

PROVIDER CONNECTIONS



2024 ISSUE 1

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A Provider's Link to AmeriHealth Caritas Florida

The effect of mental disorders on heart disease

Recent research has shown a link between a patient's mental health and the possibility of increased risk factors for heart disease, either directly or through increased risky behaviors.

People who experience issues such as depression, anxiety, stress, and post-traumatic stress disorder (PTSD) for a long period may develop increased heart rate and blood pressure, reduced blood flow to the heart, and increased levels of cortisol. These effects may lead to calcium buildup in the arteries, metabolic disease, and heart disease.

In addition, these same mental health disorders may develop after a patient suffers cardiac events, due to factors such as pain, fear of death, and financial problems. Medicines to treat mental health disorders may also raise the risk of heart disease. For example, antipsychotic medications have been associated with obesity, insulin resistance, diabetes, heart attack, and more.

Many people who suffer from mental health disorders have also been shown to adopt unhealthy behaviors such as smoking and inactivity, and fail to take their prescribed medications. They may have fewer healthy coping strategies for stress, which makes it harder to make healthy lifestyle choices and reduce their risk for heart disease.

Who is at risk?

The specific populations that show higher rates of heart disease due to pre-existing mental health disorders include:

- **Veterans:** These individuals, who may live with PTSD due to active service, are at a higher risk for heart disease.
- **Women:** Studies have shown that women with PTSD and depression may have an increased risk of coronary heart disease.
- **Couples with PTSD:** Comparative studies show that for couples where one or both partners had PTSD, they may suffer increased cardiovascular reactivity due to severe conflict, anger, and stress.

- **People in racial or ethnic minority groups.**

Individuals who are classified as part of a racial or ethnic minority group who experience disparities in social determinants of health, adverse childhood experiences, and racism/discrimination and suffer depression, stress, and anxiety may be at a higher risk for developing cardiac issues.

What can providers do?

1. Talk with your patients about the link between mental health and heart disease.
2. Facilitate mental health screening and treatment for patients who suffer a major heart disease event or chronic heart disease.
3. Communicate with patients and their families about treatment decisions after a heart disease event.
4. Consider prescribing a psychotropic medication with a lower risk for heart disease. Look out for interactions between heart disease medications and these drugs.
5. Monitor a patient's progress and outcomes and adjust doses if needed.

Source:

"About Heart Disease and Mental Health," Centers for Disease Control and Prevention, January 23, 2024, <https://www.cdc.gov/heart-disease/about/about-heart-disease-and-mental-health.html>.

Vital information is here in Provider Pulse



AmeriHealth Caritas Florida is pleased to bring you our newly created **Provider Pulse** — a monthly fast-facts fax that keeps you informed of the information, news, and updates that are most vital to your practice.

Provider Pulse is faxed to you monthly and **posted on our website**. You can reach out to your Provider Account Executive to request to receive it by email.



Ways to help improve Black maternal outcomes

Although maternal mortality affects women of all races and ethnicities, studies show that it disproportionately kills more Black women. Some studies show that **Black women are three times more likely to die from a pregnancy-related cause** than white women.

There are a number of factors that contribute to this alarming disparity. Among those are variations in the quality of health care, underlying chronic conditions, implicit bias, and structural racism.

Unfortunately, social determinants of health may prevent ethnic minority group members from getting the care they deserve.

It's important to note that **more than 80% of pregnancy-related deaths in the United States are preventable** through a variety of ways, including recognizing urgent maternal warning signs, providing timely treatment, and delivering quality care.

Here are some ways that providers can help prevent pregnancy-related deaths:

- Screen patients for SDOH to understand factors that may affect their well-being. Talk to your patients about their concerns.
- Screen patients for unmanaged chronic conditions such as hypertension, diabetes, and depression. Determine whether the member would benefit from a Care Manager. Refer to our Bright Start® Maternity Program (see "Refer members to Bright Start" on **page 8** and "Refer members to Care Management" on **page 16**).
- Help patients and their families understand the **urgent maternal warning signs** and when to seek immediate medical attention.
- Work to eliminate unconscious bias in your practice and provide patients with respectful, quality care, regardless of their ethnic or racial background.

Direct your patients to the Hear Her® Campaign on the Centers for Disease Control and Prevention website for more information:

<https://www.cdc.gov/hearher/index.html>.

Source:
"Working Together to Reduce Black Maternal Mortality," Centers for Disease Control and Prevention, April 8, 2024, <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>.



The causes and treatment of **of cirrhosis**

Cirrhosis, a disease of the liver, affects about 2.2 million U.S. adults, and is most commonly caused by alcohol use disorder (45% of cases), nonalcoholic fatty liver disease (26%), and hepatitis C (41%).

Common symptoms include muscle cramps, pruritus, poor-quality sleep, and sexual dysfunction. It can be diagnosed by either liver biopsy or noninvasively through elastography, which assesses liver stiffness.

Cirrhosis can cause major complications, including hepatic encephalopathy or ascites. The median survival time for a patient with hepatic encephalopathy is 0.92 to 1.1 years. For those with ascites, the mean survival time is far less — those who develop hepatorenal syndrome may have a survival time of less than two weeks.

The most important step for patients with cirrhosis is to control their underlying chronic liver disease. They should also be screened for liver cancer on a regular basis. If the patient develops portal hypertension, they can be treated with nonselective beta blockers, such as carvedilol or propranolol.

Additionally, clinical trials have shown that hydroxyzine may help improve sleep problems, pickle brine and taurine may help reduce muscle cramps, and tadalafil can improve sexual dysfunction in men.

Cirrhosis can cause other complications. First-line treatment for patients include carvedilol or propranolol to prevent variceal bleeding, aldosterone antagonists and loop diuretics for ascites, lactulose for hepatic encephalopathy, and terlipressin for hepatorenal syndrome.

