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Florida Medicaid Provider Bulletin

AGENCY FOR HEALTH CARE ADMINISTRATION

Together We Can Stop Medicaid Fraud by Attorney General Pam Bondi

Medicaid fraud is criminal activity that essentially steals money from the State of Florida and, ultimately, from Florida's taxpayers. We must ensure that every dollar spent on Medicaid services goes to legitimate providers who serve Florida's Medicaid recipients—not to criminals who exploit the system. While our unit has consistently ranked among the top seven programs in the country for investigations, charges, convictions, and recoveries, I believed that we could better protect taxpayer dollars by restructuring the AG's office and enhancing processes.

When I took office, I requested a thorough review of the Medicaid Fraud Control Unit. In order to perform better, changes were necessary. We needed strong leaders to hire and train Medicaid Fraud Control Unit staff in how to aggressively pursue cases of fraud.

With 32 percent of Florida's Medicaid recipients residing in Broward, Miami-Dade and Palm Beach counties, there are higher levels of fraud in the Southern region than elsewhere in the state. To focus our resources where fraud is the most rampant, we have created a South Florida headquarters for our Medicaid Fraud Control Unit. Additionally, we are strengthening our efforts to combat Medicaid fraud in the Southern region by increasing the amount of staff in that area.

One of our statewide efforts is the first-of-its-kind in the nation. We are the only Medicaid Fraud Control Unit in the country that uses data mining to find and stop Medicaid fraud. Florida has a waiver from the federal government that allows us to mine data on the billing practices of Medicaid providers, such as hospitals, doctors, and pharmacies. Accessing this information enables us to identify potentially fraudulent activity, investigate cases, and prosecute individuals for Medicaid fraud.

We also rely on strong partnerships with federal, local and state agencies. We work closely with the Agency for Health Care Administration, as well as local and state law enforcement agencies, to eliminate Medicaid fraud. We recently partnered with the Miami-Dade Police Department to bring down the twelfth and final member of a massive South Florida Medicaid fraud ring charged with fraud totaling more than \$1.7 million. The fraud ring allegedly violated state law by conspiring with employees to allow assistants to provide unsupervised therapy to Medicaid recipients, most of whom were children.

I remain committed to stopping Medicaid fraud in Florida, and we will protect Florida's taxpayers by holding Medicaid providers accountable for abiding by state laws and regulations. I encourage all Floridians to report suspicious or fraudulent activity involving Medicaid by visiting MyFloridaLegal.com or by calling 1 (866) 966-7226. Together, we can protect the integrity of Florida's Medicaid program.

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTE FRAUDE DE MEDICAID

Inside This Issue:**All Providers**

1. Together We Can Stop Medicaid Fraud by Attorney General Pam Bondi
2. A Message from Secretary Elizabeth Dudek
3. Direct Secure Messaging Supporting Pediatric Providers
4. Medicaid Compliance Corner
6. Enhanced Care Coordination for Medically Complex Children
8. Are You Signed up for Medicaid Health Care Alerts?
9. Simple Steps to Improve Clinical Documentation - from CMS

Physicians, DOs, ARNPs, Dentist, Hospital Providers

10. Medicaid Electronic Health Record (EHR) Incentive Program

Assistive Care Services Medicaid Providers

11. Medicaid Assistive Care Services Required Documentation

National Health Care Observances

For more information visit:



A Message from Secretary Elizabeth Dudek

Dear Medicaid Provider,

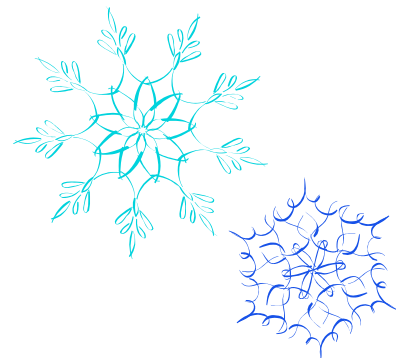
In recent months, the Agency has been responding to an abundance of misinformation about the availability of Medicaid services for children. We understand that some parents may have concerns about securing the medically-necessary services their child requires; therefore, the Agency recently announced a new set of policies designed to enhance care coordination for medically fragile or medically complex children. These new policies will go into effect immediately and I urge you to read more about them on page 6.

