



PROCESS
FOR REIMBURSEMENT FROM EARLY STEPS FOR MEDICAID PROVIDER AUDIT CLAIMS

The Early Steps State Office (ESSO) process must be followed in order to facilitate requests for IDEA Early Steps (ES) reimbursement for services provided to Medicaid enrolled ES children as a result of the 2011 AHCA Audits.

1. A statewide notice will be distributed to all Local Early Steps (LESSs) via the ESSO Weekly [June 30 and July 5 issue] providing the process to follow for requesting payment for recovered provider service claims. This notice will include the a copy of the following attachments:
 - A. Letter to ES Providers
 - B. Provider Instructions for Requesting Part C Funds
 - C. Cover Sheet to complete and submit with each batch of service claims
 - D. LES/ESSO/CMS Instructions for Processing Requests
2. Upon notification, each LES will distribute the above documents to all Early Steps enrolled agencies and individuals in their service area within one week.
3. The effected Provider agencies and individuals, LES and ESSO/CMS staff will then be expected to follow the appropriate attached Instructions for submitting and processing requests for reimbursement for each audit claim recovery.



Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D.
State Surgeon General

July 1, 2011

Dear Early Steps Provider:

This letter is written in regards to the recent "FFS Payments While Recipient in HMO" audits conducted by ACS, on behalf of the Agency for Health Care Administration (AHCA), which resulted in Medicaid claims recovery for many therapists throughout the state. If you are impacted by one of these specific audits and provided services to Early Steps (ES) children that are detailed in the audit, then this letter is directed to you.

Because of the value placed on Local Early Steps (LES) partnerships with their local providers, the Early Steps State Office (ESSO) will reimburse the ES authorized services that resulted in recoupment and qualify for Individuals with Disabilities Education Act (IDEA) Part C funding. This opportunity will be offered for a limited time and will only be available for services identified during the 2011 audits for paid claims for the periods between April 1, 2006 and June 30, 2011.

In order to receive Early Steps payment for any or all of those services targeted for payback, you must first follow the instructions in the letter you received from AHCA Medicaid, and then work through your LES office and follow the attached instructions. Note that, for each package (one for each audit performed resulting in an Audit Letter), you must complete the attached Cover Sheet, provide the appropriate documentation and signature of verification, and submit to your LES.

After review and verification of funds appropriate for payment, your LES will forward all documentation to the ESSO for review and processing and notify you of submission. For any questions or additional information, please contact your LES office for assistance.

Sincerely,

A handwritten signature in cursive script that reads "Lynn Marie Firehammer".

Lynn Marie Firehammer,
Bureau Chief, Early Steps

Attachments:

- A. Letter to ES Providers
- B. Provider Instructions for Requesting Part C Funds
- C. Cover Sheet to complete and submit with each batch of service claims
- D. LES/ESSO/CMS Instructions for Processing Requests

PROVIDER INSTRUCTIONS

This process for requesting Early Steps Part C payment is to be followed ONLY for those services that meet the following criteria:

- Each service was authorized on the IFSP, provided for an Early Steps child, and by an ES authorized provider,
- Was initially billed to Medicaid Fee for Service (FFS), rather than to the appropriate HMO, due to misunderstanding or incorrect information regarding Medicaid billing, or other unintentional purpose, rather than intentionally “short-cutting” the system (billing FFS to obtain a Medicaid denial quicker/easier instead of going directly to the HMO), or for any intentional fraudulent actions,
- Was initially paid by Medicaid and not by any other funding source,
- Was subsequently targeted for Claims Recovery as part of AHCA’s 2011 audits for paid claims, for periods between 4/1/2006 and 6/30/2011, and included in an AHCA/ACS Notice of Overpayment and listed on a Claim Recovery Detail for “FFS Payments While Recipient in HMO”...OR, was found through self-audit and followed up with AHCA through claim voidance or payback, for services between 7/1/10 and 6/30/11.