Lifestyle changes

It is important for your patients with cirrhosis to make significant lifestyle changes. These include:

- Avoiding alcohol, regardless of whether their cirrhosis was caused by alcohol.
- Quitting smoking.
- Losing weight if they are overweight or obese.
- Exercising regularly.
- Avoiding infections through good hygiene.
- Staying up to date with vaccines.
- Ensuring that all the medications they are taking are not affected by their cirrhosis.

Dietary changes

Many people with cirrhosis may suffer from malnutrition. It's important that patients maintain a healthy, balanced diet.

Reducing salt intake can help reduce the chance of swelling in legs, feet, and abdomen.

Patients may also want to consider eating healthy snacks between meals or eating three to four meals each day. Their liver may not be able to store glycogen, so they may need to eat more calories and protein to avoid muscle loss and weakness.

Sources:

Elliot B. Tapper and Neehar D. Parikh "Diagnosis and Management of Cirrhosis and Its Complications: A Review," JAMA, May 9, 2023, <https://jamanetwork.com/journals/jama/fullarticle/2804599>.

"Treatment for Cirrhosis," National Health Service (NHS), June 29, 2020, <https://www.nhs.uk/conditions/cirrhosis/treatment/>.

Ways to address the **ongoing problem of youth suicides**

Suicide is the third-leading cause of death in the United States and the fourth-leading cause in the world. This global public health problem requires improved identification, prevention, and treatment strategies.

The majority of suicides in young people occur from ages 10 to 19, although suicidal thoughts and attempts have been reported in children as young as 3. Additionally, there has been an increase in the number of elementary school-aged children reporting to emergency departments for self-harm.

Firearms are the most common suicide method among young people in the U.S., followed by hanging/suffocation, and self-poisoning. Other common methods used worldwide include jumping from a height and jumping or lying in front of a moving object.

Race and ethnicity

Suicide rates tend to vary by race and ethnicity. Native American and Alaska Native young people have the highest rates, which are 1.9 and 2 times higher than for white and Black young people, respectively. Also, a study of suicide rates for children from 1993 to 2012 has shown that while suicide rates remained constant amongst all races for children aged 5 to 11, they increased significantly in Black children over that period, while decreasing in white children.

Young people who identify as sexual minorities — including those who have same-sex orientation or identify as transgender or gender diverse — have an elevated risk of suicide when compared to their peers.

SUICIDE PREVENTION

Awareness

Intervention

Support

Counseling

Hotline

Those individuals who have intersecting marginalized identities — for example a Black, transgender person — may also have a higher risk of suicide. These are all important factors to consider when screening a young person for suicide risk.

Risk assessment

Experts say that identifying risk factors for suicide in young people can help professionals detect problems early and intervene when necessary.

Several factors have been identified to reduce the risk of suicide in young people, including:

- Family cohesiveness
- Better access to care
- Faith and spiritual factors
- Cognitive flexibility and emotional regulation skills
- Strong interpersonal relationships

Although social media and internet use are often associated with negative aspects, there are several factors that help prevent suicides, such as:

- Connection
- Reduced isolation
- Sense of community

Strategies for suicide prevention

Some universal strategies have been suggested for communities to help prevent suicide among young people. These include:

- Fostering resilience
- **Promoting mental health and providing quality mental health services**
- Appropriate and safe media messaging
- Reduction of lethal means
- Suicide surveillance efforts
- Suicide prevention training for adults

For providers, suicide screening can be a valuable tool. This can occur in a variety of medical settings. However, it's important to note that mental health and depression screenings often do not detect suicidal ideation in young people, so a suicide screening is needed to identify patients at risk.

Researchers recommend using suicide risk screening tools that are strong and reliable and that emphasize maximizing true positives and true negatives to prevent young people with suicidal thoughts from passing through screening.

After a positive screen, a more thorough assessment with a clinician is recommended, who can also create an action plan to manage the risk.

Interventions

Even after a young person receives treatment for a suicide risk, they may still report suicidal ideation. That's why it's important to connect them with various systems of care, such as their pediatrician and school-based mental health services, even after treatment.

Research has shown that the majority of young people who attempted suicide had already received mental health care before the attempt. This statistic underscores the need for more interventions in pediatric care and in school mental health systems.

Through working with families and their communities, and educating themselves on various screening and intervention practices, **providers can make a difference in helping to prevent the tragedy of youth suicides.**

Source:
Jennifer L. Hughes, et al, "Suicide in young people: screening, risk assessment, and intervention." *BMJ*, April, 24, 2023,
<https://www.bmj.com/content/381/bmj-2022-070630>.

REMINDER-
**The National Suicide
Prevention Lifeline is
now 988**



EPSDT quick reference guide — don't forget Z codes

The following diagnosis codes should be used in conjunction with EPSDT claims submitted:

ICD – 10	
Z00.00	Encounter for general adult examination without abnormal findings
Z00.01	Encounter for general adult examination with abnormal findings
Z00.110	Encounter for health examinations for newborn under 8 days old
Z00.111	Encounter for health examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z38.00	Encounter for single live born infant, delivered vaginally
Z38.01	Encounter for single live born infant, delivered by cesarean
Z38.1	Encounter for single live born infant, born outside hospital
Z38.2	Encounter for single live born infant, unspecified as to place of birth
Z32.30 – Z38.8	Encounter for range of codes for multiple births
Z76.1	Encounter for health supervision and care of a finding
Z76.2	Encounter for health supervision and care of other healthy infant and child

Important information for place of service 21:

When billing for newborns in an inpatient setting, please use diagnosis code Z38.00, Z38.01, Z38.1, Z38.2, or Z30.30-Z38.8 in the primary field with Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, or Z76.2 in the secondary field when submitting an EPSDT screen performed in an inpatient hospital setting.

