

APEX BENEFIT SERVICES



COVERED SERVICES & CLAIMS OVERVIEW

FIRST COAST ADVANTAGE

PROVIDER INSERVICE

OCTOBER 3, 4, 5, 2007



COVERED SERVICES

The table below outlines the covered services for FCA Members.

SERVICES INCLUDE:

Type of Healthcare Service	FCA Will Pay
Child Checkup Health and development history Unclothed physical assessments or examinations Nutritional assessments Routine immunization updates Laboratory tests (including lead screening) Vision screenings Hearing screenings Dental screenings Health education and development assessments	Medicaid Covered Services: 10 visits during the first two years, then one visit per year from 2 to 20 years of age. No co-pay
Children's Dental	Medicaid-Covered Services: All routine, surgical, fillings, extractions, orthodontic, dentures and repairs under 21 years of age.
Adult Dental Basic dental services for adults age 21 years and older	Medicaid-Covered Services: Adult services include medically necessary emergency dental procedures to alleviate pain or infection. Emergency dental care shall be limited to emergency oral examinations, necessary radiographs, extractions, incisions and drainage of abscesses. Adult dental services also shall include dentures, partial dentures (one upper and lower per lifetime) and related services.
Circumcisions	Covered within first two weeks of baby's life or prior to babies discharge. No co-pay
Physician/Professional Services Physician visits Preventive care visits Diagnosis Treatment and/or surgery	Medicaid-Covered Services: No co-pay
Newborns	Coverage for baby's delivery. (Newborn will need to be enrolled in FCA.)
Independent Lab and X-ray Services	Medicaid-Covered Services: No co-pay Requires PCP referral
Annual Visit Adult Health Screening	Medicaid-Covered Services: One visit per year No co-pay

Type of Healthcare Service	FCA Will Pay
Inpatient Hospital Services Full Member care	Covers a maximum of 45 Inpatient days for the period from July 1 through June 30 Unlimited for children under 21 years of age No co-pay
Outpatient Hospital Services Emergency Department visits Lab tests and X-rays Medical supplies (including casts and splints) Oxygen and blood transfusion Outpatient surgical procedures Physical therapy	Medicaid-Covered Services: No co-pay
Emergency Services Includes post-stabilization services	Provides emergency transportation (ambulance) to the hospital Post-stabilization services are covered without prior authorization (Services that are medically necessary after an emergency medical condition has been stabilized) No co-pays
Transportation (to and from Medical Care) For appointment and non-emergency care	Medicaid-Covered Services: No co-pay
Prescribed Drug Services Prescription drugs and pharmacy	Unlimited generic prescriptions Limited to four brand name prescriptions per month for recipients 21 years of age and older No limit on the number of prescriptions for recipients under 21 years of age Must have prescriptions filled at a Medicaid pharmacy
Diabetes Supplies and Education Medically appropriate and necessary equipment, supplies and services used to treat diabetes, including outpatient self-management training and educational services.	Medicaid-Covered Services and Supplies: No co-pay
Supply Visit and Supplies (Home care)	Medicaid-Covered Supplies
Dialysis Facility Services (Free-standing) Includes labs, dialysis, supplies and ancillary	Medicaid-Covered Services and Supplies
Durable Medical Equipment (DME) and Prosthetics Durable medical equipment used in the home.	Medicaid-Covered Services and Supplies
Home Healthcare Services Does not include homemaker services, Meals on Wheels, companion, sitter or social services.	Medicaid-Covered Services: Services provided by a registered nurse or licensed practical nurse, private-duty nursing, personal care services, medical supplies, appliances and DME Limited to four visits by nurses and/or aides per day and 60 visits by nurses and/or aides per lifetime (special auth for additional). Private duty for persons 21 years of age and under and must be authorized. Under 21 may receive PT, OT, ST services. No co-pay

