

# **CONTRACT MANAGEMENT**



## **HANDOUTS**

**FIRST COAST ADVANTAGE**

**PROVIDER INSERVICE**

**OCTOBER 3, 4, 5, 2007**

**MANAGED CARE PAYOR MATRIX  
OCTOBER 2007**

CARRIER	FSC	Hospital Plan Code	PRE-AUTH ELIGIBILITY	CARVE OUTS/RESTRICTIONS			SERVICES			
				CARVE OUT NAME	NETWORK NAME & TELEPHONE #	INFORMATION	SPECIALIST RESPONSIBILITIES	PRIMARY CARE RESPONSIBILITIES	HOSPITAL ADMISSIONS ELECTIVE & PRE-OP	EMERGENCY SERVICES & EMERGENCY ADMISSIONS
<p>First Coast Advantage (FCA)</p> <p>PLAN: Medicaid (PSN) Provider Service Network</p> <p>Entities: Shands Jax Effective 07/01/06 UFJP Effective 07/01/06 Community Providers 07/01/06</p> <p>Network Restrictions: Shands Jax, UFJPI, Baptist Downtown, Beaches, Wolfsons, Nemours, Duval County Health Dept, Brooks Rehabilitation</p> <p>FCA Marketing Terry Lee (904) 244-9256 Shands/UF Contract Manager Veronica Walton (904) 244-9255</p>	3345	151512	Benefits/Eligibility 866-270-2422	Allergy	Dr. Tracy Khona 904-733-6487  Nemours 904-390-3600	Adults  Pediatrics	<p><b>GYN</b> 1 well-woman visit a yr w/no referral</p> <p><b>OB</b> Global Pre-auth for phys req from Med Mgmt. Notification req from Hospital</p> <p><b>Specialist Referrals</b> Referral req from PCP for in-network par prov</p> <p><b>Spec to Spec Referrals</b> Spec to Spec referral permitted</p> <p><b>Services Req Pre-Auth</b> All out of network prov req auth. See pre-auth list for serv req auth.</p> <p><b>Facility/Clinic Auth</b> No add'l ref/auth for proc/diag testing req for in-network facility</p>	<p><b>PCP Referral</b> Referral required in-network par provider</p> <p><b>Services Req Pre-Auth</b> All out of network prov req auth. See Pre auth list for serv req auth.</p> <p><b>Facility/Clinic Auth</b> No add'l ref/auth for proc/diag testing req for in-network facility</p>	<p><b>Pre-Cert</b> Elec proc req pre-op: Fax to 244-9744</p> <p><b>Pre-Op</b> within 72 hours</p> <p><b>Observations:</b> Notify w/in 24 hrs or next business day</p> <p><b>Elective Proc</b> Req Pre-op: Fax 244-9744</p>	<p><b>Notification ED visit</b> w/in 24 hrs or next business day</p> <p><b>If Admitted</b> w/in 24 hrs or next business day</p> <p><b>Observations:</b> Notify w/in 24 hrs or next business day</p> <p><b>Urgent Care</b> Any Medicaid Provider</p>
			Referral/Pre-Auth Ph: 244-3539 Fax: 244-9744	Behavioral Health	See FCA Directory	<b>Auth required for all services. A PCP referral is not required.</b>				
			<b>Notification/Obs/ED visits/IP Admits</b> Ph: 244-3539 Fax: 244-9744	Laboratory/ Path	Shands Jax, UF Outreach Draw stations/Clinics, Any In-Network Facility					
				Pharmacy	Any Medicaid Pharmacy 850-487-4441	See Managed Care Website for listings				
			Provider/Cust Service/Claims 866-270-2468	Chiropractor	See FCA Directory					
				Dental	MCNA Dental 800-494-6262					
				<b>Dermatology</b>	<b>Dr. Dale Channeco</b> 904-244-3273					
				Radiology	Shands Jax, Baptist Downtwn, Bches/Wolfson, Any In-Network Facility					
				DME	Fletcher's Medical 904-387-4481  <b>Also See FCA Directory</b>					
				Orthotics	Bremer Brace 904-353-8508  <b>Also See FCA Directory</b>					
				Home Health	Shands Jax 904-244-9900					
				Vision	Primary Plus 800-393-2873	Rout Eye Care & Glasses				
			Infusion	Pavilion Hme Care 904-202-5730  Peds Serv Assoc 904-731-0030  <b>Also See FCA Directory</b>						
			Podiatry	Shands Bone&Joint 244-5001  American Ft Clinic 904-355-1553						
Transportation	Logisticare 866-294-6611	Non-Emerg to & from Medical appts.								

