



CMSPlanFlorida.gov

Children's Medical Services Managed Care Plan (CMS Plan) is a health care plan for children with special health care needs offered by the Florida Department of Health.

Stay in the Loop!

The **CMS Plan website** hosts a wealth of information for our Plan providers. Please be sure to visit CMSPlanFlorida.gov frequently for the latest information on provider payments, upcoming training opportunities and more.

Prior Authorizations: Helpful Hints

CMS Plan uses InterQual® criteria and the Florida Medicaid Service-Specific Policies to evaluate requests for medical necessity and benefit determination. Below are some helpful hints for certain services to help your prior authorization request be processed efficiently. Any missing documentation can lead to a delay in processing your request.

Private Duty Nursing (PDN) Requests for Florida Medicaid

Signed order/prescription and a signed Plan of Care (POC) Required for every prior authorization request: The order and POC must be signed by an MD or DO, and make sure the amount and frequency on the prescription and the POC match.

Within 30 days preceding the initial request and biannually thereafter Documentation that the child has been evaluated by the physician ordering the services: This documentation should include the reason(s) why the child needs continued PDN services.

Personal Care Services Requests (PCS)

Requirements are the same as for PDN, with the following additional requirements:

- ✓ PCS are only covered when the child's parent or legal guardian is unable to provide the care.
- ✓ Be sure to include the child's functional limitations.
- ✓ Your request must include the parent's/legal guardian's current:
 - ✓ Work schedule with days and hours specified.
 - ✓ School schedule with days and hours specified.
 - ✓ Medical limitations, signed by the parent's/legal guardian's physician.
 - ✓ The above is required for each parent or legal guardian in the home.

Therapy Requests

Therapy requests, such as physical therapy, occupational therapy and speech therapy, require a signed order/prescription and signed POC for the initial request, and a signed POC for each continued request.

- The order and POC can be signed by an MD, DO, ARNP or PA.
- See your provider handbook (*Ped-I-Care Provider Handbook* or *CCP Provider Handbook*) for a helpful Therapy Services Authorization Request Checklist.

Provider Changes

If you are taking over care from another provider, please submit documentation that the previous provider has discharged the member from their services.

What You Need to Know about the Patient Centered Medical Home (PCMH)

The patient-centered medical home is a combination of two models: pediatric medical home model and chronic care model. The model is comprised of primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective (American Academy of Pediatrics 2002 policy statement).

The 2007 Joint Principles of the Patient Centered Medical Home developed by the American Academy of Family Physicians, the American College of Physicians, the American Academy of Pediatrics, and the American Osteopathic Association are as follows:


- Physician directed medical practice (also include ARNP-led) where the patient has access to a personal physician.
- Whole-person oriented comprehensive care that includes acute, chronic, preventive and palliative or end-of-life services.
- Care is coordinated and/or integrated between the three systems of care and community.
- Information exchanges, registries and Health IT are culturally and linguistically appropriate.
- Quality and safety is based on the implementation of quality improvement processes and evidence-based medicine to improve patient outcomes.
- Enhanced access to care.
- Payment structure recognizes the added value provided to patients who have a patient-centered medical home.



Despite all of these added benefits to patients, families and physicians, according to the 2016 National Survey for Child Health, 66% of Florida's pediatric health care practices still do not meet medical home criteria.

There are multiple medical home assessment tools that practices can use to obtain recognition, certification and accreditation, including the following:

- National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home Recognition
- Accreditation Association for Ambulatory Health Care (AAAHC) Medical Home On-site Certification
- The Joint Commission (TJC) Designation for Your Primary Care Home



Florida's NCQA Partner in Quality, HealthARCH, provides assistance on the latest health care policy regulations and standards, including assisting practices with obtaining PCMH Recognition. CMS has partnered with HealthARCH to survey providers who are interested in obtaining assistance with PCMH transformation and recognition. The 20-minute survey consists of questions related to patient-centered medical home, behavioral health and transition. The link can be found under the Updates and Events tab on the Children's Medical Services Managed Care Plan website, or visit the survey here.

Additional tools and resources to assist practices with medical home transformation can also be found on the AAP National Center for Medical Home Implementation website. Also, the Center for Medical Home Improvement (CMHI) offers practices resources to develop and evaluate the medical home and includes the family perspective to enhance health care for children with special health care needs.

Becoming a patient-centered medical home does not happen overnight; it takes time, strategic planning and resources. Since patient-centered medical homes improve quality of care, patient experience, provider and staff satisfaction, and patient health outcomes—all while reducing health care costs—it is our firm belief that this investment is worth it!

Enhanced Provider Screening: Referring, Ordering, Prescribing and Attending (ROPA) Provider Enrollment

