

- Volume XV
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Florida Medicaid

Provider Bulletin

AGENCY FOR HEALTH CARE ADMINISTRATION

A Message from Secretary Elizabeth Dudek

Dear Medicaid Provider:

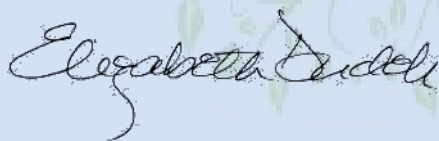
The 2015 legislative session is now underway and there are a lot of health care issues sparking debate. I encourage you to closely monitor the situation in Tallahassee as we continue to work with legislators, our sister agencies and community stakeholders to pass legislation that supports our mission of “Better Health Care for All Floridians.”

The Agency is also planning to submit an amendment to CMS for the 1115 Managed Medical Assistance (MMA) Waiver. Under our current system, new Medicaid recipients have to wait from 30 to 60 days before they can enroll in a health plan. The proposed amendment will allow individuals to be enrolled in a managed care plan immediately after they gain Medicaid eligibility. This change means recipients will have access to these benefits as soon as possible. We are requesting an effective date of September 1, 2015.

Looking forward, we hope you will consider joining the Florida Health Information Exchange Event Notification Service (ENS) network. This unique service provides health plans real-time clinical information on hospital based encounters. The ENS is a win-win for both patients and providers, and is essential to our mission of providing better health care for all Floridians. For more information about ENS, please visit www.florida-hie.net.

As always, thank you for your commitment to serving the Medicaid population.

Secretary



Elizabeth Dudek
Secretary

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ICD-10 Required Readiness Testing

ICD-10 implementation is scheduled to occur on October 1, 2015. The Florida Medicaid Management Information System and Decision Support System are updated to include the new ICD-10 codes and associated policy changes. Internal and external testing activities are complete to ensure the proper adjudication of claims based on the new requirements.

To ensure that Medicaid Managed Care Organizations (Plans) and Medicaid Providers are prepared for the ICD-10 implementation, the Agency for Health Care Administration, along with its fiscal agent, HP, is offering ICD-10 testing during July and August 2015. Testing allows plans and providers to submit claims and test system readiness and ability to transition successfully from ICD-9 codes to the new ICD-10 codes.

Additional information regarding ICD-10 testing will be sent via Medicaid Provider Alerts. For questions regarding ICD-10 testing, please contact icd10_flsupport@hp.com.

National Health Care Observances

April

[Child Abuse Prevention Month](#)

May

[National Stroke Awareness Month](#)

June

[Cataract Awareness Month](#)

For more information visit



The Florida Health Information Exchange: Event Notification Service Expands

The Florida Health Information Exchange (Florida HIE) provides health care professionals in Florida with timely, secure, and authorized exchange of patient health information through three services: Patient Look-Up (PLU), Direct Messaging, and Event Notification Service (ENS).

PLU connects existing provider networks together to facilitate a statewide information highway for Florida's health care professionals. Direct Messaging is a secure, HIPAA compliant email service that allows participants to send and receive messages and attachments containing a patient's clinical data. ENS provides notification to health plans about their members' hospital encounters.

ENS enables health plans to receive notifications of members' discharges, emergency department visits, and admissions (when available), from participating Florida hospitals. This data can be used to help improve patient outcomes and transitions of care. Participating health plans will forward notifications to the patient's primary care provider for appropriate action. These notifications can then be used to schedule follow up visits after discharge from the hospital to help reduce readmissions.

The service is currently available to health plans as part of a paid subscription that includes two Direct Messaging accounts, which the Florida HIE uses to securely deliver alerts to the health plan. The ENS subscription agreement clearly defines the roles and responsibilities of participating hospitals and health plans. Health plans subscribe to the service and can begin receiving notifications in as little as two weeks.

There are over 150 hospitals now providing data to ENS. The Florida HIE anticipates over 200 licensed hospitals will be making notifications about hospital-based patient encounters available to health plans statewide by the end of March 2015.

For more information about the services provided by the Florida HIE, please visit The Florida Health Information Exchange website or send an email to FLHIE@ahca.myflorida.com.



