



# Florida community care

Intellectual and Developmental Disabilities  
Comprehensive Managed Care (ICMC) Program  
Provider Training

December 4<sup>th</sup>, 2025



# Agenda

Time	Segment	Presenter(s)	Minutes
2:00 – 2:05	Welcome & FCC Introduction	Abby / Lee / Holly	5
2:05 – 2:10	Managed Care Model	Carol	5
2:10 – 2:20	ICMC Overview & Benefits	Kali	10
2:20 – 2:35	Care Management & Coordination	Tatiana / Maria	15
2:35 – 2:50	Authorization Process	Guillermo / Hope	15
2:50 – 3:15	Provider Credentialing, Contracting & EFT	Lee / Lissette	15
3:15 – 3:30	Claims Submission & Payment Process	David / Pela	15
3:30 – 3:35	Provider Portal Live Demo	Danielle	5



# Introductions



**Abby Riddle**  
President, Health  
Plans

- Abby Riddle is the Chief Operating Officer and Health Plans President for ILS. With over 20 years of experience in government-sponsored healthcare programs, Riddle plays a pivotal role in steering ILS's strategic initiatives, particularly in expanding managed care services.



**Lee Bowers**  
Senior Vice  
President, Provider  
Networks

- Lee Bowers oversees the development, management and performance of the provider network at ILS. He has a 30+ year career in healthcare network management with a focus on provider engagement and care accessibility



**Holly Prince**  
Chief Operating  
Officer, Health Plans

- Holly Prince oversees health plan operations at ILS, leveraging extensive leadership experience in Medicaid and Medicare managed care. She served as CFO at Palm Medical Centers and held various executive roles at Simply Healthcare Plans.

# Who We Are



Independent Living Systems (ILS) was founded in 2001 to assist health plans in the delivery of managed long-term services and supports (MLTSS).

**independent living**  
homecare services

ILS operates a collection of **Medicaid provider** entities offering meals and nutrition supports, durable medical equipment and supplies, and home health services.

 **Florida  
community care**

ILS established a **Medicaid Health Plan** that began operations in December 2018 and expanded coverage to additional populations in 2025.

 **Florida  
complete care**

ILS launched a **Medicare Advantage Special Needs Plan** (SNP) in 2022 and expanded to a Fully Integrated Dual Eligible SNP in 2024.

# Our History



- Founded in 2001
- Independent Living Systems (ILS) is a Florida-based company
- ILS specializes in serving high-cost, complex members in both Medicaid and Medicare markets



2004–2010: ILS partnered with 7 of 14 health plans in Florida's Nursing Home Diversion program.



2018–2024: FCC became Florida's fastest-growing, most selected LTSS plan.



2020–Current: FC2 launched an HMO I-SNP MA Plan and added a D-SNP in 2024.



2024–Current: IDD pilot program awarded in regions D and I.



2025: FCC serving all SMMC Medicaid populations in five regions and LTC statewide.



2025: ICMC program launched to serve IDD members statewide.

# **Managed Care Model:**

## **Carol Gormley,**

## **VP, Government Affairs**





# Managed Care Model

## Florida Medicaid & Managed Care

- **All Care is Managed:**
  - Delivered by a state agency (fee-for-service) or managed care organization..
- **Medicaid Basics:**
  - Joint federal-state program providing medical and support services.
  - States have greater flexibility under managed care.
- **Florida Snapshot:**
  - 73% of Medicaid recipients are in managed care.
  - Plans include **Health Maintenance Organization's (HMOs)** and **Provider Service Networks (PSNs)**.
  - **Florida Community Care (FCC)** is a statewide PSN.
- **FCC Role:**
  - Selected to implement the **ICMC program** through competitive procurement.
- **ICMC Goals:**
  - Maximize flexibility for added services
  - Increase provider and service access
  - Maintain quality care coordination and person-centered planning
  - Expand community integration opportunities



# **ICMC Overview & Benefits:**

**Kali Wilson,  
ICMC Program Director**





# Intellectual and Developmental Disabilities Comprehensive Managed Care (ICMC) Program

- The ICMC program delivers comprehensive, person-centered services to individuals with IDD through managed care enrollment.
- Enrollees must be 18+ and eligible for iBudget waiver services (including those on the waitlist).
- Care coordinators collaborate with individuals and families to create personalized care plans.
- ICMC provides a single point of contact for all Medicaid services through an integrated care system.



