MIAMI CHILDREN'S
HEALTH PLAN℠
Florida's Family Health Plan

Provider Orientation

Who We Are

Nicklaus Children's Health System

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Provider Service Network (PSN)

Clinical Support

- High quality patient data and practical, actionable, physician reports and analytics
- Local care managers and clinical performance improvement expert support

Service Focused

- Timely and accurate claims payment
- Clear and efficient credentialing
- Local physician creation of policies and prior authorization guidelines

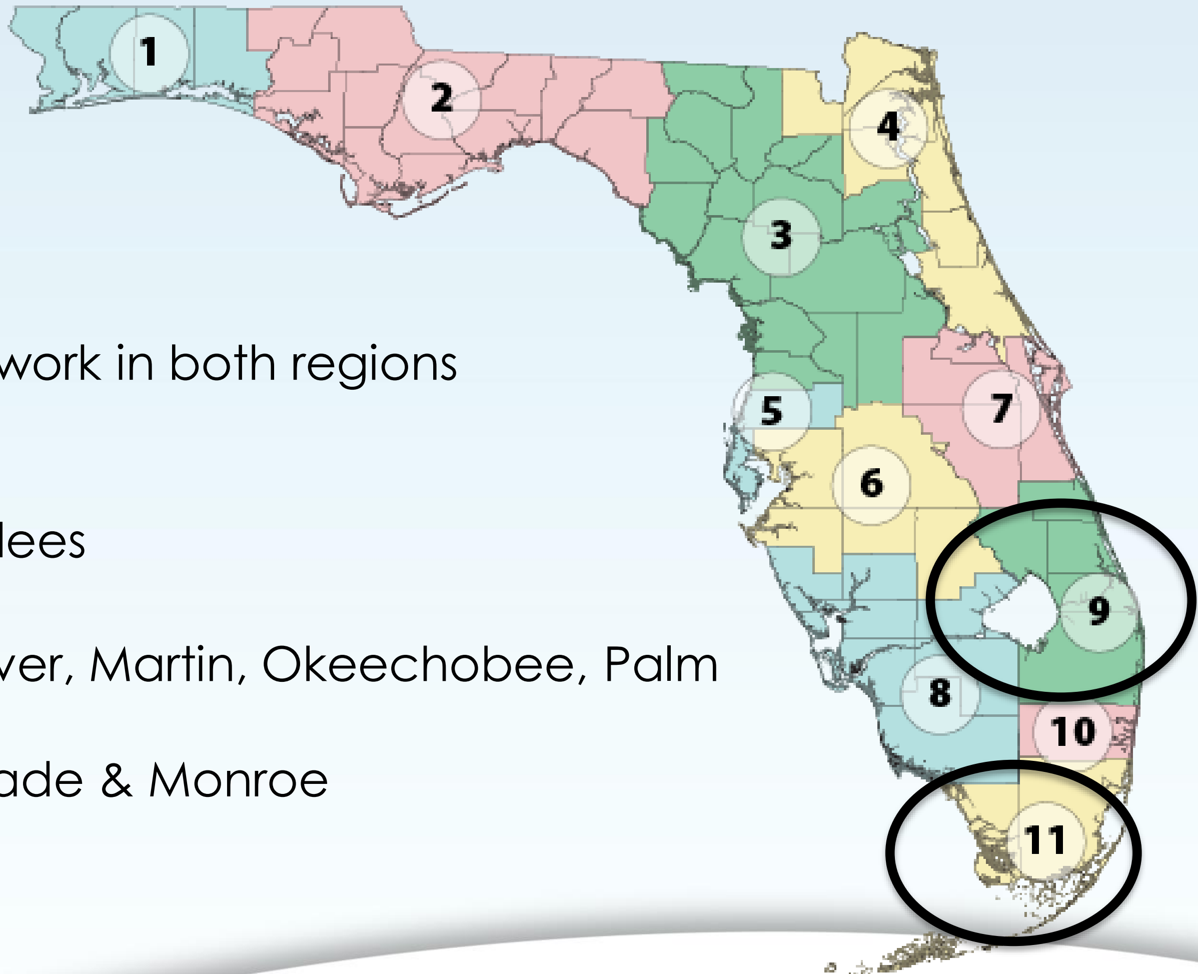
Local Decision Making

- Local physician engagement in clinical decisions customized to community and patient needs

Flexible Contracting Models

- Innovative reimbursement and incentive redesign developed with local physician input
- Insightful and trustworthy information to manage performance

Plan Overview



MMA plan
Robust provider network in both regions

Adults & children
Dually-eligible enrollees

Region 9 – Indian River, Martin, Okeechobee, Palm Beach & St. Lucie
Region 11- Miami Dade & Monroe

Go Live 12/1/2018

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Implementation Goals

- Continuity of Care
- Sufficient and accurate provider networks
- Prompt and accurate payments to providers
- Provide quality healthcare to Florida Medicaid enrollees

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Continuity of Care (COC)

- Providers should continue to provide care during the transition period- 60 days after the implementation date
- No disruption of care for enrollees
- Providers should bill claims to the health plan to which the MMA enrollee is assigned
- MCHP will cover the continued course of treatment without authorization and without regard to participation status during the transition period
- For non-participating providers, MCHP will pay claims at the rate previously paid by the enrollee's prior health plan for the first 30 days
- Care may continue after the transition period with prior authorization.