The role of the nurse care coordinator will help ensure parents are empowered to make the best decision possible with the most information available. They will facilitate information from the different units within AHCA, from our sister agencies, and from you, as a Medicaid provider. We need your help in making sure parents know they have choices when it comes to Medicaid services for their children.

On behalf of the Agency, we look forward to working with you to make 2013 an exceptional year for all those we serve. Thank you for your continued commitment to Florida's Medicaid population.

Sincerely,

Elizabeth Dudek
Secretary



Direct Secure Messaging Supporting Pediatric Providers

Florida Early Steps Uses DSM to Align Health Care Efforts

Florida's Early Steps intervention system is using the Florida Health Information Exchange's Direct Secure Messaging (DSM) service to cut costs and improve communication. DSM is a secure, encrypted messaging system that allows users to safely send emails and attachments containing protected health information to other DSM users. Early Steps offers services to infants and toddlers up to three-years-old with significant developmental delays or a condition likely to result in a developmental delay.

The Early Steps program has created a Community of Care (CoC) revolving around the Children's Medical Services 15 area offices throughout the state of Florida that provide local-level services to participating children. As part of administering this program, invoices, referrals, and reports that may contain protected health information (PHI) are exchanged between the central office, area offices, and contracted health care providers. This CoC currently contains approximately 417 DSM users in 6 area offices including state employees, pediatricians, nurses, physical therapists, speech-language pathologists, occupational therapists, mental health counselors, health care administrators, and a variety of other health care providers and staff. The other 9 local Early Steps offices are expected to be registered in early 2013.

Benefits from DSM have been seen across the board. North Central Florida's Early Steps office says, "The use of DSM has greatly increased our productivity and communication with our providers." The Health Planning Council of Southwest Florida's Early Steps office has established a unique use for DSM. School district Exceptional Student Education (ESE) Teams established DSM accounts as part of the Early Steps program. The ESE Team uses DSM to easily communicate with Early Steps health care providers about children that are transitioning from the Early Steps program into the public school system. Prior to DSM, most information was provided by mail and typically resulted in follow up phone calls between the local offices and providers. The Council's Director said, "We have definitely seen the benefit of this system! It brings us a lot of convenience through cost and time savings. We do not have to mail as much information as before and back-and-forth phone calls are no longer an issue. We definitely enjoy the recent update of DSM, including the spell check feature and the friendliness of the new look. We find it does everything most emails do, but the fact that the emails are encrypted is a special benefit for programs that are under HIPAA."

The South Florida REC Connects Pediatricians

As part of the Agency for Health Care Administration's Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant activities, Health Management Associates, Inc. has contracted with the South Florida Regional Extension Center (SFREC) to help child-oriented health care providers connect with each other. Through the grant, the SFREC will be registering providers in the program, and promoting the use of the Florida Health Information Exchange's DSM service as a tool to facilitate the coordination of care provided to children in the South Florida area that are covered by Medicaid/Children's Health Insurance Program (CHIP). SFREC will focus their outreach efforts on informing pediatric providers of the benefits associated with DSM such as cost savings, communication coordination, enhancing the speed of communication and reducing errors in transfer of patient information. One of the goals of this effort will be to help establish a CoC with the providers in South Florida by reaching out to other health care providers with whom the DSM registered pediatricians frequently work.



Medicaid Compliance Corner

Health care practitioners must be actively licensed to practice as required in the applicable Coverage and Limitations Handbook to enroll as Medicaid providers and to remain enrolled. Medicaid will terminate providers who fail to maintain professional licensure effective the date that the license was terminated. Also, if a provider continues to receive payment for services rendered after his license has expired, the payments will be subject to recoupment and, if applicable, the provider will be referred to the Attorney General, Medicaid Fraud Control Unit. These consequences are easily avoided by ensuring that providers maintain all required licenses.