Type of Healthcare Service	FCA Will Pay
Prosthetic Devices Heart pacemakers, artificial limbs and eyes	Medicaid-Covered Services and Supplies: Some customized orthotics and prosthetics can be authorized for Members in nursing facilities and for persons 21 years of age and younger some service may be authorized for adults
Dressings (Splints, casts and braces)	Medicaid-Covered Services and Supplies
Behavioral Health Services	Medicaid-Covered Services: Counseling and referral services by a participating psychiatrist, then community health center No PCP referral required Authorization required after 250 units/6 months. No co-pay
Therapy Services - Physical, respiratory, occupational and speech	Medicaid-Covered Services: PT, ST, OT and RT evaluations and visits up to a maximum of 14 units per week for children under 21 years. Respiratory and physical therapy: no age limit, but adults must use an outpatient hospital Speech therapy: no age limit for augmentive and assistive communication therapy Occupational therapy: covered only for persons less than 21 years of age.
Hearing Services (Adult and Child) Diagnostic testing, hearing aids, hearing aid evaluations, hearing aid fitting and dispensing, hearing aid repairs and accessories (within limits). Cochlear implant services require prior authorization Newborn hearing screening prior to discharge from hospital	Medicaid-Covered Services: One hearing aid per ear every three years, if medically necessary Three hearing aid repairs per year outside of warranty starting after one year from date the hearing aid is received. Cochlear Implants require pre-auth.
Vision Care / Eyeglasses (Adult and Child)	Medicaid-Covered Services: Eyeglasses, eyeglass repairs and adjustments are covered. Limited to new or replacement of medically necessary eyeglasses. Also limited to two pairs of eyeglasses per year. No referral needed.
Optometry and Medical Eye Care	Medicaid-Covered Services: No co-pay.
Podiatry Services	Medicaid-Covered Services: No referral for up to 4 visits per year. Limited to one visit per day, not to exceed two per month (except for emergencies). One long-term care or custodial facility service per month, per Provider or group, with a referral. One new Member evaluation and management every three years. Elective surgery requires authorization. (except for persons under 21 years of age who have Child Checkup screenings within 12 months of the date of surgery.) No co-pay.

Type of Healthcare Service	FCA Will Pay
Chiropractic Services	Medicaid-Covered Services: No referral needed for first 10 visits per year. Includes a new Member visit, manipulation of the spine and spinal X-rays. Limited to one visit per day and total 24 during a calendar year. Medicaid does not reimburse massage or heat treatments. No co-pay.
Transplant Services	Medicaid-Covered Organ Transplant Services/adults: Covers pre and post transplant services for transplants not covered by Medicaid.
Family Planning Services	Medicaid-Covered Services: No referral needed. May obtain from any participating Medicaid provider.
Interpreter Services Includes vision or hearing impaired.	These services are free of charge for all foreign languages.
Other Services and Enhancements	No co-pays for covered services: Smoking cessation/Stop smoking Children's programs Pregnancy prevention Prenatal and postpartum pregnancy programs Substance abuse screening and programs.
Refer to Medicaid Program	Long-term care Hospice Other services not covered under this contracted plan.

Maternity Services

Maternity services include the following;

- Nursing assessment and counseling
- Florida's Healthy Start Prenatal Risk Screening
- Nutritional assessments
- Delivery and follow-up care
- Florida's Healthy Start Infant (Postnatal) Screening, and follow-up care

As soon as the Member is determined to be pregnant and immediately after the baby is born, Member's should call the DCF caseworker and FCA Member Services. FCA will assist the mother in getting Medicaid coverage under FCA established.

The Women, Infant and Children (WIC) Program includes referrals for all pregnant, breast-feeding and post-partum women, infants and children up to 5 years of age.

What is EDI?



Electronic Data Interchange (EDI)

Electronic data interchange (EDI) is the electronic transfer of information, such as electronic media health claims, eligibility inquiry and claim status inquiry, in a standard format between trading partners. EDI allows entities within the health care system to exchange medical, billing, and other information and to process transactions in a manner, which is fast and cost effective. With EDI there is a substantial reduction in handling and processing time compared to paper, and the risk of lost paper documents is eliminated.

EDI Registration Forms

If you are interested in submitting any of the HIPAA transactions to Apex Benefits Services, please complete the appropriate form below.

Please return completed forms to:

Apex Benefits Service
Attention: Compliance Department
10 North Main Street
Akron, Ohio 44308

You may FAX the form to: 330-996-8726.

For Trading Partners: Each **direct submitter** must complete a **Trading Partner Agreement**. This Agreement includes trading partner obligations, term and termination, verification of eligibility, proprietary information, etc. that you must abide by in submitting information directly to Apex Benefit Services.

Direct Submitters: Each vendor must submit a Vendor FTP Registration form.

FCA Providers are not required to complete the Provider Registration form.

- Trading Partner 837 Provider Registration Form
- Vendor FTP Registration Form
- Provider Registration Form
- Trading Partner Agreement

For more information on EDI, visit our Web site at www.apex-benefits.com and click on the **EDI Link**.