Provider trainings

HEDIS 101 training

AmeriHealth Caritas Florida is pleased to invite providers to join us for a quarterly HEDIS training webinar.

Topics include:

- AHCA's targeted quality measures
- Benefits of bi-directional data and secure access to electronic medical record systems
- Updates to telehealth billing
- Review of our Healthy Behaviors programs

HEDIS 101 training dates

- Wednesday, August 21, 2024, at noon
- Wednesday, November 20, 2024, at noon

To register, please go to <https://www.surveymonkey.com/r/HEDISprovtrain> to submit your registration.

CLAS Cultural Competency training

AmeriHealth Caritas Florida is pleased to invite providers to join us for this annual Culturally and Linguistically Appropriate Services (CLAS) training to understand how to meet the cultural and linguistic needs of our members.

CLAS training dates remaining for 2024

- Thursday, June 20, 2024, at noon
- Thursday, September 19, 2024, at noon
- Thursday, December 12, 2024, at noon

To register, please go to <https://www.surveymonkey.com/r/acflCLAS> to submit your registration.



Pregnancy notification provider incentive

AmeriHealth Caritas Florida recognizes and values the vital impact that early and consistent prenatal care has on patients and their babies. This is why we ask for your help in submitting the Pregnancy Notification Form immediately upon confirmation of a member's pregnancy. AmeriHealth Caritas Florida is excited to offer a new incentive for providers who submit the completed **Florida Medicaid Pregnancy Notification Form (PDF)**.

Program details:

The incentive program began **April 1, 2024**.

To qualify for the incentive payment, please submit the completed **Pregnancy Notification Form (PDF)**:

- Via fax to: **1-855-358-5852** or
- Email: **acflmaternity@amerihealthcaritasfl.com**

AmeriHealth Caritas Florida will pay a one-time incentive of \$50 per member to the first provider that notifies the plan through submission of a completed Pregnancy Notification Form. Incentive periods are measured quarterly, and payments will occur two months after the end of each quarter.



Our Bright Start® pregnancy program is crucial to improving birth outcomes. It pairs pregnant moms with a Care Manager who supports them before, during, and after pregnancy. For more information, or for assistance with high-risk members, or help with moms who do not routinely receive their prenatal care, please contact Bright Start at **1-855-371-8076**.

Refer members to Bright Start The Bright Start maternity program

AmeriHealth Caritas Florida has a pregnancy case management program called Bright Start. The program provides nursing review and counseling, nutrition review, prenatal, delivery, and postpartum services, and nursery care services in the hospital.

Bright Start combines scheduled written and telephonic outreach that provides point-of-contact notification of health needs to members. Bright Start uses provider and community programs, partnerships, and creative outreach strategies to facilitate member access to required services.

All obstetrics (OB) and federally qualified health center (FQHC) providers should refer to plan and state requirements below when caring for prenatal and postpartum members. For more information or



assistance with members who are high risk or are not consistently getting prenatal care, contact Bright Start at **1-855-371-8076**.

Pregnancy Notification Form

All prenatal and postpartum care requires the **Florida Medicaid Pregnancy Notification Form (PDF)** for proper and expedient payment of services. This authorization form covers three OB ultrasounds, all scheduled prenatal visits, and up to four postpartum follow-up appointments.

The Pregnancy Notification Form can be faxed to AmeriHealth Caritas Florida Bright Start at **1-855-358-5852**, or submitted via the secure provider portal at **www.navinet.net**.

CAHPS is back

We need to improve provider communication, which will improve the patient experience.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a standardized patient survey developed by the Agency for Healthcare Research and Quality (AHRQ) to determine patient satisfaction with their providers, health plan, and health care services.

What does the CAHPS survey ask patients about their physician? The CAHPS survey focuses on the patient's experience with their health care and the areas that they are best qualified to evaluate. These areas include:

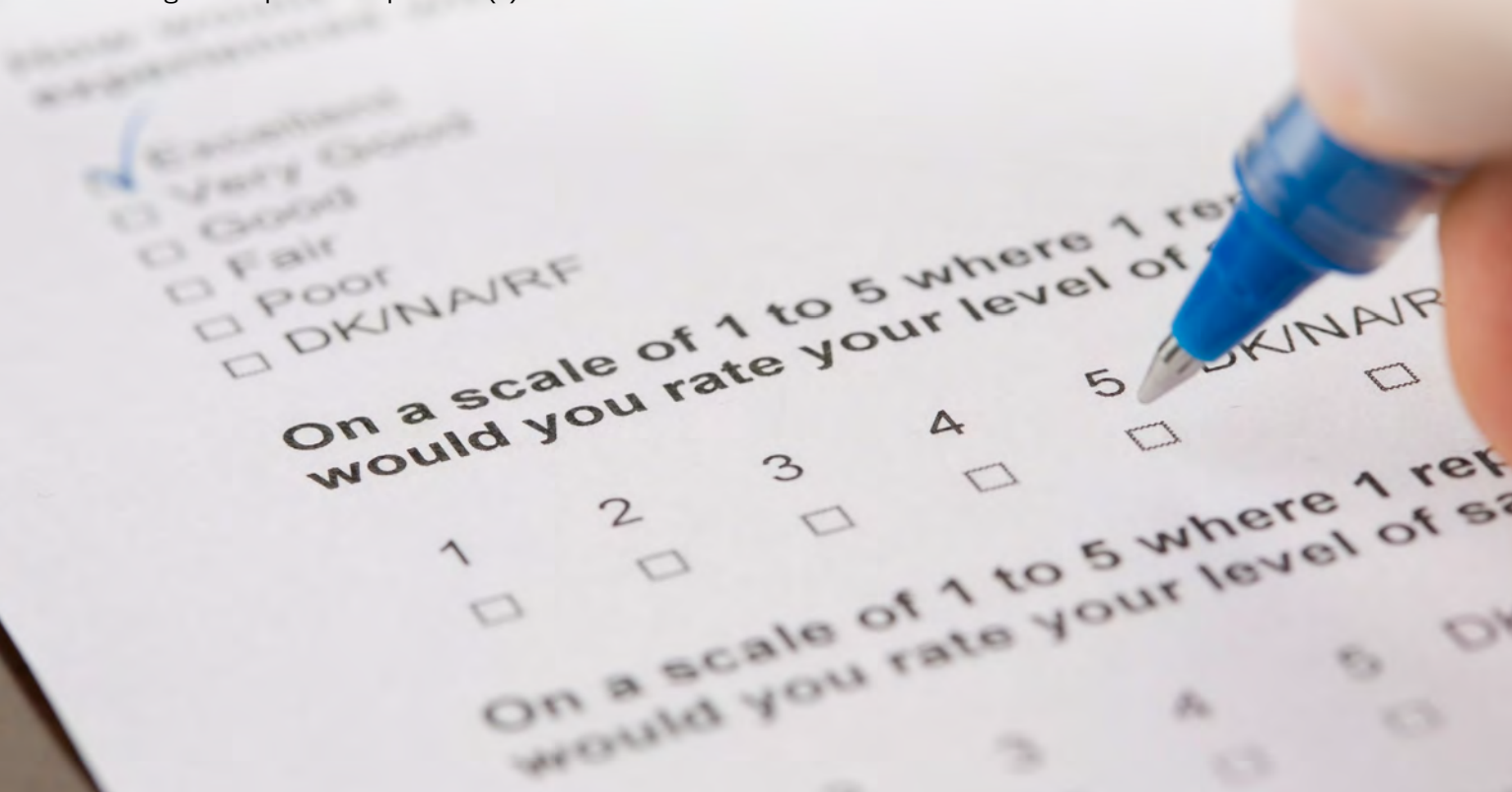
- Explaining things in a way that is easy for the patient to understand
- Listening carefully to the patient
- Showing respect for what the patient has to say
- Spending enough time with the patient
- Seeming informed and up to date about the care the patient got from their specialist(s)
- Advising the patient on health improvement strategies, such as tobacco cessation
 - A rating of the patient's personal care doctor
 - A rating of the health care the patient received
 - A rating of the patient's specialist(s)

Ways to improve CAHPS scores

Providers can improve their CAHPS scores with every interaction they have with their patients.

- Always listen to patients carefully.
- Explain in an understandable way.
- Keep it simple — avoid the use of medical jargon.
- Respect what the patient says.
- Answer all questions with courtesy and respect.
- Does the patient need a translator or interpreter?
- Are you aware of the member's social determinants of health?
- Join us for a Culturally and Linguistically Appropriate Services (**CLAS**) training to understand how to meet the cultural and linguistic needs of our members.

Please also see the helpful CAHPS Ambulatory Care Improvement Guide from the Agency for Healthcare Research and Quality (AHRQ) **Practical Strategies for Improving Patient Experience (PDF)**.



Healthy Behaviors programs

AmeriHealth Caritas Florida offers Healthy Behaviors programs that reward eligible members for completing certain milestones through visiting their PCP for testing or screening.

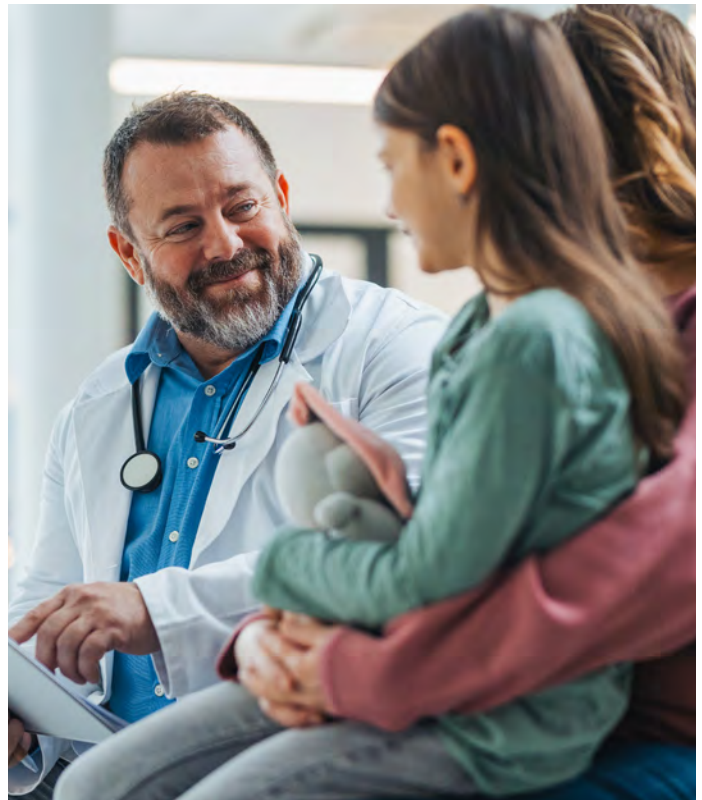
The programs include:

- Maternity care
- Postpartum care
- Well-child visits (31 days to 15 months old)
- Well-child visits (15 months old to 30 months old)
- Child and adolescent well-care visits
- Adult access to preventive or ambulatory services
- Lead screening
- Diabetes testing
- Diabetes eye exam
- Behavioral health follow-up
- Breast cancer screening
- Cervical cancer screening
- Weight loss (provider signature required on the form)
- Smoking cessation
- Alcohol and substance use recovery

All of the Healthy Behaviors programs require members to fill out a **Completion Form (PDF)** and return it to AmeriHealth Caritas Florida before joining. The form should be filled out entirely and faxed to the AmeriHealth Caritas Florida Quality Department at **1-855-358-5854**, or mailed to:

AmeriHealth Caritas Florida
P.O. Box 7181
London, KY 40742

Once the form is returned to AmeriHealth Caritas Florida and the services have been verified, a gift card will be mailed to the member (or to the minor member's parents or guardians). If claims for services cannot be verified, the member will be responsible for providing proof of service. **Members** may enroll in more than one Healthy Behaviors program (if they qualify) and **can receive a reward of up to \$50 per program, per year**. Members may only join each Healthy Behaviors program once per year. The deadline to submit for 2024 rewards is **January 31, 2025**.