\*\*\*\*\* High Priority \*\*\*\*\*

## Service Alert Notification

**Subject: Paper Claim Payment Requirements Revised**

**Date: August 21, 2007**

In an effort to minimize delays in paper claims processing, please be advised that ACS will not accept paper claims for processing unless the following criteria are met:

- All elements as defined in the CMS-1500 and UB-04 Medicaid Provider Reimbursement Handbooks (<http://floridamedicaid.acs-inc.com/index.jsp>) must be completed for processing.
- All paper claims **must** be submitted on the new CMS-1500 (08/05) claim form for professional services and the UB-04 claim form for facility services.
- Original "red ink" forms are **required**.
- All elements as defined in the CMS-1500 and UB-04 reimbursement manual **must** be completed or claims will be returned to you for completion prior to processing.
- All claim forms must have a "wet signature" in box 31 on the CMS-1500 (08/05) claim form. This full signature or initials must be in blue or black ink.
- "Signature on file" may be used only if the provider's billing agent or authorized designee has a written attestation signed by the provider that allows the billing agent or authorized designee to file claims on the provider's half.
- The attestation must be maintained on file at the billing agent's or authorized designee's office. The attestation must be readily available upon request by AHCA. If the provider uses a facsimile signature or a signature stamp, the entry must be initialed. The provider is responsible for ensuring that the signature on the claim is that of an authorized individual.

To facilitate prompt paper claims processing, please ensure that the above criteria are met **prior** to submission to Apex Benefits Services.

Please feel free to contact Veronica Walton at (904) 244-9255 should you have any questions. Thank you.

**Effective Immediately, Skilled Nursing Services should be billed to the Medicaid Fiscal Agent and not FCA:**

- AHCA guidelines state that a member cannot be a part of a PSN during a skilled nursing stay.
- Since the members are not a part of the PSN during these visits, the members will have to be disenrolled from FCA and the services will have to be billed to Medicaid.
- Once the member is no longer in a skilled nursing facility the member can be re-assigned back to a PSN or get re-evaluated depending on the length of stay in the nursing facility.

**Effective July 2, 2007, The Medicaid Fiscal Agent (ACS) will only accept the New UB-4 Hospital Claim Form:**

- This is just a reminder that as of July 2, 2007, ACS will only accept the UB-4 for hospital claims.
- If claims are submitted on the UB-92, they will not be processed after July 2, 2007.

**Effective Immediately, The Following Providers are Participating with First Coast Advantage (FCA):**

- Listed below are two new providers that have been added to the First Coast Advantage network.

Dr. Tracy Khona - Allergist 904-733-6487

Dr. Dale Channeco - Dermatologist 904-244-3273

- For a complete list of participating providers, go to the FCA website at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) select "Find a Physician", then select "Provider Directory".

**Effective August 2007, FCA Physician/Provider Satisfaction Survey Coming:**

- First Coast Advantage (FCA) will be conducting a physician/provider satisfaction survey in August to assess your satisfaction with First Coast Advantage.
- The survey is a requirement per our contract with AHCA. If you have an e-mail address, you will be sent an e-mail inviting you to complete the survey as well as a link so that you can complete the survey on-line.
- Those providers who do not have an e-mail address will be sent a paper survey via the US Postal Service.
- You may return the completed survey in the postage paid return envelope or fax back directly to us at (904) 244-9409. Because there are only 10 questions, it should only take about 5 minutes or less to complete the survey.
- The results of the survey will be tabulated and shared with the Management team, so we can identify areas that are working well and those areas that may need improvement.
- Please watch out for the survey and thanks in advance for completing. Your opinion matters to us! If you have any questions or concerns, please contact First Coast Advantage at (904) 244-9016.

**Effective July 2, 2007, CMS-1500 (08-05) and UB04 Claim Revised Claim Forms must be Submitted for Payment:**

- Effective July 2, 2007, all paper CMS-1500 claim forms must be sent on the revised CMS-1500 (08-05) claim form. After this date, any forms received on the old form will be returned.
- Also, effective July 2, 2007, all paper UB claims must be billed on the UB-04 claim form. After this date, any forms received on the UB-92 form will be returned.
- If you would like more information on this, please visit the AHCA website at <http://floridamedicaid.acs-inc.com/> and go to Provider Support | Provider Notices.
- You may also visit the AHCA website at (<http://floridamedicaid.acs-inc.com/>) to access



**Reminder, First Coast Advantage (FCA) Updated Paper Claims Procedures for August 2007:**

- All paper claims needs to be submitted on the new CMS 1500 form with the following information.