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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/02

CNC/ MEDCOST
PO BOX 2368
CORNELIUS, NC 28031

CARRIER

Form with multiple sections: 1. MEDICARE/MEDICAD, 2. PATIENT'S NAME, 3. PATIENT'S ADDRESS, 4. INSURED'S NAME, 5. PATIENT'S ADDRESS, 6. PATIENT STATUS, 7. INSURED'S ADDRESS, 8. OTHER INSURED'S NAME, 9. EMPLOYER'S NAME, 10. INSURED'S DATE OF BIRTH, 11. INSURED'S POLICY GROUP, 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE, 13. DATE OF SERVICE, 14. HOSPITALIZATION DATES, 15. OUTSIDE LAB?, 16. MEDICAL SUBMISSION CODE, 17. PRIOR AUTHORIZATION NUMBER, 18. FEDERAL TAX ID NUMBER, 19. PATIENT'S ACCOUNT NO., 20. SERVICE FACILITY LOCATION INFORMATION, 21. BILLING PROVIDER I.D. # & P.H.#, 22. SIGNATURE OF PHYSICIAN OR SUPPLIER, 23. SERVICE FACILITY LOCATION INFORMATION, 24. BILLING PROVIDER I.D. # & P.H.#.

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



EXPLANATION OF PAYMENTS
FOR CLAIM RUN 09/18/2007

GROUP NO: [REDACTED]

Confidentiality Notice: This communication and attachments contain confidential health information for use by the persons named and are protected by HIPAA. If you are not the intended recipient, you have received this communication in error and any review, disclosure, distribution or copying of it or its contents is prohibited. Please notify us immediately by telephone at (866) 275-2468 and return the original documents via United States Postal Service.

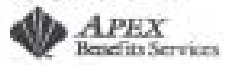
DATE OF SERVICE		PROC CODE	QTY	BILLED	ALLOWED	UNELIGIBLE	DISCOUNT	DEDUCT	CO-INS	CO-PAY	INTEREST	PAID	BILL PATIENT	EXPLAIN	REMARK
07/29/07	84112	1	48.00-	0.00	48.00-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL				48.00-	0.00	48.00-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DATE OF SERVICE		PROC CODE	QTY	BILLED	ALLOWED	UNELIGIBLE	DISCOUNT	DEDUCT	CO-INS	CO-PAY	INTEREST	PAID	BILL PATIENT	EXPLAIN	REMARK
07/27/07	84111	1	40.00	0.00	40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL				40.00	0.00	40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DATE OF SERVICE		PROC CODE	QTY	BILLED	ALLOWED	UNELIGIBLE	DISCOUNT	DEDUCT	CO-INS	CO-PAY	INTEREST	PAID	BILL PATIENT	EXPLAIN	REMARK
08/13/07	84112	1	100.00-	0.00	100.00-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL				100.00-	0.00	100.00-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DATE OF SERVICE		PROC CODE	QTY	BILLED	ALLOWED	UNELIGIBLE	DISCOUNT	DEDUCT	CO-INS	CO-PAY	INTEREST	PAID	BILL PATIENT	EXPLAIN	REMARK
08/18/07	84008	1	55.00	0.00	55.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL				55.00	0.00	55.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DATE OF SERVICE		PROC CODE	QTY	BILLED	ALLOWED	UNELIGIBLE	DISCOUNT	DEDUCT	CO-INS	CO-PAY	INTEREST	PAID	BILL PATIENT	EXPLAIN	REMARK
04/11/07	87416	1	14.00-	0.00	14.00-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL				14.00-	0.00	14.00-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00





FLORIDA MEDICAID
Prior Authorization
Pharmacy - Miscellaneous



Beneficiary's Medicaid ID# _____ Date of Birth (MM/DD/YYYY) _____

Beneficiary's Full Name _____

Prescriber's Full Name _____

Prescriber License # (ME, OS, RN) _____

Prescriber Phone Number _____ Prescriber Fax Number _____

Pharmacy Name _____

Pharmacy Medicaid Provider # _____

Pharmacy Phone Number _____ Pharmacy Fax _____

Drug _____ Quantity _____ Dosage and frequency of dosing _____

Diagnosis _____

Previous Therapy (include drug/treatment) _____

Medical rationale for NON-PDL request _____

Documents Attached

Patient Lab Data _____ Other patient information _____

Possible drug interactions/conflicting drug therapies _____

Prescriber's Signature _____ Date _____

Please attach a copy of the original prescription.

*Please attach lab results and other medical documentation to support request.
The provider must retain copies of all documentation for five years.*

Fax or mail completed form to:
Affiliated Computer Services (ACS)
Medicaid Pharmacy Services
385 Northridge Rd. Suite 430
Atlanta, GA 30358
Phone: (678) 553-7488 (For information only)
Fax: (678) 634-1070 (toll free)

FOR AHCA USE ONLY	
Date: _____	Ref/Fax: _____
Approved: _____	Start Date: _____ Expiration Date: _____
Denial: _____	Reason: _____

