



TITLE 21

Miami-Dade County

Monroe County

PROVIDER MANUAL

PHT – 1801 NW 9th Avenue, Suite 100, Miami, FL 33136

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WELCOME

We are pleased to welcome you as a network provider in the CMSN - South Florida Region. The CMSN - South Florida Region is a partnership formed by the South Florida Community Care Network (SFCCN) and the Department of Health's Children's Medical Services. The South Florida Community Care Network consists of three governmental entities: South Broward Hospital District (SBHD), North Broward Hospital District (NBHD), and Public Health Trust (PHT) of Miami-Dade County.

As an Integrated Care System (ICS), the CMSN - South Florida Region will provide medical services to eligible Florida KidCare recipients. You have chosen to become a provider of this very unique network. Together we will work with you as a team, bringing our individual expertise to achieve the high standards our community expects. We will endeavor to provide quality coordinated care to the children with special health care needs covered under Title XXI (KidCare).

You have committed to delivering quality medical care to CMSN - South Florida Region enrollees. This provider manual answers many of your questions about the ICS and how it works. Outlined in your Provider Manual are the policies, procedures, and programs you have agreed to comply with, as presented in the Provider Services Agreement between you and the CMSN - South Florida Region. We are requesting your expertise to ensure that the care provided to the enrollees meets the performance indicators as outlined in your manual. Please review this material to better understand the importance of your role in the provision of services to CMSN - South Florida Region enrollees and compliance with designated program requirements.

Should you have any questions or wish further information about the program or policies contained in the manual, we urge you to call the Provider Relations Department at PHT. Please note that this manual and its contents are subject to change. We will make every effort to inform you of significant changes in our policies and procedures.

You are a key part in the Children's Medical Services Integrated Care System (ICS). We look forward to a mutually satisfying relationship.

Sincerely,

Provider Relations
CMSN - South Florida Region
PHT - 800-721- 2993

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PROVISION OF SERVICES

CMS covered services for enrollees shadow the benefits and limitations within the State of Florida Medicaid program (refer to the Medicaid Coverage, Limitations and Reimbursement Handbooks for specific information). These handbooks may be ordered from the Medicaid fiscal agent or can be accessed on the AHCA website.

CMS covered services include:

- ♦ Health Assessment Screening – including hearing, vision, and dental screenings
- ♦ Physical Exams: Routine and chronic disease check-ups
- ♦ Well Child Care and Immunizations – health and development history & updating of routine immunizations as well as referrals for further diagnosis and treatment when necessary
- ♦ Lab and X-ray Services
- ♦ Physical Therapy and Respiratory Therapy Services
- ♦ Home Health Services
- ♦ Durable Medical Equipment

Maternity Care:

All pregnant enrollees will be offered a choice of a participating obstetrical doctor or nurse midwife for prenatal care and delivery of the newborn. All women of childbearing age will be provided counseling, testing, and treatment of blood-borne diseases that may affect them or their unborn child.

Emergency Care:

Emergency Services are those necessary to treat a condition, illness, or injury threatening life or limb which requires immediate attention.

Hospital Inpatient Care:

Includes all inpatient services authorized by the CMSN - South Florida Region: room and board, nursing care, medical supplies, diagnostic and therapeutic services. There is **no** annual forty-five (45) day cap on inpatient care, pursuant to the Medicaid Benefits for children under 19 years of age.

Hospital Outpatient Care:

Includes all diagnostic and therapeutic services provided as an outpatient at a participating hospital or outpatient facility by a participating specialist. There is **no** annual cap on outpatient services pursuant to Medicaid Benefits for children under 19 years of age.

Hearing Services:

Includes hearing evaluation, diagnostic testing and fitting of one hearing aid per year.

Transportation:

If a parent is unable to transport their child to his/her medical appointment, they can call **LogistiCare** to schedule transportation. This service is only available when no other transportation is available (no family, friend or other form of transportation is accessible). **To make a reservation for transportation**, please call **LogistiCare** at 1-866-429-8529.

If you need assistance with an existing reservation, please call LogistiCare at 1-866-429-8861.

Behavioral Health:

For mental health and substance abuse services; the current Medicaid benefits apply. University of Miami Behavioral Health (UMBH) will provide the behavioral health services. To coordinate behavioral health services, please contact UMBH at:

1-800-294-8642

Vision Care:

Includes eye examinations by a certified participating optometrist necessary for fitting of glasses (one eye exam and one pair of glasses per enrollee per year) or contact lenses when medically necessary and follow-up examinations.

