



ESSO WEEKLY MEMO –OCTOBER 20, 2011

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INFORMATION AND RESOURCES

1. Medicaid Health Care Alerts & Provider Alerts Messages

Statewide Prepaid Dental Health Plan Implementation

Provider Type(s): All

Florida Medicaid has contracted with two Prepaid Dental Health Plans (PDHPs), DentaQuest and Managed Care of North America (MCNA), to provide children's dental services in all Florida counties except Miami-Dade and the Medicaid Reform Pilot counties, which are Baker, Broward, Clay, Duval, and Nassau. The Agency will implement the statewide dental expansion in stages, as follows:

- January 1, 2012: Medicaid Area Nine.
- April 1, 2012: Medicaid Areas Four, Five, and Eight.
- May 1, 2012: Medicaid Areas One, Two, Seven, and Monroe County.
- June 1, 2012: Medicaid Areas Three and Six.

Please see Medicaid Area Office map (http://portal.flmmis.com/FLPublic/Provider_AreaOffices/tabId/37/Default.aspx) to locate your Area.

The PDHPs must cover all Medicaid State Plan dental services covered by Medicaid for children under 21 years of age. Except for children enrolled in Medicaid managed care plans offering optional dental services, and a few special services excluded groups, most Medicaid children will be required to enroll in one of the two PDHPs once the program goes live in their county of residence. The amount, duration, and scope of covered dental services will remain the same. The PDHPs will be responsible for processing claims for their members. Currently enrolled Medicaid fee-for-service dental providers will not be able to bill fee-for-service for children enrolled in either of the two PDHPs. If the provider is also part of the PDHP network where the child is enrolled, services will be reimbursed through the PDHP. As always, it will be important for providers and their staff to carefully check a recipient's eligibility and enrollment information prior to providing services in order to prevent billing issues.

Providers who are interested in becoming part of one or both of the PDHP networks should contact the provider service toll-free number for DentaQuest at **1-877-468-5581** or MCNA Dental Plans at **1-855-776-6262 (PRO-MCNA)**. A provider may participate in both networks.

Keep checking future Medicaid Provider Alerts and Bulletins for more information. A link to a Statewide Prepaid Dental Health web site will be provided in an upcoming Provider Alert.

2. Therapy Prior Authorization Updates

1. AHCA Medicaid reports that the decision has been made to accept all previously authorized fee-for-service therapy services through October 31, 2011, for the authorized period up to but no longer than 6 months. Only new services to begin on or after November 1 will require prior authorization through the e-QHealth Solutions prior authorization process.

2. Upcoming scheduled Therapy training webinar (same webinar offered at different times):

Saturday, October 22 - 9 a.m. - 12 p.m.

Monday, October 24 - 1 p.m. - 4 p.m.

To register, go to

<http://fl.eqhs.org/TrainingEducation/ScheduleofWebinarOpportunities.aspx>

3. The DEMO site is now up and running for therapy service prior authorizations. It can be accessed through the vendor's website at:

<http://fl.eqhs.org/TrainingEducation/eQSuiteDEMOSite.aspx>

4. For policies related to prior authorization and all other Medicaid therapy services, the draft Therapies Handbook is still available for review and comment: http://ahca.myflorida.com/Medicaid/review/handbooks/110922_Therapy_Services_8_4_11_Rule_Dev.pdf .

All comments should be forwarded **no later than 5 p.m. on October 25, to: Kathy Goltry**, AHCA, Bureau of Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee FL 32308-7314, or kathy.goltry@ahca.myflorida.com .

5. Remember to check the AHCA Medicaid Child Health Therapy Services website frequently for related information, updates, and resources <http://ahca.myflorida.com/medicaid/childhealthservices/therapyserv/index.shtml>. The next quarterly Therapy Provider Forum is scheduled for December 9, 2011 in Tallahassee.

3. Changes to Type 81 Professional Early Intervention Medicaid Application Processing

As of November 1, 2011 AHCA will no longer hold Type 81 applications without a current CMS/ES provider application for longer than 30 days while awaiting that submission of a CMS/ES provider application. For a Type 81 Medicaid Application, CMS/ES approval as an individual provider is required. Official notification is sent to the provider liaison of each LES when an application is waiting at AHCA, but CMS Provider Management does not have an application. To facilitate a quicker process, after notification to the liaison, if an application is not received by CMS Provider Management within 30 days, the application with AHCA for Medicaid Provider Services will be denied for reason of non-completion.

Please direct any questions about this update to the process to: Roberta.Brewer@ahca.myflorida.com or Ann_Kaperak@doh.state.fl.us

UPCOMING EVENTS, MEETINGS, OR TRAININGS

4. 2011 Payment Error Rate Measurement (PERM) - Provider Webinars and Conference Calls

Provider Type(s): All

The Centers for Medicare & Medicaid Services (CMS) will be hosting a series of PERM provider education webinars/listening sessions to provide an educational opportunity for the providers of the Medicaid and Children's Health Insurance Program (CHIP) communities in the Cycle 3 (FY2011) states. For your convenience, three separate webinars will be held. The webinars will be held on each of the dates and times below.

| Date | Time | Call-in Number | Call-in PIN | Webinar Link |
|------------------|---------------|-----------------------|--------------------|---|
| October 19, 2011 | 3:00-4:00 EST | 1 (877) 267-1577 | 2992 | https://webinar.cms.hhs.gov/perm3web2/ |
| October 26, 2011 | 3:00-4:00 EST | 1 (877) 267-1577 | 4940 | https://webinar.cms.hhs.gov/perm3web3/ |
| November 2, 2011 | 3:00-4:00 EST | 1 (877) 267-1577 | 1569 | https://webinar.cms.hhs.gov/perm3web4/ |

The Payment Error Rate Measurement (PERM) Program is designed to measure improper payments in the Medicaid and CHIP programs, as required by the Improper Payments Information Act (IPIA) of 2002 (amended in 2010 by the Improper Payments Elimination and Recovery Act or IPERA). The purpose of these webinars/listening sessions is to educate Medicaid and CHIP providers about PERM and their specific responsibilities during the PERM process.

Participants will learn about the following from PERM related presentations:

- An overview of the PERM Program
- The PERM process and provider responsibilities during a PERM review
- The medical records/service records request letter
- Frequent mistakes and best practices

The following subjects will be discussed and are available on the PERM Providers page of the CMS website, <http://www.cms.gov/PERM/>.

- PERM overview for providers
- Sample medical records/service records request letter