Region	Implementation Date	Transition Period End Date
9	12/1/2018	1/31/2019
11	12/1/2018	1/31/2019

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Covered Services

- Alternative birthing center services;
- Ambulatory surgical center services;
- Durable medical equipment (DME), including prosthetic and orthotic devices and disposal medical supplies;
- Early Intervention Services
- EPSDT screening and special services;
- End stage renal dialysis services;
- Family planning clinic services in accordance with federal, state, and case law;
- Home health services;
- Hospice services;
- Independent laboratory services;
- Inpatient hospital services;
- Intensive case management;
- Medical detoxification;
- Medical Foster Care Services
- Medical services, including those provided by physicians, advanced practice registered nurses, physicians assistants, and FQHCs/ primary care centers and rural health clinics;
- Nursing Facility Services
- Organ transplant services not considered investigational by the FDA;
- Other laboratory and x-ray services;
- Outpatient hospital services;
- Pharmacy;
- Podiatry services;
- Preventive health services, including those currently provided in public health departments, FQHCs/primary care centers, and rural health clinics;
- Specialized Case Management Services for Enrollees with Complex, Chronic Illnesses (includes adult and child targeted case management);
- Targeted Case Management;
- Transportation to covered services, including emergency and nonemergency ambulance and other stretcher services; and
- Urgent and emergency care services.

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Translation Services

Interpreter services are available at no cost, when necessary to access covered services, including:

- Verbal translation
- Sign language for the hearing impaired

Providers should assist in the coordination of interpreter services for enrollees by contacting Customer Service at 844-243-5187.

Transportation

MCHP offers its enrollees access to non-emergency transportation through One Call.

To make an appointment for a transportation service, please contact One Call between the hours of 8:00am-8:30pm and 24 hours/7 days per week for urgent trip needs.

Telephone: 877-340-9491

Fax: 844-418-0531

Email: RideRequest@onecallcm.com

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Case Management

Case Management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost-effective outcomes.

Enrollees who may benefit from case management are those with ongoing complex medical needs or those at risk for an avoidable adverse outcome/event.

Providers, as well as enrollees and other interested parties, may request case management services. Providers may contact the Rapid Response department at 844-243-5187 from 8 a.m. to 7 p.m. EST to make a case management referral or by completing the Care Coordination Request Form available online at www.miamichildrenshealthplan.com.

If you would like to speak with the case manager once he or she is assigned, notify the Rapid Response coordinator when you make a case management request. Participation in Case Management is voluntary, and the enrollee has the right to decline any or all parts of the program.

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Targeted Case Management

MCHP follows the Agency's Targeted Case Management Coverage Policy, Fee Schedule and service maximums for children enrolled in the Early Steps Program or receiving medical foster care.

Targeted case management services (TCM) include:

- Conducting an assessment of the recipient's medical, social, and functional status and identifying the recipient's service needs;
- Working with the recipient and his natural support system to develop, promote, and coordinate the service plan;
- Referring, coordinating or arranging for service delivery from the individual's chosen provider(s) to ensure access to services;
- Reviewing and reassessing the individual's functional status and service needs;
- Following up to determine that the recipient's planned services have been received and are effective in meeting the recipient's needs;
- Monitoring to ensure access to quality and the delivery of services identified in the plan of care;
- Preparing and maintaining case record documentation to include service plans, forms, reports, narratives, and other documents, as appropriate in assisting with access to care; and
- Explaining to the recipient information regarding the importance of following prescribed treatment or helping with understanding the condition and how to cope with the condition

No authorization required for participating, or non participating providers for TCM

TCM providers may file claims using MCHP's standard claims submission process outlined in this document and in the Provider Handbook posted on MCHP's website

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Early Intervention Services

MCHP follows the Agency's Early Intervention Services Coverage Policy, Fee Schedule and service maximums:

- Up to three screenings per year, per recipient, to identify the presence of a developmental disability
- One initial evaluation (maximum of eight units) per lifetime, per recipient when conducted by a multidisciplinary team
- Up to three follow-up evaluations (maximum of 24 units) per year, per recipient
- Up to two individual or EIS sessions per week (maximum of four units per day) per recipient that includes the following:
    - Supporting family or caregiver in learning new strategies to enhance a recipient's development and participation in the natural activities and routines of everyday life
    - Training parents to implement intervention strategies to minimize potential adverse effects and maximize healthy development
    - Group sessions must include two or more recipients
- No authorization required for participating, or non participating providers for EIS

MCHP may cover additional services and supports identified during an evaluation through a different service benefit

- Additional covered services may require authorization as defined in MCHP's Prior Authorization guidelines

EIS providers may file claims using MCHP's standard claims submission process outlined in this document and in the Provider Handbook posted on MCHP's website

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Medical Foster Care Services

MCHP follows the Agency's Medical Foster Care Services Coverage Policy, Fee Schedule and service maximums:

- 365/366 days of MFC services per year, per recipient, in accordance with the applicable Florida Medicaid fee schedule, or as specified in this policy, including the following:
  - Assisting with ADLs and IADLs
  - Coordination of care:
  - Arranging for the provision of primary medical care and support services needed to safely maintain the recipient in a community-based setting (e.g., durable medical equipment and supplies)
  - Ensuring access to, and coordination with, an accredited educational program for each recipient that complies with the requirements of the Florida Board of Education
  - Facilitating opportunities for the recipient to participate in a range of age-appropriate indoor and outdoor recreational and leisure activities, including activities for nights and weekends based on group and individual interests and developmental needs
  - Scheduling medical appointments
  - Health care management and monitoring
  - Medication monitoring and administration
  - Monitoring vital signs
  - Participating in and coordinating all educational activities for the recipient
  - Providing transportation to all scheduled appointments and activities
  - Provision of skilled interventions to the extent the services are medically necessary and the MFC provider has the requisite training to perform the necessary task
  - Leave Days – up to 15 days during a 90n day period for hospitalization or therapeutic visits

- No authorization required for participating or non participating providers for medical foster care services
- MCHP will cover up to 30 days of MFC provided by a substitute MFC provider per year, per recipient

Medical Foster Care providers may file claims using MCHP's standard claims submission process outlined in this document and in the Provider Handbook posted on MCHP's website

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Disease Management

The Health and Disease Management department offers many programs that assist providers and enrollees in the management of the enrollees' care, including programs relating to:

- Chronic Respiratory Disease Management (including asthma and COPD)
- Congestive Heart Failure (CHF) Disease Management
- Diabetes Disease Management
- Early and Periodic, Screening, Diagnosis and Treatment (EPSDT)
- Mommy Steps Perinatal Program
- Obesity

The Health and Disease Management department is available from 8:00 a.m. to 5:00 p.m. EST Monday through Friday.

