

*Medicaid Policy & How to Access State Plan Services
Training for Developmental Disability Waiver Support
Coordinators*

September 2011



How Do I Ask Questions?

- Please email questions before or during the teleconference to Leigh A. Meadows at: Leigh.Meadows@ahca.myflorida.com
- We will answer as many questions as possible during the teleconference, in addition responses to all questions will be posted at: <http://ahca.myflorida.com/Medicaid/e-library/index.shtml>.

Objectives

- Present a general overview of the Florida Medicaid Program.
- Gain an understanding of available Medicaid State Plan Services that Developmental Disabilities Waiver service providers need to access prior to requesting waiver services.
- Increase understanding of Medicaid State Plan resources.

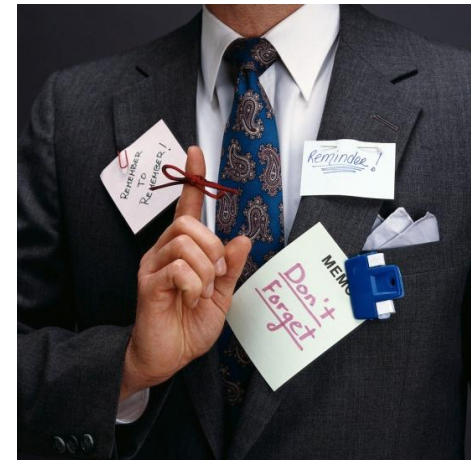
Rules that Govern DD Waiver Services

- 1) ***Florida Provider General Handbook*** describes the Florida Medicaid Program.
- 2) ***Florida Medicaid Provider Reimbursement Handbook, CMS-1500*** describes how to complete and file claims for reimbursement from Medicaid.
- 3) ***Developmental Disabilities Waiver Services Coverage and Limitations Handbook*** describes service-specific policy information.
- 4) DD Waiver Provider ***Fee Schedule*** lists the services covered and the maximum fees for Medicaid recipients on the waivers.

Handbooks that Govern DD Waiver Services

DD waiver providers must follow Medicaid policy in **ALL THREE** of these handbooks:

- 1) *Florida Provider General Handbook.*
- 2) *Florida Medicaid Provider Reimbursement Handbook, CMS-1500.*
- 3) *Developmental Disabilities Waiver Services Coverage and Limitations Handbook.*

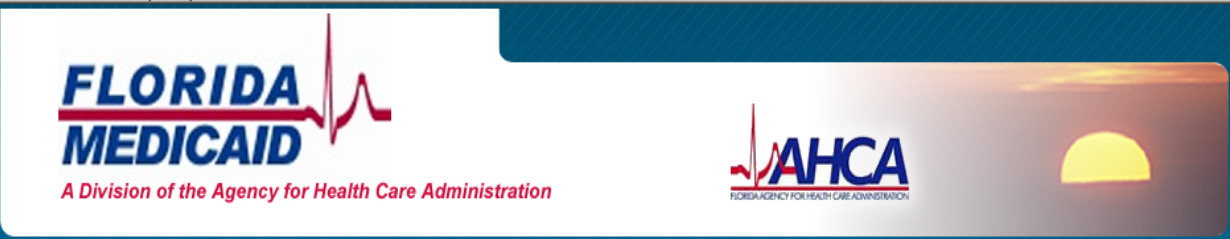


Online Information

All Medicaid handbooks, fee schedules, forms, provider notices, and other important Medicaid information are available on the Medicaid fiscal agent's Web Portal at:

<http://mymedicaid-florida.com/>

- Click on Public Information for Providers, then on
- Provider Support, and then click on
- Handbooks,
- Fee Schedules,
- Forms



Recipients

Public Information for Recipients

- [Medicaid Options](#)
- [Help](#) COMING SOON
- [Provider Directory Search](#) COMING SOON
- [Recipient Notices](#) COMING SOON

Secure Information for Recipients COMING SOON

- Recipient Messages
- Child Health Check-up (CHCUP) Informing Letter
- Child Health Check-up (CHCUP) Recommendations
- Explanation of Medicaid Benefits (EOMB)
- Prior Authorization Status
- Referral Authorizations
- Proof of Insurance
- Replacement Medicaid Identification Card
- Medicaid Options Online Enrollment

