



PROVIDER RELATIONS LIAISON (PRL)
GUIDELINES



2013



What is a PRL?

As the **Provider Relations Liaison (PRL)**, you are the main contact between potential and existing CMS healthcare providers and the Provider Management team at CMS Central Office in Tallahassee. Together, we help ensure that the children we serve can access a comprehensive network of healthcare providers.

WHAT YOU NEED TO KNOW

Children's Medical Services is here to provide a broad range of medical, therapeutic and supportive services for eligible children with special health care needs and their families. Our services focus on helping children grow up healthier and include prevention and early intervention services, primary care, medical and therapeutic specialty care.

Our statewide network includes over 5,000 doctors, hospitals, university medical centers and other healthcare providers who are all specially qualified to meet our client's unique health care needs. Medical care is provided at community doctors' offices and hospitals, local specialty medical clinics, and at university medical centers. Early intervention services are provided in the child's natural environment.



Services are coordinated through one of the 22 CMS Area Offices or 15 Local Early Steps (early intervention) Offices around the state. The CMS Area Offices offer nurses, social workers and care coordinators to families who would like help with organizing their child's care.

The Children's Medical Services Network is a Florida KidCare Program partner.

WHAT YOU NEED TO DO

The CMS Central Office in Tallahassee has developed a list of expectations and responsibilities for Provider Relations Liaisons to help guide you in your efforts in the field.

- ❖ Recruit the highest quality healthcare providers for CMS
- ❖ Know the application process, fundamentals of the Provider Management System and associated forms
- ❖ Guarantee that all providers (new and renewing) are credentialed through the Provider Management System
- ❖ Identify gaps in access to care and certain provider types
- ❖ Ensure potential providers will meet minimum participation criteria before applying
- ❖ Be familiar with the billing system – MED3000
- ❖ Have a working knowledge of CMS and the services we provide
- ❖ Describe the benefits of becoming a CMS provider
- ❖ Provide quality customer service, represent CMS in the best light and participate in face-to-face community interactions.

RECRUITMENT OF PROVIDERS

The goal of provider recruitment for Children's Medical Services is to increase access to healthcare services for the children we serve and ensure that we properly credential all participating providers through the CMS Provider Management System. Use the provider recruitment ideas to the right of this page to help identify new, diverse opportunities to recruit the best healthcare providers – Primary Care and Specialty Care – in your area.



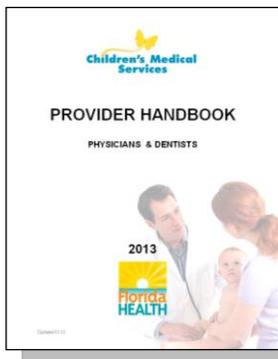
Provider Recruitment Ideas

- ❖ Nurse Care Coordinator referrals
- ❖ Access CMS Medical Directors for referrals
- ❖ Identify services that families are requesting
- ❖ Use PCPs as a referral source to identify who they prefer to use
- ❖ Focus on providers that are not in network and get them credentialed
- ❖ Be involved in the community – network with community groups
- ❖ Use local newspaper ads to see who is providing new services to the community
- ❖ Contact existing healthcare facilities – hospitals, FQHCs, PCPs
- ❖ Use AHCA/Medicaid Public Provider Search

UNDERSTAND THE APPLICATION PROCESS

Healthcare providers who wish to serve CMS children must be credentialed and approved through the Provider Management System. As the Provider Relations Liaison, the expectation is for you to:

- ❖ Be familiar with the application requirements and use checklists for assistance
- ❖ Know the framework of the CMS website and Provider tab
- ❖ Know the electronic application
- ❖ Create a **single** “dummy” applicant profile to aid providers through the process. Modify the profile as needed to match their provider type. ***Please do not submit any “dummy” applications.***
- ❖ Ensure that all potential, renewing and currently “out-of-network” providers are assisted through the credentialing application process
- ❖ Be aware that a provider’s application must be submitted (**click on submit**) to initiate a review of the application by the Provider Management team.
- ❖ Attend training sessions (conference calls) held twice a year for updates in the process



UNDERSTAND THE PROVIDER HANDBOOKS

As the Provider Relations Liaison, it is imperative to understand the details of ALL (3) Provider Handbooks. These handbooks outline policies and procedures for becoming a participating provider and maintaining participation as an approved CMS provider. The providers will look to you for guidance and understanding of these policies and procedures. Please familiarize yourself and review the most current versions of the Provider Handbooks at www.cms-kids.com under the Provider tab or by clicking the links below:

[Physicians & Dentists](#)

[Licensed Non-Physician](#)

[Non-Licensed Healthcare Professionals](#)

PROVIDE CUSTOMER SERVICE FOR PROVIDERS

Customer service is a priority for CMS and the Provider Management team. Provider Relations Liaisons are expected to provide accurate information upon request by providers and/or their designees, and do so with the philosophy that “a smile can be heard.” The key is to make provider participation a smooth and pleasant experience – not only during the application process, but also throughout their tenure as a provider for CMS.



UNDERSTAND THE PROVIDER MANAGEMENT SYSTEM

You have administrative access to the Provider Management System (www.cmskidsproviders.com), where you will find provider applications. With this access, you are able to view

- ❖ Submitted applications
- ❖ Application history
- ❖ Status of all applications
- ❖ Reports – started (non-submitted) applications, audit trails, provider directory, etc.