Family Planning: (NOTE: see guidelines for under the age of 19)

- Informational and referral
- Education and counseling
- Diagnostic testing
- Contraceptives
- Follow-up care to assist with spacing births
- Assistance in determining problems related to infertility
- Medically necessary sterilization

Pharmacy Services

Prescription drugs are administered by MedImpact, the pharmacy benefit management company for CMS. Pharmacy Locator and Formulary Lookup can be accessed at <http://www.doh.state.fl.us/cms/PharmBM/html>. Questions regarding the formulary or drug exceptions should be directed to the CMS Nurse Care Coordinators. Requests can be made through the CMS Nurse Care Coordinator at the following number:

CMS-South Regional Office – 305-349-1330
CMS South Regional Office, Marathon – 305-289-2779

CMSN - South Florida Region Enrollees will have access to pharmacy, dental services and skilled nursing facilities through the CMS program offices directly. These services are neither managed nor the financial responsibility of the CMSN - South Florida Region. Requests can be made through the CMS Nurse Care Coordinator at the following numbers:

CMS-South Regional Office – 305-349-1330
CMS South Regional Office, Marathon – 305-289-2779

Scope of Services Benefit Package

- Birthing Center
- Child Health Check-up
- Child Hearing
- Child Vision
- Chiropractic Services
- Clinic Services
- Durable Medical Equipment
- Family Planning
- Federal Qualified Health Center (FQHC)
- Home Health Services
- Hospice
- Hospital Inpatient
- Hospital Outpatient
- Lab and X-ray
- Nurse Practitioner
- Occupational Therapy
- Personal Care Services
- Physical Therapy
- Physician Assistant Service
- Physician Services
- Portable X-ray Services
- Prescribed Pediatric Extended Care Services (PPEC)
- Private Duty Nursing
- Respiratory Therapy
- Rural Health Services
- School Based Services
- Speech Therapy

SERVICE DEPARTMENTS

ENROLLEE SERVICES

The primary responsibility of the Enrollee Services Department is to facilitate and guide enrollees in accessing health care service and information about the CMSN – South Florida Region. The focus will be the following:

- ♦ Orient and educate new enrollees about the ICS
- ♦ Determine and answer eligibility questions
- ♦ Provide information on covered and non-covered services
- ♦ Educate enrollees on CMSN - South Florida Region processes and services
- ♦ Provide referral/authorization status
- ♦ Provide enrollment status
- ♦ Direct members to appropriate departments/resources
- ♦ Facilitate enrollee access to services
- ♦ Receive/investigate/resolve and document complaints
- ♦ Analyze/trend complaints for improvement
- ♦ Log grievances received and forward to Grievance Coordinator
- ♦ Use enrollee feedback to improve quality of services and customer satisfaction
- ♦ Eligibility verification

If for any reason an enrollee becomes dissatisfied with the assigned primary care provider, services, and/or location, the enrollee may request a re-assignment at any time by notifying Enrollee Services. The effective date of the change will depend on the day of the month the change is received but generally it will be the first day of the following month.

PROVIDER RELATIONS

The Provider Relations Department is responsible to assist your office with the procedures required by the CMSN - South Florida Region. These would include, but are not limited to: new provider orientation, assistance with reporting requirements, educational overviews on CMSN – South Florida Region compliance issues, on-site support, assistance with address & other practice changes, questions regarding: procedures, policies, reimbursement, and other program information.

Provider Relations Representatives from the department conduct routine visits of our provider sites. During their visit, the Provider Relations Representatives assess the practice's total compliance with various regulatory and program standards, including: access to care; physical accessibility to practice; medical records keeping practices; patient confidentiality procedures; physical appearance & adequacy of facility; appropriate staffing (medical and administrative); OSHA compliance; grievance procedures; and peer review procedures.

Please contact your Provider Services Representative at 305-575-3680, prompt # 3, to assist your office with any of the services outlined above.

PROVIDER RESPONSIBILITIES

ENROLLEE ID CARDS

Each CMSN - South Florida Region enrollee enrolled in Title XXI will receive a CMSN - South Florida Region identification card (see **attached example**), which has valuable information on both sides. Enrollees have been asked to carry their ID card at all times. The CMSN - South Florida Region card provides additional information to providers, including:

- ♦ The name and phone number of the primary care provider or clinic to which the enrollee is assigned.
- ♦ Phone numbers for authorization of services and hospital admissions.

VERIFICATION OF ENROLLMENT

All providers are required to verify eligibility prior to services being rendered. Eligibility needs to be verified even if a provider has a referral and authorization number. This can be done through the following sources:

PHT – 1-800-721-2993

Provider Website & the DIVA System

You can now verify eligibility and obtain coverage information 24 hours a day, 7 days a week on our secure provider website, <https://www.jhs.domc.org>, or through DIVA, our automated telephone response system, by calling 305-575-3775.

For access to the website and the DIVA system, please contact the Provider Service Department at 305-575-3680 to obtain a User ID and Password.

RESPONSIBILITIES - ALL NETWORK PROVIDERS

All network providers, through the terms of their participation agreement, are required to comply with CMSN – South Florida Region programs, maintain adequate business and confidential medical records, arrange for appropriate coverage, and to comply with the CMSN - South Florida Region's access to care standards, which are described in the Quality Improvement section of this manual. Following is a summary of the requirements applicable to all CMSN - South Florida Region network providers. For complete information regarding provider responsibilities, please refer to your individual participation agreements.