Providers

• [Public Information for Providers](#)

- Contact Us
- Bulletins
- Handbooks
- Fee Schedules
- Forms
- Training
- Provider Enrollment
- Out-of-State Provider Enrollment

• [Secure Information for Providers](#)

- Provider Demographic Maintenance
- Prior Authorization Search
- Recipient Eligibility
- Claims Status
- Claims Submission - Dental, Institutional, and Professional
- Provider Reports
- Trade Files Area
- Third Party Liability

Area Offices

- [Area Office Map](#)
- [Area Office 1](#)
- [Area Office 2a](#)
- [Area Office 2b](#)
- [Area Office 3a](#)
- [Area Office 3b](#)
- [Area Office 4](#)
- [Area Office 5](#)
- [Area Office 6](#)
- [Area Office 7](#)
- [Area Office 8](#)
- [Area Office 9](#)
- [Area Office 10](#)
- [Area Office 11](#)

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTAR FRAUDE

FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

[Home](#)
[Login](#)



Providers

- Home
- Area Offices
- Contact Us
- Provider Support
- Enrollment
- EDI
- Managed Care
- Pharmacy
- TPL

REPORT MEDICAID FRAUD

Online or 866-966-7226

REPORTAR FRAUDE

Provider Home

Web Portal Alert

Known Issues List

Please review the [Known Issues and Informational Items List](#) (Updated 3/26/2010) for details related to the MMIS.

Web Portal Claims with Attachments

We are currently experiencing intermittent issues affecting the system's identification that an attachment was sent for a Web Portal submitted claim. In some cases, claims improperly deny for no paper attachment received within 21 days, when in fact an attachment was submitted. Please be advised that we are working diligently to resolve this issue as quickly as possible, and we apologize for any inconvenience this may cause.

If your claim is impacted by this issue because it was initially submitted electronically, we ask that providers resubmit the claim hard-copy (paper) with the attachment. Providers will be notified when this issue has been resolved. We apologize for this temporary inconvenience.

Eligibility Verification

REMINDER: When performing an eligibility verification on the secure Web Portal, the response may include references that state "limited to family planning benefit." That statement is referring to the Family Planning Waiver benefit. As a reminder, in cases where a recipient has eligibility in multiple benefit plans, with one of the plans having a higher level of benefit (for

Contact Us

- Provider Relations Phone Number: 800-289-7799
- Field Services: Option 7
- Provider Enrollment: Option 4
- Support Services Contact Center: Option 7
- EDI: 866-586-0961

Quick Links

- [Centers for Medicare and Medicaid Services](#)
- [Florida Discount](#)

What is Medicaid?

- Program designed to help low income people get necessary health care services.
- Available only to certain low-income individuals and families; must fit into an eligibility group recognized by federal and state law.
- A state administered program funded by both the federal government and individual state governments.

The Federal Medicaid Program

- Federal Medicaid laws and regulations mandate certain benefits for certain populations and states must administer their programs under federally approved state plans.
- States are required to cover certain mandatory populations and services.
- Services must be available statewide in the same amount, duration and scope.
- Federal matching funds are available if a state chooses to cover other optional populations and services.

The Florida Medicaid Program

- Florida spends over \$20.3 billion annually on Medicaid.
- More than 3 million Floridians are enrolled in Medicaid.
 - They are elders, people with disabilities, families, pregnant women, and children in low-income families.