Members may enroll in more than one Healthy Behaviors program (if they qualify) and can receive a reward of up to \$50 per program, per year.



Promoting health equity and cultural competency

The goal of culturally competent health care is to provide the highest quality care to every patient, regardless of race, ethnicity, cultural background, sexual orientation, gender identity, English proficiency, or level of literacy. At AmeriHealth Caritas Florida, health equity and cultural competency are company-wide priorities. We work to monitor, evaluate, and improve processes and activities to help ensure members receive high-quality culturally and linguistically appropriate services (CLAS). This work enables us to define and structure member and provider outreach, collect consistent data, develop policies, and set program goals. Poor health outcomes disproportionately affect racial and ethnic minority communities far more than other communities, not only in the context of race and ethnicity, but also in language; religion; socioeconomic status; mental health; cognitive, sensory, and physical disability; gender; age; sexual orientation; gender identity; geographic location, and other characteristics historically linked to exclusion or discrimination.

AmeriHealth Caritas Florida recognizes diversity in both our providers and members. We are committed to promoting effective, equitable, understandable, and respectful quality services that are responsive to our members' diverse cultural health beliefs, practices, preferred languages, health literacy, and other communication needs. AmeriHealth Caritas Florida uses the National CLAS Standards and the NCQA Health Equity Standards as a blueprint to advance health equity, improve quality, and help eliminate health care disparities. We foster cultural awareness both in our staff and in our provider communities by encouraging everyone to report race, ethnicity, and language (REL) data to help ensure that the cultures

prevalent in our membership are reflected to the greatest extent possible in our provider network. The race and ethnicity of our providers is confidential; however, the languages reported by providers are published in the AmeriHealth Caritas Florida Provider Directory so that members can easily find doctors who speak their preferred language.

Helping ensure that members have access to services and information in the appropriate and preferred language is a priority of our health plan. AmeriHealth Caritas Florida routinely examines the access-to-care standards for both the general population and the populations who speak a threshold language. A threshold language is a language spoken by at least 5% or 1,000 members of AmeriHealth Caritas Florida's member population, whichever is less. Interpretation and written translation services are available upon request to our members.

We recognize that it is our responsibility, as well as the responsibility of our participating providers, to meet the unique needs of our diverse membership through customized health-related information and services. AmeriHealth Caritas Florida offers a multifaceted and comprehensive CLAS training program and also offers ongoing educational opportunities about cultural competency online, during site visits, and during orientations. We also reinforce key concepts through our online provider newsletter and provider manual. Our **Cultural Competency and Language Access Services webpage** offers an assortment of resources and educational tools that can assist you and your practice with questions about delivering effective health services to diverse populations.

Provider rights

AmeriHealth Caritas Florida is committed to complying with all applicable requirements under federal and state law and regulations pertaining to provider rights. As a provider, you have the right to:

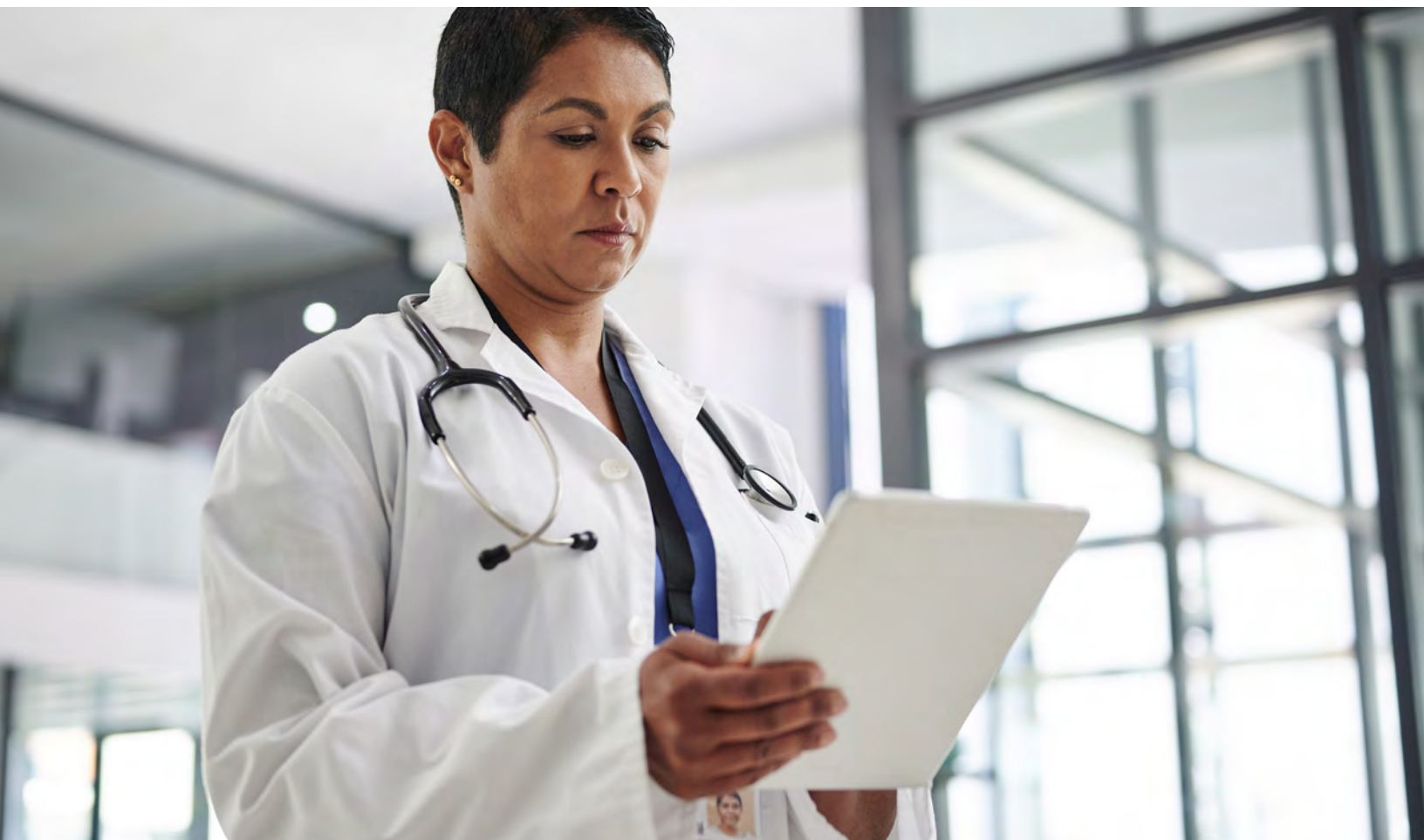
- Review information submitted to support your credentialing application. This includes any information you submit, or any outside information obtained through primary source verification. The Credentialing department will share all information with you except for: references, recommendations, or peer-review protected information.
- Correct erroneous information. You will be notified by phone or in writing of the discrepancy. You will be requested to return, within 10 business days, confirmation acknowledging communication of the discrepancy and will be required to submit a written explanation or provide an amended application. Submit corrections to the Credentialing department at credentialingsupport@amerihealthcaritasfl.com.
- Upon request, you may be informed of the status of your credentialing or recredentialing application. The Credentialing department will share all