Confidentiality

All network providers are required to maintain the confidentiality of Enrollee's information and medical records as required by Federal and Florida law.

Cooperation with CMSN - South Florida Region Programs

All network providers are required to comply with the CMSN - South Florida Region's Medical Management procedures; Health Management activities; Credentialing Process; Quality Improvement programs (including medical record audits & peer review activities); Claims & Reimbursement guidelines; Grievance procedures; and Incident Reporting guidelines.

Demographic & Status Changes

It is imperative that network providers notify your Provider Relations representative of changes in your practice, prior to the effective date of this change. This information is essential for Provider Directory revisions and ensures continuity of care to the member. Demographic information includes your office address; telephone number; fax number; e-mail address; tax identification number; and billing address. Status information includes physicians joining/leaving your practice; and the opening or closure of additional practice sites.

Facilities & Environment

All network providers must maintain a safe and sanitary environment for their patients and staff that are in compliance with state and local building codes, federal regulations and work safety requirements. Contracted providers should provide periodic instruction of all personnel in the proper use of safety and fire-extinguishing equipment. Since emergency situations occur with little or no notice, the CMSN – South Florida Region encourages providers to develop an Emergency Situation Management Plan to prepare their offices for any disaster.

Cultural and Linguistic Awareness

All providers are expected to be aware of the cultural backgrounds of the patients they serve and to be sensitive toward issues of cultural diversity and health literacy. Providers should post clear, multi-lingual signs in the reception area about the availability of linguistic services and services for the hearing impaired. Providers should also make sure the information used for health education reflects the cultural background and the average literacy of their patient population. Staff training should include information about cultural diversity, the importance of non-verbal communication in patient care, and identifying and addressing patients with health literacy issues. Providers should also ask each patient about their language preference and include the information in their medical record.

PCP RESPONSIBILITIES

New Enrollee Processing

PCPs will receive from the ICS, a hard copy CMSN - South Florida Region enrollment report specific to his/her patient panel.

To encourage enrollees to visit their PCP, the CMSN - South Florida Region Enrollee Services Department will contact each new enrollee by mail through an introductory letter that includes the name and phone number of the enrollee's PCP along with an enrollee ID card. The letter requests the enrollee make an appointment with his/her PCP for initial assessment. Also included will be additional information regarding CMSN - South Florida Region benefits.

In addition to the contact by the CMSN - South Florida Region, PCP's should welcome their new CMSN - South Florida Region enrollees and arrange for an evaluation visit as soon as possible but within the first thirty- (30) days. The enrollee would have received in his/her eligibility/enrollment process from the CMS office, a health assessment form that is completed at the time of enrollment. Once completed, the CMS Care Coordinator will review it to identify any special health care need for the enrollee to be followed by the CMS Care Coordinator. A copy of the original form with valuable information will then be forwarded to you for review, action, and final placement in the enrollee's medical records. If you have not already initiated a medical record for the enrollee, this is the opportunity. Be sure to document any attempts to reach the enrollee in the enrollee's medical record.

At the first visit, enrollees should be requested to authorize the release of their medical records. Once received by you, you should identify those children who have received past screenings (Child Health Check-ups or EPSDTs) according to the Children's Medical Services/Department of Health approved schedules. This facilitates continuity of medical care by having knowledge of the enrollee's past medical history and treatment.

Non-Compliant Enrollees

PCPs have a responsibility to respond to enrollees who either fail to keep appointments or fail to follow a provider's plan of care as either can interrupt continuity of care and lead to a delay or failure on the part of the enrollee to get medical diagnosis or treatment. The CMSN - South Florida Region expects providers/provider sites to have a procedure for dealing with non-compliant enrollees and enrollee notification. While it is the enrollee's responsibility to keep appointments and to comply with the plan of care prescribed by the attending physician, the provider in turn has responsibilities when this does not occur. The enrollee needs to be notified of his/her non-compliance and the enrollee needs to document this activity in the enrollee's medical record whether done orally or in writing. Both the CMSN - South Florida Region and CMS/DOH will be monitoring this activity.

"Failure to show" is defined as an enrollee who has missed three (3) consecutive appointments with the same health care provider or facility and does not notify the health care provider that he/she is unable to keep the scheduled appointment. Notification of the assigned CMS Care Coordinator for "no show" or "failure to show" patients may allow the CMS Care Coordinator to assist with transportation issues, etc. to prevent future failures to keep appointments.

"Failure to follow plan of care" is when an enrollee chooses not to comply with the prescribed plan of care.

Providers need to make a reasonable effort to establish and maintain a satisfactory relationship with enrollees. The CMS Care Coordinator can play a major role in assisting the enrollee in compliance.