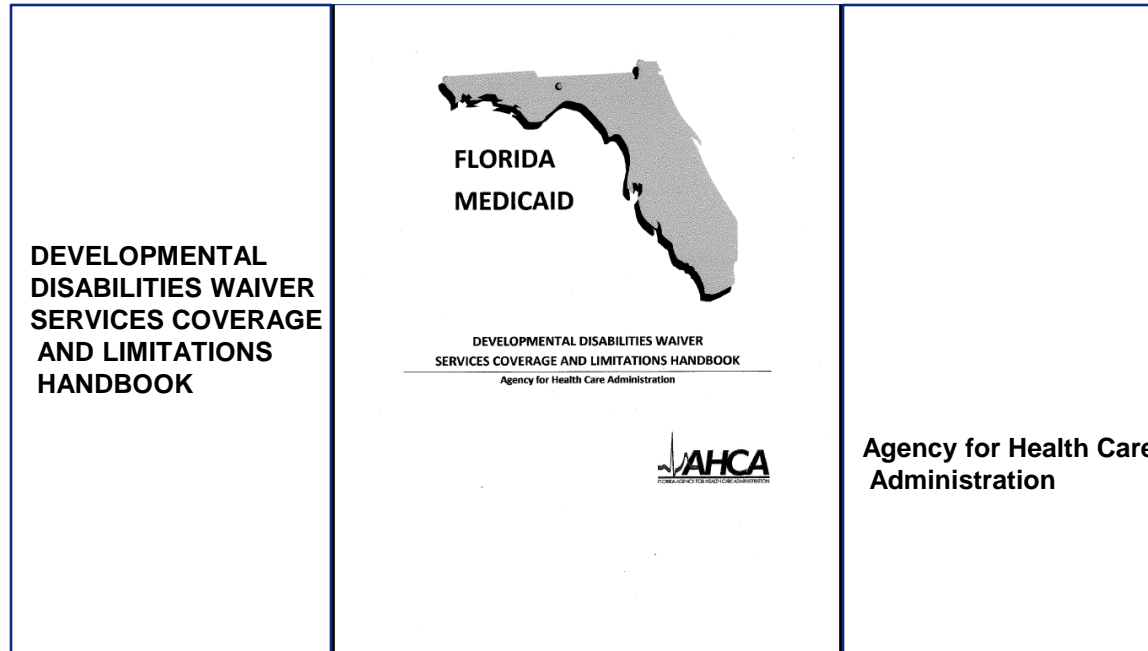
Who Can Provide Services?

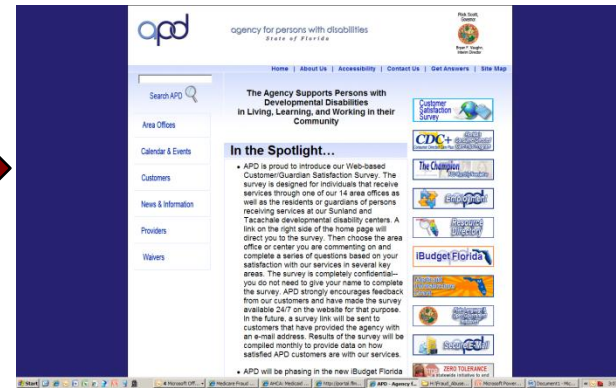
Health care practitioners and health care facilities that meet the conditions of participation and eligibility requirements and are enrolled in Medicaid.

Medicaid Waivers

- In order for states to implement programs that deviate from their state plan (to vary by geographic areas, amount, duration or scope), the state must request a waiver.
- A waiver is a program requested by a state and approved by the Centers for Medicare and Medicaid Services (CMS) that waives certain provisions of the Social Security Act.
- A 1915(c) waiver provides home and community based services to specific groups as a substitute for care in an Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), nursing home, or hospital.

Important Medicaid information specific for DD Waiver Providers





- The Agency for Health Care Administration (AHCA) has final authority on all policies, procedures, rules, regulations, manuals, and handbooks pertaining to Medicaid.
- The Agency for Persons with Disabilities (APD) is authorized by AHCA to operate and oversee the waiver in accordance with an Interagency Agreement for Medicaid between AHCA and APD.

Service Authorization Requirements

- The services described in the ***Developmental Disabilities Waiver Services Coverage and Limitations Handbook*** represent all services that may be available for a recipient in the DD waiver who needs the service to reach an outcome described in the support plan.
- For a recipient to receive a service, it must be identified on a recipient's support plan and cost plan and be approved by the APD Area Office before the service may be provided.
- Providers of DD Waiver services are limited to the amount, duration and scope of the services described in the recipient's support plan and current approved cost plan.

Availability of Other Coverage Sources

- The supports and services authorized under the waiver should be used to **supplement** the supports already provided by family, friends, neighbors, and the community.
- **Replacement** of such natural and free supports with government-funded services is contrary to the intent of the waiver program.
- State and federal funds are the means of last resort and only utilized when a family or community support is **unavailable** or while a support is **being developed**.