You also have access to external (public) information, including

- ❖ Starting new provider applications
- ❖ Searching for a specific, approved individual provider or facility by name
- ❖ Obtaining a list of CMS approved providers available by specialty and by county

Please be familiar with each area of the Provider Management System (administrative, reporting, and application submission) in order to assist providers and/or their designees during the application process.

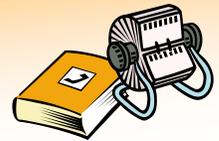
FREQUENTLY USED FORMS

For easy access, be sure to save these frequently used forms on your workstations. Throughout the year, these forms may be updated and are located on the CMS website under the Provider Tab.

- ❖ Attestation Form
- ❖ Demographic Information Change Form
- ❖ Liability Claim Form
- ❖ Letter of Transfer Agreement Form
- ❖ Medical Director's Recommendation Form
- ❖ Mentorship Form (ES Only)
- ❖ Password Request Form
- ❖ Proof of One (1) Year Experience Form (ES Only)
- ❖ Supervision Form

Contacts & Support

The **Provider Management team** at Central Office is always available to answer your questions and concerns. Do not hesitate to contact the Provider Management Helpdesk for further explanation and guidance.



PROVIDER MANAGEMENT TEAM – CENTRAL OFFICE

Please call or email the **Provider Management Helpdesk** at:

(850) 245-4215 OR cmsproviderhelp@doh.state.fl.us

Please leave a detailed message and one of our team members will get back to you within (24-48) hours. All emails will be routed to the appropriate Provider Management team member to assist you specifically with certain provider types in a timely manner.

Please use the following **fax number** when sending application correspondence:

ALL Provider Types

(850) 487-1279

PROVIDER RELATIONS LIAISONS

You can find a complete list of CMS Network and Early Steps Provider Relations Liaisons on the CMS website at <http://www.cms-kids.com/providers/providers.html> under the Provider tab. You are encouraged to reach out to fellow PRLs to share best practices and ask questions. To update your contact information, notify the Provider Management Helpdesk by phone or email provided above.

FREQUENTLY USED WEBSITES

[Department of Insurance \(DOI\)](#)

[e-Verify](#)

[Florida Department of Law Enforcement \(Level II Background Screenings\)](#)

[Florida Medicaid \(Select Area Office, scroll to Area Office Info, and select provider list - PCP, Dental, ABA, Medical Quality Assurance – License Verification\)](#)

[MED3000](#)

[National Commission on Certification of Physician Assistants](#)

[National Provider Identification \(NPI\)](#)

[Online Sunshine](#)

[Sunbiz](#)

FAQs

Use this page as a quick reference for **frequently asked questions** from providers and other PRLs, and helpful hints that the Provider Management team has learned over the years.



How do I apply for a Livescan?

Contact your local Early Steps office for guidance – they facilitate this process.

What documents do I have missing and where do I submit them?

Review the provider application checklist for that provider type and/or refer to emails that the Provider Management team has sent you.

Who is my local Provider Relations Liaison?

Refer to the Provider Relations Liaison contact list posted on the CMS website, under the Provider tab.

Why does my CV continue to be rejected?

A CV is accepted only when the format of the history is by month and year (start and end dates) consecutively for the last five (5) years, with explanation of any gaps longer than 90 days in employment/education.

What is my participation status?

Providers can log on to the Provider Management System to review their application status, or use the public search. Only approved providers will appear. Contact your local PRL for further information.

How do I obtain my username and password?

Contact the Provider Management Helpdesk at 850-245-4215. If the provider has a delegate, a provider must submit a signed document to the Provider Management team delegating a named individual to receive this information on their behalf. The PRL can provide them with correct wording of the document.

How do I update my demographic information?

Complete the Demographic Change Request form and fax/email to the Provider Management team.

How do I bill for my services?

The provider should contact their local CMS/ES Area Office for details.

When do I get my CMS/ES provider number now that I have been approved?

Providers are no longer assigned a provider number for CMS Network or Early Steps..

How do I get clients referred to me?

The provider should establish a working relationship with their local Area Office to utilize their resources for referring clients to the provider.

A provider said they submitted the needed documents...where are they?

A submitted document may not meet criteria to advance an application. Therefore, PM staff will notify the PRL and provider that a certain document is required within a given period of time. .

Is approval with CMS the same thing as approval with Early Steps?

No. An Early Steps provider has additional participation criteria – please see Provider Handbook for details. If approved as an Early Steps provider, the provider automatically becomes a CMS provider as well.

How do I access the Early Steps modules and certificates?

Early Steps Modules can be accessed through the CMS Website (www.cms-kids.com). For a copy of their certificate(s), send an email to the Provider Management Helpdesk.

What providers are required to have call coverage?

All Primary Care Providers – Pediatrics, Internal and Family Medicine – are required to provide 24 hour coverage.

What providers have to complete the Letter of Transfer Agreement?

All Primary Care Providers do – Pediatrics, Internal and Family Medicine – unless they have an existing agreement on file with a Florida licensed hospital.

What is the difference between CMS and CMS?

Don't confuse CMS (Children's Medical Services) – a State program, with CMS (The Centers for Medicare & Medicaid Services) – a Federal program.

How will I know my application has been submitted/received?

A confirmation email is sent to the email address entered on the primary practice address screen on their application.

How can a provider change their on-line application from CMS/Early Steps to CMS only? How does one re-submit an application to include Early Steps that is currently only CMS?

The provider should contact the Provider Management Helpdesk by email for detailed instructions.

For recent updates and provider alerts
within Children's Medical Services,
please visit our website at:

www.cms-kids.com

Thank you for your support of Children's Medical Services!