# Covered Benefits

Enrollees receive comprehensive medical and long-term care benefits, including specialized services for individuals with IDD.

## Managed Medical Assistance

### MMA

Covers doctor visits, hospital care, prescribed drugs, mental health care, and transportation to these services.\*

## Long Term Care

### LTC

Covers nursing facility, assisted living, or services provided in the home.\*

## Intellectual and Developmental Disabilities

### IDD

Covers life skills development, personal supports, residential services and transportation.\*



**\*Does not include all MMA, LTC, or IDD Services.**

# Expanded Benefits

Enrollees can access tailored expanded benefits for persons with IDD, in addition to the robust MMA & LTC expanded benefit package.

## MMA Expanded Benefits



Cellular Phone  
Services



Nutritional  
Counseling



Vision  
Services



Hearing  
Services



Housing  
Assistance



Unlimited PCP  
Visits



Over the Counter  
Supplies



## LTC Expanded Benefits



ALF/AFCH Bed  
Hold Days



Transition  
Assistance



Purposeful  
Connections



Transportation to  
Non-Medical Activities



Shelf-stable  
Emergency-  
preparedness Meals



## ICMC Expanded Benefits



Recreational  
Therapy



Caregiver  
Transportation



Gym  
Membership



Summer  
Camps



Caregiver  
Support



Dental  
Desensitization Kits

**\*Does not include all MMA, LTC, or IDD Expanded Benefits.**

# **Care Management & Care Coordination:**

**Tatiana Pita, VP Care Mgmt  
&  
Maria Devisme,  
Director, Care Coordination**



# Care Coordination

The core functions of the Care Coordinator include:

Serving as the primary point of contact for the enrollee and/or their authorized representative.



Conducting comprehensive assessments of the enrollee's needs, including identifying any gaps in care.

Assisting enrollees and their families in developing an individualized, person-centered care plan to address all identified needs through formal and informal supports.



Coordinating with providers and making appropriate referrals for necessary services.

Acting as a liaison between the enrollee and the care delivery system and/or residential setting, as needed or requested.



Advocating on behalf of the enrollee to ensure they always remain at the center of the care process.

# Care Coordination

Care Coordinator assignments consider language, location, and living setting. Caseloads are capped at 18 enrollees per coordinator.

## Care Coordination Activities and Frequency



- ICMC members **are assigned a Care Coordinator within two days** of enrollment
- Initial visit within 5 business days of enrollment date
- Monthly face-to-face
- Annual reassessment

Ongoing care coordination/support:

- ✓ Assistance with scheduling doctors' appointments
- ✓ Collaborate with service providers
- ✓ Assistance with non-emergency transportation
- ✓ Facilitate access to care



# Care Coordination

## Service Authorizations

- Acute and medical care services—including Inpatient, Rehab, Medical Procedures, Therapies, Behavioral Analysis, and Intermittent Skilled Nursing—are reviewed and processed by the Utilization Management (UM) Team through the Prior Authorization (PA) Request Process.
- FCC Care Coordinators are authorized to review and process all non-medical IDD and LTC services, including Personal Supports, Life Skills Development Levels 1–3, Incontinence Supplies, Meals, etc.
- The Care Coordinator creates the authorization once the person-centered care plan is finalized and agreed upon. Authorizations are sent directly from FCC's care management platform, eCare, within 24 hours of the service being approved.
- The Care Coordinator may forward service requests to the FCC Medical Director for a final determination based on medical necessity.





# **Authorization Process:**

**Guillermo Vazquez,  
VP, Utilization Mgmt.  
&  
Hope McLaren,  
Director, Utilization Mgmt.**



# Prior Authorization

## Utilization Management (UM)

Our UM department ensures patients receive the right care, at the right time, in the most effective way.

The UM Program oversees high-quality, personalized care for participants through a team of Medical Directors, Nurses, Behavioral Health, and ABA Clinicians.

## UM Process

- **Intake Team:** Reviews requests, verifies eligibility, enters into EMR, and assigns to the appropriate clinician.
- **Clinical Review:** CCS evaluates requests using Florida Medicaid Coverage & Limitations Handbooks, Coverage Policies, and InterQual evidence-based criteria.
- **Complex Cases:** Reviewed by Medical Director(s) for final determination.
- **Final Determination:** Providers notified via fax or phone, with decisions also available on the portal.

