

ProviderNewsletter

Supporting Providers. Strengthening Communities. Improving Outcomes.



A Message from FCC

Dear Provider Partner,

Florida Community Care (FCC) continues to expand access, strengthen care coordination, and enhance the provider experience under Florida's Medicaid Managed Care programs. As we enter 2026, we are proud to serve not only our MMA and LTC members, but also individuals enrolled in Florida's Intellectual and Developmental Disabilities Comprehensive Managed Care (ICMC) Program, where FCC is the statewide plan responsible for delivering integrated developmental disability, medical, and long term care services.

Member Rights & Responsibilities

FCC members deserve care that is respectful, clear, and centered on their needs. Members have the right to be treated with dignity and privacy, receive easy to understand information about their care, request a second opinion, and have their medical records kept confidential. They can also ask questions, decline treatment when allowed, and file complaints or appeals without fear.

Members are responsible for sharing accurate health information, following provider instructions, keeping appointments, using the ER only for real emergencies, treating staff respectfully, and notifying FCC when their contact information changes. These rights and responsibilities help create safe, high quality, and coordinated care for everyone.

Member Rights

- FCC members have the right to:
- Be treated with courtesy, dignity, and privacy.
- Receive clear information about their care, treatments, and available services (including interpreters).

- Accept or refuse treatment (unless restricted by law).
- Request a second opinion or another provider.
- Access their medical records and request corrections.
- File grievances or appeals without retaliation.

Member Responsibilities

Members are expected to:

- Provide accurate health information and report changes in their condition.
- Understand their care plan, ask questions, and follow provider instructions.
- Use the emergency room only for true emergencies.
- Treat providers and staff with respect.
- Notify FCC of address or phone number changes and report concerns, including fraud or abuse.



Medicaid Quality & Performance

FCC's Quality Program is designed to promote safe, effective, person centered care across all Medicaid services. As outlined in the FCC Provider Handbook, Florida Community Care uses a structured Quality Improvement (QI) framework that includes quality programs, performance indicators, and chronic disease management efforts to ensure members receive high quality, coordinated care.

FCC evaluates clinical care, service delivery, safety, and outcomes through regular monitoring, auditing, and quality performance reviews. Providers are essential partners in this work and are expected to follow evidence based guidelines, maintain accurate documentation, and collaborate with FCC Care Managers to support improved health outcomes.

Priority Quality Focus Areas

While the handbook does not list specific measure names, it defines several core quality domains and performance activities that providers must align with:

- **Quality Improvement Program (QIP):** Ensures continuous monitoring and improvement of clinical care, service delivery, health outcomes, and patient safety.



- **Quality Enhancement Programs:** Focus on improving member satisfaction, care coordination, and system level outcomes.
- **Chronic Disease Management:** Supports members with long term and complex health needs through assessment, education, and coordinated care.
- **Quality Performance Indicators:** FCC tracks clinical and service performance indicators to evaluate provider adherence to standards of care and overall program effectiveness.
- **Preventive Care & Screening Expectations:** Providers are required to identify members needing preventive services and refer them appropriately (e.g., well child/EPSTD visits, behavioral health screenings, chronic disease monitoring).
- **Care Coordination & Transition of Care:** FCC monitors the quality of transitions between care settings, emphasizing communication, documentation, and timely follow up.

The Importance of the Notice of Pregnancy (NOP)



Early reporting of pregnancy is essential to ensuring healthy outcomes for both mothers and infants. Florida Community Care (FCC) relies on timely Notice of Pregnancy (NOP) submissions to activate maternity care management, identify risk factors early, and connect pregnant members with the services and supports they need as soon as possible.



FCC Requirement: Providers Must Notify FCC Immediately

The **FCC Provider Handbook** requires primary care and obstetric providers to “immediately notify FCC of an enrollee’s pregnancy” when identified through medical history, examination, testing, claims information, or other clinical findings.

This early notification allows FCC to begin outreach, assess risk, coordinate care management, and ensure the member receives timely prenatal support.



AHCA Requirement: Use the Florida Medicaid Pregnancy Notification Form

The Agency for Health Care Administration (AHCA) requires providers to **submit the official Florida Medicaid Pregnancy Notification Form** to the member’s Medicaid managed care plan as soon as pregnancy is identified.

This form is the statewide mechanism used to notify all Medicaid plans and facilitates early risk screening and program enrollment.

