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When used in the Handbook, the following terms mean:

Definitions

Children's Medical Services (CMS) Network or CMSN: A statewide managed care service system that includes health care providers and services as defined in Chapter 391, Florida Statutes (F.S.).

Emergency Medical Condition: (a) A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate medical attention could result in any of the following: (1) serious jeopardy to the health of a patient, including a pregnant woman or fetus; (2) serious impairment to bodily functions; (3) serious dysfunction of any bodily organ or part. (b) With respect to a pregnant woman: (1) that there is inadequate time to effect safe transfer to another hospital prior to delivery; (2) that a transfer may pose a threat to the health and safety of the patient or fetus; (3) that there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.

Emergency Services and Care: Medical screening, examination and evaluation by a physician or, to the extent permitted by applicable laws, by other appropriate personnel under the supervision of a physician, to determine whether an emergency medical condition exists. If such a condition exists, emergency services and care include the care or treatment necessary to relieve or eliminate the emergency medical condition within the service capability of the facility.

Enrollee: A Title XXI funded child enrolled in the Children's Medical Services Network or the Florida Healthy Kids component of the Florida KidCare program.

Florida KidCare: The Title XXI funded Children's Health Insurance Program for children ages 1 through 18. When used in this chapter, "Florida KidCare" includes the Title XXI funded Children's Medical Services Network and the Florida Healthy Kids Program, and excludes the Title XIX funded CMSN Specialty Plan, Medicaid and MediKids.

Florida KidCare Program Partner: The Title XXI funded Children's Medical Services Network established in Chapter 391, F.S., and the Florida Healthy Kids Corporation, established in Section 624.91, F.S.

Health Insurance Plan: Has the same meaning as s. 409.811, F.S.

Integrated Care System: A comprehensive contracted program of services for children with special health care needs. This is the core service delivery structure for the Children's Medical Services Network.

National Committee for Quality Assurance (NCQA): The non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations, recognizes physicians and has helped to build consensus around important health care quality issues by working with large employers, policymakers, doctors, patients and health plans to decide what is important, how to measure it, and how to promote improvement.

Primary Care: The provision of comprehensive, coordinated and readily-accessible medical care including: health promotion and maintenance; treatment of illness or injury; early detection of disease; and referral to specialists when appropriate.

Routine Symptomatic Care: Medical care for health problems in which there is a medical concern, but for which there is no urgent or emergency medical condition. This term includes routine follow-up to a previously treated condition or illness.

Routine Well-Child Care: Medical care for which there is no significant medical problem or concern. Examples include, but are not limited to, physical examination, child health services rendered in accordance with the American Academy of Pediatrics periodicity schedule and immunizations.

Specialty Care: The provision of health care services by a health care professional whose training focused primarily in a specific field, such as neurology, cardiology, rheumatology, dermatology, oncology, orthopedics, ophthalmology, and other specialized fields.

Title XXI or Title XXI-Funded: The health benefits coverage financed in accordance with Title XXI of the Social Security Act, the Children's Health Insurance Program.

Urgent Care: Services for conditions, which, though not life-threatening, could result in serious injury or disability unless medical attention is received (e.g., high fever, animal bites, severe pain) or substantially restrict enrollee's activity (e.g., infectious diseases, influenza, respiratory ailments).

CHILDREN'S MEDICAL SERVICES
FLORIDA KIDCARE QUALITY ASSURANCE AND ACCESS STANDARDS HANDBOOK

Provider Credentialing Re-Credentialing	A provider rendering services to Florida KidCare enrollees must meet or exceed the standards for credentialing and re-credentialing set forth by the National Committee for Quality Assurance (NCQA). The 2014 NCQA Standards and Guidelines are incorporated herein at Appendix A.
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A primary care physician providing services to Florida KidCare enrollees must be a pediatrician or family practice physician with board certification or pending board certification.

Each Florida KidCare program partner may make exceptions to the credentialing and re-credentialing standards on an individual basis with sufficient written justification for underserved areas of the State, such as inner cities or rural areas.

Facility Standards	Health facilities used for services provided to Florida KidCare enrollees must meet applicable state and federal licensure and accreditation requirements.
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Proof of licensure and accreditation must be provided to a Florida KidCare program partner upon request.

CHILDREN'S MEDICAL SERVICES
FLORIDA KIDCARE QUALITY ASSURANCE AND ACCESS STANDARDS HANDBOOK

Preventive Health Care Services	The provision of preventive pediatric health care services must be in accordance with the recommendations of a nationally recognized pediatric organization, such as the Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents developed by the American Academy of Pediatrics.
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The provision of immunization services must follow the 2015 guidelines established by the Department of Health and Human Services, Center for Disease Control and Prevention's National Immunization program. These guidelines are incorporated herein at Appendix B.

