

2011

MediPass Quick Reference Guide



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Disclaimer: This guide has been created to assist you, the provider, in finding important information regarding your Agreement for Participation in MediPass, program requirements and resources. It is not the comprehensive agreement and should be used only as a quick reference for finding information and answers to your questions. For more information regarding MediPass requirements refer to your Agreement for Participation in MediPass or contact your local Medicaid area office.

MediPass

The Medicaid Provider Access System (MediPass) is a primary care case management program for Medicaid recipients administered by the Florida Medicaid program (the Agency for Health Care Administration). MediPass was established to encourage more efficient health care delivery and coordination of services for Medicaid enrollees. In this model of health care delivery, each participating Medicaid enrollee selects or is assigned to a primary care provider who renders primary care services. The MediPass provider must also provide 24-hour access to care, and referral and authorization for specialty services. This will improve continuity of care and promote a primary care physician relationship.

The program is intended to:

- improve access to medical services;
- enhance the provider/patient relationship; and
- reduce inappropriate use of medical services.

Medicaid-enrolled primary care providers submit and enter into an agreement with the Agency, to deliver and coordinate health care for patients. MediPass primary care providers include Family Practice, Pediatricians, General Practice, Internal Medicine and OB/GYN. MediPass primary care providers are responsible for the treatment of illness and injury, coordination of needed specialty care and other health services, and overall health maintenance of their enrolled patients.

MediPass providers receive a monthly management fee for each enrollee who selects or is assigned to their practice in addition to regular Medicaid fee-for-service reimbursement for health care services rendered.

Local Medicaid Area Office Contacts

AREA	COUNTIES	COORDINATOR	ADDRESS	PHONE NUMBERS & E-MAILS
1	Escambia, Okaloosa, Santa Rosa, Walton	Dorothy Collins	160 Governmental Center Rm# 510 Pensacola, FL 32502	(850) 595-2309 Fax (850) 595-5718 Dorothy.Collins@ahca.myflorida.com
2A	Bay, Franklin, Gulf, Holmes, Jackson, Washington	Deborah Warfel	651 West 14th Street, Ste K Panama City, FL 32401	(850) 767-3387 Fax (850) 747-5456 Deborah.Warfel@ahca.myflorida.com
2B	Calhoun, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla	Annette Holton	2727 Mahan Dr. Tallahassee, FL 32308	(850) 412-4168 Fax: (850) 921-6215 Annette.Holton@ahca.myflorida.com
3A	Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union	Donna Smith	14101 NW Hwy 441, Suite 600 Alachua, FL 32615	(386) 462-6214 Fax: (386) 418-5370 Donna.Smith@ahca.myflorida.com
3B	Citrus, Hernando, Lake, Marion, Sumter	Dorothy Pohleven	2441 W. Silver Springs Blvd. Ocala, FL 34475	(352) 840-5739 Fax: (352) 620-3076 Dorothy.Pohleven@ahca.myflorida.com
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia	Donna Dunnan	921 North Davis Street, Bldg. A Ste 160 Jacksonville, FL 32209	(904) 798-4253 Fax: (904) 353-2164 Donna.Dunnan@ahca.myflorida.com
5	Pasco, Pinellas	Bill Fuller	525 Mirror Lake Drive N. Ste 510 St. Petersburg, FL 33701	(727) 552-1914 Fax (727) 552-1216 William.Fuller@ahca.myflorida.com
6	Hardee, Highlands, Hillsborough, Manatee, Polk	Dondra Smith	6800 North Dale Mabry Hwy Ste 220 Tampa, FL 33614	(813) 350-4846 Fax (813) 673-4588 Dondra.Smith@ahca.myflorida.com
7	Brevard, Orange, Osceola, Seminole	Ronald Lloyd	400 W. Robinson Street Ste S-309 Orlando, FL 32801	(407) 420-2513 Fax (407) 317-7850 Ronald.Lloyd@ahca.myflorida.com
8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota	Pat Brooks	2295 Victoria Ave. Ste 309 Ft. Myers, FL 33901-0127 mailing: P.O. Box 60127 Ft. Myers, FL 33906-0127	(239) 335-1300 Fax (239) 338-2642 Patricia.Brooks@ahca.myflorida.com
9	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie	Andrea Ferguson	1655 Palm Beach Lakes Blvd. Ste 300 West Palm Beach, FL 33401	(561) 712-4360 Fax (561) 616-1548 Andrea.Ferguson@ahca.myflorida.com
10	Broward	Ken Hamblin	North Broward Regional S.C. 1400 W. Commercial Blvd. Suite 110 Ft. Lauderdale, FL 33309	(954) 958-6547 Fax (954) 202-3220 Ken.Hamblin@ahca.myflorida.com
11	Dade, Monroe	Lidia Cardelle	8333 NW 53rd St, Suite 200 Doral, FL 33166	(305) 593-3072 Fax (305) 499-3997 Lidia.Cardelle@ahca.myflorida.com