The Agency for Health Care Administration's Division of Health Quality Assurance licenses (or certifies) and regulates more than [40 licensed provider types](#). Some of these include:

- [Assisted Living Facilities \(ALF\)](#)
- [Clinical Laboratories](#)
- [Diagnostic Imaging Services](#)
- [Health Care Clinics](#)
- [Home Health Aide](#)
- [Home Health Agency](#)
- [Homemaker Companion](#)
- [Home Medical Equipment \(HME\) Providers](#)
- [Hospices](#)
- [Hospitals](#)
- [Intermediate Care Facilities for the Developmentally Disabled Persons \(ICFDD\)](#)
- [Medicaid HMOs](#)
- [Nursing Homes](#)
- [Portable X-ray](#)
- [Prescribed Pediatric Extended Care Center \(PPEC\)](#)
- [Rural Health Clinics](#)

Below is a description of several licenses that are commonly required of Medicaid providers. Additional licenses will be highlighted in future articles.

- All facilities, including physician offices, performing any clinical laboratory testing are required to obtain a federal Clinical Laboratory Improvement Amendment (CLIA) certificate. All facilities performing non-waived tests, which include any tests done under a microscope, must also obtain a State of Florida license. The state clinical laboratory license must be issued before the laboratory is authorized to perform testing. Additional information about state laboratory licensure and federal CLIA certification programs is available on the [Laboratory Unit](#) page of the Agency's website.
- Health care clinics, unless specifically exempt from the requirement, are required to be licensed pursuant to Chapter 400, Florida Statutes. A clinic is "an entity at which health care services are provided to individuals and which tenders charges for reimbursement for such services, including a mobile clinic and a portable equipment provider." It is the responsibility of the provider to know if their clinic is required to be licensed. It is improper to operate without a health care clinic license when one is required by law. For more information about whether a license is required or whether you qualify for an exemption, visit the [Health Care Clinic](#) page on the Agency's website.

Medicaid Compliance Corner (continued)

- Providers who furnish personal care services are required, with some limited exceptions, to have a valid Home Health Agency (HHA) license in accordance with Chapter 400, part III, F.S., or Nurse Registry (NR) license. Personal care services provide assistance to a patient in the activities of daily living (dressing, bathing, eating, personal hygiene), and assistance in physical transfer, ambulation, and the administration of medications as permitted by law. Only home health aides and certified nursing assistants are authorized to provide hands-on personal care. If you are providing personal care services and do not hold a HHA or NR license, or are not employed by a group holding the appropriate license, you may be engaging in unlicensed activity in violation of Florida law. The [Home Care Unit](#) page on the Agency's website provides additional information about these licensure requirements.

Additional licensure information is available on the [HQA page](#) of the Agency's website as well as the websites for other state agencies with licensure responsibilities, such as the [Department of Health](#), [Department of Children & Families](#) and [Department of Business and Professional Regulation](#).

Finally, the Florida Medicaid program has an [e-mail alert system](#) to notify providers or interested parties who have registered with the system to receive "late-breaking" health care information. Look for upcoming alerts as well as compliance-related training to further address potential non-compliance specific to licensure violations. The Medicaid provider [e-Library](#) has additional information and resources for providers and includes the schedule for upcoming trainings. A webinar entitled "*Compliance Tips for Florida Medicaid Providers*" is presently available on this page.

Questions specific to Medicaid compliance efforts may be directed to Kelly Bennett via email at Kelly.Bennett@ahca.myflorida.com. To ensure a prompt response, please include the question in the email as opposed to a request for a return phone call.



Enhanced Care Coordination for Medically Complex Children

Florida Medicaid provides a comprehensive medical service package for children, which enables them to receive services in the least institutional setting possible, preferably in their family home or other community setting. Medicaid eligible children can receive medically necessary services in their homes in unlimited amounts, up to 24 hours per day, 7 days per week. The Agency for Health Care Administration places the highest priority on ensuring that providers and families are educated about the services that are available in the community for medically complex children enrolled in the Medicaid program. Examples of services include:

- Private duty nursing
- Personal care services
- Home health
- Durable medical equipment and supplies
- Transportation
- Prescribed Pediatric Extended Care
- Medical foster care
- Behavioral health
- Prescribed drugs
- Dental
- Hearing
- Vision

For a comprehensive list of services available to children enrolled in the Medicaid program, please review our Summary of Services at: <http://ahca.myflorida.com/Medicaid/flmedicaid.shtml>.