## Prior Authorization Timeframes are:

Standard Request: Determination within seven (7) calendar days.

Expedited Request – Determination within two (2) calendar days.

Part B = Expedite request.

## Inpatient Services:

Timeframe for review: Within 72 hours of notification of an emergency admission.



# Prior Authorization

Prior authorization requests may be submitted in the following ways:



**Fax**

305-675-6138



**Phone**

833-322-7526



**Email**

[FCCUMDepartment@FCCHealthPlan.com](mailto:FCCUMDepartment@FCCHealthPlan.com)



**Online**

FCC Provider Portal

Requests for Services/Treatment or Items must be submitted to FCC's Utilization Department using a prior authorization form.

- **Behavioral Analysis (BA) treatment:** Florida Community Care ABA Prior Authorization Request Form
- **Managed Medical Assistance (MMA) services/items:** Florida Community Care Prior Authorization Form
- **Home Health Care Services:** Home Health Care Services Authorization Request Form

For a complete list of services that require prior authorization, providers may refer to our Florida Community Care Prior Authorization Program.

The prior authorization forms and the FCC Prior Authorization Program can be accessed through/our website: [FCChealthplan.com](https://www.FCChealthplan.com)



# **Provider Contracting, Credentialing & EFT:**

**Lee Bowers,  
SVP, Provider Networks  
&**

**Lisette Tobin,  
Sr. Director, Provider Network  
Operations**



# ICMC Provider Relations Team

## ICMC Provider Relations Leaders

Lee Bowers: SVP, Provider Networks  
[WBowers@ILSHealth.com](mailto:WBowers@ILSHealth.com)

Julien Plana: Dir., Provider Relations  
[Jplana@ILSHealth.com](mailto:Jplana@ILSHealth.com)

Tony Farinella: Mgr., Provider Relations  
[Ffarinella@ilshealth.com](mailto:Ffarinella@ilshealth.com)

## Provider Reps by Regional Territories

A – Karli Johnson: [KJohnson01@ilshealth.com](mailto:KJohnson01@ilshealth.com)

B – Manager, PR. Tony Farinella: [Ffarinella@ilshealth.com](mailto:Ffarinella@ilshealth.com)

C – Dianna Arredondo: [Darredondo@ilshealth.com](mailto:Darredondo@ilshealth.com)

D – Dianna Arredondo: [Darredondo@ilshealth.com](mailto:Darredondo@ilshealth.com)

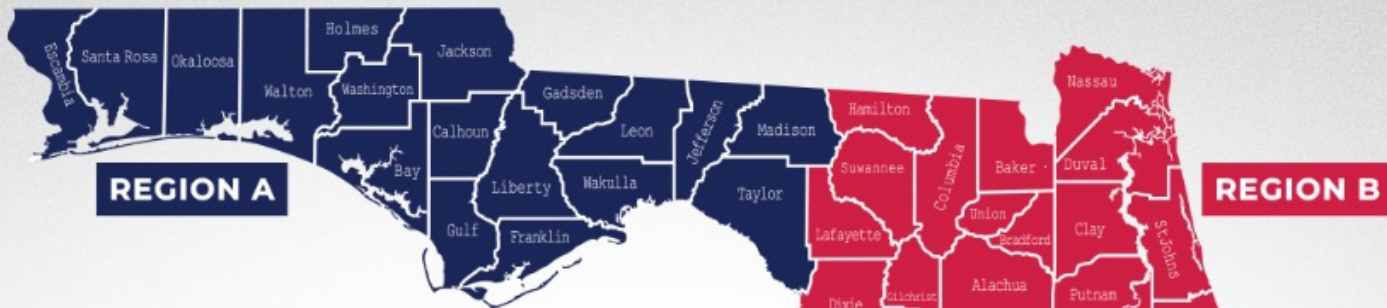
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I – Osvaldo Caceres: [OCaceres01@ilshealth.com](mailto:OCaceres01@ilshealth.com)



## CURRENT SMMC REGIONS

- REGION A:** Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton and Washington (*Formerly Regions 1 & 2*)
- REGION B:** Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union and Volusia (*Formerly Regions 3 & 4*)
- REGION C:** Pasco and Pinellas
- REGION D:** Hardee, Highlands, Hillsborough, Manatee and Polk
- REGION E:** Brevard, Orange, Osceola and Seminole
- REGION F:** Charlotte, Collier, Desoto, Glades, Hendry, Lee and Sarasota
- REGION G:** Indian River, Martin, Okeechobee, Palm Beach and St. Lucie
- REGION H:** Broward
- REGION I:** Miami-Dade and Monroe