DD Waiver Services Hierarchy of Reimbursement

Support coordinators must coordinate access to services through all available funding sources prior to accessing waiver services.

DD Waiver Services Hierarchy of Reimbursement

- It is the responsibility of the support coordinator and waiver services provider to determine whether the same type of service offered through the waiver is also available through other funding sources, including the Medicaid state plan, and bill accordingly.

Services

Hierarchy of Reimbursement

- Services cannot be authorized under the waiver if they are **available** from another funding source.
- Items and services inappropriately billed and paid through the waiver prior to accessing the Medicaid state plan or other payer services will be considered as **overpayments** and are subject to recoupment from the service provider.
- No service may be authorized under the waiver if it is already covered by **another Medicaid program**, unless the nature or the amount of service necessary would not be covered under the other Medicaid program.

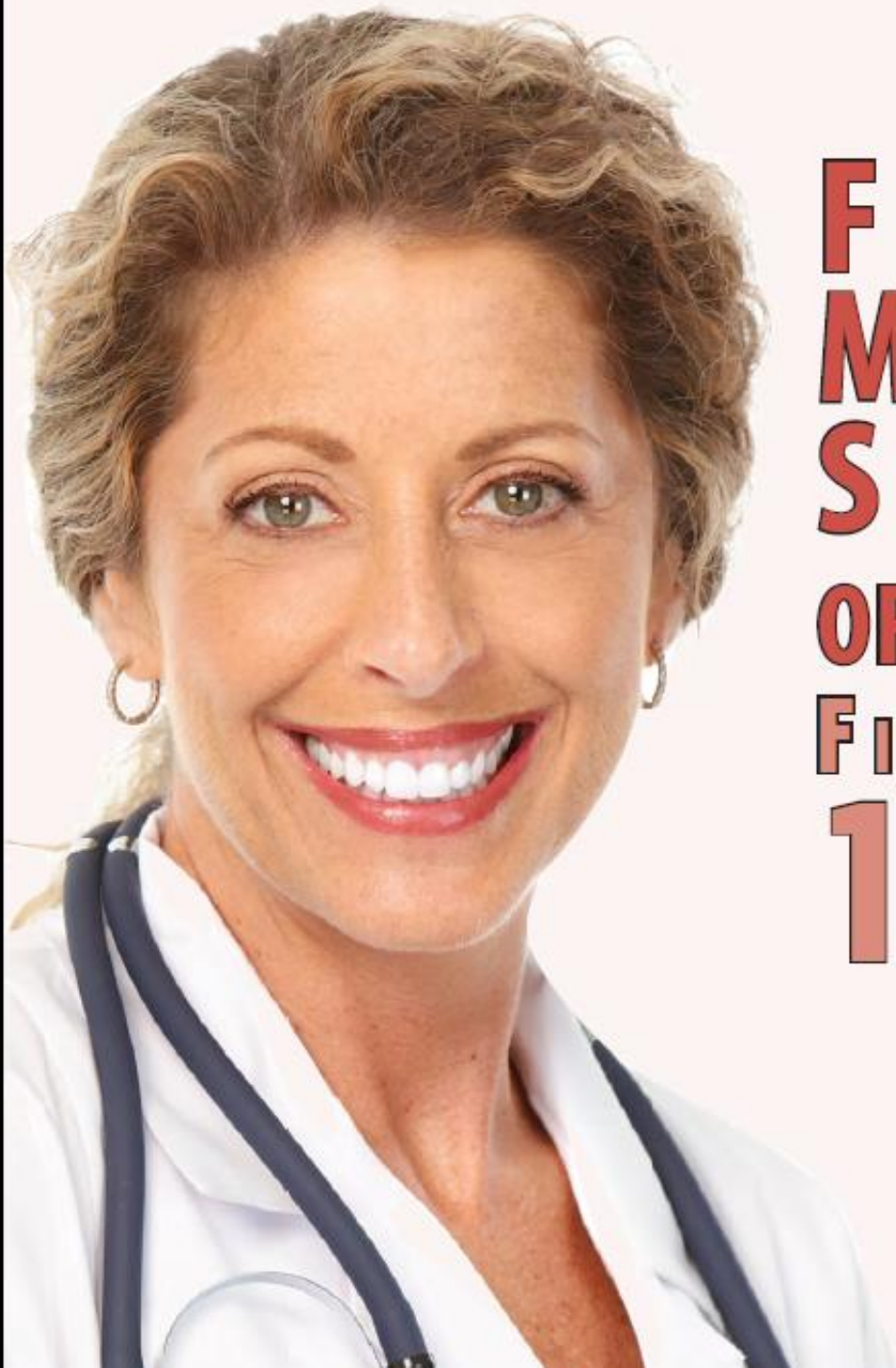
Order to Access DD Waiver Funds



Medicare & Medicaid Eligible Recipients

- The support coordinator must authorize services from those providers that are enrolled as Medicare and Medicaid providers so any services that are covered by Medicare can be billed to Medicare first before billing to Medicaid.
 - This is for services that are covered by both Medicare and Medicaid.
 - For example, Medicaid cannot reimburse a non-Medicare home health agency for Medicare reimbursable services provided to a dual-eligible beneficiary.

**Other Medicaid
program services
must be accessed
before using waiver
services.**



**FLORIDA
MEDICAID
SUMMARY
OF SERVICES
FISCAL YEAR
10/11**

Florida Medicaid Summary of Services

- Everyone should refer to the Florida Medicaid Provider General Handbook, or the service-specific coverage and limitations and reimbursement handbooks, for more detailed information about Florida Medicaid. Individuals may contact their local Medicaid area office for more details about covered services.
- The Florida Medicaid Summary of Services, can be found at:
http://www.fdhc.state.fl.us/medicaid/pdf/SS_10_100501_SOS_ver2-4_1164_1011_FINAL2.pdf

Advanced Registered Nurse Practitioner	Dental
