



Documents Updated on Website:

FCA Education Tab
FCA December 2011 NewsFlash
FCA Provider Directory
FCA Provider Complaint Form (**Non-Claim Issue**)
FCA Service Alert—Advance Dermatology Now Effective
FCA Service Alert—Florida Medicaid 5010 Implementation

Effective October 1, 2011, First Coast Advantage (FCA) New Provider Complaint Form (NON-CLAIM ISSUES), now on FCA Website :



- Effective October 1, 2011, FCA has posted a new Provider Complaint form (Non-Claim Issues) for Provider to submit their issues.
- This form is **NOT** to be used for Claims issues. For claims issues, see FCA Provider Manual Section 20: Claims Overview for submission procedures.
- Providers can complete this interactive form and fax the form to FCA at (904) 244-9409) or email the form to angela.creppel@jax.ufl.edu.
- FCA will respond to all Provider complaints within three (3) business days.
- For more information contact FCA Provider Services at 866-270-2468.

Effective January 1, 2012, First Coast Advantage (FCA) Service Alert for Florida Medicaid 5010 Implementation:

- First Coast Advantage sent out a service alert October 21, 2011, regarding Florida 5010 Implementation.
- The Mandated Implementation by Medicaid and First Coast Advantage for 5010 electronic claims is effective January 1, 2012.
- First Coast Advantage and Medicaid will no longer accept the 4010 version after January 1, 2012.
- All electronic claims submitted January 1, 2012 and after will be denied if not submitted in the correct 5010 version.
- For more information on this service alert see the FCA Website / Service Alerts at www.firstcoastadvantage.com



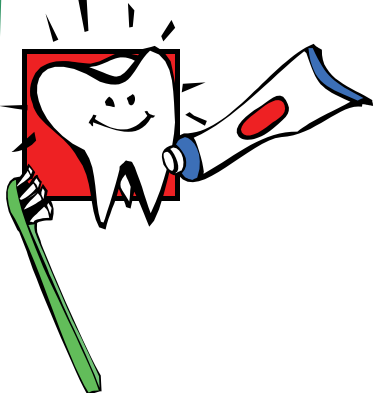
Effective September 14, 2011, First Coast Advantage (FCA) Service Alert: Advance Dermatology Now Effective:

- Effective September 14, 2011, Providers will no longer be required to submit a Pre-Authorization for Dermatology Services.
 - First Coast Advantage's (FCA) new Dermatology Provider, Advanced Dermatology has completed their credentialing process and a pre-authorization is no longer required for Pediatric and/or Adult Services when they are rendered at any of Advanced Dermatology location.
 - Dermatology services provided in Gainesville or any other non-par Provider location will still require a Pre-authorization.
 - For questions, please contact FCA Provider Services at 866-270-2468 or Provider Relations at (904) 244-9174 or at angela.creppel@jax.ufl.edu.



Effective 2012 Florida Medicaid Statewide Prepaid Dental Health Plan Implementation:

- 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. 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.



Effective October 31, 2011, Florida Medicaid Revenue Code 637 Update:

- **10/17 Provider Type(s): Hospital Providers (01)**
 - **Revenue Code 637 Claims**
- Effective October 31, 2011, for Hospital Provider type 01, Hospital Revenue Code 637 Self-administrable drugs, without an accurate National Drug Code (NDC), have been denied for reimbursement since July 1, 2010 due to an NDC/HCPSC code combination requirement, and will no longer be processed after 10/31/11.
- A change in the system has been made to allow claims to pay, with a submission date of July 1, 2010 and forward, as long as the providers are billing the revenue code correctly. Revenue code 637 may be billed for both dual eligible, as well as Medicaid only recipients, **and** the drug must not be covered by Medicare.
 - Denied claims will be reprocessed (automatically bypassing the timely filing edit). If hospital providers have claims that have not been previously submitted that will be past the timely edit of 12 months, they will need to submit the claim to their local Medicaid area office for processing. The area offices will process those claims until October 31, 2011. Please submit all timely claims through the normal process.