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Expanded Benefits

Services	Description	Coverage	Prior Authorization
No Copayments	Enrollees do not need to make copayments	No copayments applied to any covered service	N
Chiropractic	Chiropractic manipulation therapy for the treatment of chronic pain	4 established patient visits per year, in addition to the state benefit of 24	N
Home Delivered Meals: Post-Facility Discharge (Hospital or Nursing Facility)	Up to ten (10) meals following an enrollee's discharge from a hospital or nursing facility.	Benefit is limited to four hospital/nursing facility admissions per year.	Y
Meals: Non-emergency Transportation Day Trips	$100 per day for up to 21 days for enrollees and their families. Includes up to two (2) meals per day	This benefit is covered only if traveling greater than 100 miles from enrollee's home	Y
Adult Vaccine – Influenza	Based on CDC ACIP guidelines for ages 21 and over.	One per person, per year, for everyone over 21 except for specific contraindications.	N
Adult Vaccine – Shingles (Varicella – Zoster)	Based on CDC ACIP guidelines for ages 21 and over (2 doses, 2-6 months apart.)	Max total 2 per member lifetime	Yes, for enrollees ages 18-49 No, for all others
Adult Vaccine – Pneumonia (Pneumococcal)	Based on CDC ACIP guidelines for age 21 and over	1 vaccine and 1 booster per member lifetime	N
Computerized Cognitive Behavioral Analysis	Health and behavior assessment, re-assessment and intervention.	Unlimited	Y

Expanded Benefits

Services	Description	Coverage	Prior Authorization
Over-the-Counter Benefit	Cold and allergy medications; vitamins and supplements; ophthalmic & optic preparations; pain relievers; gastrointestinal products; first aid care; hygiene products; insect repellant (deet and non-deet); oral hygiene products	$25 per household per month.	N
Adult Primary Care Services	Visits for primary care in a doctor's office, clinic or urgent care	Unlimited	N
Adult Hearing Services	• Assessment • Hearing Aid Monaural In Ear • Other Hearing Aids, Fitting/ Checking, Dispensing Fee, Hearing Evaluation	• 1 per every 2 years • 1 per year • 1 per every 2 years	No, for hearing assessments Yes, for hearing aids
Adult Vision Services	• Contact lenses, • Frames, Eye Exam	• 6 months' supply with prescription • 1 per year	N
Prenatal Services	• Hospital Grade Breast Pump rental • Breast Pump rental • Antepartum Management • Postpartum Care	• Max of one per year • 1 per 2 years • 4 additional antepartum visits (14 visits total) for low-risk pregnancies • 4 additional antepartum visits (18 visits total) for high-risk pregnancies • 1 additional postpartum visit (3 visits total) within 90 days following delivery	Prior authorization is required for Hospital Grade Breast Pump Prior authorization re quired for Breast Pump rental

Expanded Benefits

Services	Description	Coverage	Prior Authorization
Adult Respiratory Therapy	• Initial Evaluation / Re-Evaluation • Therapy Visits	• 1 per year • 1 per day	Y
Adult Speech Therapy	• Initial Evaluation / Re-Evaluation, Evaluation of oral and Pharyngeal swallowing function • Therapy visits • AAC fitting, adjustment and training visit	• 1 per year • Up to 7 therapy treatment units per week • Up to four 30-minute AAC fitting, adjustment, and training sessions/ year	Y
Adult Physical and Occupational Therapy	• Initial Evaluation / Re-Evaluation • Therapy Visits	• 1 per year • Up to 7 treatment units per week	Y
Newborn Circumcision	Circumcision	• Max age 28 days • 1 per lifetime	N in office setting Y, in facility setting

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Immunizations

Vaccines for Children Program (VFC)

- Covers enrollees from birth to age 18
- Providers must participate in the VFC Program
- Providers must maintain adequate vaccine supplies

MMA Plan

- Covers the cost of the administration only for enrollees eligible for VFC
- Cover the cost of the vaccine and the administration for enrollees age 19-20
- Providers must bill for both the vaccine and the administration for all enrollees

Expanded Benefits

- Pneumonia (Pneumococcal), Shingles (Varicella – Zoster), and Influenza are covered for MCHP enrollees 21 and over.
    - Pneumonia is covered as a core service for enrollees birth through age 20

Preferred Drug List (PDL)

MCHP must adopt the AHCA Medicaid PDL and provide coverage for all drugs and dosage forms listed therein.

Refer to the PDL document for the most current list of preferred drugs:

http://ahca.myflorida.com/medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml.

MCHP will not reimburse for prescriptions for early refills, duplicate therapy, or excessively high dosages for enrollees.

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Preferred Drug List (PDL)

Prior Authorization (PA) is necessary for some medications to establish medical necessity, and to ensure eligibility for coverage per State and/or Federal regulations. This may be due to specific Food and Drug Administration (FDA) indications, the potential for misuse or overuse, safety limitations, or cost- benefit justifications.

PA is required for medications that are:

- Outside the recommended age, dose, or gender limits;
- Drugs not listed on the PDL;
- Drugs listed on the PDL but still require Prior Authorization;
- Brand name drugs when a generic exists;
- Duplication in therapy (i.e. another drug currently used within the same class);
- New to the market and not yet reviewed by AHCA's P&T Committee
- Prescribed for off-label use or outside of certain diseases or specialties; or
- Most self-injectable and infusion medications (including chemotherapy).