Statewide Medicaid Managed Care Complaints/Issues Resolution Center

With the implementation of the Statewide Medicaid Managed Care (SMMC) program, centralized functional units were created to increase efficiency and enhance expertise of staff. One of these newly created units is the SMMC Complaints/Issues Resolution Center (i.e., Centralized Issues Hub). The Centralized Issues Hub is responsible for the intake, tracking, and resolution of all complaints related to SMMC. Examples of possible issues include, but are not limited to:

- Disruption or delay in services
- Dissatisfaction with access to care
- Problems with authorizations or claims
- Plan provider network adequacy
- Dissatisfaction with quality of services

The Agency actively encourages recipients, providers and other stakeholders to report SMMC issues, as tracking reported issues has allowed us to identify trends of similar issues, possible issues with specific SMMC plans, and provides the Agency with an additional tool to take action to correct these issues.

If you have a complaint or issue to report about Medicaid Managed Care services, we ask that you please complete the online form by going to the Agency's [Statewide Medicaid Managed Care program](#) website and clicking on the "Report a Complaint" button. If you need assistance completing the online form or wish to verbally report your issue, please call **1-877-254-1055** to speak directly with Recipient and Provider Services staff.

For additional information relating to reporting a complaint, please see our [SMMC Complaint Snapshot](#) document available on the Statewide Medicaid Managed Care program website.

The screenshot displays the website for the Agency for Health Care Administration. At the top left is the agency logo, a blue circle with a white caduceus and a red heartbeat line. To its right is the text "AGENCY FOR HEALTH CARE ADMINISTRATION". A search bar is located in the top right corner. Below the header is a navigation menu with links for HOME, ABOUT US, MEDICAID, LICENSURE & REGULATION, and REPORT FRAUD. A secondary menu below that includes SMMC Home and Federal Authorities. The main content area is titled "Statewide Medicaid Managed Care" and contains introductory text about the program's creation in 2011. A list of links follows, including "Managed Medical Assistance Program Snapshot", "Long-term Care program Snapshot", "Complaint Process in the SMMC Program", "LTC and MMA FAQs", "Region Map", "LTC Plans", "MMA Standard Plans", and "MMA Specialty Plans". A blue button labeled "Report a Complaint" with a speaker icon is circled in red. At the bottom of the content area, it says "Please select one of the links below for more information."

Payment Error Rate Measure Project (2014) Update

Since medical reviews by A+ Government Solutions began in August 2014, approximately 75% of the Medicaid record requests have been completed. A+ Government Solutions has received the Federal Fiscal Year Quarter 4 sample and will be contacting those sampled providers shortly along with Quarter 1 CHIP sampled providers to provide the requested medical records for those sampled claims. To date, the Agency has not received an error for provider non-compliance with medical record submissions. We want to thank all providers for their cooperation with this continued effort and encourage all future sampled providers to provide medical records as requested by A+ Government Solutions within the required 75 calendar days, if your claim has been selected as part of the sample.

We will continue to send out specific information that pertains to medical record requests by A+ Government Solutions as the information becomes available. Please look for additional details in upcoming Provider Bulletins and on the Agency's website <http://ahca.myflorida.com/Medicaid/perm/> regarding the 2014 PERM cycle.

If you did not get a chance to attend one of the PERM education training webinars for Florida Medicaid and CHIP providers offered by the Agency in January and February of last year, please take a moment to view a recorded video of this training by accessing it:

- On YouTube at:
<http://www.youtube.com/AHCAFlorida>
- On the Florida Medicaid PERM webpage under "Provider Education" at:
<http://ahca.myflorida.com/Medicaid/perm/index.shtml>
- On the Florida Medicaid Provider Training e-Library under "Videos" at:
<http://ahca.myflorida.com/Medicaid/e-library/index.shtml>

Florida Medicaid reminds all providers to bill in accordance with the billing procedures outlined in the Provider General Handbook and within the program policy 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."

Payment Error Rate Measure Project (2014) Update

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 at <http://www.cms.hhs.gov/perm/>. 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, in the Medicaid Performance, Evaluation, and Research Unit by telephone at (850) 412-4695 or via email at Jason.Ottinger@ahca.myflorida.com.