participation we can help make the health care industry in Florida even more innovative, effective and meaningful. Investigate which options are best for you, participate in opportunities to collaborate, and integrate Florida's "Going Digital" efforts into your practice. More information is available at www.AHCA.MyFlorida.com/MedicaidEHR and www.Florida-HIE.net.

## Inside This Issue:

### All Providers

# A Message From Secretary Elizabeth Dudek

Since our last issue, we were informed that the Medicaid Reform Section 1115 Demonstration Waiver had been extended until June 30, 2014. This was a result of years of work on the part of our Medicaid coworkers involved in the Reform Pilot and their interactions with CMS. With the extension granted, the focus of the Agency's discussions with federal CMS will shift to the Statewide Medicaid Managed Care program that was created in 2011 by the Florida Legislature. We are currently finalizing responses to questions from CMS regarding Amendment 1, which is about state-wideness and mandatory enrollment of certain populations.

This year we will be making strides in Florida's "Going Digital" efforts with adoption of both Patient Look-Up (PLU) and Direct Secure Messaging (DSM) services offered as part of Florida's Health Information Exchange (HIE) program. We are looking forward to what these services will do for you as the health care provider and for the entire health care industry in Florida. On the cover, you can read about the Agency's progress and plans related to this effort.

You may have seen our recent press releases about actions the Agency has taken against licensees and providers who have broken the law. The Agency continues to have a strong stance against rogue providers. I know the majority of our providers are outstanding and for that, I say "thank you" for being a Medicaid provider and for helping us to provide quality care to more than 3.1 million recipients statewide.

The 2012 legislative session just ended and many bills passed that will affect the way the Agency conducts business. Our legislative staff is working on a comprehensive analysis and we will make that available to you when it is complete.

**Sincerely,**

*Elizabeth Dudek*

**Elizabeth Dudek**
**Secretary**

# Medicaid Compliance Corner

This edition of the Medicaid Compliance Corner is intended as an overview of information about the enrollment and re-enrollment process for Medicaid participation. It will discuss the Agency's on-line application process and background screening requirements, and conclude with information for providers and applicants who may have disqualifying criminal offenses. This information is also available on the Agency's website and the web portal for Medicaid providers. The purpose of this overview is to assist providers and applicants with the enrollment or re-enrollment process, when there are background screening issues that might have an impact.

An applicant seeking to participate in the Medicaid program must submit a complete set of fingerprints for each person declared on an initial or renewal/re-enrollment application, for the purpose of conducting a "Level 2" criminal history record check. This includes an FDLE (state) and FBI (national) screening. Details of the requirement are documented in the Florida Medicaid Provider Enrollment Guide for Completing Application. Applicants are encouraged to submit their fingerprints electronically.

The most common form of electronic screening involves use of a LiveScan device, which is a piece of equipment used to directly capture fingerprints through a scanning function. The Florida LiveScan vendor list is available on AHCA's background screening web page under the **Information & Resources** section. To ensure the results of your screening are delivered to Florida Medicaid, and not to the Agency's Division of Health Quality Assurance, be sure to use the correct account number, or ORI, assigned to Florida Medicaid. The ORI which should be used for Medicaid enrollment and re-enrollment is **FL922013Z**.

Fingerprint scanning using a LiveScan device provides faster results and generally costs less than hard card scanning, as there is less handling involved. LiveScan capture also produces a better quality print, with a lower rejection rate due to illegible prints (no ink smudging, etc.). For more information about the background screening process please visit the Medicaid background screening web page. This enhancement to the provider enrollment process allows providers to enroll without mailing any hard copy documentation. With electronic scanning of fingerprints handled by approved vendors, applicants may submit their Medicaid provider enrollment or re-enrollment applications, and all supporting documents, through the online Enrollment Wizard.

An application for Medicaid enrollment or re-enrollment that includes an individual with criminal history of a disqualifying offense as set forth in chapter 435, F.S., is required to be denied. However, this same statute provides the authority for an exemption process. Florida Medicaid is continuing to develop procedures to be used for this purpose, and is working closely with the Background Screening Unit of the Agency's Division of Health Quality Assurance (HQA). This unit handles screenings and exemption requests related to employment in a health care setting. As an interim measure for Medicaid, and in anticipation of a single process for both Medicaid and HQA, an applicant who is denied enrollment due to a background screening issue (the denial letter will advise if this is the basis for the denial) may utilize the forms and documentation requirements that have been established for HQA. Applicants may also choose to be proactive and seek an exemption prior to enrollment or re-enrollment.

