



Medicaid Therapy Services Forum Summary
December 9, 2011
9:00 a.m. – 12:00 p.m.

Better Health Care for all Floridians

Agency for Health Care Administration
2727 Mahan Drive, Building 3
Conference Room A
Tallahassee, FL 32308

Beth Kidder, Bureau Chief, Medicaid Services
Judy Taylor-Fischer, Program Administrator, Child Health Services

Facilitator
Co-Facilitator

Kathy Goltry, Program Analyst, Therapy Services
Matt Ward, Staff Assistant
Erica Floyd-Thomas, Program Analyst, Certified School-Based Services
Gail Underwood, Program Analyst, Early Intervention Services
Michael Bolin, AHC Administrator
Shevaun Harris, AHC Administrator
Stephanie Clarke, Manager QIO
Harold Walker, Program Administrator
Tracey MacDonnell, AHC Administrator

Child Health Services
Medicaid Services
Child Health Services
Child Health Services
Medicaid Services
Medicaid Services
Medicaid Services
AHCA – Medicaid Area 2
Medicaid Program Integrity

Participants:

Virginia Tochterman, United Therapy Services
Shelly Isenberg, United Therapy Services
MeMe Smith, Kids Talk PL
Amie Tishkoff, Collaborative Function
Jan Wooten, PTSGO
Patrick Ryan, eQHealth
Cheryl Collins, eQHealth
Marsha Gomez, eQHealth
Nancy Calvert, e QHealth
Kathy Reep, FHA
Kavee Schutt, OT 4 Kids
Connie Sanders, Memorial Health Care
Melissa Burns, Memorial Health Care

Hobart Wooten, PTSGO
Debora Oliveira, FLOTA
MaryAnn Bickerstaff, ARC Gateway
Teresa Harty, Leon County Schools
Alain Lopez, Bilingual Speech/Language Associates
Madeline Brown, Central Florida Clinic
Patty Helsel, Shands, University of Florida
Suzanne Questell, Shands Rehabilitation Hospital
Alisa Snow, Alliance for Pediatric Therapy
Chris Snow, Alliance for Pediatric Therapy
Larry Gonzalez, FLOTA
Courtney Swilley, Florida ARF
Carol Burch, Early Steps Florida DOH, CMS

Summary

I. Welcome and Introductions

Beth Kidder and Judy Taylor-Fischer welcomed participants to the Forum, thanked them for attending and reviewed the agenda.

II. Therapy Services Policy Clarification

- a. Handbook - The workshop for the Handbook was held on October 18. Revisions are being made to the draft and the next official step in the rule promulgation process is publication of the rule notice in the Florida Administrative Weekly. Prior to publication, the rule must be routed internally through AHCA for review. There was a question about whether another hearing will be

held regarding the Handbook and the location of the hearing. Staff explained that the rule notice would indicate that a hearing would be held if requested and would be in Tallahassee.

- b. Florida Medicaid Management Information System (FMMIS) Updates/Edits - Some providers encountered denials when submitting claims for reimbursement during the initial implementation of prior authorization. The error messages were reported to AHCA and system edits were implemented to address the inappropriate denials.

Denial codes included:

3035 - Service Date 120 days after prior authorization (PA) issued –This error indicates that the procedure was performed on dates of service after expiration of the PA. FMMIS is hardcoded with a 120 day limit for PAs for hospital providers (provider type 01). In the initial resolution eQHealth re-transmitted therapy PAs with a start date of 11/01/2011. The final resolution is to change the coding in the system to allow PAs to be issued for 180 days.

4150 - Procedure/Provider Conflict - PAs were all processed as “physical therapy” and claims denied because the procedure code on the claim did not match the therapist code on the PA. This issue was resolved on 11/02/2011.