Ambulatory Surgical Centers	Durable Medical Equipment and Medical Supplies
Assistive Care Services (ACS)	Early Intervention
Child Health Check-UP	Federally Qualified Health Centers (FQHC)
Chiropractic	Freestanding Dialysis Center
Community Behavioral Health	Hearing
County Health Department Clinic	Medical Foster Care

Home Health	Mental Health Targeted Case Management
Hospital -Inpatient & Outpatient	Nursing Facility
Independent Laboratory	Optometric
Intermediate Care Facility for the Developmentally Disabled (ICF/DD)	Physician
License Midwife	Physician Assistant
Portable X-Ray	Podiatry
Prescribed Drug	Occupational Therapy

Prescribed Pediatric Extended Care (PPEC)	Physical Therapy
Registered Nurse First Assistant (RNFA)	Respiratory Therapy
Rural Health Clinic (RHC)	Speech Language Pathology
School Based Programs -- School District Program	Organ and Bone Marrow Transplant
School Based Programs -- County Health Department (CHD) Program	Transportation
Visual	

Examples of how to Access Medicaid State Plan Services

Example:

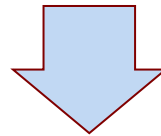
**Durable Medical
Equipment
(DME) & Medical Supplies**

What is Durable Medical Equipment (DME) & Medical Supplies?

- DME is equipment that can be used repeatedly, serves a medical purpose, and is appropriate for use in the patient's home.
- Medical supplies are medical or surgical items that are consumable, expendable, disposable or non-durable, and are appropriate for use in the patient's home.
- Medicaid reimburses for DME and medical supplies provided by Medicaid-participating providers. DME may be rented or purchased.

Example of How to Access DME Services

**According to the
Plan of Care,
determine the need
for DME services.**



Verify if the service(s) is covered by Medicaid State Plan by:

Reviewing the *Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook* as well as the *Fee Schedule(s)* to determine limits, units, and if item requires a prior authorization

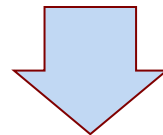
There are two fee schedules:

**One for all ages, and
one for recipients under the age of 21.**

The handbook and fee schedules can be found at the

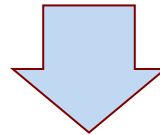
Medicaid Fiscal Agent website at:

<http://mymedicaid-florida.com/>



Example of How to Access DME Services, cont'd

Find a Medicaid DME provider in your area.
The local Medicaid Area Office can assist.



