



## GREAT NEWS...

**THE LEGISLATURE DID NOT APPROVE ANY FURTHER BUDGET CUTS TO THE APD BUDGET – ALL RATES AND SERVICES WILL REMAIN IN TACT FOR THE 2009-2010 BUDGET YEAR!!!!**

**ARC OF FLORIDA ANNUAL BEST PRACTICES FORUM** – Thursday, July 16, 2009 the ARC of Florida has invited all providers to attend their quarterly meeting. I am recommending that everyone attend and take advantage of this opportunity to get great information! See attached flyer for more information as well as R.S.V.P. info. **HOPE TO SEE YOU THERE – YOU WON'T BE DISAPPOINTED!**

**PCA for Children Under 21** – July 1, 2008, the Florida Legislature mandated that children under 21 enrolled in the DD Medwaiver Program have this service paid through the Medicaid State Plan. The process had been put on hold temporarily due to the backlog with the new fiscal agent, EDS. It has been brought to our attention that AHCA is now moving forward with the enrollment process.

If you currently provide PCA services to someone under 21, you should be receiving a letter from Florida Medicaid instructing you to complete the enrollment process. If you plan to continue to provide PCA services to children under 21, you **must** comply.

At this time, it is unclear exactly how the process will work but I do know that the billing and approval process will be completely different. The letter states that more information on this will be forthcoming so we will be watching out for it.

National Provider ID (NPI): All home and community based providers are exempt from the NPI requirements; however, once you complete this enrollment process, you will have a Medicaid State Plan provider number and will be required to have an NPI #. Billing under the State Plan will not be able to be done without an NPI #.

Additional information on the NPI # can be obtained from the [Florida Medicaid EDS Provider Web Portal](http://www.floridamedicaid.com/Florida_Medicaid_EDS_Provider_Web_Portal), from NPPES located at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>, or the CMS NPI web page at <http://www.cms.hhs.gov/NationalProviderStand/>.

**2009-2010 Service Authorizations** – Just a reminder to send in your new authorizations as you receive them.

## **SECOND REMINDER - WE WILL NO LONGER MAKE ANY ADJUSTMENTS TO PROVIDER INVOICES**

### **IT IS THE PROVIDER'S RESPONSIBILITY TO ENSURE THAT CORRECT INVOICES ARE SUBMITTED WITH REQUIRED INFORMATION AS OUTLINED IN THE DD WAIVER HANDBOOK.**

We have been trying to accommodate providers to ensure timely processing of invoices; however, because of liability issues, we will no longer process invoices that have incorrect or missing information including, but not limited to:

1. incorrect or missing client name
2. incorrect or missing service name
3. incorrect or missing date of service
4. incorrect or miscalculated quarter hours
5. incorrect or missing rate/totals (it is in your best interest to total up your invoice so you will know how much money you are expecting)

If we receive an invoice that is incomplete or has incorrect info on it, **YOUR INVOICE WILL NOT BE PROCESSED.** We will call you to request you submit a corrected invoice. This will ensure that what is processed matches your documentation. There have recently been issues with Delmarva and Medicaid audits and we just can't take any more chances. Our business is on the line if we process something other than what is submitted by providers.

Please note that there are specific requirements that need to be included on an invoice per the DD Handbook. If information other than what is noted above is missing, we can still process the invoice because we have the information in our system; however, providers will still be cited for not having the required information on the invoice.

If you are unsure of exactly what information is required on an invoice, review your DD Handbook under "documentation requirements" for the service you render.

**PLEASE REMEMBER providers should be reviewing the remittance voucher to ensure that the claims were processed correctly and in full. If there are any discrepancies, contact us immediately rather than waiting for the error to be discovered in an audit.**

**If you are unsure how to pull your voucher and think your payment was not accurate, just give us a call. We can pull your voucher and research the issue.**

### **Do We Have Your Current Contact Info?**

Please make sure we have your current contact info. We need to have current phone numbers to contact you if there are problems with your billing. If we leave you a message about your billing, please listen to your message before calling us back. Sometimes our calls don't warrant a return call but if they do, if you know what you are calling us back about, it makes it easier for someone to assist you since the person that actually called you may not be the one answering your return phone call.

Email addresses are especially helpful because we communicate a lot of important info throughout the month via email. ***If you are not receiving at least one email per month from us, we do not have your correct email address.***

### **Regular Office Hours**

Monday-Thursday 8:30-4:30 pm / Friday 8:30-11:00 am

**Office will be closed Monday, May 25 for Memorial Day**



**Take a moment on Memorial Day to pray for the men and women that have lost their lives fighting for our country and the ones that are still fighting for our freedom.**

**We would like to thank all providers for your continued business.**