Important Contact Information:

- Electronic Data Interchange (EDI): 1-866-586-0961
- HP call center: 1-800-289-7799 (7am-6pm ET). The call center hours and services are available as follows:
Electronic Claims Submission – Option 3: Monday through Friday 8 a.m. - 5 p.m.
Provider Enrollment – Option 4: Monday through Friday 8 a.m. - 5 p.m.
Password Reset – Option 5: Monday through Friday 8 a.m. - 5 p.m.
Provider Services Contact Center & Field Representatives – Option 7, Monday - Friday 7 a.m. until 6 p.m.
- Social Security Administration: 1-800-772-1213
- Florida KidCare: 1-888-540-5437
- Medicaid Options: 1-888-367-6554
- Automated Voice Response System (AVRS): 800-239-7560
- Prepaid Mental Health Plans: click on the link below for the PMHP provider in your area.
http://ahca.myflorida.com/Medicaid/beh_health/pdfs/pmhp_map_03-29-09.pdf
- Medicaid Pharmacy Services: 850-487-4441. See the current Prescribed Drug Services Coverage, Limitations and Reimbursement Handbook website:
http://portal.flmmis.com/FLPublic/Provider_ProviderSupport/Provider_ProviderSupport_ProviderHandbooks/tabId/42/Default.aspx

Important Websites:

- Provider support website: <http://www.mymedicaid-florida.com/> Click on “Public Information for Providers” and then “Provider Support.”
- AHCA website for Providers: <http://ahca.myflorida.com/providers.shtml>
- Provider Medicaid Web Portal:
http://portal.flmmis.com/FLPublic/Provider_Home/tabId/36/Default.aspx
- Provider General Handbook:
http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/GH_09_090204_Provider_General_Hdbk_ver1.3.pdf.pdf
- MediPass website: <http://ahca.myflorida.com/Medicaid/MediPass/index.shtml>
- Medicaid Preferred Drug List (PDL):
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

MediPass Agreement Requirements

Child Health Check Up

The primary care provider (PCP) will provide or manage services such that all recipients under 21 years old will receive all appropriate Child Health Check-Up (CHCUP) screenings.

- Child Health Check-Up Periodicity Schedule:
 - Birth or neonatal examination
 - 2-4 days for newborns discharged in less than 48 hours after delivery
 - By 1 month
 - 2 months
 - 4 months
 - 6 months
 - 9 months
 - 12 months
 - 15 months
 - 18 months
 - Once per year for 2 through 20 year olds
- Florida Medicaid recommends check-ups at 7 and 9 years of age for those children at risk.
- The child may enter the periodicity schedule at any time. For example, if a child has an initial screening at age 4, then the next periodic screening is performed at age 5.
- The PCP must attempt to contact, up to twice, any patient, who is more than two months behind in the periodicity screening schedule.

Please refer to the documents below for outreach and requirements:

- The CHCUP Provider Handbook is available at:
http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Child_Health_Check-UpHB.pdf
- See Page 8 in the Agreement for Participation in MediPass for more details on CHCUP.

