

PROVIDER CONNECTIONS



2023 ISSUE 1

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Redetermination — What's next for Medicaid patients?

**A message from our Market Chief Medical Officer,
Sandra Schwemmer, DO, FACOE-P-D, FACEP, FAAOE, HCRM**

Late last year, President Biden signed the Consolidated Appropriations Act of 2023. This legislation ended the continuous coverage provision of Medicaid for the COVID-19 public health emergency on **March 31, 2023**. Under continuous coverage, Florida residents were able to stay enrolled in Medicaid and the Children's Health Insurance Program (CHIP) for the duration of the COVID-19 emergency.

As a result of the new measure, the Florida Department of Children and Families (DCF) will disenroll Medicaid recipients who are no longer eligible due to income changes that occurred between 2020 and 2023. Disenrollment began on April 1, 2023, and is expected to be the single largest health coverage transition event since the Affordable Care Act began in 2010. As a result, an estimated 1.75 million Florida residents could lose their Medicaid coverage.¹

Some health policy experts have expressed concerns that there may be large groups of Medicaid-eligible people who are unable to re-enroll and will lose their coverage. Others may not have received or understood communication sent to them and have not responded to requests for updated information.

It's important for all providers to inform their patients about the changes in Medicaid. DCF has set up a multilingual customer call center for residents to use at **1-850-300-4323**. They can also dial **711** for Florida Relay or **TTY 1-800-955-8771**.²

¹ Erica Monet Li, "End of Continuous Coverage and What That Means for Medicaid in Florida," Florida Policy Institute, February 16, 2023, <https://www.floridapolicy.org/posts/end-of-continuous-coverage-and-what-that-means-for-medicaid-in-florida>.

² Stephanie Columbini, "State projects 1.75 million Floridians could lose Medicaid coverage as pandemic-era law expires," Health News Florida, January 23, 2023, <https://health.wusf.usf.edu/health-news-florida/2023-01-23/state-projects-1-75-million-floridians-could-lose-medicaid-coverage-as-pandemic-era-law-expires>.

Fentanyl awareness needed as death rate in children rises

A recent study on fentanyl use has discovered an alarming statistic: **Children age 14 and younger are dying of fentanyl poisoning at a faster rate than any other age group.** Providers should talk to their patients about the dangers of fentanyl use, especially those who are pregnant or who have young children, using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool.

Families Against Fentanyl (FAF) said in its report that although synthetic opioid (fentanyl) poisoning continued to be the leading cause of death among Americans ages 18 to 45 in 2021, fatalities among children 14 and younger are rising faster than any other age group. **The report states that in two years, deaths among children ages 1 to 4 have tripled, while deaths among infants and children ages 5 to 14 increased more than fourfold.**¹

Florida Attorney General Ashley Moody released a statement in which she advised all parents to have an open dialog with their families about illicit drug use and especially warn them about fentanyl.² She also released a **Fast Facts on Fentanyl Toolkit**, which explains how drug dealers are using social media and messages encoded in emojis to sell drugs to children.³

SBIRT training

The SBIRT tool has been shown to be an effective way to help identify patients who are at risk for substance use disorder. The Agency for Health Care Administration (AHCA) is currently providing a CME learning opportunity, at no cost to eligible providers, until **August 11, 2023.**

This online program teaches providers how to use SBIRT in daily practice, with an emphasis on tips for evaluation and management of pregnant women.

The program instructs providers how to:

- Use SBIRT in your daily practice.
- Recognize the appropriate circumstances to use SBIRT.
- Choose the right screening tools for your practice.
- Recommend options for treatment.
- Apply for reimbursement opportunities.

While the program is open to all physicians and physician extenders, AHCA encourages obstetricians, family physicians, internal medicine physicians, primary care providers, and hospital physicians to take the course. It is **available online from the University of Florida.**

Reimbursement for providers

As a reminder, the Substance Abuse and Mental Health Services Administration (SAMHSA) SBIRT codes have been added to the Medicaid Practitioner Fee Schedule.

The codes are applicable to fee-for-service and managed care. At this time, only physicians and physician extenders can render SBIRT services. This includes the following provider types:

- 25 — MD
- 26 — DO
- 29 — PA
- 30 — APRN

As a provider you can be reimbursed for SBIRT based on the table below.