Most recently, the Agency has begun providing enhanced care coordination and transition planning services for Medicaid enrolled children residing in skilled nursing facilities. Each child in a skilled nursing facility will be assigned a nurse care coordinator from their local Medicaid area office. This nurse care coordinator will:

- Attend all level of care determination staffing meetings conducted by the Children's Multidisciplinary Assessment Team (CMAT);
- Remain in regular contact with the child's skilled nursing facility to receive status updates about the child's progress; and
- Maintain regular follow-up contact with the parent/legal guardian to address any questions related to the services their child is receiving and to provide additional support, when needed.

For those parents who choose to transition their child from the skilled nursing facility into their family home or other community setting, the nurse care coordinator will begin discharge/transition planning in consultation with all involved in the child's care, including the skilled nursing facility discharge planner. Specifically, the nurse care coordinator will:

- Develop a transition plan within 30 calendar days that includes all necessary services (including prior authorization information) that the child will need once transitioned home or to another community setting;
- Provide the parent/legal guardian with a list of available providers in their community so they can make an informed choice. This will be provided within 7 calendar days of the development of the transition plan. Every effort should be made to connect parents with a specific provider for each service identified on the transition plan; and
- Maintain weekly (or more frequent) follow-up contact with the parent/legal guardian, skilled nursing facility, and the CMAT to facilitate transition efforts and address any barriers.

Enhanced Care Coordination for Medically Complex Children (continued)

If you have questions about this process, please contact your local Medicaid area office. For your convenience, below is a list of nurse care coordinators in each area office, along with their contact information.

Area	Nurses	Nurse Phone	Address
1	Dianne Soderlind	850-595-2321	160 Governmental Center, RM510 Pensacola, FL 32502
	Sandra Ricketts	850-595-2329	
2A	Stephanie Cortes	850-767-3409	651 West 14th Street, Suite K Panama City, FL 32401
2B	Kerryn Aufderheide	850-412-4187	2727 Mahan Drive, MS# 42 Tallahassee, FL 32308
	Sharon Peddie	850-412-4180	
3A	Kelly Loveall	386-462-6213	14101 NW Hwy 441, Suite 600 Alachua, FL 32615
	Cecelia Young	386-462-6222	
3B	Joann Dohn	352-840-5738	2441 West Silver Springs Blvd Ocala, FL 34475
4	Gwen Mathis	904-798-4266	921 North Davis Street, Bldg A, Suite 160 Jacksonville, FL 32209
	Sheila Broderick	904-798-4209	
5	Patricia Cobb	727-552-1912	525 Mirror Lake Drive North, Suite 510 St. Petersburg, FL 33701
	Stephanie Lang	727-552-1918	
6	Maria Diaz	813-350-4821	6800 North Dale Mabry Hwy, Suite 220 Tampa, FL 33614
	Anne Williams	813-350-4853	
	Kimberly Ward	813-350-4826	
7	Paulette Thompson	407-420-2522	400 West Robinson Street, Suite S 309 Orlando, FL 32801
	Karen Frank	407-420-2507	
	Doretha Rouse	407-420-2518	
8	Fynette Rooker	239-335-1271	2295 Victoria Avenue, #309 Fort Myers, FL 33901
9	Sharon Garrison	561-712-4333	1655 Palm Beach Lakes Blvd, Suite 300 West Palm Beach, FL 33401
	Carol King	561-712-4332	
10	Antonio Mercado	954-958-6537	1400 West Commercial Blvd, Suite 110 Ft. Lauderdale, FL 33309
	Debby Theoc-Khan	954-958-6543	
11	Faye Booker	305-593-3013	8333 NW 53rd Street, Suite 200 Doral, FL 33166
	Nadine Purrier	305-593-3051	
	Linda Latson	305-593-3038	
	Barbara Soto	305-593-3066	
	Yadira Carrasquillo	305-593-3018	

Are You Signed Up for Florida Medicaid Health Care Alerts?

We are making it easier for you to keep up-to-date with changes in Medicaid. Sign up for “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 will control what you wish to receive and will be able to easily update your email address and preferences.

Here’s how:

1. Go to: www.ahca.myflorida.com.
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.

You can check 00- All Messages/Provider Types, All Areas 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.

4. You can unsubscribe or add/change email addresses at any time by clicking on the “Manage Your Subscription” link located at the bottom of any health care alert email you receive.
5. An email will be delivered to your mailbox to confirm your subscription to Florida Medicaid's Health Care Alerts. You must click the link at the bottom of the email to confirm your email address and complete the sign up process. If you do not want to be added, do not click on the link.