Adult Health Screenings

The PCP will provide or manage services such that a health screening will be performed, if due, on patients aged 21 years or older in accordance with the recommendations in the Medicaid Physician Coverage and Limitations Handbooks. It is agreed that the PCP will:

- Attempt to contact all new MediPass recipients, 21 years of age or older, up to twice within three months of their enrollment date.
- Document these efforts in the medical record or the MediPass enrollment report.
- Information pertaining to Adult Health Screenings can be found on Page 10 of the Agreement for Participation in MediPass and in the Medicaid Physician Coverage and

Limitations Handbook:

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_10_101108_Physician_Svcs_Hndbk.pdf

- For preventative medicine codes click the link below:
http://portal.flmmis.com/FLPublic/Provider_ProviderSupport/Provider_ProviderSupport_ProviderHandbooks/tabId/42/Default.aspx

Medical Records

It is agreed that the PCP will:

- Ensure all federal regulations regarding Health Insurance Portability and Accountability Act (HIPAA) are followed.
- Request medical records from known PCPs who have treated the recipient.
- Maintain a unified patient medical record for each MediPass recipient.
- Retain a unified medical record for each recipient for five (5) years after the last date of service.
- Transfer the recipient's medical record to the new primary care provider (PCP) if requested and authorized by the recipient.
- Document all authorizations for services that are provided by other providers along with reports from the treating provider in the recipient's record.
- Document all Agency required Healthy Start services, referral to the Special Supplemental Food Program for Women, Infants and Children, counseling and services for voluntary sterilization and scheduled postpartum visit.
- Allow authorized state and federal staff to audit the recipient's MediPass records and make them available within 24-hour notice in a regular business day.
- For more information on Medical records see Page 12 in the MediPass agreement.

24 Hour Access

- After hours coverage must be available 24/7 by MediPass enrolled providers who accept Medicaid reimbursement, this coverage is **at no extra cost to the MediPass recipient.**
- This coverage must consist of:
 1. an answering service,
 2. call forwarding,
 3. provider call coverage,
 4. or other customary means approved by the Agency.
- The chosen method of 24-hour coverage must connect the caller to either the MediPass provider, someone who can contact him/her, or someone who can render a clinical decision on his behalf.
- Must be accessible using the medical office's daytime phone number.
- The call must be returned within 30 minutes of the initial contact.

- See the Agreement for Participation in MediPass for further information on 24 hour access.

Note: An answering machine may be used; however, it may not refer patients to the hospital emergency room. Any other means of 24-hour coverage must be submitted to the Agency for review/approval.

Authorizations and Referrals

It is agreed that the MediPass PCP will:

- Refer the recipient to a Medicaid approved provider unless the prescribed treatment is not covered by Medicaid.
- Provide the treating provider with his/her MediPass authorization number.
- Document the referral and authorization in the recipient's medical record.
- Document the report from the treating provider in the recipient's medical record.
- Provide **post authorization** to public providers for the following services:
 1. The diagnosis and treatment of sexually transmitted diseases and other communicable diseases.
 2. The provision of immunizations.
 3. School health services listed as 1 and 2 above.
 4. Services rendered on an urgent basis.
 5. The provision of vaccines in the event of a vaccine-preventable disease emergency.
- See Page 14 of the Agreement for Participation in MediPass for further details on authorizations and referrals.

Out of State services:

- The PCP may refer the recipient for out-of-state care if the recipient requires a service that cannot be provided in Florida.
- Prior authorization for out-of-state services requires unique authorization granted by the Medicaid Services/Medicaid Prior Authorization Unit. The PCP **should not** provide his/her MediPass authorization number to providers for out-of-state services, as these providers will not be paid without the Medicaid issued unique authorization number.
- For additional information on out of state services refer to Chapter 2 of the Medicaid Provider General Handbook:
http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/GH_09_090204_Provider_General_Hdbk_ver1.3.pdf or contact your local Medicaid area office.