Providers may request an exception to Miami Children's PDL either verbally or in writing. To submit an oral request, call 844-243-5187 to speak with a pharmacy specialist

For written requests, providers should fax the complete the MCHP Universal PA Form available on our website to the pharmacy fax number 866-265-5511:
https://www.miamichildrenshealthplan.com/providers/Forms-Claims-Information.aspx

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Provider Handbook

The Provider Handbook explains the policies, procedures and requirements of delivering healthcare services to MCHP enrollees including your responsibilities as a participating provider. It is a guide to answer questions about enrollee benefits, claim submissions, and many other issues.

The Provider Handbook is available online at: www.miamichildrenshealthplan.com.

Providers may request printed copies of the Provider Handbook, at no cost, by contacting Provider Services at 844-243-5188.

Updates to this Provider Handbook will be posted on Miami Children's website on a periodic basis.

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Provider Directory

MCHP providers may access a copy of the Provider Directory online at:

www.miamichildrenshealthplan.com

Providers may request a printed copy of the Provider Directory by contacting Provider Services at 844-243-5188.

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PCP Responsibilities

- Maintaining continuity of the enrollee's health care;
- Exercising primary responsibilities for arranging and coordinating the delivery of medically-necessary health care services to enrollees;
- Making referrals for specialty care and other medically necessary services, both in and out of network, if such services are not available within Miami Children's network;
- Maintaining a current medical record for the enrollee, including documentation of all PCP and specialty care services, including periodic preventive and well-care services, and providing appropriate and timely reminders to enrollees when services are due;
- Discussing Advance Medical Directives with all enrollees as appropriate.
- Providing primary and preventative care, recommending or arranging for all necessary preventive health care, and adhering to the EPSDT periodicity schedule and the Vaccines For Children (VFC) immunization schedule for each Miami Children's enrollee younger than twenty-one (21) years of age. Documenting all care rendered in a complete and accurate medical record that meets AHCA specifications;
- Screening and evaluation procedures for the detection and treatment of, or referral for, any known or suspected behavioral health problems;
- Arranging and referring enrollees when clinically appropriate to behavioral health providers;
- Providing periodic physical examinations as outlined in the Preventive Health Guidelines;
- Providing routine injections and immunizations;
- Providing or arranging 24-hours a day, seven days a week access to medical care.
- Arranging and/or providing necessary inpatient medical care at participating hospitals; and
- Providing health education and information.

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PCP Assignment, Changes, and Dismissals

PCP Assignment

Enrollees have the right to choose their PCP. If an enrollee or his/her designated representative does not choose a PCP, one will be assigned using the following considerations:

- Reasonable proximity to the enrollee's home
- Enrollee's last PCP, if known
- Enrollee's covered family members, in an effort to keep family together
- Enrollee's age

PCP Changes

Enrollee's may change their PCP at any time with the change being effective no later than the beginning of the month after the request for the change.

PCP Dismissals

PCPs are encouraged to counsel enrollees prior to dismissal from the practice and allow sufficient time for the conduct to improve.

If the dismissal is necessary, PCPs must immediately notify both the enrollee and MCHP of the dismissal and continue treating the enrollee for a minimum of 60 days following the notification for non-complaint enrollees, and 30 days (emergency care only) for disruptive and disorderly enrollees.

Timely Access Standards

Providers must adhere to the following appointment scheduling standards to assure timely access to medical care as required AHCA.

Appointment Type	Standard
Primary Care Appointment	30 days
Urgent Medical Appointment	48 hours (96 hours if service requires authorization)
Ancillary Appointment	14 days
Specialist Non Urgent Appointment	60 days

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Enrollee Identification Card

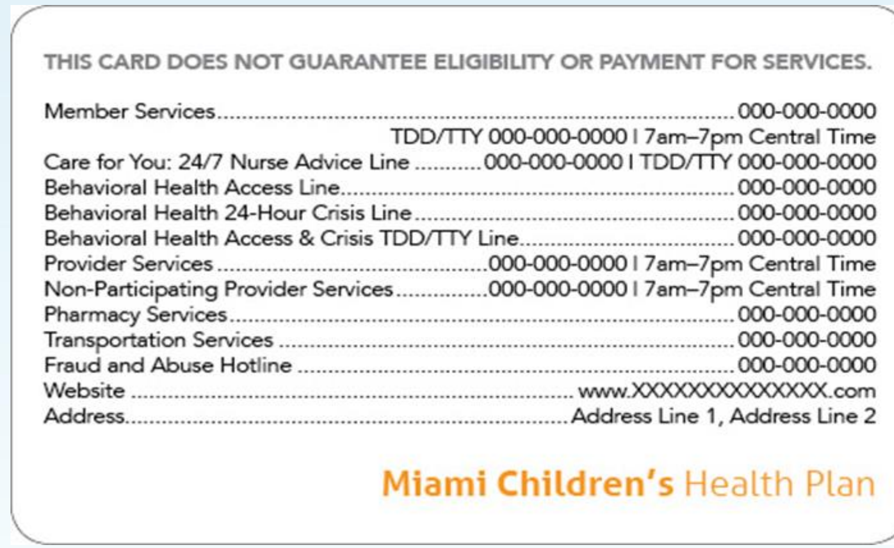
MCHP issues an identification card for each enrollee. Enrollees are advised to keep their ID card with them at all times.

Miami Children's Health Plan

NAME
SMITH, JANE M

FL MEDICAID ID#	MCHP HEALTH ID#		DOB
0012345678	987654321		01/10/70
GENDER	PRIMARY CARE PROVIDER (PCP)		PCP PHONE #
FEMALE	J. SMITH, MD		5025559090
MEMBER SINCE	RXBIN	RCPCN	RXGROUP
00/00	004336	ADV	RX6420

DO NOT LET OTHERS USE THIS CARD



THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.