**Rendering Provider Info:**

TIN in box 25  
Medicaid number in box 24J  
Provider name in box 31 (first and last name)  
CMS1500 – NPI number in box 24J

**UB04 – Hospital Claim form**

TIN in box 5  
Billing pay to address: in box 56 see link: [www.cms.hhs.gov/mlnmattersarticles/downloads/MM5072.pdf](http://www.cms.hhs.gov/mlnmattersarticles/downloads/MM5072.pdf)

**Billing (Pay to) Info:**

TIN in box 25  
Medicaid number in box 33B  
Provider name in box 33 (full name and address)  
CMS 1500 – NPI number in box 33A

**Referring Physician NPI Number**

CMS 1500 in box 17B

**Claims Payment**

If you have inquires regarding late claim payment or additional claim inquires, please contact:

APEX Benefit Services  
PO Box 3620  
Akron, Ohio 44309-3620  
866-270-2468

**Reminder, First Coast Advantage (FCA) Pre-Authorization Procedures for Behavioral Health Services:**

- This is a reminder that Behavioral Health Services require pre-authorization for services.
- PCP's can provide the members with a script or the member can self refer for these services.
- There is no need for a telephone call to FCA's Behavioral Health Coordinators for pre-authorization.
- The Behavioral Health Facility can fax their pre authorization request to 904-244-9740.
- If anyone has any questions regarding the pre-authorization process for Behavioral Health they can contact the Behavioral Health Coordinator at 904-244-9780.

**Effective August 1, 2007 First Coast Advantage (FCA) Behavioral Health Pre-Authorization Form Revised:**

- The Behavioral Health Pre-Authorization form has been revised to make it more user friendly for providers.
- The revised form is to request additional services following the initial 6 month authorization period.
- If anyone has any questions regarding the pre-authorization process or the form contact the Behavioral Health Coordinator at 904-244-9780.



**Coming October 2007: Provider In-Service with First Coast Advantage:**

- FCA will be hosting a provider in-service for Network Providers on October 3rd, 4th, & 5th of 2007.
- Providers will be able to select from morning, early afternoon or late afternoon sessions for the in-service meetings.
- FCA will send out flyers and e-mails informing providers how they can sign up to attend.
- Providers will be able to sign-up for monthly education with the Provider Relations/Contract Management Department.
- Please stay on the look-out for more information regarding the FCA In-service meetings.
- The In-Service Meetings will cover the following topics:



ACS vs. EDS Claims System  
 APEX Upgrades  
 Benefits/Exhausted Benefits  
 Enhanced Benefits  
 Claims Procedures (Medical and Behavioral Health)  
 Disease Management  
 Eligibility  
 FCA Grievance & Appeal Process  
 Referrals & Pre-Authorization  
 And more...

**First Coast Advantage Update on Medicaid Enhanced Benefits Program:**

- Enhanced Benefits is a new program that was established by AHCA as part of Medicaid Reform. The goal of the program is to encourage Medicaid Beneficiaries to engage in healthy behaviors.
- Medicaid Beneficiaries currently enrolled in Reform Plans will be eligible to earn credits for engaging in approved healthy behaviors identified by AHCA.
- AHCA credits a specific dollar amount to a member's account for each healthy behavior documented, with a maximum accumulation of \$125.00 per individual/per year.
- Members can then access the credit in their account to purchase AHCA approved health-related products and supplies at participating Florida Medicaid pharmacies. Some examples of AHCA approved health-related products include vitamins, first aid products, dental supplies, shampoos and cough and cold OTC medicine.
- Some examples of AHCA approved healthy behaviors include childhood wellness visits, childhood dental exams, adult vision exams, keeping all primary care appointments, participation in a smoking cessation program, pap smear tests and flu shots when recommended by a physician.
- The Reform Health Plans are responsible for collecting and submitting the data regarding earned credits to AHCA in a monthly report.
- Healthy behaviors that can be captured with a CPT code are reported to AHCA by the health plan. For all other healthy behaviors, an Enhanced Benefits Universal Form must be completed by the member and the provider/sponsor and sent to the member's health plan.
- AHCA maintains the accounts for members and sends them a periodic statement of account. AHCA has established an Enhanced Benefits Call Center to assist members with information about their account balances and to provide education about the Enhanced Benefits program. The Enhanced Benefits Call Center can be contacted at 1-866-421-8474. A complete list of all the AHCA approved healthy behaviors, credit amounts, when/how to complete a universal form and a copy of the universal form can be found on the FCA website under the Enhanced Benefits tab at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com).