# Contracting: Getting Started

- Florida Community Care is always looking to expand our provider networks with dedicated professionals who share our commitment to quality care.
- If you are interested in joining, please reach out to our Provider Relations team:
  - Phone: 1-866-962-6186
  - Email: [ProviderRelations@ilshealth.com](mailto:ProviderRelations@ilshealth.com)
  - Online: [FCChealthplan.com/join-our-network](http://FCChealthplan.com/join-our-network)





# Contracting Process



# Credentialing: Verification Process

## FCC Conducts Primary Source Verification (PSV) to Confirm Credentialing Application Details Upon Contracting and Every 3 Years



### Application Screening

- Application and documents are reviewed for completeness upon receipt
- If incomplete, provider is notified of missing documentation



### Verification Process

- Confirm active Medicaid Enrollment
- Validate NPI aligned with Medicaid ID
- Confirm unrestricted, unexpired license for contracted services
- Verify insurance coverage
- Check for exclusions or adverse findings
- Confirm good-standing Home and Community Based Settings Survey for ADT and residential habilitation providers



### Committee Review

- Ensure provider meets participation standards and make final credentialing determination



### Network Activation

- Execute provider contract
- Add approved provider to FCC network within 60 days of receipt of a complete credentialing package



# Electronic Funds Transfer Set-Up

## How to Request the FCC EFT form?

- Call the Provider Services Call Center **(833) 322-7526**
- Email: [fcceft@fcchealthplan.com](mailto:fcceft@fcchealthplan.com)

## Submitting a Completed FCC EFT Request Form:

- **Email:** [fcceft@fcchealthplan.com](mailto:fcceft@fcchealthplan.com)
- **Fax:** (631) 963-4935

*(submission details are also found on the EFT request form)*

## What Constitutes a Complete EFT Request?

- Signed **FCC EFT Request Form**
- Signed **W-9 form** (including DBA, if applicable)
- **Voided check** or **Bank Letter** with:
  - Provider's name
  - Bank routing number
  - Bank account number
- **Bank account changes** need to be validated with a signature on the provider's account

## Processing Time:

- Requests are processed **within 30 days** of receipt, if all documentation is complete and validated
- Providers will be notified by **email** once set up is complete

## Follow-up Contact:

- Call: (833) 322-7526
- Email: [fcceft@fcchealthplan.com](mailto:fcceft@fcchealthplan.com)



### EFT/ACH REQUEST FORM

**General Information:** ☐ NEW Enrollment ☐ Change Enrollment ☐ Cancel Enrollment

Requested Effective Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Contact Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

All applicable Billing/Pay to NPI: \_\_\_\_\_

#### **Bank Information:**

ACH Routing Number (ABA#): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Check one ☐ Savings ☐ Checking

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

(1) 30 days is needed to process a request.

(2) Please attach a copy of a voided check and a W9

(3) Email to: [FCCEFT@FCCHEALTHPLAN.COM](mailto:FCCEFT@FCCHEALTHPLAN.COM) or Fax to: (631)963-4935

#### **For Internal Use Only**

PayID: \_\_\_\_\_

# **Claims Submission and Payment Process**

**David Gutwald,  
SVP Payer Services  
&  
Pela Chacon, VP, Claims  
Administration**



# Billing and Claims Processing

## Florida Community Care (FCC) Claims Submission Guidelines

### Timely Filing Requirement:

Claims must be submitted within **180 days** from the date of service.

### Submission Methods:

- **Paper Claims:**  
Submit using HCFA 1500 or HCFA 1450 (UB) forms to:  
**Florida Community Care**  
**PO Box 211322**  
**Eagan, MN 55121**
- **Electronic Claims:**  
Submit via your clearinghouse using **Payer ID: FLCCR**.  
Most clearinghouses are contracted with the primary registered Payer ID on **Availity**.

### Processing Timeframes:

- **Electronic Claims:** Processed within **15 days** or sooner.
- **Paper Claims:** Processed within **20 days** or sooner.
- **Payments:** Claims are processed **daily**, and payments are issued **multiple times per week**.