Medicaid	Code	Description	Fee schedule
	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes	\$48.00

For more information, download the **University of South Florida's SBIRT Pocket Guide.**

- ¹ Families Against Fentanyl, "The Changing Faces of Fentanyl Deaths," January 12, 2023, <https://www.familiesagainstoffentanyl.org/research/fentanyl-by-age-and-cause-report>.
- ² "Attorney General Moody Warns Parents About Illicit Fentanyl as New Study Shows Children Under 14 Dying at Fastest Rate," News Release, January 19, 2023, <http://www.myfloridalegal.com/newsrel.nsf/newsreleases/428E20C2F9B7D87A8525893C00543CB4#:~:text=TALLAHASSEE%2C%20Fla.,than%20any%20other%20age%20group>.
- ³ "Fast Facts on Fentanyl and Protecting Children From Digital Dealers" can be downloaded at: <https://doseofrealityfl.com/pdfs/general-information-fast-facts-fentanyl.pdf>. The toolkit is also available in Spanish at <https://doseofrealityfl.com/pdfs/general-information-fast-facts-fentanyl-spanish.pdf>.

Care and screening for postpartum psychiatric disorders

Mood disturbances are common among women during the postpartum period. Although most are minor and resolve quickly, some women (about 10% to 15%) may experience more significant anxiety and depression.

Screening and diagnosis — as well as referral to a specialist for treatment if necessary — are important steps that all providers should take for new mothers.

Postpartum psychiatric illness affects about 85% of women. These illnesses are generally divided into three categories of increasing severity:

1. Postpartum blues
2. Postpartum depression
3. Postpartum psychosis¹

Risk factors and screening

The American College of Obstetricians and Gynecologists' (ACOG) Committee on Obstetric Practice² recommends that providers screen patients at least once during the perinatal period. They also recommend that providers complete a full assessment of mood and emotional well-being during each patient's comprehensive postpartum visit.

There are several risk factors that have been shown to contribute to depression in pregnant women and new mothers.

ACOG lists the following risk factors for depression during **pregnancy**:³

- Anxiety about being a mother
- Accidental pregnancy
- Outside stress
- Medicaid insurance
- Prior depression
- Low income

When should mothers be screened?

The American College of Obstetrics and Gynecology recommends:

- At least once during the perinatal period for depression and anxiety symptoms.
- Full screening during the comprehensive postpartum visit.²



Click here for a full list of risk factors for depression.

Risk factors for **postpartum** depression:⁴

- Depression or anxiety while pregnant
- Prior psychiatric illness
- Stress
- Difficulty during childbirth
- Neonatal intensive care for the baby

Click here for a full list of risk factors for postpartum depression.

Because postpartum depression may not begin until after the mother and baby are home from the hospital, the American Academy of Pediatrics⁵ recommends that providers screen new mothers during their 1-, 2-, 4-, and 6-month well-child visits using an established screening tool. The Edinburg Postnatal Depression Scale (EPDS) is the most frequently used. It consists of ten self-reported, health-literacy appropriate questions that take the patient less than five minutes to complete. It has also been translated into 50 different languages. A full list of screening tools can be accessed **here**.²

¹. MGH Center for Women's Mental Health, "Postpartum Psychiatric Disorders: Most women suffering from postpartum depression do not receive adequate care," Massachusetts General Hospital and Harvard Medical School, <https://womensmentalhealth.org/specialty-clinics-2/postpartum-psychiatric-disorders-2/>.

². American College of Obstetricians and Gynecologists' Committee on Obstetric Practice, "Screening for Perinatal Depression," November, 2018, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression>.

³. Lancaster CA, Gold KJ, Flynn HA, Yoo H, Marcus SM, Davis MM. "Risk factors for depressive symptoms during pregnancy: a systematic review." American Journal Obstetrics & Gynecology 2010, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2919747/>

⁴. Robertson E, Grace S, Wallington T, Stewart DE. "Antenatal risk factors for postpartum depression: a synthesis of recent literature." General Hospital Psychiatry, July – Aug. 2004, <https://www.sciencedirect.com/science/article/abs/pii/S0163834304000398?via%3Dihub>

⁵. Earls, Marian F., MD, Michael W. Yogman, MD, Gerri Mattson, MD, Jason Rafferty, MD, "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice," January 1, 2019, https://publications.aap.org/pediatrics/article/143/1/e20183259/37241/Incorporating-Recognition-and-Management-of?_ga=2.147878519.1317347137.1677594045-296647023.1677594045?autologincheck=redirected.