3003 [Explanation of Benefits (EOB) 2289] - Procedure Requires Prior Authorization - Initially, eQHealth issued two PA numbers for certification periods exceeding 180 days; some providers used the PA number issued for excess days but did not include the date of service being billed. Services provided prior to 11/01/11 (no PA required) were billed with services provided 11/01/11 or thereafter (PA required). In those cases, the PA lacked sufficient units to cover the service. eQHealth re-transmitted the affected PAs with the correct number of units.

System Edit 10 in the PA (indicating duplicate claim) - This edit identified PAs for different therapy types associated with the same recipient for the same dates as potential duplicates. This was resolved by turning off the edit.

For hospital providers submitting paper claims, the paper UB-04 does not contain fields for both the MediPass and the PA number. This is not an issue for providers billing electronically. The Agency is currently working on a solution for this; a provider alert will be issued when the issue is resolved.

Providers should contact eQHealth when they encounter errors and denials and believe the error is due to an issue with the PA number. All other issues relating to denials should be addressed with the provider’s local Medicaid Area Office.

III. Provider Eligibility Resources

Information was presented on training opportunities to assist providers in determining eligibility for Medicaid. The presentation included resources available in the e-library and how to access the library as well as providing a schedule for on-line and teleconference training. Information was also presented on the AHCA Area Offices and the assistance they can provide to recipients and providers regarding covered services, managed care, billing procedures, and claims processing. A map of the areas with a phone and email listing of the area office staff was distributed to those attending.

IV. eQHealth Frequently Asked Questions

Representatives of eQHealth presented an update on the changes being made to eQSystem to improve the provider experience and reduce the amount of time necessary to enter new cases

into the system. Some fields are being deleted (“Services Performed by”) and some screens are being deleted entirely (“Equipment and Supplies”).

Other clarifications included that the end date in the plan of care should reflect the date the services are expected to end; the plan of care start date cannot be before the end date of the last certification period. The presentation can be viewed on the eQHealth website at:

<http://fl.eqhs.org/TrainingEducation/TrainingMaterials.aspx>

Submission requirements for documentation were reviewed; documents submitted electronically must be in PDF format. For fax submissions the provider can note on the fax cover sheets that all components are covered in the plan of care but cover sheets for all three components must be sent. All three can be faxed in one batch; the system just needs to know that all the required components have been sent so the case can move on for review. Providers should be sure all documentation is legible. The posted eQHealth Provider Manual will be updated to ensure all changes have been incorporated.

There were several questions regarding coordination with schools which were addressed by the AHCA Analyst for the Certified School Match Program. Providers need to work with the school districts to prevent overlap and duplication of services. They should contact the Medicaid area office for the appropriate school contact. Providers also wanted to know what to do when the school has already billed for an evaluation within the previous six months. It was noted that schools only have to evaluate every three years. When it was suggested that providers work with the school to use their evaluation to develop their plan of care, concerns were expressed that the school evaluations are too education specific. AHCA staff noted that Medicaid only reimburses for evaluations that meet medical necessity criteria, as Medicaid does not pay for educational evaluations.

In response to a question regarding the start date and physician signature on the plan of care, providers were advised that the requirement that the dates perfectly align have been relaxed. Another question concerned the effect on the authorization period when the child takes a break for holidays or vacations. In those cases the authorization remains good throughout the approved authorization period. The only exception may be a prolonged hospitalization which then may require a need to request a continued stay. In cases where a child’s eligibility is suspended for a short period, if the plan of care is still current and the child regains eligibility, the provider may resubmit the plan of care as a continued stay.

Providers noted that it was often difficult to determine if the child had already had a previous evaluation as there is no way for them to check this in FMMIS. Staff will research this issue to determine if there is a way for providers to check this. It was noted that another therapist’s evaluation can be used by co-signing the evaluation and plan of care.

Participants asked if examples of appropriate measurable goals could be presented or made available for reference. Several resources were suggested and the eQHealth representative said references would be sent out and posted on the website.

V. Wrap-up

Participants were reminded to complete the forum evaluation and to submit suggestions for future forum topics to the therapy mailbox at: Therapy_Services@ahca.myflorida.com

Thank you for attending!