information with the provider except for references, recommendations, or peer-review protected information. Requests can be made via phone, email, or in writing. Our responses to you will be made via email or phone.

You have the right to appeal adverse credentialing determinations.

If a provider or organizational provider's application is terminated from participation during the recredentialing process, the provider or organizational provider may appeal or dispute the termination. Denial of entry into the AmeriHealth Caritas Florida network during initial credentialing does not have appeal rights.

If AmeriHealth Caritas Florida denies or terminates a provider during credentialing or recredentialing, a notification will be sent to the provider within the time frame required by contract, state regulation, or accreditation body. The notification will include the reason for the decision, notification of the right to appeal the action (when applicable, i.e., recredentialing), and time frames regarding response for a request to appeal the decision.





Member **rights and responsibilities**

AmeriHealth Caritas Florida is committed to complying with all applicable requirements under federal and state law and regulations pertaining to member privacy and confidentiality rights. Member rights and responsibilities are available on our website at <https://amerihealthcaritasfl.com/pdf/member/eng/member-rights-responsibilities.pdf>. The PDF resource may be downloaded and printed. Please share this information with your AmeriHealth Caritas Florida patients, if asked.

How to access criteria for Utilization Management decisions

The AmeriHealth Caritas Florida Utilization Management (UM) team bases coverage decisions only on the appropriateness of care and the service provided. AmeriHealth Caritas Florida does not reward health care providers for denying, limiting, or delaying benefits or health care services. We also do not reward our staff for making decisions about the medical necessity of services or benefits that increase or decrease health care coverage and services.

All AmeriHealth Caritas Florida providers and members may receive, at no cost, a copy of our criteria for UM determinations. Our provider and member handbooks and UM determination letters describe how to obtain a copy of the clinical criteria we use for UM determinations.

To receive a faxed copy of these criteria, providers may contact the UM team at **1-855-371-8074**.

Pharmacy contact information

PerformRxSM provides pharmacy benefit management services to AmeriHealth Caritas Florida.

- You may fax prior authorization requests to PerformRx at **1-855-825-2717**.
- You may call Provider Services at **1-800-617-5727** for assistance.