The following services do not require prior approval or a referral by the MediPass provider:

- Chiropractor (10 visits per calendar year). Children under the age of 21 require a referral,
- Podiatrist (4 visits per calendar year),
- Transportation,

- Family planning, screening/treatment for sexually transmitted or communicable diseases,
- Dental, vision, and hearing services.

See Page 14 in The MediPass agreement for further information about prior authorizations.

See Chapter 2 in the Hospital Coverage and Limitations Handbook for information on authorization for psychiatric and substance abuse admissions:

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_05_050601_Hospital_Services_ver1.0.pdf

Disease Management

It is agreed that the PCP will cooperate to the greatest extent possible with disease management companies that have contracted with the Agency for Health Care Administration (Agency) to provide disease management services to MediPass recipients by:

- Allowing Disease Management Organization (DMO) representatives to review medical records of recipients who have been identified by the Agency as eligible for DMO services.
- Coordinating and communicating with DMO representatives to establish a plan of care for DMO recipients.
- Incorporating DMO recommendations into the MediPass patient plan of care.

See below a list of the Disease Management Organizations that have contracted with the Agency and their contact information:

Disease Management Programs	Disease States/Conditions	Enrollment Information
Caremark	<ul style="list-style-type: none"> • Hemophilia 	1-888-826-5621 www.caremark.com
Hemophilia of the Sunshine State Lynnfield	<ul style="list-style-type: none"> • Hemophilia 	1-866-804-7693 www.hemophilia.com
Positive Health Care AIDS Health Care Foundation	<ul style="list-style-type: none"> • HIV/AIDS 	1-800-832-0778 www.positivehealthcare.org

Changes to Practice

MediPass Change of Status

It is agreed that the PCP will notify the appropriate MediPass unit at the local Medicaid area office:

- **Immediately** of any action taken against their medical license or loss of license.
- **Within 5 working days**, in writing, if there is a change in provider phone number, mailing/location address, addition or deletion of providers or provider extenders, age limit changes or changes in provider hours listed on the Agreement. Providers may use the change of status form to report such findings.
- **Within 30 days** of any report filed with the National Practitioner's Data Bank.

Note: The Change of Status Form has been provided at the end of this quick reference guide after the FAQ section.

Change of Ownership

It is agreed that the PCP will notify the Agency of a change of ownership **60 working days prior to the change of ownership**. The following steps should be followed when a change of ownership occurs:

- At least sixty (60) days before a change of ownership is scheduled to occur, the provider (owner who is transferring the business) must send a letter indicating that the change will occur and the proposed date of the change to the fiscal agent and the local Medicaid area office.
- At least sixty (60) days before the anticipated date of the change of ownership, the new owner must submit a Medicaid Provider Enrollment Application, AHCA Form 2200-0003, a copy of the letter mentioned above, a copy of the Bill of Sale or Stock Purchase Agreement and a letter from the prior owner requesting termination of prior owner's provider ID with the new owner's application. The new owners must meet all the provider requirements and qualifications and their practices must be fully operational before they can be enrolled as Medicaid providers.
- If the application is received by the fiscal agent prior to the date of the change of ownership, the effective date for the new provider ID will be either the date the change of ownership was completed or the date the applicant became eligible to provide services under Medicaid, whichever date is later.
- If the new owner wishes to be in MediPass, a new MediPass application must be submitted to the local Medicaid area office. The application will be reviewed as outlined under Credentialing Standards on Page 23, item 5, of the Agreement for Participation in MediPass.

Patient Disenrollment

When a provider requests that a MediPass recipient be removed from his/her caseload, the following steps must occur:

- The provider must provide notice to the patient by certified mail.
- After notifying the patient, the provider must notify the local Medicaid area office in writing along with a copy of the certified letter sent to the patient.
- The provider must continue to render MediPass services to the recipient until the he/she is enrolled with another MediPass provider.

Providers may not request to disenroll patients:

- Solely on the basis of race, religion, disability, or other similar discriminatory reasons,
- Because of an adverse change in the recipient's health status,
- Because of the recipient's utilization of medical services,
- Diminished mental capacity, or
- Uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment with the PCP seriously impairs the PCP's ability to furnish services to either this particular recipient or other recipients).