The Medicaid provider will bill under the
Medicaid State Plan after rendering
services.

Examples of State Plan Covered DME and Supplies

Ambulatory assistive equipment (canes, crutches, walkers)	Orthotics and prosthetics
Augmentative and assistive communication devices	Ostomy and urological supplies (e.g., urinary catheters)
Commodes and shower chairs	Oxygen and oxygen-related equipment (e.g. oxygen concentrator)
Diabetic supplies (blood glucose meters test strips, insulin syringes, etc.)	Peak flow meters
Enteral nutrition supplements (adults and children)	Enteral Feed Supply Pump Kits
Hospital type beds and accessories	Continuous Airway Pressure (CPAPs) and Bi-level pressure capability (BIPAP) devices

Examples of State Plan Covered DME and Supplies, cont'd

Wheelchairs (including customized manual and power)

Ventilators

Nebulizers

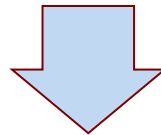
Incontinence Supplies (diapers and underpads for children)

Note: For a complete list, see the *Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook and Fee Schedules*.

Example: Accessing Nursing Services

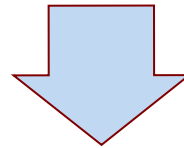
Example of How to Access Nursing Services

Medicaid reimburses home health services provided to an eligible Medicaid recipient when it is medically necessary to provide those services in the place of residence.



Example of How to Access Nursing Services

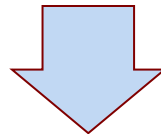
A written physician's order is required to initiate or continue home health services. The ordering or attending physician must have provided a physical examination or medical consultation to the recipient within 30 days preceding the initial request for services and every 6 months thereafter.



Waiver Support Coordinator assists Medicaid recipient with choosing a home health agency. The local Medicaid Area Office can provide the list of Medicaid home health providers.

Verify if the service(s) is covered by Medicaid State Plan by reviewing:

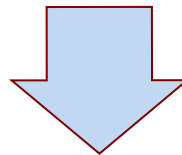
the Home Health Services Coverage and Limitations Handbook as well as the Florida Medicaid Provider General Handbook to determine policies, limitations and prior authorization requirements.



Example of How to Access Nursing Services

Home Health Agency assesses the recipient and creates a Plan of Care (POC).

The POC is designed to meet the medical, health and rehabilitative needs of the recipient. The POC must identify the medical need for home health care, appropriate nursing interventions and expected health outcomes.



All home health services must be prior authorized by AHCA's contractor, eQHealth Solutions, prior to the delivery of services. Home health services are authorized if the services are medically necessary.

- Medicaid reimburses for home health services rendered by home health agencies and independent personal care providers.

Limitations

- Dually eligible Medicaid/Medicare recipients must receive Medicare reimbursable home health services from a Medicare-enrolled home health agency.
- Nursing and home health aide visit services are limited to a total of 4 visits by nurses and/or aides per day, per recipient.
- All home health visits require prior authorization.

Limitations:

Private duty nursing and personal care services are limited to children under 21 of age or younger who are medically complex. These services must be prior authorized by eQHealth Solutions.



Home Health

Covered Services For Children (under 21)	Covered Services For Adults (21 and older)
<ul style="list-style-type: none">▪ Licensed nurse and home health aide visits▪ Private duty nursing▪ Personal care▪ Occupational, physical and speech-language pathology evaluations and treatments▪ Durable medical equipment and supplies	<ul style="list-style-type: none">▪ Licensed nurse and home health aide visits▪ Limited durable medical equipment and supplies▪ Limited therapy evaluations

Other Medicaid Resources



<http://www.mymedicaid-florida.com/>

The Medicaid Area Offices can help the Waiver Support Coordinators find:

✓ Enrolled Medicaid providers including specialists in each Medicaid Area.



