



# Therapy Services Utilization Management Provider Self Training

# Utilization Management



- Utilization management is the monitoring of services to ensure recipients receive appropriate care in line with the standards set forth in the Florida Medicaid Therapy Services Coverage and Limitations Handbook.
- Different methods of utilization management include:
  - Retrospective Claims Review
  - Prior Authorization
    - ✦ Scheduled to be implemented in April 2011.
  - Prepayment Claim Review
    - ✦ We are not considering prepayment claim review at this point in time.
  - On-Site Monitoring
    - ✦ On-site monitoring will not be included at this time, but Medicaid does reserve that right.

# The Utilization Management Program



- Florida Medicaid will use a retrospective claims review for the first phase of its Utilization Management Program.
- A retrospective claims review is a review of paid claims to assess compliance with Medicaid requirements (these are all the requirements that are listed in the handbook).
- Retrospective claims review will be performed by a therapist licensed in the discipline corresponding to the type of therapy provided.

# The Utilization Management Program



- The different phases of the Utilization Management Program include:
  - Provider Selection
  - Provider Notification
  - Claims Review
  - Claims Determination
  - Follow-up

# Provider Selection



- Speech-Language Practitioners, Physical Therapists and Occupational Therapists will be randomly selected based on a stratified sample.
  - Providers will be selected by the billing provider.
  - Providers will be chosen randomly so it is possible some providers will be selected more than once, or not at all.
  - We will not request claims farther back than July 1, 2010.

# Provider Selection, continued



- The following providers will not be included in the process:
  - Home health providers
  - Inpatient hospital providers
  - Therapists whose billing is done by an outpatient hospital and requires a revenue code to bill (not the same as a procedure code)
  - HMOs
  - PSNs
  - Providers rendering services to waiver recipients
  - Respiratory therapists

# Provider Selection, Continued



- Providers who are selected will receive a notification letter.
  - The notification will be sent to the billing provider.
  - We will start sending out letters on Tuesday, November 9, 2010 and continue to do so indefinitely as the Utilization Management Program does not have an end date.


# Provider Selection, Continued



- Providers will have 10 business days from the date of the letter to mail the required documentation.
  - We will do our best to send these out in a timely manner with consideration to the date of the letter.
  - The postmarked date on the envelope may be considered as timely receipt.
  - If providers are changing locations, make sure to fill out a change of address form at your local post office.

# Required Documentation

- The letter will identify 1 to 3 recipients to be reviewed for each provider selected.
  - If a therapy group is selected, it is possible we could request recipient claims from three different treating providers.

  
**FLORIDA MEDICAID**  
A Division of the Agency for Health Care Administration  
Better Health Care for all Floridians

CHARLIE CRIST  
GOVERNOR

ELIZABETH DUDEK  
INTERIM SECRETARY

DATE

CEO  
Provider Name  
Provider Address  
City, FL Zip Code

**Re: Therapy Utilization Management Review**  
Medicaid Provider #

Dear *Name*:

The Agency for Health Care Administration will be conducting retrospective claims reviews for therapy providers to assess compliance with Medicaid policy and guidelines specified in the Therapy Services Coverage and Limitations Handbook. The provider number referenced above has been identified through random sampling for retrospective claims review. Please read the following information carefully as specific items are required by the review process.


Within ten business days from the date of this letter, please mail all records and documentation required by the Florida Medicaid Therapy Services Coverage and Limitations Handbook for dates of service between April 1, 2010 and April 30, 2010 for the following recipients:

John Smith (ID #1234567892)  
John Doe (ID #1234567890)  
Jane Doe (ID #1234567891)

The documentation should include the following:

- Claims records
- Justification of medical necessity
- Prescription
- Evaluation
- Plan of care

This documentation should adhere to the standards outlined in the Therapy Services Coverage and Limitations Handbook.



2727 Mahan Drive, MS#20  
Tallahassee, Florida 32308

Visit AHCA online at  
<http://ahca.myflorida.com>

# Required Documentation, Continued



- For each recipient, providers should mail all records and documentation required by the Therapy Services Coverage and Limitations Handbook including:
  - Claims Records
    - Providers should send in a copy of the remittance advice.
  - Justification of Medical Necessity
  - Prescription
  - Evaluation
  - Plan of Care
- When recipient records are requested, it will be for a 1 month period for each recipient.
- The letter will include a contact number that can be called if the provider requires further assistance.

# Sending the Documentation



- Providers may send documentation using one of the following methods:
  - Printed hard copies
  - Encrypted CD/DVD (AHCA personnel should be given encryption key ahead of time)
    - ✦ Contact information for AHCA personnel will be provided in the Notification Letter.
- The documentation should be sent to:

Agency for Health Care Administration  
ATTN: John Loar  
2727 Mahan Drive, Mail Stop 20  
Tallahassee, FL 32308

# Receipt of Information



- Providers will be notified if the requested information is not received within the required time frame.
- Providers who neglect to send the required documentation to AHCA can be referred to Medicaid Program Integrity for a comprehensive review.