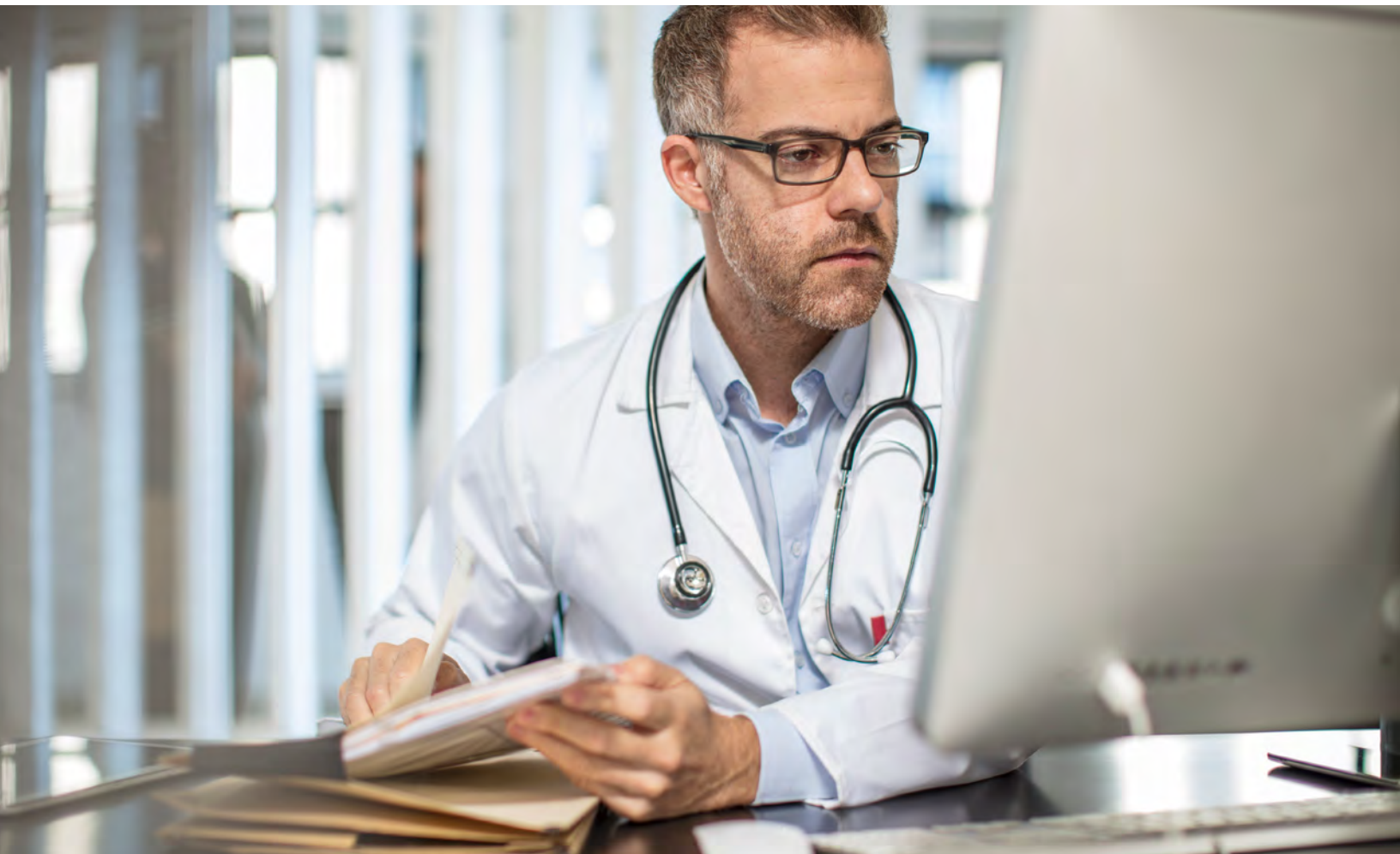
For pharmacy questions, call the Pharmacy Help Desk at **1-855-371-3963**, 24 hours a day, seven days a week.

Upon approval of a specialty authorization, you may forward the corresponding prescription to our specialty pharmacy PerformSpecialty[®] via fax at **1-844-489-9565** for prompt service. You can contact them by phone at **1-855-287-7888**.

Other pharmacy updates:

Please remember to visit our website at **www.amerihealthcaritasfl.com** and/or **https://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/index.shtml** for up-to-date pharmacy information, including:

- Changes by the Pharmacy and Therapeutics committee
- Preferred Drug List (PDL) updates
- Drug criteria
- New prior authorization criteria and procedures for submitting a prior authorization
- Pharmacy benefit restrictions or limitations





Medical records criteria

AmeriHealth Caritas Florida providers must keep medical records in a secure location to ensure the member's privacy. All medical records, Medicaid-related member cards, and communications are to be maintained for 10 years, according to legal, regulatory, and contractual rules of confidentiality and privacy. AmeriHealth Caritas Florida providers must maintain a medical records system that is consistent with professional standards. Providers are to deliver prompt access to records for review, survey, or study if needed.

Medical records should reflect all services and referrals supplied directly by all providers. This includes all ancillary services and diagnostic tests ordered by the provider, and the diagnostic and therapeutic services for which the provider referred the member. Members' medical records must be treated as confidential information and be accessible only to authorized persons.

Medical records must be in accordance with the standards in the Provider Manual and the standards listed below:

- History and physicals
- Allergies and adverse reactions
- Problem list
- Medications

- Clinical findings
- Evaluation of each visit
- Preventive services/risk screenings

Providers are required to adhere to the requirements in safeguarding the confidentiality of member medical records. In addition, providers must ensure compliance with the privacy and security provisions of the Health Insurance Portability and Accountability Act (HIPAA).

A member or authorized representative must sign and date a release form before any clinical or case records can be released to another party. Clinical/case record release must be consistent with state and federal law.

Providers are also required to comply with the privacy and security provisions of HIPAA, and are further required to maintain the confidentiality of a minor's consultation, examination, and treatment for a sexually transmitted disease, in accordance with Fla. Stat. § 384.30(2).

AmeriHealth Caritas Florida conducts record review audits to help ensure adherence with our medical record documentation standards and guidelines, and compliance with state and federal rules, laws, and contractual obligations.

Refer members to **Care Management**

AmeriHealth Caritas Florida has Care Managers to help keep our members healthy. Our Care Management programs help with long-term illnesses, injuries, pregnancy, and mental health. We have health programs for asthma, pregnancy, heart problems, diabetes, COPD, and sickle cell anemia. These programs are offered to members at no cost to them. Please visit www.amerihealthcaritasfl.com for more information.

We welcome you to refer members for support from our clinical Care Managers. Our Care Managers are registered nurses who assist members with coordinating care and linking to services that best meet their needs.

If you have a member who is struggling to connect with AmeriHealth Caritas Florida services or has special health care needs, please call our Rapid Response and Outreach Team at **1-855-371-8072**.



Fraud, waste, and abuse

Compliance with state and federal laws and regulations is a priority. Health care fraud is estimated to cost the nation 3% to 10% of the total health care expenditure, or approximately \$10 billion to \$234 billion annually. Health care fraud may increase the overall cost of health care and have unsettling effects on patient populations, providers, and payer organizations, which is why we need your help combating fraud.