# Claims Payment and Remittance

## Florida Community Care (FCC) Payment Information

### Electronic Payments & Remittances

Providers may elect to receive:

- **Electronic Funds Transfer (EFT)** for faster payments.
- **Electronic Remittance Advice (ERA)** for detailed payment information.

To enable ERA, providers must register with Availity to receive remittances via their clearinghouse or directly through Availity's portal.

### To enroll for EFT:

- Contact the **FCC Claims Call Center** at **1-833-322-7526**
- Or register via the **Availity Portal**.

### Support & Inquiries:

- **Provider Claims Call Center:** **1-833-322-7526**
- **Provider Portal:** <https://FCChealthplan.com/providers/>



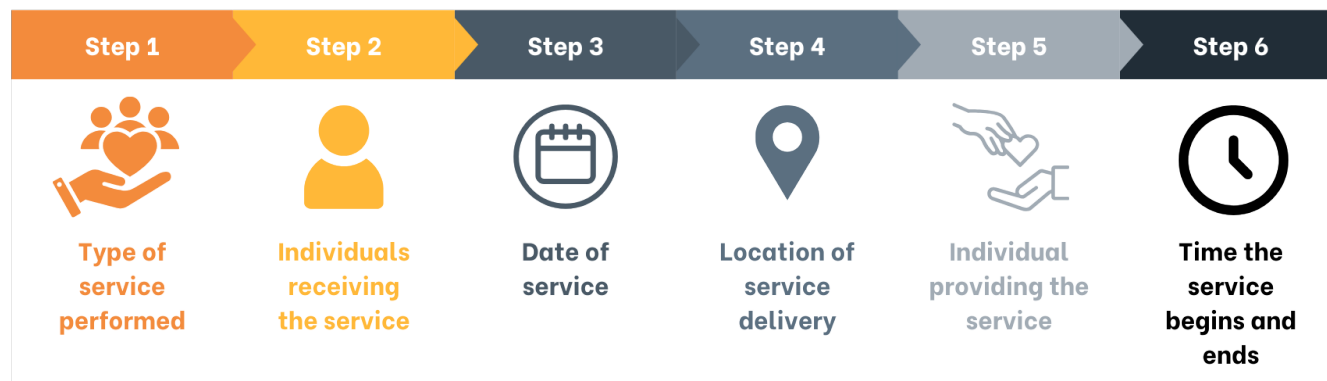
# Electronic Visit Verification (EVV)

**What is EVV:** A mandate common to both Section 12006 of the 21st Century Cures Act and to the Centers for Medicare & Medicaid Services (CMS). This mandate requires (1) that states begin utilizing an EVV system for all Personal Care Services (PCS) by January 1, 2021, and for all Home Health Care Services (HHCS) by January 1, 2023; and (2) that all visits be timestamped via an electronic verification method utilizing EVV tools to record the member, caregiver, location of service, date of service, and type of service performed.

Mandatory Requirement for the Following Provider types, Category 65:

- Home Health
- Nurse Registry
- Homemaker & Companion

**FCC's EVV Vendor: HHAeXchange** – All Claims requiring EVV be processed through HHAeXchange. HHAeXchange works with FCC to ensure that your claims will be compliant and complete for processing and payment. This include ensuring that your claims include the required data elements including:





# HHAEExchange – FCC EVV Vendor

If you are not currently enrolled with HHAEExchange you can choose from the following options:

Option 1	Register directly with HHAEExchange, and new FCC Member(s) authorized will appear in your Provider Dashboard; once you accept the Placement.
Option 2	If your Office already utilizes a 3 <sup>rd</sup> party EVV solution, contact HHAEExchange directly by emailing <a href="mailto:EDIsupport@hhaexchange.com">EDIsupport@hhaexchange.com</a> (Please ensure the subject line states Florida Community Care 3 <sup>rd</sup> party Integration Request) and they will advise you how to set up 3 <sup>rd</sup> party Integration.

- FCC sends all referrals (authorizations) to HHAEExchange daily along with your provider and member information.
- When you complete the service using the HHAEExchange Provider Portal, HHAEExchange will send your claims directly to FCC for processing and payment.
- FCC Claims Call Center can assist you with reviewing claims payments, missing authorizations and will help connect you with HHAEExchange for registration or issues with your provider experience. Please call **1-833-322-7526**.



# Thank you & Questions





**Florida  
community care**

**You Matter. We Care.**