Member Services.......000-000-0000
TDD/TTY 000-000-0000 I 7am–7pm Central Time
Care for You: 24/7 Nurse Advice Line.......000-000-0000 I TDD/TTY 000-000-0000
Behavioral Health Access Line.......000-000-0000
Behavioral Health 24-Hour Crisis Line.......000-000-0000
Behavioral Health Access & Crisis TDD/TTY Line.......000-000-0000
Provider Services.......000-000-0000 I 7am–7pm Central Time
Non-Participating Provider Services.......000-000-0000 I 7am–7pm Central Time
Pharmacy Services.......000-000-0000
Transportation Services.......000-000-0000
Fraud and Abuse Hotline.......000-000-0000
Website.......www.XXXXXXXXXXXXX.com
Address.......Address Line 1, Address Line 2

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ID cards contain the following information:

- Enrollee's name and date of birth
- PCP group name and telephone number
- Miami Children's identification number
- Miami Children's contact information
- Claims filing address

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Verifying Enrollee Eligibility

Participating providers are responsible for verifying enrollee eligibility before providing services as eligibility may vary per month.

Providers may verify eligibility using the following methods:

- Online at www.miamchildrenshealthplan.com
- Customer Service at 844-243-5187

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Enrollees' Rights and Responsibilities

The rights of our enrollees include, without limitation, the right to:

- Receive information on available treatment options and alternatives, in a manner appropriate to the enrollee's condition and ability to understand;
- Be treated with courtesy and respect, with appreciation of his or her dignity, and with protection of privacy;
- Receive a prompt and reasonable response to questions and requests;
- Know who is providing medical services and who is responsible for his or her care;
- Know what patient support services are available, including if an interpreter is available if the patient does not speak English;
- Know what rules and regulations apply to his or her conduct;
- Be given, by the health care provider, information such as diagnosis, planned course of treatment, alternatives, risks, and prognosis;
- To participate in the decision-making process about their health care;
- Discuss medically necessary treatment options regardless of cost or insurance coverage;
- Refuse any treatment, except as otherwise provided by law;
- Be given full information and necessary counseling on the availability of known financial resources for care;
- Receive, prior to treatment, a reasonable estimate of charges for medical care;
- Receive a copy of an understandable itemized bill and, if requested, to have the charges explained;
- Receive medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment;
- Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment;
- Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such research;
- Express complaints or file an appeal regarding the care received or the health plan services;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion; and
- Request and receive a copy of his or her medical records, and request that they be amended or corrected. Right to make recommendations regarding the Enrollee Rights policy.

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Enrollees’ Rights and Responsibilities

The responsibilities of Miami Children’s enrollees include the responsibility to:

- Give the health care provider accurate information about present complaints, past illnesses, hospitalizations, medications, and any other information about his or her health;
- Participate in developing a mutually agreed upon treatment goals, to the degree possible;
- Report unexpected changes in his or her condition to the health care provider;
- Report to the health care provider whether he or she understands a planned course of action and what is expected of him or her;
- Follow the treatment plan recommended by the health care provider;
- Keep appointments and, when unable to do so, notify the health care provider or facility;
- His or her actions if treatment is refused or if the patient does not follow the health care provider’s instructions;
- Ensure financial responsibilities are carried out; and
- Follow health care facility conduct rules and regulations.

Prior Authorization (PA) Guide

The Prior Authorization (PA) Guides including specialty drugs are available on our website, at:
https://www.miamichildrenshealthplan.com/Providers/Prior-Authorization.aspx

Providers can request prior authorizations for enrollees via Web Portal or fax using the MCHP Universal PA Form available on our website at:
https://www.miamichildrenshealthplan.com/providers/Forms-Claims-Information.aspx

Failure to submit a request for authorization may result in a claim denial.

Department	Phone Number	Fax Number
Initial Inpatient /Concurrent Review	844-243-5188	888-501-6256
Outpatient	844-243-5188	888-518-5333
Pharmacy	844-716-5413	866-265-5511
Home Health /DME/Home Infusion	888-481-0505	888-481-0606

Referrals

PCP referrals to specialists are required for most specialty care providers except those listed below:

- Ob-Gyn
- Behavioral Health
- Dermatology
- Podiatry
- Chiropractor
- Ophthalmology
- Optometry
- Speech, Physical and Occupational Therapists

Why are referrals important?

✓ Supports coordination of care between PCP and specialist
✓ Promotes the right care at the right time
✓ Ensures enrollees receive preventive, primary care services, not just specialty care

A referral may be issued using a form of the provider's choosing (EMR referral form, prescription referral a.k.a "script") or MCHP's referral form, located on our website at: https://www.miamichildrenshealthplan.com/providers/Forms-Claims-Information.aspx

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Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

EPSDT is a federally mandated Medicaid program developed to ensure that the Medicaid population younger than the age of 21 is monitored for preventable and treatable conditions which, if undetected, could result in serious medical conditions and/or costly medical care.

MCHP must track the progress of all enrollees younger than the age of 21 and perform outreach as needed to encourage enrollees to obtain EPSDT health screens according to the AAP Guidelines for screening intervals.

Once a condition is detected, treatment may be considered under EPSDT Special/Expanded Services if it is not a current covered benefit under Medicaid, if medical necessity is proven.

PCPs who see children younger than the age of twenty-one (21) are required to conduct EPSDT screenings and complete all EPSDT billing requirements.

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Pregnancy Notification

Providers must complete the Pregnancy Notification Form for any enrollee that is identified as pregnant within five (5) business days of the initial prenatal visit (or determination of Miami Children's enrollee eligibility, whichever is later) and submit it to the Pregnancy Care Program via fax or via secure email to:

Pregnancy Care Program Fax: 1-866-601-3871

Pregnancy Care Program Email:
PregnancyCareProgram@miamichildrenshealthplan.com

The form serves as initial notification of an enrollee's pregnancy to MCHP. Prompt submission from the provider allows us to enroll our enrollees in the Pregnancy Care Program as early as possible.

It is the responsibility of the provider to confirm receipt of the Pregnancy Notification Form by the Pregnancy Care Program if the provider assumes care of the enrollee from another provider.

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Claims

MCHP encourages all providers to submit claims electronically.

For those interested in electronic claim filing, contact your EDI software vendor or the Change Healthcare (formerly Emdeon) Provider Support Line at (800) 845-6592 to arrange transmission.