The exemption process application form, as well as instructions for completing the form, are available on the Agency's HQA website. If you are seeking an exemption after having been denied enrollment in the Medicaid program, in addition to the information requested (as set forth in the instructions), please include a copy of your Medicaid provider enrollment application and denial letter. Whether seeking an exemption following a denial or prior to applying for Medicaid enrollment, please indicate on the exemption request that you are seeking Medicaid enrollment, and indicate whether you have been denied, have an application in process and anticipate a denial, or have not applied.

If you have not had a background screening completed within the six-month period of time immediately preceding the exemption request, you will need a current screening and may wish to use a LiveScan vendor. If you choose to seek an exemption, please submit your application for exemption to the Agency's HQA Background Screening Unit for processing.

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTAR FRAUDE

# Statewide Medicaid Managed Care Program

The Florida Legislature directed the Agency for Health Care Administration (Agency) to initiate the Statewide Medicaid Managed Care (SMMC) program by creating Part IV of Chapter 409, Florida Statutes, in its 2011 Session. The SMMC program expands mandatory managed care to recipients enrolled in long-term care (LTC) and Medicaid medical assistance (MMA) services. The Agency must implement the LTC component statewide by October 1, 2013, and the MMA component by October 1, 2014.

Spring 2012 will mark the beginning of the LTC component implementation, and July 1st is the scheduled date for release of eleven regional Invitations to Negotiate (ITNs) for LTC services.

As part of the procurement process, the Agency will provide the opportunity for enrolled Medicaid providers to submit comments relating to specifically identified plans participating in the procurement in the region as the submitting provider. In order to ensure that you are notified of this opportunity and receive other important information about the SMMC program, we encourage you to sign up for program updates by clicking on the **Program Updates** button on our Statewide Medicaid Managed Care web page.

On March 16, 2012, the Agency issued the *LTC Data Book* for use in preparing ITN responses. The *LTC Data Book* provides the three most recent years of summarized regional and statewide historical fee-for-service data. It also provides encounter data for populations expected to be eligible for the LTC program and for Medicaid services the LTC plans must cover. A copy of the LTC Data Book can be downloaded through the Statewide Medicaid Managed Care web page.

Also in March 2012, the Agency requested non-binding letters of intent from interested LTC providers. The letters of intent, due April 18, 2012, must identify the company name and region(s) in which it intends to submit responses to the ITN(s).

Details regarding the timeline for procurements, plan selection and contracting, plan network requirements, and future public meetings will be posted on the Agency's Statewide Medicaid Managed Care website as they become available. The Agency will also issue guidance statements during the implementation process to provide the public with clarification on program components.

Click here for more information on the program.

Program Updates

Click here if you would like updates about this program.
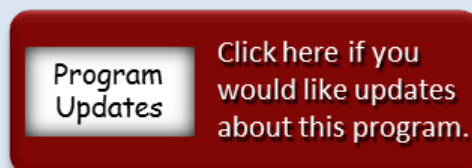
# FloridaHealthFinder.gov
## AHCA's Consumer Health Care Website

The Agency's consumer health care website, FloridaHealthFinder.gov, continues our commitment to better health care for all Floridians by providing information and tools to help both you as a health care provider and the patients you serve.

### Medical and Social Needs of Your Medicaid Patients

Medicaid patients may have medical and social needs beyond what the Florida Medicaid program covers. Medicaid and uninsured patients often contact the Agency looking for help, and you may also receive inquiries from your own patients. In response, a list of resources was created to provide information and referrals, to offer sources of medical care, assistance with the cost of medical care and other types of expenses, and a guide to social service needs. Included are programs for seniors, people with disabilities, food assistance, mental health, substance abuse, prescription drugs, and more. To view the list of referral links, click Medical Help Resources or visit the website homepage.

Since your patients may ask you questions about the Medicaid program, you can also refer them to the Medicaid link where they can find a variety of helpful information. The link can be found on the website homepage and on the Medical Help Resources page. Topics include how and where to apply, a link to the area offices where you can find a list of Medicaid providers, Medicaid covered services, choosing a Medicaid managed care plan, transportation, an overview of the program in the Medicaid brochure, and more. The page also includes a link to the Medicaid homepage for information and additional resources for health care providers.

### More Resources for Medicaid Providers

The Researchers and Professionals side of the website provides information on electronic health records and electronic prescribing, including links to the Florida Health Information Network and the Florida Medicaid Electronic Health Records Incentive Program. The Florida Health Information Network website provides information and resources relating to the Agency's initiatives for Health Information Technology (HIT) and Health Information Exchange (HIE). The implementation of HIT and HIE offers opportunities to improve the quality of health and health care for all Floridians by helping to prevent medical errors, reduce unnecessary health care costs, increase efficiencies of care and administration, and improve patient engagement. The incentive program provides payments to eligible professionals and hospitals for the adoption and use of certified Electronic Health Record (EHR) technology.