These standards do not include the provision of Early and Periodic Screening, Diagnosis and Treatment Services, which is also known as the Child Health Check-Up.

Travel Time Requirements	Primary care services and routine dental services are to be available no longer than thirty (30) minutes' average travel time under normal circumstances from a Florida KidCare enrollee's residence.
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Specialty physician services, including specialty dental services, ancillary services and specialty hospital services, are to be available no longer than 60 minutes' average travel time under normal circumstances or forty-five (45) miles from the enrollee's residence zip code.

Each Florida KidCare program partner may waive or make exception to the average travel time standards with sufficient written justification as to why the average travel time requirement is not feasible or necessary in a particular geographic service area.

CHILDREN'S MEDICAL SERVICES
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Timely Treatment
of Services

Routine well-child care must be provided within four (4) weeks of the request for services.

Routine symptomatic care must be provided within one week of the request for services. Follow up care must be provided as medically appropriate.

Urgent care must be provided within 24 hours of the request for service.

Emergency transportation and emergency services and care must be provided immediately and without a prior authorization requirement.

Accessible hours of operation and after-hours emergency services and care must be provided.

Each Florida KidCare partner may make exceptions to the timely treatment standards with sufficient written justification for underserved areas of the State, such as inner city or rural areas.

Behavioral
Health Services

A health Insurance plan or Integrated Care System that serves Florida KidCare enrollees must maintain a provider network either directly or indirectly that includes qualified providers for child and adolescent behavioral health services.

Each Florida KidCare program partner must review and monitor complaints and appeals regarding access to behavioral health services for its enrollees.

CHILDREN'S MEDICAL SERVICES
FLORIDA KIDCARE QUALITY ASSURANCE AND ACCESS STANDARDS HANDBOOK

Second
Medical Opinion

Each Florida KidCare program partner or Integrated Care System must develop policies to provide a system for an enrollee to request and receive a second medical opinion and must be responsible for reimbursement of such services.

A health insurance plan or Integrated Care System that provides services to Florida KidCare enrollees must clearly state its procedure for obtaining a second opinion in the member handbook or other written communication to the Florida KidCare enrollee or the enrollee's parent or guardian.

Out-of-Network
Service Provision

Each Florida KidCare program partner or Integrated Care System must develop policies for the provision of medical services for referrals to out-of-network specialty care providers to address the unique medical needs of the enrollee, if the care cannot be provided within the network.

Out-of-Network care includes the provision of those services by an out of state provider in the event the required service is not available anywhere in Florida, including university based teaching facilities.

Out-of-Network emergency care and services must not require a prior authorization.

NCQA 2014 Credentialing Standards & Guidelines

Info for: Clinicians Consumers Employers Health Plans Other Health Care Organizations

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CR Standards & Guidelines

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Disease Management (DM)

Credentials Verification Organization (CVO)

WHP Certification

InteractiveReviewTool

- 1. Credentialing Policies (CR 1)**
 - Does the organization have clearly defined and documented procedures for assessing its practitioners' qualifications and practice history?
 - Does the organization identify which types of practitioners must be credentialed?
 - Does the organization have policies and procedures that define practitioner rights to review and correct credentialing information?
- 2. Credentialing Committee (CR 2)**
 - Has the organization designated a committee to make recommendations regarding decisions about practitioners' credentials?
- 3. Initial Credentialing Verification (CR 3)**
 - Prior to allowing network participation, does the organization verify practitioners' credentials, including a valid license to practice medicine; education and training; malpractice history; and work history within the timeframes specified within NCQA standards and guidelines?
- 4. Application and Attestation (CR 4)**
 - Do practitioners applications to the organization include a current and signed attestation about why they cannot perform certain tasks; a history of loss of medical license and felony convictions; a history of limitation of privileges or disciplinary actions; and current malpractice insurance coverage?
- 5. Initial Sanction Information (CR 5)**
 - Before making a decision on a practitioner's qualifications, does the organization receive and review information from third parties, such as information about any disciplinary actions?
- 6. Practitioner Office Site Quality (CR 6)**
 - Does the plan verify through an onsite visit, after reaching a member complaint-threshold, the quality of all practitioners' offices?
 - Does the plan take necessary steps when an office does not meet its standards, and does it evaluate those steps regularly until the office improves?
- 7. Recredentialing Verification (CR 7)**
 - Does the organization reevaluate practitioners' qualifications every 36 months?
 - Before reevaluating its decision on a practitioner's qualifications, does the organization receive information from third parties, such as information about disciplinary actions?
- 8. Recredentialing Cycle Length (CR 8)**
 - Does the organization reevaluate practitioners' qualifications every 36 months?

ISS Sign-In

Questions? Please contact [NCQA Customer Support](#).

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PO Report Card

View the Physician Organization Certification Report Card.