## **Effective May 23, 2008, Medicaid NPI Contingency Plan Update:**

- In April 2007, the Centers for Medicare and Medicaid Services (CMS) issued a contingency plan extending the deadline for full compliance with the NPI rule to May 23, 2008.
- The contingency does not delay the effective date of the NPI rule, but does allow covered entities to avoid possible citations if they can show they are making due diligence to becoming compliant.
- **Florida Medicaid has extended its contingency deadline to May 23, 2008.** Failure to register an NPI with Florida Medicaid may disrupt your ability to successfully complete electronic transactions with Florida Medicaid.
- Failure to register an NPI with Florida Medicaid may disrupt your ability to successfully complete electronic transactions with Florida Medicaid.
- In order to register your NPI with Florida Medicaid, complete the NPI form located at <http://floridamedicaid.acs-inc.com> under Provider Support | Enrollment | Enrollment Application and Related Documents and submit immediately to avoid future denials of claims.

## **First Coast Advantage Provider Manual 2006/2007 Updated on Website:**

- The First Coast Advantage Provider Manual for 2006/2007 has been updated on the First Coast Advantage/Managed Care Website.
- You can access the manual at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com).
- The manual can be found at Payor Information>First Coast Advantage>Provider Manual.

## **First Coast Advantage Provider In-services Coming October 2007:**

- First Coast Advantage will be hosting a provider in-service for Network Providers On October 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup>, 2007. Providers will be able to select from morning, afternoon or late afternoon sessions for In-services.
- FCA will be sending out flyers and e-mails informing providers of how they can sign up for these in-services.
- Providers will be able to sign-up for Monthly education with the Provider Relations/Contract Management Department.
- Please keep a look out for more information regarding these in-services.
- The In-service will include the following Topics:
  - ACS vs. EDS Claims System
  - APEX Upgrades
  - Benefits/Expanded Benefits
  - Enhanced Benefits
  - Claims Procedures (Medical & Behavioral Health)
  - Disease Management
  - Eligibility
  - FCA Grievance & Appeals Process
  - Referrals and Pre-Authorization
  - And more...

## **CMS Release of the National Plan and Provider Enumeration System (NPPES) for Access to Provider NPI Numbers**

- CMS has recently released the National Plan and Provider Enumeration System (NPPES) FOIA - Disclosable Data which allows public domain access to NPI (National Provider Identifier) information through a database or file download at [http://www.cms.hhs.gov/NationalProvIdentStand/06a\\_DataDissemination.asp](http://www.cms.hhs.gov/NationalProvIdentStand/06a_DataDissemination.asp) which may aid in provider research.
- This information reflects the National NPI registry and providers should be advised that some Medicaid providers may have registered differently with the State for Florida.
- If Managed Care Providers have not registered with Florida Medicaid they are encouraged to submit the one page Managed Care Provider Enrollment form (<http://floridamedicaid.acs-inc.com>) using the same information that's in the national registry to prevent failed encounter claims.



## **First Coast Advantage Behavioral Health Memorandums Effective July 2007:**

1. Many FCA members are attending daily behavioral health programs. Medicaid guidelines indicate the following:
  - A person can receive 1092 units of psychosocial rehabilitation per fiscal year.\*
  - This limit only allows for approximately six months of daily attendance to a program if eight (8) units are used per day.
  - Treatment planning should indicate that other interventions are used either simultaneously or as an addition once units are near an end. First Coast Advantage will not authorize units beyond Medicaid guidelines.
  - Any continuation of services beyond an authorization is at the expense of the Provider.
  - Daily attendance should be reserved for those members with the greatest need to increase daily function in the areas of:
    - Independent living
    - Social skills
    - Housing and employment training
    - Social support and networking
    - Food planning
    - Life and money management.
  - Initial treatment planning should evaluate how many days of psychosocial rehabilitation are clinically appropriate for a member using functionality as a guide.
  - It is realistic that with daily attendance, a member would exhaust the allotted units by the end of the calendar year, so please plan accordingly for your agency.
  - Acceptable discharge criteria for psychosocial rehabilitation would be measurable and objective and would include an increase in function in one or more of the areas indicated above, so please word discharge criteria carefully.
  - "When (a member) does not attend anymore," would not be acceptable criteria.
  - If you have any questions, please contact the Behavioral Health Coordinators; Regina Ford (904) 244-9780 or Edna Schaefer (904) 244-9197. Thank you for your time and attention to providing quality, coordinated care to our members.
2. First Coast Advantage has made some adjustments to better address our member's mental health needs. Some of the modifications are as follows:

