

PROVIDER NEWS FLASH

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SANCTION ALERT: FAILURE TO FURNISH RECORDS



Medicaid providers are required to furnish copies of records to the agency, the Attorney General, the Federal Government, and the authorized agents of each of these entities, as requested and as specified in governing regulations. For example, the Agency may request medical records from a provider for purposes of an audit or review; the failure to furnish those records as requested will result in an administrative sanction by AHCA. Another example is where certain provider types who are required to submit cost reports to the Agency either fail to submit a cost report or submit it late. In accordance with the Agency's sanction rule (Rule 59G-9.070, Florida Administrative Code), which is available electronically at www.flrules.org on the Department of State's searchable website, a provider will be sanctioned for the failure to furnish required or requested records to the Agency, or any of the other authorized entities. The sanction for a first offense is a \$2,500 fine and suspension from the Medicaid program - the fine increases if the violation continues; and if the violation continues for 30 days, the provider will be terminated. Suspension and termination preclude participation in the Medicaid program.

To access other compliance information and Fraud & Abuse, please check the Medicaid website at the link ahca.myflorida.com/Medicaid/Abuse.

FLORIDA MEDICAID ELECTRONIC HEALTH RECORD INCENTIVE PROGRAM



Are you eligible to participate?

Eligible professionals include: Physicians (not hospital based), Pediatricians, Nurse practitioners and certified midwives, dentists, and physician assistants (when practicing at Federally Qualified Health Centers and Rural Health Centers led by a physician assistant).

To qualify for an incentive payment under the Florida Medicaid EHR Incentive Program, an eligible professional must be a fully enrolled Medicaid provider and meet one of the following criteria:

- * Have a minimum 30% Medicaid patient volume (over a 90-day period).
- * Have a minimum 20% Medicaid patient volume (qualifying with a lower volume reduces the incentive payment by two-thirds of the maximum incentive payment).
- * Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals.

Please note registration begins September 2011.

For more information on how you can start the process and be a part of the Medicaid EHR Incentive program, visit www.AHCA.MyFlorida.com/MedicaidEHR. For any questions, you could send an email to MedicaidHit@AHCA.myflorida.com.



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

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

www.sfccn.org

DENTAL REIMBURSEMENT



Medicaid is pleased to announce that the Florida Legislature funded a 48.63% increase in reimbursement for dental (CDT) procedure codes provided to children ages 0 to 20. This fee increase is effective July 1, 2011.

The new Dental General Fee Schedule effective July 1 is posted at <http://portal.flmmis.com/FLPublic/Provider ProviderSupport/Provider ProviderSupport FeeSchedules/tabId/44/Default.aspx>. Should you have any question, please feel free to contact the Medicaid Area Offices.

DENTIST RECRUITMENT



SFCCN is actively recruiting dental provider to join our PSN and CMS network in Broward. If you are interested in joining our network, please

call 954-276-3131 or 954-767-5612.



SFCCN PROVIDER SATISFACTION SURVEY

The 2010-2011 SFCCN Provider Satisfaction Survey will be distributed to all the high volume PCPs in late July. Please take a moment to fill it out and fax it back to us.

WE WANT TO HEAR FROM YOU!



PROVIDER CORNER

Prescribed drug services for SFCCN enrollees can be obtained at any Medicaid participating pharmacy. Providing appropriate and timely medication management may require some additional preparation. To determine what medications are covered, the Medicaid Preferred Drug List (PDL) can be accessed at http://ahca.myflorida.com/Medicaid/Prescribed Drug/pharm_thera/fmpdl.shtml or at SFCCN website, www.sfccn.org. All Medicaid Program prior authorization requirements for pharmaceuticals are applicable to SFCCN enrollees. For a complete listing of medications that require prior authorization or to access the Pharmacy Prior Authorization form, please visit http://www.ahca.myflorida.com/Medicaid/Prescribed Drug/pharm_thera/paforms.shtml.

SPECIAL REMINDER



Do you know that you could access the most updated SFCCN Provider Directory on our website? Please visit www.sfccn.org for the provider directories, newsletters, cultural competency plan, clinical practice guidelines and other provider related information.

PARTNERSHIP WITH QUEST DIAGNOSTIC LABORATORY



SFCCN is pleased to announce Quest Diagnostics is the preferred laboratory provider for our enrollees. Quest Diagnostics is the world's leading provider of diagnostic testing, information and services. They offer industry-leading standards of quality, integrity and clinical excellence, providing the greatest level of consistency and security for your practice. The partnership will improve our HEDIS results and allows us better management of enrollees.

QUICK REMINDER TIPS IN TREATING PATIENT WITH DIABETES

- A** For the A1C Test. A minimum of a yearly HbA1c and maintenance of good glycemic control defined as a HbA1c <7%.
- B** For Blood Pressure. The goal for enrollees with diabetes is < 130/80, maintained over time. Blood pressure reading to be done at each visit.
- C** For Cholesterol. A minimum of a yearly lipid profile screening, more often if LDL is not within the goal of less than 100 mg/dl.
- D** For Diabetic Education. The goal is to increase the knowledge of diabetes, impact on all phases of life and offer lifestyle changes.
- E** For Eye Exam. The goal is to have yearly dilated eye exam done by an eye care professional for early prevention and detection of diabetic eye disease.

HOT SPOTS FOR PERFORMANCE IMPROVEMENT

- * Many of the asthma enrollees did not fill a prescription on the preferred asthma therapy medication list as defined by the National Committee for Quality Assurance (NCQA). To obtain the list of the Preferred Asthma medication, please go to <http://www.ncqa.org/tabid/1274/Default.aspx> or contact your subnetwork's QI Department.
- * Hypertensive clinical management can be a challenge for many enrollees and providers. Assisting your hypertensive enrollees to achieve target goal systolic BP < 140 and diastolic BP < 90 will decrease the risk of complications.

TOGETHER WE CAN MAKE A DIFFERENCE!