In the event a recipient's ongoing enrollment impairs service provision as previously described, the PCP may request the Agency's authorization to disenroll the recipient on a case-by-case basis.

Patient Enrollment/Disenrollment Effective Date.

- Patient enrollments are effective at 12:01 am on the first day of the month.
- Patient disenrollments are effective at midnight on the last day of the month.

See Page 19 of the Agreement for Participation in MediPass for more information on patient disenrollment.

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/GH_09_09020_4_Provider_General_Hdbk_ver1.3.pdf.pdf

Frequently Asked Questions

- 1) **Where do I call when I have a Medicaid question on:**
 Provider Enrollment - Call HP Provider Enrollment at 800-289-7799 Option 4.
 Medicaid Application - Call HP Provider Enrollment at 800-289-7799 Option 4.
 Medicaid Policies (handbooks) - Call HP Provider Enrollment (800-289-7799 Option 7) for the Medicaid Provider Handbook CD or go to the HP website, www.mymedicaid-florida.com, and go to *Public information for Providers* then *Provider Support*, and go to *Handbooks*.
- 2) **I can't find my Remittance Voucher (RV) for a certain date and I need another copy.** Call HP Provider Enrollment at 800--289-7799 for a replacement copy.
- 3) **Why are MediPass recipients allowed to change PCP every month?** It is important to allow recipients to have freedom of choice. Recipients have freedom to change providers within their plan on a monthly basis. However, they are encouraged to find a medical home.
- 4) **Is it allowable for a MediPass doctor to perform a consultation on a recipient assigned to them (or their group)?** No, if the patient is assigned to the PCP he cannot bill for a consultation done by himself even if he has more than one specialty.
- 5) **If a MediPass recipient goes into a nursing facility, who does the nursing facility contact regarding MediPass disenrollment?** Contact the MediPass Coordinator in the local Medicaid area office to request to a disenrollment.
- 6) **Do you have a specialist's list online for referring my patients?** Specialty directories are maintained by the local Medicaid area offices. For an updated list, please contact your local Medicaid area office.
- 7) **How do I become a MediPass provider?** Contact your local Medicaid area office and request an enrollment package, then submit the application to your local Medicaid area office for processing.

Coinsurance and/or deductibles

- 8) **Can I bill my MediPass recipients any additional fees?** No. A provider who bills Medicaid for reimbursement of a Medicaid-covered service must accept payment from Medicaid as payment in full. This does not include Medicaid copayments and Medicaid coinsurance (see Florida Medicaid Provider General Handbook, Chapter 1, Page 6 – Payment services). For information on billing for non Medicaid covered services, please see Florida Medicaid Provider General Handbook, Chapter 1, Page 7.

Authorizations

- 9) **Are MediPass providers supposed to see their assigned recipients before giving an authorization to another doctor, especially for services they can do?** It would be ideal for the patient to get established with the PCP before any authorization is given; however, patients can have on-going treatments or appointments with specialty doctors already in process before a new assignment occurs. The MediPass PCP should use good medical judgment in determining the need to authorize services in these cases so as not to interfere with the care of the patient. If the service is a general medical visit that could be provided at the MediPass PCP office, the MediPass PCP can refuse authorization and suggest the patient be seen in their office.
- 10) **Can the MediPass authorization be used for out-of-state treatment/visits?** No. Prior authorization for out-of-state services requires unique authorization granted by the Medicaid Services/Medicaid Prior Authorization Unit. For additional information on out-of-state services, refer to the Medicaid Provider General Handbook.