Reporting and preventing fraud, waste, and abuse

Providers and members may anonymously report suspected fraud, waste, or abuse to the Special Investigations Unit (SIU). Please provide as much information as possible or available using one of the following methods:

- Via telephone by calling the AmeriHealth Caritas Fraud Tip Line at **1-866-833-9718**
- By sending an email to **FraudTip@amerihealthcaritas.com**
- Use the postal service to write to

Special Investigations Unit, AmeriHealth Caritas
200 Stevens Drive
Philadelphia, PA 19113

Or contact the state bureau directly at:

Medicaid Program Integrity Bureau (MPI),
Office of the AHCA Inspector General

Mail:

Kelly Bennett, Chief
2727 Mahan Drive, MS#6
Tallahassee, FL 32308

Email: **MPIComplaints@ahca.myflorida.com**

Online Form: **https://apps.ahca.myflorida.com/MPI-ComplaintForm/fraud_Complaintform**

Hotline: **1-888-419-3456**

Phone: **1-850-412-4600**

Fax: **1-850-410-1972**

Medicaid Fraud Control Unit of Florida,
Office of the Attorney General

Mail:

PL-01 The Capitol
Tallahassee, FL 32399-1050

Hotline: **1-866-966-7226**

Phone: **1-850-414-3990/ 1-850-414-3300**

If you report suspected fraud and your report results in a fine, penalty, or forfeiture of property from a doctor or other health care provider, you may be eligible for a reward through the Attorney General's Fraud Rewards Program at **1-850-414-3990**. The reward may be up to 25% of the amount recovered, or a maximum of \$500,000 per case, as set forth in Fla. Stat. §409.9203. You can talk to the Attorney General's Office about keeping your identity confidential and protected.

Below are examples of information that will assist AmeriHealth Caritas Florida with an investigation:

- Contact information (i.e., name of individual making the allegation, address, phone number)
- Type of item or service involved in the allegation(s)
- Place of service
- Nature of the allegation(s)
- Time frame of the allegation(s).

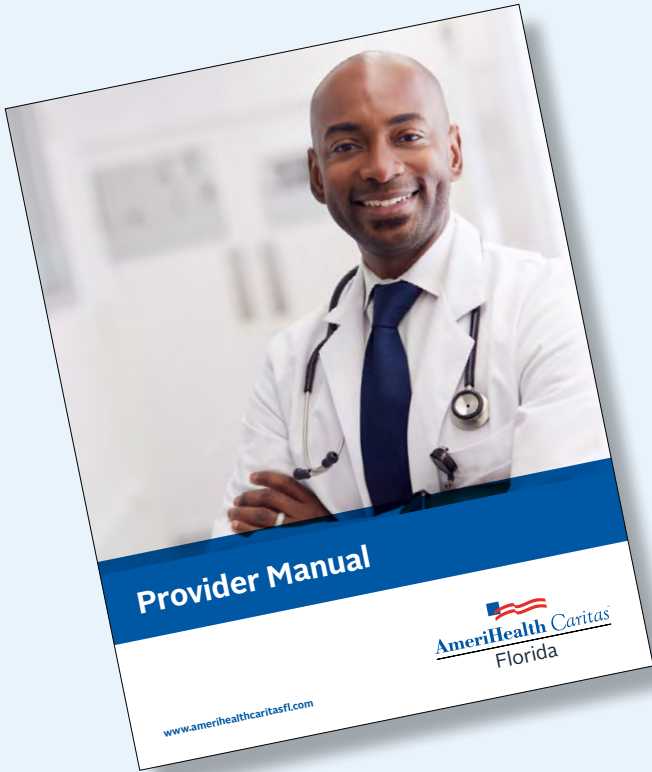
As situations warrant, AmeriHealth Caritas Florida may make referrals to appropriate law enforcement and/or the Medical Education Development in Communities (MEDIC).

Fraud Tip Hotline:
1-866-833-9718,
24 hours a day, seven
days a week. Secure and
confidential. You may
remain anonymous.

Provider Manual

Have you checked out the most recent version of our **Provider Manual (PDF)** for updates or changes?

It's available on our website at <https://www.amerhealthcaritasfl.com/pdf/provider/provider-manual-new.pdf>.



Providers must complete this report immediately upon the incident occurrence, and no later than forty-eight (48) hours of detection or notification. Reporting will include information such as the member's identity, description of the incident, and outcomes including current status of the member. After completion, the form must be faxed to AmeriHealth Caritas Florida Risk Management at **1-305-436-7485** or emailed to **acflriskmanagement@amerihealthcaritasfl.com**. The incident report should be maintained in a secure confidential file.

For reporting purposes, Florida defines an adverse incident as injury of a member occurring during delivery of covered services that:

1. Are associated in whole or in part with service provision rather than the condition for which such service provision occurred;
2. Are not consistent with or expected to be a consequence of service provision;
3. Occur as a result of service provision to which the patient has not given his informed consent; or
4. Occur as the result of any other action or lack thereof on the part of the staff or the provider.

Examples of adverse incidents include events involving abuse, neglect, exploitation, major illness or injury, involvement with law enforcement, elopement/missing, or major medication incidents. In accordance with our AHCA contract, an injury is defined as:

- a. Death
- b. Brain damage
- c. Spinal damage
- d. Permanent disfigurement
- e. Fracture or dislocation of bones or joints
- f. Any condition requiring definitive or specialized medical attention which is not consistent with the routine management of the patient's case or patient's preexisting physical condition
- g. Any condition requiring surgical intervention to correct or control

Risk management

AmeriHealth Caritas Florida ("AmeriHealth") recognizes the importance of minimizing risk to members during the provision of health care services. For this reason, AmeriHealth utilizes a formal risk management program to promote the delivery of optimal and safe health care for members. The program allows objective monitoring, evaluation and correction of situations that may occur in the administration and delivery of health care services.

Procedures for adverse incident reporting

Providers and subcontractors must report adverse incidents or injuries affecting AmeriHealth Caritas Florida members using the AHCA-approved provider adverse incident form at

<https://www.amerhealthcaritasfl.com/pdf/provider/forms/adverse-incident-form.pdf>.



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Florida