### **Authorization of services for behavioral health**

- As AHCA has already announced, claims submitted for behavioral health services will have to be authorized prior to release of payment.
- First Coast Advantage will now be authorizing services individually, rather than giving blanket authorizations to agencies for 250 units. This will allow a member to receive services from multiple agencies and will require those agencies to coordinate care for the members.
- When a member has a case manager, it will be the case manager's responsibility to coordinate care at the various agencies.
- When requesting authorization for services, it is necessary to complete the Authorization Form in its entirety.
- It is important to indicate only the services that your agency provides, as well as specific providers (therapist, psychiatrist, Case Manager) for those services.
- Any incomplete forms will be returned to the agency.
- This change will occur slowly and will begin with authorizations in September 2007 and Requests for reauthorization on a rolling basis. Your agency may already have received an individualized authorization for a member who is receiving services at more than one agency.

Please contact Regina Ford, Behavioral Health Coordinator with any questions at 244-9780. Please refer to [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) for forms and other helpful information.



www.  
FirstCoastAdvantage  
.com

# Better Network. Better News.

By First Coast Advantage

**Issue 2**  
**September 2007**

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## Satisfaction Surveys are Coming...



First Coast Advantage (FCA) will be conducting a physician/provider satisfaction survey in August to assess your satisfaction with First Coast Advantage. This survey is a requirement, as outlined in our contract with the Agency for Health Care Administration.

In an effort to make the survey process as simple as possible for you, we will send survey links out via e-mail. You will be able to complete the survey

on-line and send it back with the click of your mouse.

For providers without e-mail addresses, we will send a paper survey via the US Postal Service. The paper version can be completed and then either mailed back in the enclosed postage paid envelope or faxed back to us at (904) 244-9409. Of course, these instructions will accompany the mailing.

Because there are only 10 questions, you should be able to com-

plete the survey in about five minutes.

The results will be tabulated and shared with the Management Team so we can identify areas that are working well as well as opportunities for improvement. Please watch for the survey and thank you in advance for taking time out of your day to complete and return it. If you have any questions or concerns you can reach us at (904) 244-9016.

**We're on the WEB!**

www.firstcoastadvantage.com

*Administrative Office:*  
904-244-9016

*Provider Services:*  
1-866-270-2468

## New FCA Providers:

### Allergy/Asthma

Dr. Tracy Khona (904) 733-6487

### Dermatology

Dr. Dale Charneco (904) 244-3273



# FCA Referral Authorization Update

- Below is a list of the services requiring Pre-Authorization by First Coast Advantage. **A Specialist or PCP may obtain Pre-Authorization from FCA by simply faxing a completed Pre-Authorization Form to us at (904) 244-9744** before the services are rendered. Look for the Pre-Authorization Form at our web site; [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com), under the Pre-Authorization button. Our Pre-Authorization team will retrieve the fax, then review the information and fax you back an authorization number within three (3) business days. **If you have a STAT request, please write "STAT"** on the top of your request form and attach appropriate documentation indicating why STAT handling is required.
- Please remember, with proper documentation, a **STAT** has to be handled immediately. There should be a valid medical reason why the request must be handled before all other referrals.
- If a service is not listed on the FCA Pre-Auth List, then it does not require Pre-Authorization with FCA.** Please do not request authorization for services not listed on the FCA Pre-Authorization List. Unnecessary faxes will only slow the process for you and for us.
- The Medicaid Fiscal Agent has been reimbursing the following services without an authorization from First Coast Advantage. Effective July 1, 2007, ACS will require FCA authorization to be reimbursed, even if billed

directly to the Medicaid Fiscal Agent:

- Home Health
- Mental Health
- Targeted Case Management

**Effective September 1, 2007, Hemodialysis will be removed from the FCA Pre-Authorization List.** Medical Management is no longer requiring pre-authorization for Hemodialysis at the Shands Jacksonville Dialysis Unit. Out of network and peritoneal dialysis will continue to need pre-authorization.

Foster Care kids are case managed by the Division of Children and Families (DCF). They can be assigned to a Primary Care Physician (PCP) for a PSN or an HMO. Most Foster Care kids are assigned to the Department of Health, Dr. Harmon, but they could also be assigned to a PCP in the FCA network. Following are guidelines for all FCA referrals, including Foster Care kids.



- Providers in the FCA network only need to obtain a written "referral" from the PCP or any



referring provider. It can be sent

via fax, script, or on an FCA Referral/Pre-Authorization Form.