Miami Children's Electronic Payer ID: 82832

For paper claims, please submit to MCHP at the following address:

Miami Children's Health Plan
PO BOX 211241
Eagan, MN 55121

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Corrected Claims

Corrected claims can be sent electronically or via paper to:

Miami Children's Health Plan
PO BOX 211241
Eagan, MN 55121

All corrected claims should have the corrected claim indicator (7) on the claim and the original claim number that you are correcting.

Claims originally denied for missing/invalid information for inappropriate coding should be submitted as corrected claims.

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Balance Billing

As a MCHP participating provider, your office is responsible for verifying eligibility and obtaining approval for services that require authorization (refer to the PA Guide).

Participating providers shall accept MCHP's payments as payment in full for covered services. Providers may not balance bill the enrollee for any covered benefit.

If a denied claim occurs, provider shall look solely to MCHP for compensation for services rendered.

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Timely Filing Requirements

Claims must be submitted to Miami Children's within 180 calendar days from the date of service or date of discharge (inpatient) or the timeframe specified in the provider agreement for services rendered or compensable items provided.

Resubmission of previously processed claims with corrections and/or requests for adjustments must be submitted within ninety (90) days of notification of payment/denial.

Claims originally rejected for missing or invalid data elements must be corrected and resubmitted within 180 of the date of service or the timeframe identified in the provider agreement.

Rejected claims are not registered as received in the claims processing system.

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Medicaid Physician Incentive Program (MPIP)

- MCHP will implement AHCA's AP MPIP Program
- MPIP payments will begin on 12/1/2018
- MCHP will utilize AHCA's Qualified Provider List to ensure continued MPIP payments to qualified providers
- For additional information about MPIP, including qualification requirements, visit our website www.miamichildrenshealthplan.com/Providers/Medicaid-Physician-Incentive-Program-(MPIP).aspx

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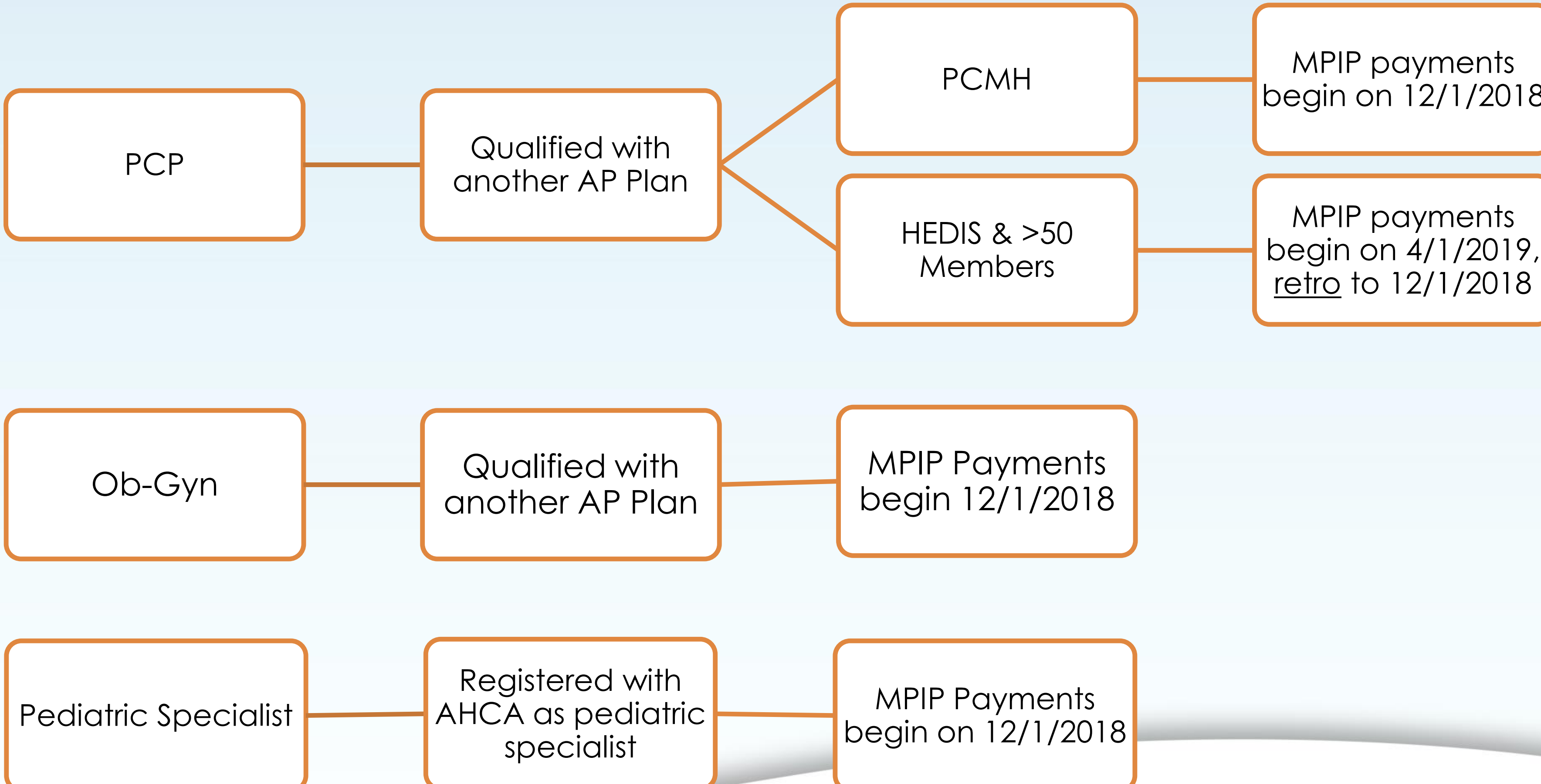
MPIP Implementation



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Electronic Funds Transfer (EFT)

MCHP has partnered with InstaMed to deliver claim payments via electronic remittance advice (ERA) and electronic funds transfer (EFT).