6. That’s it!

If you have any questions on subscribing or unsubscribing to Health Care Alerts, please contact Medicaid_Alert@ahca.myflorida.com.

To see previous Health Care Alerts please visit the [Provider Message Archive](#) page and follow the instructions on how to search for an alert.

*Email

First Name

Last Name

*Area

- All Areas
- Area 1
- Area 2
- Area 3
- Area 4
- Area 5

*Provider Type

- 00 - All Messages/Provider Types
- 01 - General Hospital
- 04 - State Mental Hospital
- 05 - Community Behavioral Health Services
- 06 - Ambulatory Surgical Center
- 07 - Mental Health Practitioner
- 08 - District Schools
- 09 - Skilled Nursing Unit
- 10 - Skilled Nursing Facility/Nursing Home
- 11 - State ICF/DD Facility
- 12 - Private ICF/DD Facility
- 13 - Swing Bed Facility

* = Required Field

Simple Steps to Improve Clinical Documentation

On October 1, 2014, your practice and the clearinghouses, payers, and billing companies with which you work with will need to use ICD-10 codes. One way to help your practice prepare for ICD-10 is to work on improving how you document your clinical services. This will help you and your coding staff to become more accustomed to the specific, detailed clinical documentation needed to assign ICD-10 codes.

Take a look at documentation for the most often used codes in your practice, and work with your coding staff to determine if the documentation would be specific and detailed enough to select the best ICD-10 codes. For example, laterality is expanded in ICD-10-CM. Therefore, clinical documentation for diagnoses should include information on which side of the body is affected (i.e., right, left or bilateral).

Below are additional examples of the specific information needed to accurately code the following common diagnoses:

Diabetes Mellitus:

- Type of diabetes
- Body system affected
- Complication or manifestation
- If type 2 diabetes, long-term insulin use

Fractures:

- Site
- Laterality
- Type
- Location

Injuries:

- **External cause** – Provide the cause of the injury; when meeting with patients, ask and document “how” the injury happened.
- **Place of occurrence** – Document where the patient was when the injury occurred; for example, include if the patient was at home, at work, in the car, etc.
- **Activity code** – Describe what the patient was doing at the time of the injury; for example, was he or she playing a sport or using a tool?
- **External cause status** – Indicate if the injury was related to military, work or other.

Remember, ICD-10 will not affect the way you provide patient care. It will just be important to make your documentation as detailed as possible since ICD-10 gives more specific choices for coding diagnoses. This information is likely already being shared by the patient during your visit—it’s just a matter of recording it for your coding staff. Good documentation will also help reduce the need to follow-up on submitted claims, saving you time and money.

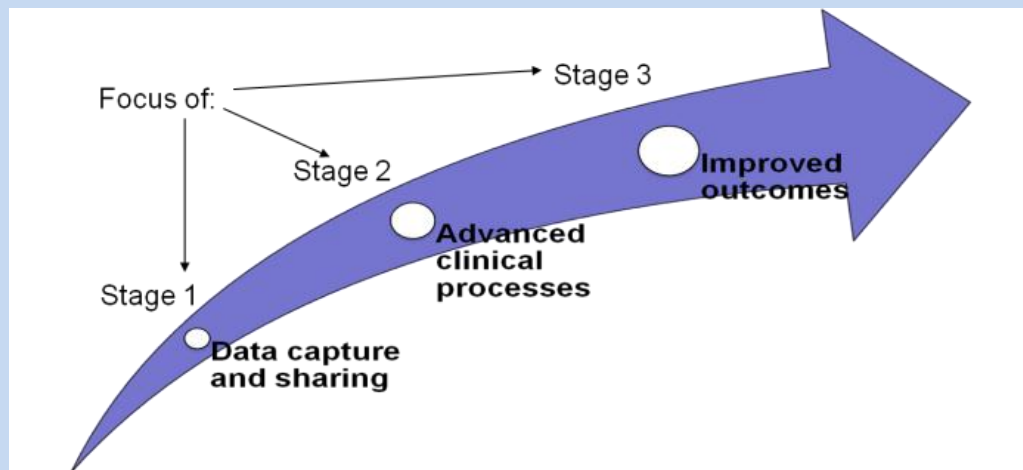
Keep Up to Date on ICD-10

Visit the CMS [ICD-10 website](#) for the latest news and resources to help you prepare.