Claims

- 11) **My claim keeps denying for Third Party Liability (TPL), but the recipient only has Medicaid. What can I do?** Call Health Management Systems (FL TPL Recovery Unit) at 877-357-3268. They have contracted with Florida Medicaid to handle Third Party Liability (TPL). They can give you instructions on how to get the TPL removed from the recipient's file.
- 12) **How can I find out the status on my claim or my check amount?** Call HP Provider Inquiry at 800-289-7799. Check amounts are also available through the Automated Voice Response System (AVRS) at 800-239-7560.
- 13) **I have paper claims that I need to send to the fiscal agent for payment. What is the address?** There are different post office boxes for claims depending on the claim type. The address for each type is in the Medicaid Provider General Handbook. Go to the HP website, www.mymedicaid-florida.com, and go to *Public information for Providers* then *Provider Support*, and go to *Handbooks*. You may also call HP Provider Inquiry number at 800-289-7799.

MEDIPASS CHANGE OF STATUS FORM

Practice Name: _____

Doing Business As: _____

Service Location Address: _____

Provider Medicaid Number: _____

**If any changes occur in your MediPass practice, please complete and send this form to:
Your local MediPass area office, a list of the area office addresses is on page 3:**

1. PRACTICE NAME

IF YOUR PRACTICE NAME HAS CHANGED, PLEASE INDICATE THE NEW NAME IN THE SPACE BELOW:

2. SERVICE LOCATION:

IF YOUR PRACTICE LOCATION HAS CHANGED, PLEASE INDICATE BELOW:

ADDRESS	CITY	ZIP	TELEPHONE
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3. MAIL TO/ CORRESPONDENCE ADDRESS:

IF YOUR MAILING ADDRESS HAS CHANGED, PLEASE INDICATE BELOW:

ADDRESS	CITY	ZIP	TELEPHONE
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4. OTHER ADDRESS CHANGE: PAY TO HOME/CORPORATE OFFICE:

ADDRESS	CITY	ZIP	TELEPHONE
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5. HOURS OF OPERATION

Weekday Hours _____

Weekend Hours _____

6. PATIENT ENROLLMENT CAP

I WANT TO CHANGE MY MEDIPASS PATIENT ENROLLMENT CAP TO: _____
(NOT TO EXCEED 1500 PER EACH FULL TIME PHYSICIAN AND 750 PER EACH FULL TIME ARNP OR PA)

7. MANAGED CARE FOCUS AND AGE LIMIT

INDICATE THE PRIMARY CARE SPECIALITY THAT IS PRACTICED AT YOUR OFFICE: (General Practice, Family Practice, Pediatrics, Internal Medicine, Obstetrics, Gynecology)

INDICATE THE MINIMUM AND MAXIMUM PATIENT AGE RANGE YOUR PRACTICE WISHES TO SEE:

8. PHYSICIAN, ARNP OR PA CHANGES OR ADDITIONS

PLEASE INDICATE PHYSICIANS, ARNPs OR PAs THAT HAVE BEEN ADDED TO YOUR MEDIPASS PRACTICE; OR ANY CHANGES FOR CURRENT MEMBERS:

- A. TYPED NAME, DEGREE;
- B. PROVIDER NUMBER;
- C. DATE OF BIRTH
- D. SOCIAL SECURITY NUMBER
- E. WEEKLY HOURS PER LOCATION (i.e. 20 HOURS);
- F. PRIMARY CARE SPECIALTY;
- G. LOCATION;
- H. SIGNATURE;
- I. PROVIDER OR EXTENDER
- J. DATE SIGNED

1.	A. _____	2.	A. _____
	B. _____		B. _____
	C. _____		C. _____
	D. _____		D. _____
	E. _____		E. _____
	F. _____		F. _____
	G. _____		G. _____
	H. _____		H. _____
	I. _____		I. _____
	J. _____		J. _____

9. PHYSICIAN, ARNP OR PA DELETIONS

PLEASE INDICATE ANY PHYSICIANS, ARNPs OR PAs THAT ARE NO LONGER WITH YOUR MEDIPASS PRACTICE:

	A. TYPED NAME	B. PROVIDER NUMBER
1.	A. _____	B. _____
2.	A. _____	B. _____
3.	A. _____	B. _____
4.	A. _____	B. _____

Authorized Signature

Date