Components of agreement between the county and providers

The County agrees to:

- Enroll in Medicaid as a Community Behavioral Health Services Provider (Type 05).
- To assure reimbursements, the County must list on page 4 of its enrollment application, the treating providers (Provider type 07) who will be authorizing these services for the contracted provider.
- Use funds for reimbursement comprised exclusively of locally generated unmatched tax revenues.
- Reimburse the providers 100 percent of rate for delivery of services.
- Maintain an ongoing management information system to ensure accountability of paid and reimbursed claims.
- Maintain and have providers maintain records relevant to these services. Provide to Center for Medicaid and Medicare Services and/or the Agency for Health Care Administration the record of these services for audit purposes.
- Void or otherwise pay back any claims that are found to be ineligible for match due to an audit, deferral of denial as deemed appropriate.
- Designate an employee to act as liaison with the Agency for Health Care Administration for issues related to this agreement.
- Monitor services delivery.
- Submit quarterly certification reports to the Agency for Health Care Administration.
- Submit claims to Medicaid’s fiscal agent, using the County as pay-to-provider and provider agency’s enrolled as the treating provider.

The Provider agrees to:

- Maintain Medicaid enrollment.
- Maintain appropriate Substance Abuse license as required by the Department of Children and Families.
- Have staff and programmatic capacity to provide services to Medicaid recipients.
- Adhere to all Medicaid services standards and documentation requirements, including confidentiality.
- Provide adequate supervision to staff.
- Have services authorized by a Medicaid enrolled treating provider.
- Submit claims for these services to the County and not bill Medicaid directly.
- Cooperate with County, AHCA and CMS audits and monitoring.