



PROVIDER NEWS FLASH

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CHILD HEALTH CHECK UP



The Medicaid Provider Service Networks (PSNs) in Florida are committed to working with our physicians and other providers to improve Florida children's access to preventive health services. Enrollees under age 21 should receive preventive visits according to the American Academy of Pediatrics periodicity schedule, which can be found in the Medicaid Child Health Check-Up (CHCUP) Coverage and Limitations Handbook. It is our goal to support your efforts to provide high-quality preventative health to the Medicaid Enrollees.

Additional information to assist you in meeting the CHCUP requirements has been listed below.

- **Vaccines for Children (VFC) Program** is intended to help raise childhood immunization levels in the United States, especially among infants and children. This federally funded program provides vaccines free of charge to participating providers. The vaccines may then be made available to children up to age 19 who are enrolled in the Medicaid program. *Additional information can be found on the CDC Web site: <http://www.cdc.gov/vaccines/programs/vfc.default.htm>*
- **Florida SHOTS (State Health Online Tracking System)** is a free, statewide, centralized online immunization registry that helps health-care providers and schools keep track of immunization records. Florida SHOTS allows registered, authorized system users to access confidential immunization information via a secure electronic system to check immunization status, update information in the system, and register new children. Physicians and other providers are strongly encouraged to participate. *Additional information can be found on the Florida Shots Web site at: <http://www.flshots.com/>*
- **Provider Requirements:**
 - * Schedule and perform CHCUP exams for members as indicated on the Child Health Check-up Periodicity Schedule (Birth or neonatal examination; 2-4 days after delivery; 1, 2, 4, 6, 9, 12, 15, 18 (months); once per year for 2 through 20 year olds).
 - * Assess and document all required CHCUP components, including the federally mandated screening blood lead tests when required to indicate a CHCUP was performed.
 - * To ensure you receive credit for having performed CHCUP requirements, use the correct codes when submitting encounters and claims.

DISPOSABLE INCONTINENCE DIAPER COVERAGE

Effective immediately, Florida Medicaid is covering disposable incontinence diapers/briefs for children ages four (4) through twenty (20) with a physical or mental condition that results in chronic incontinence. Diapers and briefs may be reimbursed up to a total of 200 items per calendar month. These products are provided through the Durable Medical Equipment Program. Until the Medicaid handbook rule is complete, please use the interim process that allows prior/post authorization of disposable incontinence diapers. The Durable Medical Equipment providers who supply disposable diapers to children must submit paper prior authorization requests using procedure code E1399. Please submit your prior authorization requests to the Enrollee's assigned SFCCN subnetwork. If you have any question, please contact the provider relation representative of your contracted plan or the representative in your local Medicaid area office.



IMPORTANT

If a SFCCN Medicaid recipient needs a nebulizer or diabetes supplies, please inform the recipient to obtain the items from a participating DME providers. Please refer to the SFCCN Provider Directory for the listing.

Please note nebulizers and insulin pumps require prior authorization by the health plan. **Do not send** recipient to the pharmacy to get the script filled.

For additional information, please contact the SFCCN Subnetwork for Enrollee with which you are contracted:

MHS 954-276-3131 Broward Health 954-767-5600 PHT 877-838-7526

HIPAA 5010 Transactions are coming!

The Health Insurance Portability and Accountability Act (HIPAA) requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards that health plans, like Florida Medicaid, and most health care providers must use when they electronically conduct certain health care administrative transactions, such as claims, remittance, eligibility, claims status requests and responses, and others. Version 5010 of the HIPAA standards is the new revised version that includes improvements in structural, front matter, technical, and data content (such as improved eligibility responses and better search options.)

PROVIDER TYPES AFFECTED:

All providers who bill electronic claims to payers for services provided.

STOP—IMPACT TO YOU

The implementation of HIPAA 5010 involves substantial changes in the content of the data that you submit with your claims as well as the data available to you in response to your electronic inquiries. The implementation will require changes to the software, systems, and perhaps procedures that you use for billing payers. It is extremely important that you are aware of these HIPAA changes and plan for their implementation.

CAUTION—WHAT YOU NEED TO KNOW

The Administrative Simplification Act requires the use of electronic claims (except for certain rare Exceptions) in order for providers to receive payment. Therefore, effective January 1, 2012, you must be ready to submit your electronic claims using the X12 Version 5010 and NCPDP Version D.0 standards. Remember that the HIPAA standards, including the X12 Version 5010 and Version D.0 standards, are national standards and apply to your transactions with all payers. While the new claim format accommodates the ICD-10 codes, ICD-10 codes will not be implemented as part of the 5010 project.

GO—WHAT YOU NEED TO DO

You are encouraged to prepare for the implementation of these standards or speak with your billing vendor, software vendor, or clearinghouse to inquire about their readiness plans for these standards.

PROVIDER ALERT

Florida Medicaid rules have been amended. If the agency notified you of an alleged overpayment, they may withhold or continue to withhold payment during the pendency of an administrative hearing; any medical assistance reimbursement payments until the overpayment is recovered; unless within 30 days receiving notice that the provider makes repayment in full or establishes an approved repayment plan with the Agency. If the provider does not adhere to the terms of a repayment plan, the agency may terminate the provider participation in the Medicaid program within 35 days after the date of the final order.

Reduction in Visual Services for Adult



Changes mandated by the 2009 Florida Legislature resulted in reductions to visual services for adults. Effective January 1, 2010, eyeglass frames for adult recipients are limited to one pair every two years, and eyeglass lenses are limited to one pair every 365 days. Prior authorization is required for a second pair of eyeglass frames within two-year period and also for a second pair of lenses within a 365-day period.



"ALL ABOUT ME" INITIATIVE



As a way to improve our Adult Preventative Care Rate, the South Florida Community Care Network will implement the "**All About Me**" initiative in May/June 2010. Currently all SFCCN PSN members receive a birthday card which details Preventive Health Guidelines throughout the year. Starting May/June, a personal pizza redemption certificate will be placed inside the adult birthday card, advising them to bring the certificate to their scheduled preventative visit or yearly physical visit. To be valid, the certificate must have the physician or providers stamp and dated from where the member/patient was seen. **PLEASE NOTE SIGNATURES WILL NOT BE ACCEPTED.** Only then can the member redeem the certificate at any stand alone Pizza Hut establishment in Dade or Broward County for a one topping Personal Pan Pizza.

We believe prevention is the key to better Health!



XOPENEX® NEBULIZER

On January 13, 2009, the Medicaid P&T Committee voted to **remove** Xopenex nebulizer (Inhalation) for children less than six years of age from the Medicaid Preferred Drug List (PDL). Xopenex for children older than six years of age and adults remains off the PDL, along with Xopenex HFA.