> Provider should follow the detailed line by line instructions below that correspond with the required Cover Sheet [note, for self-audit claim reimbursement use Self Audit Cover Sheet]:

PROVIDER: On Cover Sheet, write in name of Provider Agency or Individual as shown on Audit Letter

1	<p>a. Make a copy of entire audit package, including the Audit Letter and Claim Recovery Details.</p> <p>b. Modify Claim Recovery Details document as follows</p> <ul style="list-style-type: none"> • Provider should cross out any non-Early Steps (ES) service on AHCA/ACS Recovery Detail claim • If documentation was found and submitted to AHCA/ACS that reflects child WAS NOT enrolled in an HMO on the date of a specific ES service, and the claim overpayment was contested for that claim with reasonable expectation of outcome, then write “being contested” to the right of the printed service claim and deduct from the total reimbursement requested • When not already included, write next to each claim: the type and date of each service provided, the name of the provider and the ES Provider Code • Also, if provider claims recovery result from ES services to children from different LES areas, separate copies of the Audit Package should be made, and this process followed specific to each LES area, marking through and subtracting each service claim that is being sent to a separate LES <p>c. Note that each audit resulting in a separate Audit Letter should be handled as a separate batch, by LES service area, with its own Cover Sheet.</p>
2	Provide copy of agreement with AHCA/ACS regarding approved extended pay-back OR copy of a Medicaid EOB reflecting recoupment amount OR copy of a cancelled check if payment already made to AHCA, OR evidence of provider's protest of amount due to AHCA for specific ES claims, and specify on the Cover Sheet which one(s) of these are being included.
3	<p>On the Cover Sheet, verify that each of the following statements is true by checking to the right of each:</p> <p>a. The request is appropriate for each service listed</p> <p>b. Documentation exists that each service occurred as billed</p> <p>c. Medicaid funds have been/are being/will be paid back to AHCA/ACS, so that Early Steps funds will not result in double payment for the service. If for any reason other payment is received for the same service, then this ES payment will be paid back to Early Steps.</p> <p>Provide the name, position and signature of the person responsible for verifying the package for submittal. The signature in this space on the Cover Sheet verifies that the above statements are true as checked.</p>
4	If additional comments are needed, please attach a separate sheet of paper and place a check to the right of the appropriate column on the Cover Sheet.
5	Provide the [clearly legible] name and address to which payment should be made. Include the phone number and e-mail address in case follow up contact is necessary. Add up remaining claim recovery amounts within the batch of claims for those Early Steps services that are appropriate for Part C payment. Insert the total amount requested for payment.
6	Insert date, make a copy for your records, and submit entire package including the completed Cover Sheet to the appropriate LES.

LES/ ESSO/ CMS INSTRUCTIONS

This process for requesting Early Steps Part C payment is to be followed ONLY for those services that meet the following criteria:

- Each service was authorized on the IFSP, provided for an Early Steps child, and by an ES authorized provider,
- Was initially billed to Medicaid FFS, rather than to the appropriate HMO, due to misunderstanding or incorrect or incomplete training regarding Medicaid billing, or other unintentional purpose, rather than intentionally “short-cutting” the system (billing FFS to obtain a Medicaid denial quicker/easier instead of going directly to the HMO), or for any intentional fraudulent actions,
- Was initially paid by Medicaid and has not been paid by any other funding source,
- Was subsequently targeted for Claims Recovery as part of AHCA’s 2011 audits for paid claims, for periods between 4/1/2006 and 6/30/2011, and included in an AHCA/ACS Notice of Overpayment and listed on a Claim Recovery Detail for “FFS Payments While Recipient in HMO” ...OR, was found through self-audit and followed up with AHCA through claim voidance or payback, for services between 7/1/10 and 6/30/11.

➤ LES should follow the detailed line by line instructions below that correspond with the required Cover Sheet:

LES: On Cover Sheet, write in name of Local Early Steps

7	Review each service reflected in Audit Claim Recovery Detail that is requested for Part C payment to determine whether each claim requested for payment is truly reimbursable. To do this follow the LES normal procedures for Part C payment requests to ensure that:
	a. Each service was authorized on the IFSP (and was not an "other service" to be considered supplemental beyond the IFSP authorized services) and was provided by an ES authorized provider.
	b. Part C payment has not already been made for the service claim.
	c. Provider was not told by the LES that the ES child was enrolled in an HMO at time of service, or otherwise have evidence that provider knew not to bill Medicaid FFS for specific service claim.
	d. For each FFS Overpayment listed on ACS's Claim Recovery Detail sheet that is not already crossed out by the provider, or marked as being contested with evidence of non-HMO enrollment at time of service, the LES WILL WRITE to the right of the service claim, as appropriate, either: (1) Pay, (2) Already/to Be Paid, or (3) Not Eligible.
8	Check on the Cover Sheet that the above information can be verified by the LES. Provide name, position, signature, phone number and e-mail address of the LES staff person responsible for verifying that the claims being submitted and recommended are appropriate for payment from Part C funds.
9	Provide name, position, signature, and phone number of the LES Director/Coordinator approving submittal.
10	If additional comment or clarification is needed, check to the right and attach a separate sheet of paper.
11	Calculate and insert in the space provided the total amount of funds recommended for payment.
12	Notify provider that the package is being submitted, and for the total amount being recommended.
13	Insert date, retain a copy for your records, and submit package including completed cover sheet to ESSO, ATTN: Pam Porter