[View Report Card](#)

NCQA Policy Support

Frequently Asked Questions (FAQs)
FAQs about Accreditation, Certification and HEDIS. Updated the 15th of every month.

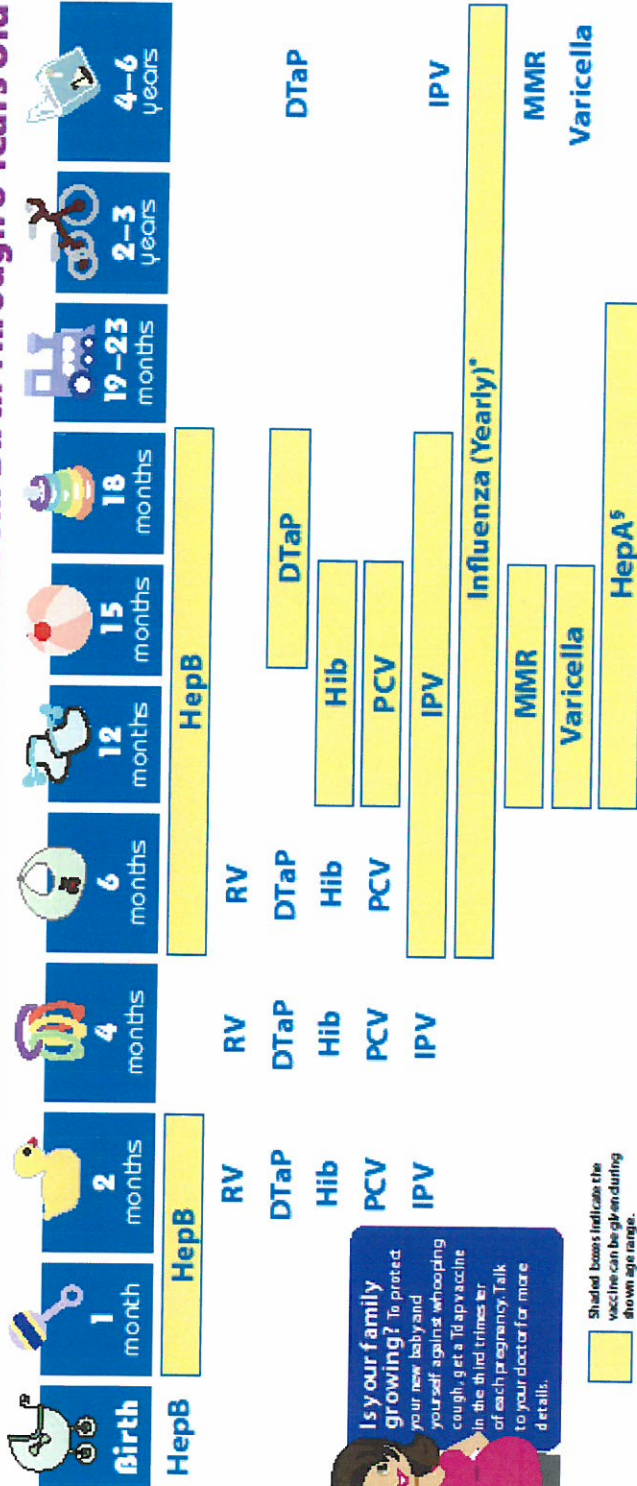
Policy Updates & Supporting Documents
News about Accreditation, Certification and HEDIS measures.

Policy Clarification Support (PCS)
Can't find what you need in FAQs or Policy Updates? Submit your question here.

CHILDREN'S MEDICAL SERVICES
FLORIDA KIDCARE QUALITY ASSURANCE AND ACCESS STANDARDS HANDBOOK

9. Ongoing Monitoring (CR 9)
- Between recertification cycles, does the organization conduct ongoing monitoring of practitioner sanctions, complaints and quality issues?
 - Does the organization take appropriate action when issues are identified?
10. Notification to Authorities and Practitioner Appeal Rights (CR 10)
- Does the organization have a process for discontinuing the contracts of practitioners who demonstrate poor performance?
 - Is there a process in place by which the practitioner can appeal the organization's decision?
 - Does the organization report to appropriate authorities when it suspends or terminates practitioners?
11. Assessment of Organizational Providers (CR 11)
- Does the organization confirm that hospitals, home health care agencies, skilled nursing facilities, nursing homes and behavioral health facilities are in good standing with state and federal agencies and accrediting organizations?
 - Does the organization re-review these standings at least every three years?
12. Delegation of Credentialing (CR 12)
- If the organization delegates to a third party decisions on evaluating or reevaluating a provider's qualifications, is the decision-making process—including the responsibilities of the organization and delegated party—clearly documented?
 - Does the organization evaluate and approve the delegated party's plan on a regular basis?

2015 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby and your self against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high risk, should be vaccinated against HepA.

If your child has any medical conditions that put them at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that may be needed.