The AHCA form includes fields for:

- Member demographic information
- Medicaid ID
- Pregnancy dating and assessment
- Risk factors
- Provider information

After completing the form, AHCA instructs the provider to send it directly to the member’s specific managed care plan—including FCC—using the plan’s listed fax or portal process.

Why Early NOP Submission Matters

Early NOP submission helps FCC:

- Launch maternity case management quickly
- Identify medical and social risk factors early
- Connect members to pre-natal benefits, education, and community resources
- Ensure timely prenatal visits
- Improve maternal and infant outcomes

Delayed NOP submission can delay care coordination and risk assessment.



Partnering for Healthier Birth Outcomes

Your timely submission of the NOP plays a direct role in improving early prenatal care and ensuring the safety and well being of pregnant members and their infants. FCC sincerely appreciates your partnership and commitment to ensuring members receive the right care at the right time.

Notice of Pregnancy Reminder

Early pregnancy notification is essential to ensuring members receive timely prenatal care and support.

FCC requires providers to immediately notify the plan when an enrollee is pregnant, as outlined in the Provider Handbook. In addition, AHCA requires providers to use and submit the Florida Medicaid Pregnancy Notification Form to the member's health plan as soon as pregnancy is identified.

Early NOP submission allows FCC to begin care management quickly, identify risk factors, and connect members with critical prenatal services. We appreciate your partnership in helping our members achieve healthier pregnancies and better birth outcomes



How to Submit the NOP

Providers should submit the NOP using:

- The Florida Medicaid Pregnancy Notification Form (AHCA form)
- The FCC provider portal or FCC maternity fax/email listed on the form

FCC Care Management will review the form and begin outreach immediately.



Utilization Management (UM) Updates

Provider Updates: Utilization Management Reminders

At Florida Community Care (FCC), we value our provider partners and remain committed to ensuring a smooth, timely, and efficient Utilization Management (UM) experience.

As we continue enhancing communication and streamlining our processes, please take note of the following important reminders to support faster authorization and reduce unnecessary delays.

New Peer to Peer (P2P) Review Process

FCC has implemented a new Peer to Peer process designed to improve communication and streamline clinical decision making.

This updated process helps resolve adverse determinations more quickly and ensures providers have an opportunity to discuss clinical details directly with an FCC Medical Director when needed.

Check the Portal Before Contacting FCC

Before calling the Plan regarding a Prior Authorization, please remember to first check the Provider Portal.

The portal provides real time updates and is the fastest way to view:

- Progress notes
- Relevant labs or imaging
- Treatment history

This step helps reduce call volume, avoid duplication, and ensures our team remains available to support cases that require hands on attention.



Submitting Prior Authorizations Through the Portal

To help us process your requests as quickly as possible, please keep the following in mind:

Include All Clinical Notes and Medical Records.

When submitting a Prior Authorization request through the Provider Portal, be sure to upload complete clinical documentation, including:

- Progress notes
- Relevant labs or imaging
- Treatment history
- Any supporting medical necessity details

Missing clinicals are the most common cause of delays. Providing thorough documentation at the time of submission allows the UM team to review your request without interruption.

Partnering for Healthier Birth Outcomes

Ensuring all applicable clinicals are included, especially for providers who use the portal—helps avoid repeat outreach, pending requests, and extended review timelines. Full submissions help us serve you faster.

Claims & Billing Enhancements

FCC continues to improve claims processing to support faster, more accurate payments. FCC processes electronic claims (Payer ID FLCCR) in about 15 days and paper claims in about 20, with payments issued several times weekly. Providers are encouraged to enroll in EFT/ERA through Availity or the Claims Call Center for faster reimbursement. EVV required services for Home Health, Nurse Registry, and Homemaker & Companion must be submitted through HHAeXchange. All billing must match FCC's verified provider data, and any demographic or operational changes must be reported 30 days in advance. Review your billing details in the FCC Provider Portal and update any changes promptly to prevent delays or denials.

Claims Processing

FCC continues to support timely and accurate claims adjudication.

- Electronic claims (Payer ID FLCCR) are generally processed in approximately 15 days, and paper claims in about 20 days, consistent with FCC's Prompt Claims Processing guidelines.
- FCC conducts multiple payment cycles each week, allowing faster reimbursement to providers.
- The timely filing requirement remains 180 days from the date of service.