➤ ESSO/CMS should follow the detailed line by line instructions below that correspond with the required Cover Sheet:

ESSO/CMS	
14	Appropriate ESSO staff should review each package received with a Cover Sheet to ensure that:
	a. The LES is notified that package was received
	b. The total LES recommended amount for payment is equal to the total sum of the line-items identified as “Pay” (see #8 above). If differences found, the LES is consulted
	c. No obvious errors were made; review of 2010-2011 claims to determine whether LES paid any/all directly, and if so, LES was questioned whether any potential claims were missed.
15	ESSO staff should provide name, position and signature verifying that the Package of claims is appropriate for payment, and fill in the total amount requested for payment on the Cover Sheet
16	ESSO provides e-mail notification to LES that package is being submitted for payment
17	ESSO inserts date, retains a copy and submits package to CMS Fiscal Unit
18	CMS provides ESSO’s request to local CMS office to process payment

COVER SHEET REQUIRED FOR MEDICAID AUDIT RECOVERED CLAIMS SUBMISSION

PROVIDER: _____

1	Copy of entire AHCA/ACS audit package is included. This includes the following:	√
	a. Provider Audit Letter from ACS on behalf of AHCA Medicaid	
	b. Modified Claim Recovery Details (to serve as Medicaid denial for services)	
2	At least one of the following, as checked to the right, is included:	
	a. Copy of agreement with AHCA/ACS regarding approved extended pay-back OR	
	b. Copy of a Medicaid EOB reflecting recoupment amount OR	
	c. Copy of a cancelled check if payment already made to AHCA OR	
	d. Evidence of provider's protest of amount due to AHCA for ES claims.	
3	This cover sheet reflects Provider's total amount, from that being recovered by AHCA for authorized services provided to children enrolled in Early Steps, that is being requested for Part C payment. By checking to the right, Provider verifies that:	
	a. The payment request for each service is appropriate	
	b. Documentation exists that each service occurred as billed	
	c. Medicaid funds have been/are being/will be paid back to the state so that Early Steps funds will not result in double payment for any service provided	
VERIFIED BY: <i>(print name and position, and sign)</i>		
Name: _____ Position: _____ Signature: _____		
4	COMMENTS: <i>Check to the right if Provider comments are attached.</i>	
5	REMITTANCE INFORMATION: TOTAL AMOUNT REQUESTED: \$ _____ <i>[Name, Address, Phone Number & E-Mail Address]</i>	
6	Submit this package to the appropriate LES (per normal procedures for requesting Part C payment): Date: _____	

LES: _____

7	For each service reflected in Audit Claim Recovery Detail that is requested for Part C payment, we have determined that each claim is truly reimbursable, following the LES usual procedures for Part C payment request, to include the following:	√
	a. Each service was authorized (and was not an "other service" to be considered supplemental beyond the IFSP authorized services).	
	b. Part C payment has not already been made for the service.	
	c. For each line-item FFS Payment listed on ACS's Claim Recovery Detail sheet that is not already crossed out or being contested by the provider, the LES has written to the right of the service claim: (1) Pay, (2) Already Paid/to be, or (3) Not Eligible.	
8	This cover sheet verifies the above, and includes the amount recommended for Part C payment by ESSO. VERIFIED BY <i>[Print Name, Position, Phone Number, E-Mail Address]:</i> <i>Signature:</i> _____	
9	SUBMITTAL APPROVED BY EARLY STEPS DIRECTOR: <i>[Print Name, Position, Phone Number, E-Mail Address]:</i> <i>Signature:</i> _____	
10	COMMENTS: <i>Check to the right if Provider comments are attached.</i>	
11	TOTAL AMOUNT RECOMMENDED FOR PAYMENT: \$ _____	
12	Provider has been notified that the package is being submitted to ESSO and of the total amount recommended.	
13	Submit package with this cover sheet to ESSO, ATTN: Pam Porter Date: _____	