Area Offices

- [Area Office Map](#)
- [Area Office 1](#)
- [Area Office 2a](#)
- [Area Office 2b](#)
- [Area Office 3a](#)
- [Area Office 3b](#)
- [Area Office 4](#)
- [Area Office 5](#)
- [Area Office 6](#)
- [Area Office 7](#)
- [Area Office 8](#)
- [Area Office 9](#)
- [Area Office 10](#)
- [Area Office 11](#)

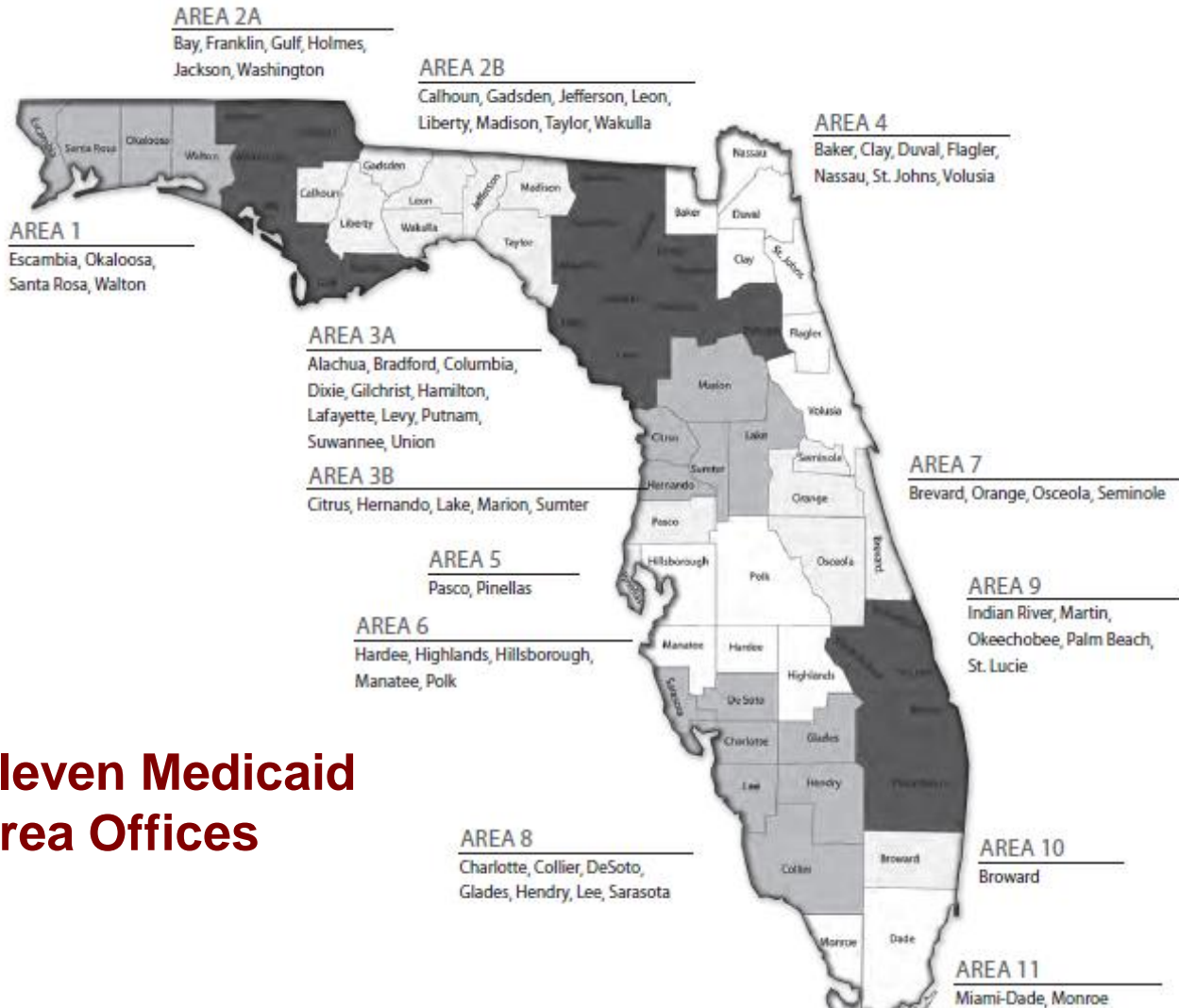
REPORT MEDICAID FRAUD

Online or 866-966-7226

REPORTAR FRAUDE



FLORIDA MEDICAID



Eleven Medicaid Area Offices

Regularly Check for Provider Alerts Online

- The Florida Medicaid program has an e-mail alert system to supplement the present method of receiving Provider Alerts information and to notify registered providers or interested parties of "late-breaking" health care information.
- An e-mail will be delivered to your mailbox when Medicaid policy clarifications or other health care information is available that is appropriate for your selected provider type.