The below information is needed for Online Registration includes:

- Tax ID
- Email Address
- Legal Business Name
- Business Address/Phone
- Principal Name (primary decision maker)
- Billing NPI Number
- Bank Name
- Bank Routing Number

To register for InstaMed Payer Payments,visit www.instamed.com/eraeft.

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Complaints & Disputes

Providers have the right to file a dispute regarding policies, procedures, including claims/billing disputes, and service authorizations.

Providers may file a complaint by contacting Provider Services at 844-243-5188 or by mail at:

Miami Children's Health Plan
5775 Blue Lagoon Drive
Suite 230
Miami, FL 33126

Type of Appeal	Timing of Appeal	Response Time
Non-Claims Issues	Must be submitted within forty-five (45) calendar days from the date the issue occurred	Providers will be notified within three (3) business days of receipt verbally or in writing that the complaint has been received and the expected date of resolution. Complaints will be resolved within ninety (90) days of receipt.
Claims Payment Issues	Must be submitted within ninety (90) calendar days of the date of final determination of the primary payer.	Providers will be notified within three (3) business days of receipt verbally or in writing that the complaint has been received and the expected date of resolution. Complaints will be resolved within sixty (60) days of receipt of a claim complaint.

Web Portal Tools

Enrollee Eligibility
- Verify effective dates
- Verify enrollee demographics

Authorizations
- Request authorizations
- Check status of authorizations

Authorizations available through Identifi Practice

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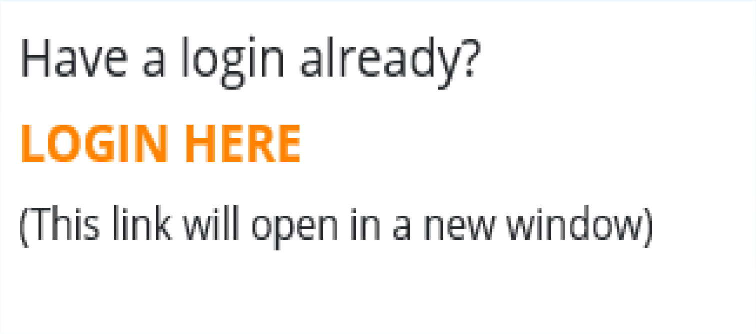
Web Portal