Medicaid Electronic Health Record (EHR) Incentive Program

Over 4,200 eligible professionals and hospitals have received payments through the Medicaid Incentive Program since its launch in September 2011. Of that number, 163 have received payments for meeting Stage One meaningful use requirements. The goal of the Electronic Health Record (EHR) Incentive Program is to improve health quality and transform health care delivery through the use of health information technology (HIT) tools. The staging of the Meaningful Use requirements establishes a path to improved outcomes with each stage building upon the former as illustrated below.



The August 2012 release of the Stage Two rules brought forth higher standards and thresholds that providers must meet, with an emphasis on greater interoperability among systems through health information exchange, patient engagement, and patient safety. Stage One measures carried forward to Stage Two have an associated rise in threshold levels for meeting the requirements. Stage Two measures are effective October 1, 2013, for hospitals and January 1, 2014, for eligible professionals.

The release of Stage Two rules also brought changes to the current Stage One requirements. Effective with Program Year 2013, there are changes to how the 30% Medicaid volume threshold is determined, alternate measures and/or exclusions to certain core measures, and the elimination of two core measures. These changes are effective January 1, 2013, for eligible professionals and were effective October 1, 2012 for hospitals.

For more information on Stage One Program Year 2013 changes, visit www.ahca.myflorida.com/medicaid/ehr.



Medicaid Assistive Care Services Required Documentation

Medicaid Assistive Care Services (ACS) provides care to eligible recipients requiring an integrated set of services on a 24-hour per day basis. Eligible recipients must reside in a qualified assisted living facility (ALF), adult family care home (AFCH), or residential treatment facility (RTF) and be provided scheduled and unscheduled care by the facility on a 24-hour per day basis when needed by the recipient.

The purpose of the Medicaid ACS is to promote and maintain the health of eligible recipients and to minimize the effects of illness and disabilities in order to delay or prevent institutionalization and allow the individual to continue to reside in the community.

The ALF, RTF or AFCH must document that the recipient received services in the facility on each day for which ACS is billed. The service documentation must be made on the Resident Service Log Form for Medicaid Assistive Care Services, AHCA-Med Serv Form 037, July 2009. This form shall be used by the providers to document in the recipient's case file that the daily service was provided.

In addition to records required by the applicable licensure standards, documentation that must be maintained in the file related to the delivery of assistive care services include:

- Copies of all eligibility documents;
- Health Assessment Forms, AHCA Form 1823 or AHCA Form 3110-1023 (AFCH-1110) and reassessments forms;
- Certification of Medical Necessity for Medicaid Assistive Care Services, AHCA-Med Serv Form 035;
- The Resident Service Plan for Assistive Care Services, AHCA-Med Serv Form 036; and
- The Resident Service Log, AHCA-Med Serv Form 037.

This documentation must be maintained at the facility, kept for at least five years, and be made available to the Agency for Health Care Administration monitoring or surveyor staff or its designated representative, upon request. ACS paper documentation must be legible and written in blue or black ink. No erasures or whiteout are permitted. In case of an error, the ALF administrator or designee, AFCH provider, or RTF administrator or designee must line through the error, initial and date it, then make the correct entry.

ACS documentation may be in electronic format. The original, signed (if applicable) documents must be kept in the recipient's case file in the facility in chronological order for audit, monitoring and quality assurance purposes. If electronic format is used, back up files must be kept.

If you have questions regarding the policy for ACS, please contact your local Medicaid area office. The Agency has thirteen Medicaid area offices in eleven areas throughout the state that serve as the local liaisons to providers and recipients. You can find your Medicaid area office by visiting the [Florida Medicaid Web Portal](#).

To learn more about assistive care services, you can also visit the [Florida Medicaid Provider Training e-Library](#) and watch the video titled "[Overview of the Florida Medicaid Assistive Care Services and Assisted Living](#)." Provider information and resources, including some provider forms, are available on the [Provider Forms](#) page of the Public Provider Web Portal.