- Written referrals from provider to provider will not contain an authorization number. If the service is not on the FCA Pre-Auth List, an authorization number is not required by the Medical Management Department at FCA.
- FCA Network providers may accept these written referrals, as long as the member is FCA and the provider is an FCA Network provider. It is acceptable if the provider is not the member's FCA PCP.
- The written referral is all that is needed for the specialist to make an appointment for the FCA Member. This document will also serve as documentation on file for any claims for services.

## FCA Pre-Authorization Services

- FCA requires pre-authorization on the following services:
- Any out of network services (including diagnostic services)
  - Abortions, Sterilizations, Hysterectomies
  - Non-emergency inpatient hospital/observation & acute rehab
  - Skilled Nursing Facility admission
  - Plastic surgery evaluation/consultation and plastic surgery
  - Oral Surgery (OMFS)
  - Outpatient Behavioral Health (after 250 units of 15 min each w/in a 6 mo period)
  - DME/Medical Supplies
  - Cochlear Implant
  - Hyperbaric Oxygen Therapy
  - Growth Treatment
  - Obstetrical Care (Pre-natal visits, plus hospital notification)
  - Home Health Care or infusion
  - Dialysis
  - Orthotics, prosthetics, and braces
  - Transplants and related care



Authorization/Notification Required:

Hospital (both Medical & Behavioral)

- ER visits; within 24 hours (or next business day)
- Emergency Inpatient Admission and Observation; within 24 hours (or next business day)

FCA Self Referrals:

- Chiropractic: 10 visits per year
- Podiatry: 4 visits per year
- Dermatology
- Family Planning
- Outpatient Behavioral Health (up to 250 units of 15 minutes each)

**See page 3 for specifics on Behavioral Health Authorizations.**

# What's New in Claims?

## Skilled Nursing

When a member goes in to a Skilled Nursing Facility, they cannot remain on a PSN Health Plan. They must be disenrolled from any health plan and should be covered under traditional Florida Medicaid. Therefore, claims for services rendered in a Skilled Nursing Facility should be submitted directly to Medicaid.

Once the member is no longer in a skilled nursing facility, they can be re-assigned back to a health plan or get re-evaluated depending on the length of stay in the nursing facility.



## UB-4 Hospital Claim Form

This is just a reminder that as of July 2, 2007, ACS will only accept the UB-4 Hospital Claim Form for hospital claims. If claims are submitted on the UB-92, they will not be processed after July 2nd. More information on this can be obtained at <http://floridamedicaid.acs-inc.com>. Once the site is accessed, go to Provider Support, then Provider Notices.

## Paper Claims Reminders

### Rendering provider:

TIN in Box 25  
 Medicaid Number in Box 24J  
 Provider Name in Box 31 (first and last)  
 CMS-1500—NPI number in Box 24J

### Billing (pay to) Info:

TIN in Box 25  
 Medicaid Number in Box 33B  
 Provider Name in Box 33 (full name & address)  
 CMS 1500-NPI number in Box 33A

### UB04—Hospital Claim Form:

TIN in Box 5  
 Billing Pay To Address in Box 56, see link:  
[www.cms.hhs.gov/mlnmattersarticles/downloads/MM5072.pdf](http://www.cms.hhs.gov/mlnmattersarticles/downloads/MM5072.pdf)

### Referring Physician NPI Number:

Box 17B of CMS-1500

As always, if you have any question or concerns about your FCA Claims, please contact:

APEX Benefits Services  
 P. O. Box 3620  
 Akron, Ohio 44309-3620  
 1-866-270-2468

[www.firstcoastadvantage.com](http://www.firstcoastadvantage.com)

## FCA Behavioral Health Authorization Requirements

FCA Behavioral Health Services require authorization by the health plan. However, there is no need to call and wait on hold. We know you are busy and we want to make it easy for you. Primary Care Physicians may provide the members with a script or the member may self-refer for these services.

The Behavioral Health Facility would request authorization by simply submitting a fax containing pertinent information to FCA's Behavioral Health Coordinators at (904) 244-9740.

If you have any questions or concerns, please also feel free to contact one of our Behavioral Health Coordinators at (904) 244-9780.





# FCA Network Options

As we all know the FCA Provider network contains the providers at UF and Shands; both Primary Care Physicians and Specialists. You are also probably aware that the members can use Baptist Medical Centers. But...did you know that the network includes the Nemours Specialists and the entire MCNA Dental Network? We are continuously expanding our Provider Network so that we can continue to offer our members a Better Network and Better Options. See below for some other providers you may not have been aware are now a part of the FCA Network.