Effective October 6, 2011, Florida Medicaid Provider Compliance Program & Provider Self Audits Video Available:

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- Florida Medicaid presents the video “**Medicaid Provider Compliance Program & Provider Self Audits.**” Please see the video at the link: <http://ahca.myflorida.com/Medicaid/e-library/index.shtml>. Click the “Previous Training Materials” tab and then scroll down the page to the above reference video.
- The video provides a basic overview of federal and state requirements for health care providers to ensure program compliance. It also provides general guidance for Florida Medicaid providers about common areas of non-compliance and how to avoid them. Additionally, the video focuses on how a provider can increase compliance and conduct self audits.
- Please contact Yolanda Sacipa at Yolanda.Sacipa@ahca.myflorida.com with questions about the e-Library. Provides may also contact Kelly Bennett at Kelly.Bennett@ahca.myflorida.com for questions about this video, and general questions on provider compliance. Additional compliance-related information may be found at: <http://ahca.myflorida.com/Medicaid/abuse/index.shtml>



Effective November 1, 2011, Florida Medicaid Implementation of Prior Authorization for Therapy Services:

- The Agency for Health Care Administration (Agency) has entered into a contract with eQHealth Solutions, Inc. for utilization management, including prior authorization of therapy services for Provider types 01, 65 and 83.
- The primary purpose of the utilization management program is to safeguard against the provision of unnecessary medical services or inappropriate use of Medicaid services and to ensure appropriate care.
- All of the information may be found on the AHCA therapy website: <http://ahca.myflorida.com/medicaid/childhealthservices/therapyserv/index.shtml>.
- **EQHealth Solutions will host web-based training sessions throughout the month of October. Webinars are scheduled for different times of the day, including evenings and different days of the week, for therapy providers. This affords Provider the opportunity to attend as many sessions as needed to accommodate Providers busy schedule.**
 1. Click [here](#) to access the eQHealth Solutions website.
 2. Click [here](#) to access eQHealth tips for preparing for prior authorization.



- The Agency will provide periodic updates through the Florida Medicaid Web Portal, provider bulletins, provider notification letters, and Medicaid Health Care Alerts.
- The therapy website also includes a wealth of information and tools on Medicaid's therapy policy. Please visit this site often so that Providers can stay up-to-date on the most current information.

Effective October 12, 2011, Florida Medicaid Fall 2011 Provider Bulletin Now :

- The Fall 2011 Provider Bulletin is now available on Florida [Medicaid landing page](#) and on the [Public Provider Portal](#).
- The bulletin contains policy clarification and important Florida Medicaid information.
- Please note, the front page article reminds providers that HIPAA 4010 X12 transactions will not be accepted after December 31, 2011.



Effective October 13, 2011, Florida Medicaid Proper Billing of J1950 and J9217: Leuprolide Acetate (For Depot Suspension) :

- Effective October 13, 2011, Florida Medicaid Proper Billing of J1950 and J9217: Leuprolide Acetate (For Depot Suspension)
- For Provider types 25, 26, 29, 30, 89, and 97. Proper Billing of Brand names: Lupron Depot and Eligard.
- The August 2011 Provider Alert in reference to Leuprolide Acetate (for depot suspension) mentioned the current coverage criteria for J1950 and J9217 as follows below.
- The claim must reflect the NDC codes found on the product package/container from which the medication was administered. Additional requirements to be included with the NDC number are the metric units and dispense quantity. One (1) billing HCPCS unit for J1950 is per 3.75mg and J9217 is per 7.5mg administered.
- Please reference the chart below for appropriate HCPCS billing units based on the NDC of the medication administered. **The NDC for the administered product must match the corresponding number of HCPCS billing units. Currently, a number of providers appear to be overbilling when HCPCS units are compared to billed NDC. This needs to be corrected.**

J1950—Injection, Leuprolide Acetate (for depot suspension), per 3.75mg. Female only 3.75mg and 11.25mg only

Label Name	NDC	Manufacturer	HCPCS Billing unit	# HCPCS units per pkg
LUPRON DEPOT 3.75 MG KIT	00074364103	Abbott Labs	3.75 MG	1
LUPRON DEPOT 11.25 MG, 3 MO KIT	00074366303	Abbott Labs	3.75 MG	3

J9217—Injection, Leuprolide Acetate (for depot suspension), per 7.5mg. Male only 7.5mg, 22.5mg, 30mg, 45mg

Label Name	NDC	Manufacturer	HCPCS Billing unit	# HCPCS units per pkg
ELIGARD 7.5 MG SYRINGE	00024079375	Sanofi-Aventis	7.5 MG	1
ELIGARD 22.5 MG SYRINGE	00024022205	Sanofi-Aventis	7.5 MG	3
ELIGARD 30 MG SYRINGE	00024061030	Sanofi-Aventis	7.5 MG	4
ELIGARD 45 MG SYRINGE	00024060545	Sanofi-Aventis	7.5 MG	6
LUPRON DEPOT 7.5 MG KIT	00074364203	Abbott Labs	7.5 MG	1
LUPRON DEPOT 22.5 MG, 3 MO KIT	00074334603	Abbott Labs	7.5 MG	3
LUPRON DEPOT 30 MG, 4 MO KIT	00074368303	Abbott Labs	7.5 MG	4
LUPRON DEPOT 45 MG, 6 MO KIT	00074347303	Abbott Labs	7.5 MG	6



- 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.