EFT & ERA Availability

To streamline payments and remittance access:

- Providers may enroll in Electronic Funds Transfer (EFT) through the FCC Claims Call Center at 1 833 322 7526.
- Electronic Remittance Advice (ERA) is available through your clearinghouse or directly via Availity after registration.

Electronic Visit Verification (EVV)

FCC utilizes HHAeXchange for EVV compliance. EVV is required for the following Category 65 provider types:

- Home Health
- Nurse Registry
- Homemaker & Companion Services

Claims for EVV required services must include:

member, caregiver, visit location, date of service, and service type.

Practices using third party EVV systems may request "FCC 3rd Party Integration" through HHAeXchange.

Claims & Billing Enhancements

Critical Reminder: Billing Must Match the Provider Master List (PML)

To avoid payment delays or denials, all claim submissions must match the provider demographic and credentialing data that FCC has on file. While the handbook does not use the term "PML," it requires providers to maintain accurate data and notify FCC of any changes 30 days in advance to prevent impacts to claims processing.

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Provider Action Required

- Review your provider information in the FCC Provider Portal.
- Submit any updates (address, NPI, taxonomy, TIN, contracting changes) at least 30 days prior to the change.
- Ensure billing staff and clearinghouses use the exact FCC verified information

Providers Must Ensure the Following Match Exactly

- Billing name
- Taxonomy
- Service location address
- NPI
- Billing name

FCC cannot pay claims billed under:

- Unlisted or outdated addresses
- Alternate NPIs
- Incorrect or unsupported taxonomies
- Service locations not on file

Why This Matters

FCC is legally required to match billed data to verified, Medicaid approved provider information. The verified data file (PML equivalent) contains:

- Medicaid enrollment status
- NPI validation
- License verification
- Insurance and exclusion checks
- HCBS compliance status when applicable

If billed data does not match this verified source, claims must deny for compliance reasons.

Best Practices for Clean Claims

- Confirm NPI, taxonomy, and service address match FCC records.
- Verify enrollee eligibility on the date of service.
- Use current CPT/HCPCS/ICD 10 codes.
- Submit claims electronically whenever possible.
- Use HHAExchange for all Category 65 EVV required services.

Clinical Quality / Stars Measures

ENS® Alerts – Supporting Better Care Coordination

Florida Community Care (FCC) and Florida Complete Care (FC2) participate in the Encounter Notification Service (ENS®) to help providers stay informed and better support member care transitions.

ENS® delivers real time admit–discharge–transfer (ADT) alerts from acute and post acute care facilities across Florida. When a patient on our roster receives care at a participating hospital or facility, ENS® automatically sends an alert to FCC/FC2, allowing us to promptly notify that patient’s Primary Care Provider (PCP).

Daily ENS® Summary Reports

Each morning, practices receive a faxed ENS Alerts Summary Report containing:

- Emergency room discharges
- Acute care admissions and discharges
- Sub acute transitions

These reports give providers timely information needed to follow up with patients, close care gaps, and reduce avoidable hospital use.

FCC and FC2 are also working to make ENS® data accessible directly through the Provider Portal, giving practices even easier access to real time encounter information.

Provider Action Needed

To ensure members receive timely follow up care, we ask that each practice:

- Designate a staff member to review the ENS® report daily
- Take appropriate clinical or administrative action based on each alert
- Use this information to support post discharge follow up, care coordination, and transition of care management

For additional guidance, please review the ENS Alerts Reports Provider Guide provided with the faxed reports.

FCC and FC2 appreciate your partnership in using ENS® to improve care quality, reduce unnecessary emergency room visits, and support better outcomes for the members you serve.

ENS® Alerts

The ENS® (Encounter Notification Service) provides real-time information about patient encounters from acute and post-acute care facilities across Florida. These health care facilities send admit–discharge–transfer (ADT) messages in real-time and ENS® compares them to patient lists provided by subscribing health care organizations, such as Florida Community Care.

When a listed patient receives care at a participating facility, the health care organization receives an alert containing details about that patient’s health encounter. Florida Community Care and Florida Complete Care in turn provide this information to patient PCPs.

Each morning, we fax ENS Alerts Summary Reports that contain information about patients discharged from an emergency room, and patients admitted or discharged from acute and sub-acute facilities.

We are in the process of also making this information available on our patient portal. Please assign someone in your office to review these reports on a daily basis and take the appropriate action to help reduce avoidable ER visits and hospital admissions and improve the care of patients as they change settings. Please see print the **ENS Alerts Reports Provider Guide**.