## Allergy/Asthma

Tracy S. Khona  
4131 University Blvd, Suite 4A  
(904) 733-6487

## Chiropractic Care

Deborah M. Fralicker, DC  
SE Neuroscience Institute, PA  
3728 Phillips Highway, Suite 31  
(904) 346-0707

Rita Webb, DC  
Chiropractic Clinic of Oceanway  
376 New Berlin Road, Suite 10  
(904) 757-7744

## Developmental Pediatrics

David Childers, MD  
910 Jefferson St.  
(904) 360-7070

Angelique N. Williams, AUD  
910 Jefferson St.  
(904) 306-7022

## Home Health

Pediatric Services of America, Inc.  
(Southside)  
(904) 730-2200

**For a complete list of ALL FCA Providers, please see our  
Provider Directory. A current copy can be found at**

**[www.firstcoastadvantage.com](http://www.firstcoastadvantage.com).**

## Medical Equipment

Fletchers Medical Supplies  
(Westside)  
(904) 387-4481

Wheelchairs Plus, Inc.  
(Ortega/Venetia Area)  
(904) 779-5603

At Home Respiratory  
(Southside)  
(904) 733-8445

## Mobile Imaging

Jax Mobile Imaging  
(904) 296-6542

## Neurology

Jacob Green, MD, PhD  
& Carlos Leon-Barth, MD  
Southeastern Neuroscience Institute  
3728 Philips Highway, Suite 31  
(904) 346-0707

## Orthotics & Prosthetics

Bremer Brace of Florida  
(904) 355-5451

## Speech and Hearing

Speech and Hearing Center  
1128 N Laura Street  
& 12627 San Jose Blvd, Suite 503  
(904) 355-3403 (both offices)

# More Claims Info...

## FCA Reference Guide

Effective May 1, 2007, the EDI Reference Guide for electronic billing is now available on the [Managed Care website](#). The EDI guide is for submission of an 837 file for professional claims to FCA's Third Party Administrator (TPA), APEX. The information provided gives instructions on what is needed to submit claims electronically.

## Claims Submitted to ACS to be Denied

Effective June 1, 2007, claims for the following services will need to be submitted to APEX Benefit Services rather than ACS for processing. If they are sent directly to ACS, they will be denied with Edit Code 861.

- Independent Labs
- Home Health

- Mental Health
- Targeted Case Management
- Dental Services
- Emergency Transportation

If you have questions about these changes, feel free to contact our Contract Manager at 244-9255.

## Specialist to Specialist Referrals

Effective September 1, 2006, FCA will allow specialist to specialist referrals within the network. These referrals may also be from one specialty to another. For example, a Gastroenterologist may refer a patient to the Orthopedic Center. Please see the FCA Pre-Authorization List on the FCA website for details about which services require Pre-Authorization.

## Voided Claims to ACS

Effective September 1, 2006, requests to void a claims should be submitted directly to ACS and not FCA or APEX. Providers experiencing any issues after their submission to ACS for voided claims can contact ACS at 1-800-289-7799, (7:00 a.m. until 6:00 p.m., eastern standard time).



## October In-Service

First Coast Advantage will be hosting a provider In-Service for Network Providers On October 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup>, 2007. Providers will be able to select from morning, afternoon or late afternoon sessions for In-Services. FCA will be sending out flyers and e-mails informing providers of how they can sign up for these In-Services.

Additionally, providers will be able to sign-up for monthly education for their office.

### The following topics will be covered:

- ACS vs. EDS Claims System
- APEX Upgrades
- Benefits/Expanded Benefits
- Enhanced Benefits
- Claims Procedures  
(Medical & Behavioral Health)
- Disease Management
- Eligibility
- FCA Grievance & Appeals Process
- Referrals and Pre-Authorization

And more.....



[www.firstcoastadvantage.com](http://www.firstcoastadvantage.com)

# Upcoming Events

- September 11, 12 Kemper Auto & Home Health Fair—Belfort Road \*
- September 14 Health Fair at Edward Waters College \*
- September 23 Heal Thy People Health Fair at First New Zion MB Church \*
- September 29 Heal Thy People Health Fair at New Creation Christian Ministries \*
- October 13 Breast Cancer Workshop on UF & Shands Campus, LRC Auditorium \*
- October 27 Pink Passion Brunch at Grace Baptist Church \*

If you have questions about FCA's participation in these events, feel free to contact Terry Lee (904) 244-9256 or Angie Weakley (904) 244-9174, FCA Marketing Mangers.

\* FCA participation is tentative, pending AHCA approval.