To Register for the Provider Portal

1. Go to the MCHP Website at https://www.miamichildrenshealthplan.com/providers.aspx

2. Provider Portal Login

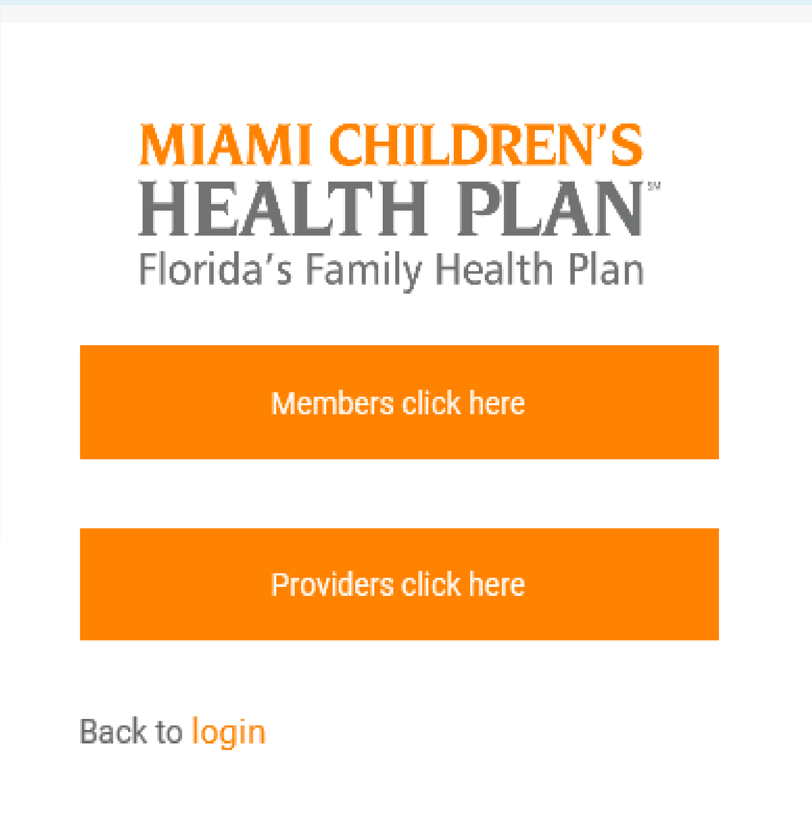
3. Login in Here



4. Click Here to Register

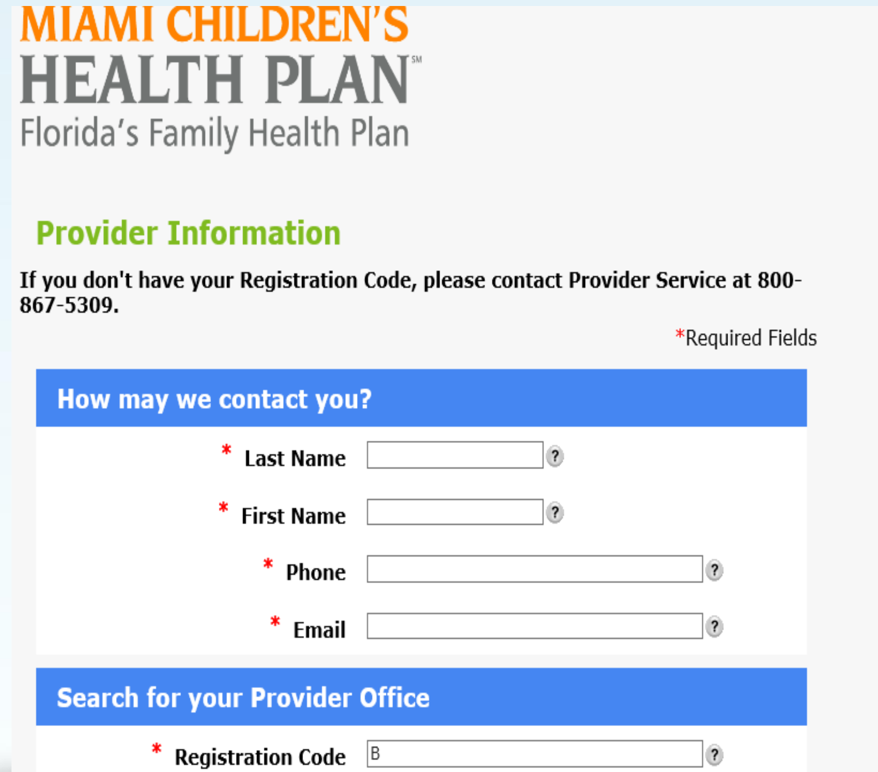
Web Portal

5. Providers Click Here



6. Complete Provider Information

Note: Registration code is required.



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Fraud, Waste, and Abuse

Providers are required to cooperate with the investigation of suspected fraud and abuse. MCHP is committed to working with federal and state regulatory and law enforcement agencies to help prevent and detect fraud, and to recover funds paid for fraudulent claims.

Fraud means an intentional deception or misrepresentation made by a health care provider or a Medicaid recipient with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under federal or state law related to Medicaid. (42 CFR §§ 455.2)

Abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program. (42 CFR §§ 455.2)

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Fraud, Waste, and Abuse

Examples of Fraud, Waste, and Abuse

- Billing for items and services that the patient no longer needs or wasn't provided
- Concealing ownership or associations in a related company,
- Paying a "kickback" in exchange for a referral for medical services or equipment,
- Billing more than once for the same service,
- Using false credentials such as diplomas, licenses or certifications
- Balance billing enrollees
- Use of a medical identification card by someone other than the person identified on the card
- Participating in schemes that involve collusion between a provider and a member, such as diverting controlled substance medications for street sales

Reporting Fraud, Waste, and Abuse

If you suspect fraud or abuse by a Miami Children's enrollee or provider, it is your responsibility to immediately report this by calling one of the telephone numbers listed below:

- Miami Children's Compliance Hotline: 800-611-5406, Code: MCHP
- Medicaid Fraud Hotline: 888-419-3456
- Miami Children's Compliance Fax : 786-539-0232
- Miami Children's Compliance Email Address: www.mycompliancereport.com Code: MCHP

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Suspected Child or Adult Abuse or Neglect

Cases of suspected child or adult abuse or neglect might be uncovered during examinations.

Child abuse is the infliction of injury, sexual abuse, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury.

To report suspected abuse, neglect, or exploitation of children or vulnerable adults, Providers should call the Florida Abuse Hotline at 1-800-96-ABUSE (1-800-962-2873) (TDD 1-800-453-5145) twenty-four (24) hours a day, seven (7) days a week. If a provider sees a child or vulnerable adult in immediate danger, he/she should call 911.

Human Trafficking is defined as the transporting, soliciting, recruiting, harboring, providing, or obtaining another person for transport for the purposes of forced labor, domestic servitude, or sexual exploitation using force, fraud and/or coercion.

If you believe you have identified a victim of Human Trafficking or suspect an adult is a victim of human trafficking, please visit the National Human Trafficking Resource Center, or call 1-888-373-7888.

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Outreach and Marketing

Providers ***may***:

- ✓ Announce new or continuing affiliations through general advertising (e.g., radio, television, websites).
- ✓ Make new affiliation announcements within the first thirty (30) days of the new provider agreement.
- ✓ Make one announcement to enrollees of a new affiliation that names only the Managed Care Plan when such announcement is conveyed through direct mail, email, or phone.
- ✓ Additional direct mail and/or email communications from providers to their enrollees regarding affiliations must include a list of all Managed Care Plans with which the provider has agreements.

Providers ***may not***:

- ✗ Offer marketing/appointment forms.
- ✗ Make phone calls or direct, urge, or attempt to persuade potential enrollees to enroll in the Managed Care Plan based on financial or any other interests of the provider.
- ✗ Mail marketing materials on behalf of the Managed Care Plan
- ✗ Offer anything of value to persuade potential enrollees to select them as their provider or to enroll in a particular Managed Care Plan.
- ✗ Accept compensation directly or indirectly from the Managed Care Plan for marketing activities.

Subcontractors

Service	Provider	Telephone	Hours
Behavioral Health	Beacon Health Options	888-710-2313 (toll free) 711 TTY 800-370-1116 (fax)	24 hours/7 days/week www.beaconhealthoptions.com (website)
Nurse Advice Line	Health Dialog	844-865-7922 (toll free) 800-499-7033 (fax)	24 hours/7 days/week referral@healthdialog.com (email) www.healthdialog.com website)
Transportation (Non-emergent)	OneCall	877-340-9491 844-418-0531 (fax)	24 hours/7 days/week www.onecallhealth.com/members (website) RideRequest@onecallcm.com (email)
Over-the-Counter-Supplies	OTCHS (CVS)	833-331-1571 (toll free) 877-672-2688 TTY 866-682-6733 (fax)	www.otchs.com (website)
DME/HH/Infusion Pharmacy	Coastal Care Services, Inc.	855-481-0505 (toll free) 855-481-0606 (fax)	24 hours/7 days/week www.ccsi.care/providers/ (website) http://web.ccsi.care (provider portal)
Vision	iCare Health Solutions	855-373-7627 (toll free) 305-675-8195 (fax)	info@myicarehealth.com (email) www.myicarehealth.com (website)

Interested in Joining our Network?

Speak to a Provider Relations Representative

or

contact Provider Services at 844-243-5188

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Q & A

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