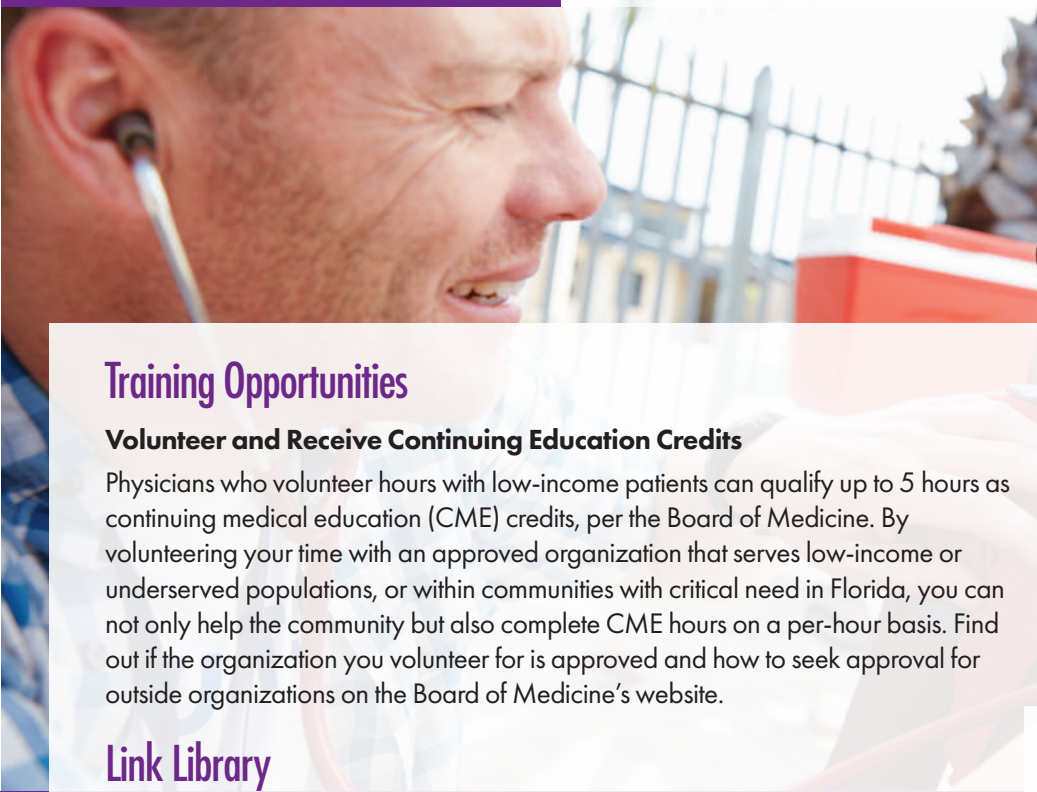
The Patient Protection and Affordable Care Act (ACA) and the 21st Century Cures Act (Cures) require that all providers who refer, order, prescribe, or attend in conjunction with the provision of services to Florida Medicaid recipients be enrolled in Florida Medicaid program.

The Agency for Health Care Administration (Agency) and its fiscal agent, DXC Technology (DXC), are commencing the ROPA provider enrollment initiative to meet these requirements. Details of the ROPA and Cures initiatives can be found within the Agency Initiatives tab of the public Web Portal under the Provider Screening Initiatives page.

The Agency is developing an online, streamlined enrollment process for physicians and other licensed practitioners, whose only relationship with the Medicaid program is as a ROPA provider. This process will feature an automated provider enrollment application that will self-populate using information downloaded from the provider's professional license, NPI registration, Medicare enrollment (when available), and their background screening from the Care Provider Background Screening Clearinghouse. Practitioners with current screenings in the Clearinghouse will not need to be rescreened for Medicaid enrollment.

The Agency expects to implement the ROPA enrollment process in the spring of 2018. CMS Plan encourages all providers to visit the initiative pages frequently to remain up-to-date with the latest information as it is made available.

We appreciate our providers' willingness to cooperate in this process as we help ensure proper claim practices. For more information, please visit AHCA's website.



Training Opportunities

Volunteer and Receive Continuing Education Credits

Physicians who volunteer hours with low-income patients can qualify up to 5 hours as continuing medical education (CME) credits, per the Board of Medicine. By volunteering your time with an approved organization that serves low-income or underserved populations, or within communities with critical need in Florida, you can not only help the community but also complete CME hours on a per-hour basis. Find out if the organization you volunteer for is approved and how to seek approval for outside organizations on the Board of Medicine's website.

Link Library

National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home Recognition www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh

Accreditation Association for Ambulatory Health Care (AAHC) Medical Home On-site Certification www.aaahc.org/accreditation/primary-care-medical-home/

The Joint Commission (TJC) Designation for Your Primary Care Home www.jointcommission.org/accreditation/pchi.aspx

Updates and Events www.floridahealth.gov/programs-and-services/childrens-health/cms-plan/updates-events/index.html

Children's Medical Services Managed Care Plan & Specialty Programs website www.CMSPlanFlorida.gov

Patient Centered Medical Home Survey https://ucf.qualtrics.com/jfe/form/SV_1RJeiomUmkFrB9b

AAP National Center for Medical Home Implementation <https://medicalhomeinfo.aap.org/Pages/default.aspx>

Center for Medical Home Improvement (CMHI) <https://www.pcpc.org/transformation/support/cmhi-center-medical-home-improvement-crotched-mountain-foundation>

ROPA and Cures Initiatives (AHCA) http://portal.flmmis.com/FLPublic/Provider_AgencyInitiatives/Provider_ProvScrn/tabId/150/Default.aspx

Florida Medicaid Web Portal <http://portal.flmmis.com/FLPublic/>

Florida Board of Medicine <http://flboardofmedicine.gov/renewals/medical-doctor-unrestricted/>

Addresses for Mailing Paper Claims

Title XIX P.O. Box:

CMSN MMA Specialty Plan Title XIX
P. O. Box 981648
El Paso, TX 79998-1648

Title XXI P.O. Box:

MED3000 CMS Title XXI
P. O. Box 981733
El Paso, TX 79998-1733

Pharmacy Contacts

Magellan, Medicaid

Title XIX pharmacy benefits manager
Phone: 800-603-1714

MedImpact, KidCare

Title XXI pharmacy benefits manager
Phone: 800-788-2949