## FCA Customer Testimonials

*Today was an unexpected and welcome experience. Today I actually spoke to someone who understood the services (that) were there to assist me with AND was knowledgeable about the coverage and steps required to facilitate the processes we needed to address. It was a joy to speak to Jodi and I so appreciate the fact that she works there. Please thank her for me and for every other frustrated parent who has had the pleasure of dropping into her queue. -Vicki N., Member*

*Patrice has been very, very helpful to us when it comes to claim discrepancies - thank you so much for having her on your team. -Norma, Jax Beach Pediatric Center*

*Patrice was a wonderful help, just great; you need to compliment her on her service – thank you very much! -Robert C., Member*

*Jacquie had been very open, kind, and fixed everything in just a few minutes. -Ariabel M., Member*

*I am a political refugee from Cuba, and never have I received the type of customer service I received from Norma. If she were to run for president, I think she would win because of her kindness and professionalism. Thank you for having her on your team. -Francisco M., Member*



Thank you Jodi, Patrice, Jacquie and Norma for creating these positive customer experiences. Customer satisfaction is the key to our success. -FCA Administration

## Contact Us...

If there is any issue which you would like to see clarified in our Newsletter, feel free to let us know. You can reach us at (904) 244-9016. We look forward to continuing to serve our members and your patients together with you.



WWW.  
FIRSTCOASTADVANTAGE  
.COM

We're on the  
WEB!

*The only way of finding  
the limits of the possible is  
by going beyond them into  
the impossible.*

*-Arthur C. Clarke*





\*\*\*\*\* **High Priority** \*\*\*\*\*

## **Service Alert Notification**

**Subject: National Provider Identifier (NPI)**

**Date: October 1, 2007**

Florida Medicaid has extended its contingency deadline for full NPI compliance to May 23, 2008. Providers may continue to send claims using their current Medicaid legacy numbers. However, AHCA urges providers to begin submitting claims now with their NPI solution as registered with Florida Medicaid.

In response to Florida Medicaid's extension of their contingency plan, FCA will also delay their request to receive the NPI solution in Electronic Data Interchange (EDI) claims until **April 23, 2008**. FCA will continue to accept claims submitted via EDI with either the Medicaid legacy number, FCA provider numbers or with the NPI solution as registered with Florida Medicaid.

Please note the following to ensure proper processing of claims:

- Please include all elements as defined in the CMS-1500 and UB-04 Medicaid Provider Reimbursement Handbooks. Also complete all elements as defined in the ACS Companion Guides for electronic claim submission. These guides may be found at <http://floridamedicaid.acs-inc.com/index.jsp>
- All electronic claims received by ACS beginning May 23, 2008, must include the NPI solution to identify providers. To ensure this timeline is met and minimize delays in claims processing, ***FCA requests all electronic claims include the NPI solution to identify providers beginning April 23, 2008.***
- For information on frequently asked questions and a quick reference for NPI EDI submission, please visit the FCA website [http://www.firstcoastadvantage.com/Claims\\_info.asp](http://www.firstcoastadvantage.com/Claims_info.asp).

Please feel free to contact Veronica Walton at (904)-244-9255 should you have any questions. Thank you.



\*\*\*\*\* High Priority \*\*\*\*\*

# Service Alert Notification

**Subject: National Provider Identifier (NPI)**

**Date: September 6, 2007**

Florida Medicaid's current NPI contingency plan is scheduled to end September 30, 2007. In an effort to minimize delays in claims processing, please be advised that ACS will not accept electronic claims for processing without the appropriate NPI solution to identify providers beginning October 1, 2007. The following are requirements for NPI processing:

- All elements as defined in the CMS-1500 and UB-04 Medicaid Provider Reimbursement Handbooks <http://floridamedicaid.acs-inc.com/index.jsp> must be completed for processing.
- All elements as defined in the ACS Companion Guides for electronic claim submission <http://floridamedicaid.acs-inc.com/index.jsp> must be completed for processing.
- All electronic claims received by ACS beginning 10/1/2007 must include the NPI solution to identify providers. To ensure this timeline is met and minimize delays in claims processing, ***FCA requests all electronic claims include the NPI solution to identify providers beginning September 24, 2007.*** The NPI solution is the possible combination of NPI, taxonomy code and 9 position zip code each provider registered with at the Florida Medicaid NPI Registration website.
- For information on frequently asked questions and a quick reference for NPI EDI submission, please visit the FCA website [http://www.firstcoastadvantage.com/Claims\\_info.asp](http://www.firstcoastadvantage.com/Claims_info.asp).
- ACS suggests that all claims submitted via paper continue to use the Florida Medicaid number.

Please feel free to contact Veronica Walton at (904)-244-9255 should you have any questions. Thank you.