



JEB BUSH
GOVERNOR

MEMORANDUM

TO: AAA Directors **NOTICE:** 021303-1-I-SWCBS

FROM: Terry White
Secretary

DATE: February 12, 2003

SUBJECT: Notice of Instruction: February 2003 Monitoring

TERRY F. WHITE
SECRETARY

The Agency for Health Care Administration (AHCA), with the assistance of Tucker Alan Inc., is continuing their claims accuracy audit for the Florida Medicaid program. This is an audit that was mandated by the 2002 legislature. This task includes monitoring claim line items for clients served with the Aged and Disabled Adult (ADA) Medicaid Waiver and the Assisted Living for the Elderly (ALE) Medicaid Waiver. The conclusion of this audit will result in the formulation of an error rate for our waiver programs. We want to be certain that the error rate is accurate and not a reflection of our inability to locate the correct documentation. The results of this audit will be sent to the legislature.

We greatly appreciate your response to our initial request for assessments and care plans. This new request is for information that AHCA and Tucker Alan requested from providers and lead agencies that has not been forthcoming. Information is needed for 167 ADA clients statewide. We are hoping that the Medicaid Waiver Specialists in each PSA can assist us in gathering this information.

If you have not already received it, you will soon be receiving an Excel file for your PSA. This file contains a list of paid claim line items from March 2002. Each line item includes information about the service delivered, information about the client, the service provider, and the case management agency. The following information about each line item was requested from the service provider or the lead agency:

- Care plan covering the date the service was provided
- Service authorization for the service listed to include the number of units and frequency
- Proof that the service was provided (service logs or case notes) to include the signature of the person that provided the service or signature of the recipient
- Notification of level of care (form 603)
- Physician Certification Form (form 3008)
- Last assessment done prior to March 2002

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The Reviewer Comments column in the attached file describes the information that is needed. If the reviewer comments are unclear, please gather all information listed above. For each item in the file, please contact the service provider and/or the lead agency for the needed information. Please ensure that Medicaid Ids are placed on all documents. Please send all needed information via overnight courier to Jenie Stokes before February 21, 2003. Her address is as follows:

Jenie Stokes
Agency for Health Care Administration
2727 Mahan Drive, MS 48
Tallahassee, FL 32308

DOEA would appreciate your notifying Mindy Sollisch at the time your information is sent. If you have any questions, please call Mindy at 850.414.2181 as soon as possible. This request will replace the monthly random cases and claims exercise for February 2003. Random claims and cases will be sent out again the first week in March.

TW/ms