### Additional Information

FloridaHealthFinder.gov also includes quality of care and/or pricing comparison tools for hospitals and ambulatory surgery centers, nursing homes, hospice providers, physicians, health plans, and prescription drug prices. Visitors can use the Facility/Provider Locator search tool to locate health care facilities and agencies where they can view inspection reports and other information. The Health Encyclopedia and the Symptom Navigator include thousands of articles, illustrations and videos. Many of the articles link to health care data on procedures performed at Florida hospitals and ambulatory surgery centers.

If you are interested in providing your patients with a bookmark or pamphlet that highlights the resources available on FloridaHealthFinder.gov, you can contact Sue Gambill at (850) 412-3750 or Sue.Gambill@ahca.MyFlorida.com. Let us know the quantity you would like and provide us with your mailing address. If you have questions or comments please contact Sue Gambill.

FloridaHealthFinder.gov continues to provide Floridians with access to up-to-date information and tools to help the public make informed health care decisions. We invite you to visit FloridaHealthFinder.gov today. Let us know what you think of the website and if you have questions, comments, or suggestions click Contact Us.

# Payment Error Rate Measurement Project (2011)

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, is participating in this effort.

CMS is measuring 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 is using two national contractors to measure improper payments in Medicaid and CHIP. The first contractor, The Lewin Group, is providing statistical support to the program by selecting a sample of claims to be reviewed and calculating Florida's error rate. The second contractor, A+ Government Solutions, is providing documentation/database support by collecting medical policies from the state and medical records from the providers. This contractor is also conducting 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 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 have 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. A+ Government Solutions retains all PERM records for 7 years.

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:

*"…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."*

In addition, Medicaid providers are required to comply with any medical records request from the CMS contractor. Follow-up contact regarding these medical record requests may be made by Florida Medicaid staff if any request is nearing the 75 calendar day time limit.

Look for additional details in upcoming Provider Bulletins regarding the 2011 PERM cycle, which is still underway for federal fiscal year 2010-2011. Medical reviews by A+ Government Solutions began in September 2011. 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 a 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 also 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 2-44): "To report a change of address, the provider must obtain and complete the Medicaid Provider Change of Address Request, AHCA Form 2200-0004, July 2008. The form is available by calling the Provider Contact Center at 1 (800) 289-7799 and selecting Option 4. It is also available from the Medicaid fiscal agent's Web Portal." Select **Secure Information for Providers** and sign in. Select **Demographic Maintenance** and then **Location Name Address**. Click on **Change Address** and then click on the link to **Print the Change of Address form**.

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 2011 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 Program Oversight, by telephone at (850) 412-4695 or via email at Jason.Ottinger@ahca.myflorida.com.

# Child Health Check-Up (CHCUP)
# Early Periodic Screening, Diagnosis and Treatment AND…….

As licensed health care professionals, you understand the importance of preventive care. The Child Health Check-Up (CHCUP) program includes comprehensive physical exams, developmental assessments and anticipatory guidance. You can find more information about this program in the Child Health Check-Up Coverage and Limitations Handbook.

**Fluoride Varnish**

Oral evaluation and fluoride varnish application are preventive services which should be provided within six months of eruption of the first primary tooth, especially to high risk patients. Medicaid covers the application of fluoride varnish when provided to Medicaid-eligible children in a physician's office. Physicians, physician assistants, and advanced registered nurse practitioners may provide this service and bill Medicaid using CPT procedure code 99499 SC.

Fluoride varnish may be applied to a child's teeth at the time of the CHCUP visit. Medicaid reimbursement for 99499 SC is $27.00 for both the application of fluoride varnish and the oral evaluation for a child 6 months to 3 1/2 years of age.

The CHCUP visit should also include counseling the child's caregiver.

**Dental Referrals**

Dental referrals are required beginning at 3 years of age or earlier as medically indicated. CHCUP providers must refer Medicaid children who are 3 years of age and older for an assessment by a dentist and document the referral. The provider may refer a younger child if it is medically necessary. Following the initial dental referral, subsequent visits to a dentist are recommended every 6 months, or more frequently as prescribed by a dentist or other authorized provider.

**Blood Lead Testing**

Performing a blood test for lead is a federal requirement at specific intervals during the CHCUP. This note is to remind you how important it is to document the blood tests you are performing. Failure to provide documentation can lead to a federal audit and the requirement to repay Medicaid for fees received. The federal regulation as referenced in the Child Health Check-Up Coverage and Limitations Handbook, October 2003, pages 2-13, 2-14 and 3-6, requires that all Medicaid children receive a screening blood lead test at the ages of 12 months and 24 months, and between the ages of 36 months and 72 months if they have not been previously screened for lead poisoning. The procedure code for blood lead testing is 83655. You can find more information about this program in the Child Health Check-Up Coverage and Limitations Handbook.