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- For Providers convenience, three separate webinars will be held. The webinars will be held on each of the dates and times below.

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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/

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- 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.

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- 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

Effective October 11, 2011, First Coast Advantage (FCA) Website Updated Pre-authorization Turn-Around Process:

- First Coast Advantage (FCA) Providers are calling in regarding the information reflected on the FCA Website on the Pre-Authorization Tab.
- The Pre-authorization tab on the FCA Website provides the pre-authorization process for turn-around times for response.
- The 6th bullet on the pre-authorization page has been revised to reflect a turn-around time of 14 business calendar days than the 5 calendar that was previously reflected.
- The pre-authorization information will appear in the FCA Web Portal in 14 Calendar days
- There was also a typo on the 5th bullet for the pre-authorization process which has been corrected.
- For questions, please contact FCA Provider Services at 866-2702468.



Effective August 29, 2011, Florida Medicaid Pharmacy Update on Drugs with J-Codes Submission

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Procedures:

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- The following information was provided by Anne C. Wells, Pharm.D. MS, Bureau Chief, Medicaid Pharmacy Services, in response to Health Plans question below:



> **Question:** “Plans want to know if the drugs with J-codes are to be submitted on the NCPDP formatted file or on the 837P, and is that determined by whether or not that J-code is eligible for rebate?”

> **Response:** J-code drugs are outpatient drugs administered in physician offices, dialysis units, and hospital outpatient departments...and any other outpatient setting. These claims should be submitted in the 837P format. A valid NDC number is required on all claims. According to our rebate vendor, 60% of J-code claims in MCO encounter data are not being submitted with a valid NDC. The MCOs need to REQUIRE their providers to submit correctly. The only way to REQUIRE correct submission is to reject claims that lack valid NDCs. That’s how the FFS program handles claims, and this is an approved methodology by CMS. Improperly submitted MCO claims is an area of potential recoupment for the Agency since we are losing rebate \$\$ on claims that lack valid NDCs.

- The claim submission format does NOT determine whether a drug is rebatable or not. Rebate status is defined in federal statute (see below link). ALL outpatient drugs – whether filled as a prescription in a pharmacy or administered by a physician in an outpatient setting are rebatable as long as the manufacturer signs a federal rebate agreement and the drugs are not otherwise excluded.



- http://www.ssa.gov/OP_Home/ssact/title19/1927.htm

- Plans are suggested to read Section 7 that specifically discusses physician administered drugs. Also all hardship waivers ended 6/30/2008, so there will be no discussion regarding obtaining a hardship waiver. I also suggest the MCOs read the sections on formularies and prior authorization requirements.

Effective October 3, 2011, Florida Medicaid New Training Opportunities for Medicaid Providers:

- The Florida Medicaid program is pleased to announce the launch of a new website to enhance existing training opportunities about the Medicaid program and its policies. Please visit the new website “Florida Medicaid Provider Training e-Library” at: <http://ahca.myflorida.com/Medicaid/e-library/index.shtml>.

- The e-Library houses training resources for Medicaid providers. Providers can go through the list of PowerPoint presentations and videos and select those that interest you. Among the benefits of using this site are:

- Providers can choose the time that is convenient for them to review the training materials.
- Providers can learn at their own pace with self-paced learning materials.
- Providers can build their knowledge of Medicaid policy, decreasing the risk of non-compliance and avoiding billing errors.

- Medicaid will continue offering teleconferences on different policy topics. Check the website often for updates to the teleconference schedule and training materials. We hope Providers find these educational materials helpful and appreciate Provider willingness to continue their education of Medicaid policy.

- If Providers have any questions concerning this alert, please contact Yolanda Sacipa via email at Yolanda.Sacipa@ahca.myflorida.com.



First Coast Advantage Welcomes the following New Providers:

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Ancillary

Apria Healthcare, Inc (formally Praxair)

DME

Behavioral Health

Falluco, Elise, M.D.

Nemours

Psychiatry

Covering Providers

Babcock, Michele, PA-C

UF Internal Med PCC

Pediatrics

Specialists

Stalnaker, Michelle, M.D.

Shirely, Eric, M.D.

Rifkin, Kerry, M.D.

UF Various Locations

Nemours

UF Surgery

OB-GYN

Orthopaedic Surgery

Surgery (Vascular)

Act as if what you do makes a
difference

It does



William James