Spotlight: FCC's ICMC Program



Florida's Statewide Health Plan for IDD Services

FCC proudly serves as Florida's statewide managed care plan for the Intellectual & Developmental Disabilities Comprehensive Managed Care (ICMC) Program, offering integrated medical, behavioral, long term care, and developmental disability services.

Highlights include:

- Dedicated monthly care coordination
- Integrated MMA + LTC + IDD services
- Expanded home and community based supports
- Caregiver income opportunities
- Statewide access began October 2025

Program Expansion

The ICMC program transitioned from a pilot to statewide availability beginning October 1, 2025, with continued enrollment expansion expected through mid 2026. FCC remains the single statewide plan operating the program. fraud or abuse.

Providers Should Know

- Continuity of care (COC) 180 days for active services
- ICMC members may require enhanced coordination for behavioral, medical, and residential support.
- Providers should use the FCC ICMC Care Coordination line for referrals and updates

FCC SUPPORT CONTACTS

Provider Services

Contact our Provider Services Call Center representatives.

They are available to assist providers from 8:00 AM to 7:00 PM, Monday through Friday (except on State approved holidays), at: **833-FCC-PLAN (833-322-7526)**, press 1 for English, press 1 for FCC, press 3 for Provider Services Team.

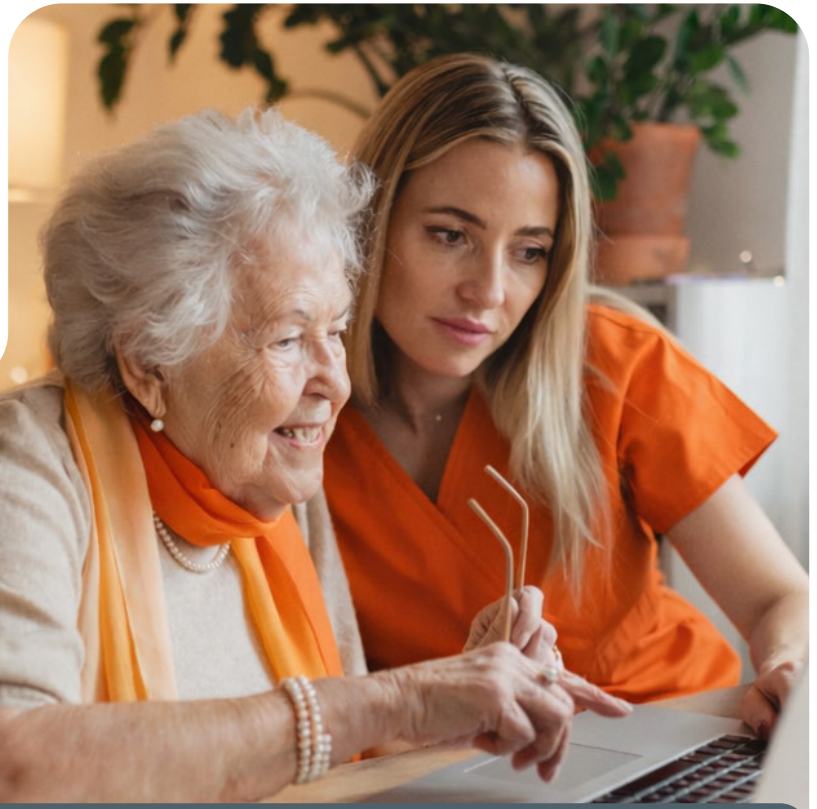
The Provider Services Call Center can assist with:

- Claims status and inquiries
- Authorization status
- Member eligibility
- Assistance with registering a Provider Complaint

Provider Relations

Providers can also contact us for general inquiries during regular business hours, at the number below or via email:

- **Phone:** 866-962-6186 or contact your Provider Relations Account Executive.
- **Email:** ProviderRelations@ilshealth.com



Thank You for Partnering With FCC

We appreciate your continued partnership and your commitment to delivering exceptional care to Florida's Medicaid members. Your dedication helps ensure individuals of all abilities receive compassionate, coordinated, high-quality care.

These reminders help us work together more efficiently, allowing for faster decisions and smoother communication throughout the UM process.

We are proud to walk alongside you as we continue strengthening care and expanding services through the ICMC Program, bringing comprehensive support to individuals with intellectual and developmental disabilities across Florida.