ESSO / CMS		√
14	ESSO has reviewed this package and verifies that:	
	a. The LES received notification that this package was received	
	b. The total LES recommended payment is equal to the total sum of the line-items identified as "Pay" (see #8 above)	
	c. No obvious errors were made; review of 2010-2011 claims to determined whether LES paid any/all directly, and if so, LES was questioned regarding any claims potentially missed claims.	
15	VERIFIED BY <i>(Print Name and Position, and sign):</i> TOTAL AMOUNT REQUESTED: \$ _____ <i>Name:</i> _____ <i>Position:</i> _____ <i>Signature:</i> _____	
16	ESSO has provided e-mail notification to LES that package is being submitted for payment	
17	ESSO is submitting package to CMS Fiscal Unit Date: _____	
18	CMS provides to local CMS office to process payment	

**SELF AUDIT COVER SHEET REQUIRED FOR MEDICAID RECOVERED CLAIMS
SUBMISSION**

PROVIDER: _____ √

1	Copy of qualifying claim(s) overpaid by AHCA and found through Provider's self-audit. This includes the following: a. Copy of each voided claim in Medicaid fiscal system, or other evidence of overpayment by Medicaid and repayment by the provider, for services provided between 7/1/10 and 6/30/11 . This will serve as the "Audit Claim Recovery Detail" document as discussed below. b. Evidence that the appropriate HMO was subsequently billed and denied payment, or that the HMO has a policy or written practice that negates payment by the HMO.	
2	As addressed above, at least one of the following, as checked to the right, is included: a. Copy of agreement with AHCA/ACS regarding approved extended pay-back OR b. Copy of a Medicaid EOB reflecting recoupment amount OR c. Copy of a cancelled check if payment already made to AHCA OR d. [NOT APPLICABLE] Evidence of provider's protest of amount due to AHCA for ES claims.	
3	This cover sheet reflects Provider's total amount, from that being recovered by AHCA for authorized services provided to children enrolled in Early Steps, that is being requested for Part C payment. By checking to the right, Provider verifies that: a. The payment request for each service is appropriate b. Documentation exists that each service occurred as billed c. Medicaid funds have been/are being/will be paid back to the state so that Early Steps funds will not result in double payment for any service provided	
VERIFIED BY: <i>(print name and position, and sign)</i>		
Name: _____ Position: _____ Signature: _____		
4	COMMENTS: <i>Check to the right if Provider comments are attached.</i>	
5	REMITTANCE INFORMATION: TOTAL AMOUNT REQUESTED: \$ _____ <i>[Name, Address, Phone Number & E-Mail Address]</i>	
6	Submit this package to the appropriate LES (per normal procedures for requesting Part C payment): Date: _____	

LES: _____ √

7	For each service reflected in Audit Claim Recovery Detail that is requested for Part C payment, we have determined that each claim is truly reimbursable, following the LES usual procedures for Part C payment request, to include the following: a. Each service was authorized (and was not an "other service" to be considered supplemental beyond the IFSP authorized services). b. Part C payment has not already been made for the service. c. For each line-item FFS Payment listed on ACS's Claim Recovery Detail sheet that is not already crossed out or being contested by the provider, the LES has written to the right of the service claim: (1) Pay, (2) Already Paid/to be, or (3) Not Eligible.	
8	This cover sheet verifies the above, and includes the amount recommended for Part C payment by ESSO. VERIFIED BY <i>[Print Name, Position, Phone Number, E-Mail Address]:</i> <i>Signature:</i> _____	
9	SUBMITTAL APPROVED BY EARLY STEPS DIRECTOR: <i>[Print Name, Position, Phone Number, E-Mail Address]:</i> <i>Signature:</i> _____	
10	COMMENTS: <i>Check to the right if Provider comments are attached.</i>	
11	TOTAL AMOUNT RECOMMENDED FOR PAYMENT: \$ _____	
12	Provider has been notified that the package is being submitted to ESSO and of the total amount recommended.	
13	Submit package with this cover sheet to ESSO, ATTN: Pam Porter Date: _____	

ESSO / CMS _____ √

14	ESSO has reviewed this package and verifies that: a. The LES received notification that this package was received b. The total LES recommended payment is equal to the total sum of the line-items identified as "Pay" (see #8 above) c. No obvious errors were made; review of 2010-2011 claims to determined whether LES paid any/all directly, and if so, LES was questioned regarding any claims potentially missed claims.	
15	VERIFIED BY <i>(Print Name and Position, and sign):</i> TOTAL AMOUNT REQUESTED: \$ _____ <i>Name:</i> _____ <i>Position:</i> _____ <i>Signature:</i> _____	
16	ESSO has provided e-mail notification to LES that package is being submitted for payment	
17	ESSO is submitting package to CMS Fiscal Unit Date: _____	
18	CMS provides to local CMS office to process payment	