# Florida Medicaid Therapy Provider Checklist

- Provides General Guidelines
- Optional
- Available Online

## Florida Medicaid Therapy Provider Checklist

This checklist is for educational purposes only. This checklist is a tool to assist providers and is not a required form. For official policy guidance, please refer to the Therapy Services Coverage and Limitations Handbook, Provider General Handbook, and CMS-1500 Reimbursement Handbook.

Name	
Recipient ID (10 digits)	
Chronological Age (year/month)	

### MEDICAL NECESSITY CRITERIA:

#### ARE THE SERVICES:

Necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain (2-2)*	<input checked="" type="checkbox"/>
Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs (2-2)	<input type="checkbox"/>
Consistent with generally accepted professional medical standards as determined by the Medicaid program, not experimental or investigational (2-2)	<input type="checkbox"/>
Reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide (2-2)	<input type="checkbox"/>
Furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider (2-2)	<input type="checkbox"/>

### PRESCRIPTION/EVALUATION/PLAN OF CARE/VISIT DOCUMENTATION REQUIREMENTS:

#### PHYSICIAN PRESCRIPTION

Recipient Diagnosis (2-3)	<input checked="" type="checkbox"/>
The specific type of evaluation requested or the specific type of service (2-3)	<input type="checkbox"/>
Duration and frequency of the therapy treatment period (2-3)	<input type="checkbox"/>
The physician's MediPass authorization number, if applicable (2-3)	<input type="checkbox"/>
Recipient's renewed plan of care reviewed every one to six months depending on the authorization period for which the services were approved (2-3)	<input type="checkbox"/>

#### EVALUATION

Standardized tests/professionally accepted technique (2-5)	<input checked="" type="checkbox"/>
Plan of care written based on evaluation results (2-5)	<input type="checkbox"/>
1 re-evaluation in 6 months (2-5)	<input type="checkbox"/>
Reviewed, signed and dated by the primary care provider, ARNP or PA designee, or designated physician specialist and the therapist (2-4)	<input type="checkbox"/>

#### PLAN OF CARE

Initiated, developed, submitted by licensed physical, occupational and respiratory therapists or a licensed or provisionally licensed speech-language pathologist (2-6)	<input checked="" type="checkbox"/>
All treatment services included in plan of care (2-6)	<input type="checkbox"/>

\* Numbers in parenthesis refer to the page number for this requirement in the Therapy Services Coverage and Limitations Handbook.

September 2010

# Claims Review



- The claims review process will take approximately 2 to 4 weeks.
  - This is an approximation.
  - It could take less than or more than 2 to 4 weeks.
- Reviews will be based on the information sent by the provider.
- Medicaid will review the information to determine compliance with the Therapy Services Coverage and Limitations Handbook.

# Claims Determination



- Providers will receive a claim determination letter when the review is completed.
- The letter will specify any noncompliance found during the review.
- Specific claims will be identified when determining compliance.
  - Providers will be able to match the ICN # with the claims from their records.
- AHCA will recommend that providers void noncompliant claims determined by AHCA to be an overpayment.
  - It is possible that not all noncompliant claims are determined to be overpayments.

# Amnesty Opportunity



- Providers who void claims determined to be overpayment can be granted amnesty (at AHCA's discretion) from sanctions for the specified claims.
  - Sanctions may be applied if the noncompliance is egregious.
- To receive amnesty, claims must be voided within 30 days of receiving the claim determination letter.
- Failure to void claims within 30 days is considered a waiver of the amnesty opportunity.

# Reconsideration Without Additional Documentation



- Providers who do not agree with the determination made by AHCA and do not have additional documentation, may request an additional review in writing within 30 days.
- The request for an additional review will be forwarded to Medicaid Program Integrity for a comprehensive investigation.
- Upon completion of the comprehensive investigation, providers will be notified of the overpayment determination and any sanction(s) by way of a final audit report, which will include a notice of hearing rights.
- Medicaid Program Integrity may choose to extrapolate based on a sufficient claims sample.

# Reconsideration With Additional Documentation



- Providers who discover additional information that was not included in the original packet may send a revised packet to AHCA for reconsideration.
- Reconsideration requests are subject to the same review period as initial reviews.
- A request for reconsideration does not extend the 30 day limitation on the amnesty opportunity.
  - If providers submit a reconsideration request, we recommend providers void the claims.
  - If the determination outcome changes providers can then re-bill.
  - Needless to say, providers cannot re-bill voided claims if the outcome does not change.

# Follow-Up



- Providers whose claims have been determined to be out of compliance can be selected for a follow-up review.
- Follow-up reviews will follow the same process and guidelines as the initial review.

# Additional Questions



- Please send additional questions via email to Therapy Services Utilization Management Program: [Therapy\\_Services@ahca.myflorida.com](mailto:Therapy_Services@ahca.myflorida.com).
- Questions sent to this mailbox will not be responded to directly.
- E-mails sent to the Therapy Services mailbox related to the Utilization Management Program will be added to the frequently asked questions (FAQ) list.
- The FAQ is posted on the Florida Medicaid Therapy Services Web page at: <http://ahca.myflorida.com/Medicaid/childhealthservices/therapyserv>.