Sign up for the alerts using the enclosed link: <http://ahca.myflorida.com/Medicaid/alerts/alerts.shtml>

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for All Floridians

[Home](#) [Publications](#) [Find a Facility](#) [Direct to Our Divisions](#)

Google™ Custom Search

Search

Local Navigation

- About Florida Medicaid
- Abuse & Overpayment
- Area Offices
- Assistive Care Services
- Behavioral Health
- Beneficiary Services
- Child Health Services
- Cost Reimbursement
- Deputy Secretary
- Disease Management
- Durable Medical Equipment (DME)
- Family Planning
- HCBS Waivers
- HIPAA
- Long-Term Care Partnership
- Medicaid Encounter Data System (MEDS)
- Medicaid HMOs
- Medicaid Privacy Notice
- Medicaid Procurements
- Medicaid Reform
- Medicaid Research Contracts and Evaluations
- Medicaid State Plan
- MediKids
- MediPass
- Newborn Eligibility
- Nursing Facility Provider Information
- Nursing Home Transition
- Organ Transplant Advisory Council
- Payment Error Rate Measurement (PERM)
- Pharmacy Services
- Preferred Drug List
- Provider Service Network (PSN)
- Quality in Managed Care
- Recent Presentations
- Reimbursement Workgroups Meetings
- Report Medicaid Fraud

[About Florida Medicaid](#) | [Administration and Funding](#) | [Beneficiary Information](#) | [Eligibility for Medicaid Services](#) | [Florida Medicaid Health Care Alerts](#) | [Medicaid Headquarters](#) | [Medicaid Fiscal Agent](#) | [Other Resources](#) | [Recent Medicaid Presentations](#) | [Summary of Services](#) | [Third Party Liability](#)

Florida Medicaid Health Care Alerts

The Florida Medicaid program has an e-mail alert system to supplement the present method of receiving Provider Alerts information and to notify registered providers or interested parties of "late-breaking" health care information. An e-mail will be delivered to your mailbox when Medicaid policy clarifications or other health care information is available that is appropriate for your selected provider type.

To subscribe to the automated alert system, complete the online form below. A confirmation e-mail will be sent to your mailbox to avoid fraudulent subscription requests. **Subscribers must return the confirmation e-mail to complete their subscription.**

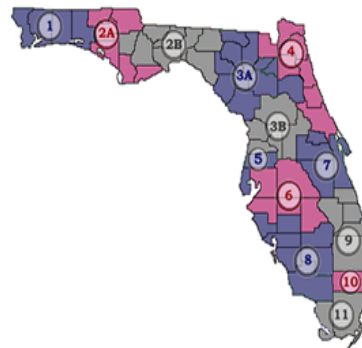
*Email

First Name

Last Name

*Area

- All Areas
- Area 1
- Area 2
- Area 3
- Area 4
- Area 5



Example of a Provider Alert

[Click here to download pictures.](#) To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

From: State of Florida Agency for Health Care Administration [Medicaid_Alert@ahca.myflorida.com]
To: Sacipa, Yolanda
Cc:
Subject: Durable Medical Equipment (DME) Public Forum

Sent: Tue 6/21/2011 11:03 AM

FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

Health Care Alerts & Provider Alerts Messages June 2011

Provider Type(s): 90

Durable Medical Equipment (DME) Public Forum

DATE AND TIME:

Monday, June 27, 2011, 10:00 a.m. – 11:30 a.m.

PLACE:

Agency for Health Care Administration
2727 Mahan Drive, Building 3
Conference Rooms B & C
Tallahassee, FL 32308

Questions?

- Submit questions to Leigh A. Meadows at:
Leigh.Meadows@ahca.myflorida.com
- Responses to questions will be posted at:
http://www.fdhc.state.fl.us/Medicaid/deputy_secretary/recent_presentations/index.shtml