For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
 or visit
<https://www.cdc.gov/vaccines>

2015 Recommended Immunizations for Children from 7 Through 18 Years Old

7-10 YEARS	11-12 YEARS	13-18 YEARS
Tdap ¹	Tdap, Diphtheria, Pertussis (Tdap) Vaccine	Tdap
MCV4	Human Papillomavirus (HPV) Vaccine (3 Doses) ²	HPV
	Meningococcal Conjugate Vaccine (MCV4) Dose 1 ³	MCV4 Dose 1 ³
	Influenza (Influp ⁴)	Booster at age 16 years
	Pneumococcal Vaccine ⁵	
	Hepatitis A (HepA) Vaccine Series ⁶	
	Hepatitis B (HepB) Vaccine Series	
	Inactivated Polio Vaccine (IPV) Series	
	Measles, Mumps, Rubella (MMR) Vaccine Series	
	Varicella Vaccine Series	

These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.

These shaded boxes indicate the vaccine is recommended for children with certain health conditions that put them at high risk for serious diseases. Note that healthy children can get the HepA series⁶. See vaccine-specific recommendations at www.cdc.gov/vaccines/pubs/ACP-List.htm.

FOOTNOTES

- ¹ Tdap vaccine is recommended at age 11 or 12 to protect against tetanus, diphtheria and pertussis. If your child has not received any or all of the DTap vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of Tdap when they are 7-10 years old. Talk to your child's health care provider to find out if they need additional catch-up vaccines.
- ² All 11 or 12 year olds – both girls and boys – should receive 3 doses of HPV vaccine to protect against HPV-related disease. The full HPV vaccine series should be given as recommended for best protection.
- ³ Meningococcal conjugate vaccine (MCV4) is recommended at age 11 or 12. A booster shot is recommended at age 16. Teens who received MCV for the first time at age 13 through 15 years will need a one-time booster dose between the ages of 16 and 18 years. If your teenager missed getting the vaccine altogether, ask their health care provider about getting it now, especially if your teenager is about to move into a college dorm or military barracks.
- ⁴ Everyone 6 months of age and older—including preteens and teens—should get a flu vaccine every year. Children under the age of 9 years may require more than one dose. Talk to your child's health care provider to find out if they need more than one dose.
- ⁵ Pneumococcal Conjugate Vaccine (PCV13) and Pneumococcal Polysaccharide Vaccine (PPSV23) are recommended for some children 6 through 18 years old with certain medical conditions that place them at high risk. Talk to your health care provider about pneumococcal vaccines and what factors may place your child at high risk for pneumococcal disease.
- ⁶ Hepatitis A vaccination is recommended for older children with certain medical conditions that place them at high risk. HepA vaccine is licensed, safe, and effective for all children of all ages. Even if your child is not at high risk, you may decide you want your child protected against HepA. Talk to your health care provider about HepA vaccine and what factors may place your child at high risk for HepA.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit <http://www.cdc.gov/vaccines/teens>



U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN



AMERICAN ACADEMY OF FAMILY PHYSICIANS

ADVANCING MEDICINE FOR AMERICA

2015 Recommended Immunizations for Adults: By Age

If you are this age, talk to your healthcare professional about these vaccines

Age	Flu Influenza	Tet/Tdap Tetanus, diphtheria, pertussis	Shingles Zoster	Pneumococcal		Menigoococcal	MMR Measles, mumps, rubeola	HPV Human papillomavirus for women	HPV Human papillomavirus for men	Chickenpox Varicella	Hepatitis A	Hepatitis B	Hib Haemophilus influenzae type b
				PCV13	PPSV23								
19 - 21 years													
22 - 26 years								3 doses	3 doses				
27 - 49 years		1 dose of Tdap* Td booster every 10 years			1 dose	1 or 2 doses	1 or 2 doses			2 doses			
50 - 59 years	Flu vaccine every year					1 or more doses						3 doses	
60 - 64 years			1 dose										1 or 3 doses
65+ year					1 dose								

More information:

There are several flu vaccines available. Talk to your healthcare professional about which flu vaccine is right for you.

* If you are pregnant, you should get a Tdap vaccine during the 3rd trimester of every pregnancy to help protect your babies from pertussis (whooping cough).

You should get zoster vaccine even if you've had shingles before.

There are two different types of pneumococcal vaccines: PCV13 (Prevnar 13) and PPSV23 (Pneumovax 23). Talk with your healthcare professional to find out if one or both pneumococcal vaccines are recommended for you.

If you know how many doses you need.

Recommendation for you if you did not get it when you were a child.

Your healthcare professional will let you know how many doses you need.



Recommended For You: This vaccine is recommended for you unless your healthcare professional tells you that you cannot safely receive it or that you do not need it.

May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines. Ask your healthcare professional about which vaccines you may need at least 6 weeks prior to your travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