Get to know **NaviNet**

Effective **November 4, 2022**, AmeriHealth Caritas Florida replaced Availity, the existing payer-provider platform, with NantHealth | NaviNet. The NaviNet platform comprises a suite of tools that provide necessary clinical, financial, and administrative information in real-time with the click of a mouse.

What is NaviNet?

NaviNet is an easy-to-use, no-cost, web-based platform that links providers to AmeriHealth Caritas Florida. NaviNet helps speed up the provider-health plan connection and can often replace paper transactions.

Through NaviNet, you can access and submit:

- Real-time clinical Healthcare Effectiveness Data and Information Set (HEDIS) alerts
- Eligibility information
- Claims information and updates
- Benefits information
- Drug authorizations
- Prior authorizations

You may register for NaviNet by going to **<https://navinet.secure.force.com/csInstructions>**.



Alcohol awareness

Help prevent deaths from alcohol use

For many Americans, moderate drinking can be an enjoyable way to relax and socialize. However, for those who drink excessively, alcohol use can be deadly.

The Centers for Disease Control and Prevention (CDC) estimates that **excessive alcohol use was responsible for 140,000 deaths in the U.S. each year between 2015 and 2019**. This data comes from the CDC's Alcohol-Related Disease Impact (ARDI) application, which uses new methodology to show numbers of alcohol-related deaths and years of potential life lost from 58 alcohol-related conditions by age, sex, and state.

This study revealed that:

- **Alcohol use shortened the lives of those affected by an average of 26 years.**
- Alcohol-related deaths usually involved men age 35 and older.
- Deaths were generally due to excessive drinking over time, which led to cancer, liver disease, or heart disease.
- More than half of the total years lost were due to premature deaths from alcohol-related vehicle accidents, poisoning, and suicides.¹

The table below shows more information about the anti-alcoholic preparations listed on the **Florida Agency for Healthcare Administration Preferred Drug List**.

Description	Label name	Generic name	Minimum age	Maximum age	PA required?
Anti-alcoholic preparations	Acamprosate calcium DR, 333 mg tablet	acamprosate calcium	0	999	No
	Disulfiram, 250 mg tablet	disulfiram	0	999	No
	Disulfiram, 250 mg tablet	disulfiram	0	999	No
	Vivitrol, 380 mg vial	naltrexone microspheres	18	999	Auto PA
	Vivitrol, 380 mg vial — diluent	naltrexone microspheres	18	999	Auto PA

It's important to **talk to your patients about safe alcohol use**. Patients should not consume any alcohol if they are:

- Pregnant or might become pregnant
- Younger than 21 years of age
- Taking certain medications that can interact with alcohol, or have certain medical conditions
- Recovering from an alcohol use disorder²

Anti-alcoholic preparations

For patients who suffer from alcohol use disorder or have trouble controlling the amount of alcohol they drink, there are several prescriptions available that can help.

- **Acamprosate calcium** helps alcohol-dependent people to not drink by restoring the natural balance of chemicals in the brain.
- **Disulfiram** changes the way the body breaks down alcohol so that the user gets sick when they drink, thus reducing their desire for alcohol.
- **Vivitrol (naltrexone)** reduces the feeling of pleasure from drinking as well as the craving for alcohol.³

What are the U.S. guidelines for drinking?

The 2020 – 2025 Dietary Guidelines for Americans state that adults of legal drinking age who choose to drink should limit their intake to two drinks or less in a day for men and one drink or less in a day for women, on days when alcohol is consumed.²

¹ Centers for Disease Control and Prevention, "Deaths from Excessive Alcohol Use in the United States," July 6, 2022, <https://www.cdc.gov/alcohol/features/excessive-alcohol-deaths.html#:~:text=More%20than%20140%2C000%20people%20die,in%20the%20U.S.%20each%20year.>

² Dietary Guidelines for Americans, "2020-2025 Dietary Guidelines," <https://www.dietaryguidelines.gov>.

³ Collins, Sonya, "Can Medicine Help With Alcohol Use Disorder?" WebMD, May 3, 2021, <https://www.webmd.com/mental-health/addiction/features/fighting-alcoholism-with-medications>.

Mental Health Awareness and Follow-up Care

In 2019, nearly one in five adults in the U.S. age 18 and older had a diagnosed mental health disorder.¹ Despite this, individuals hospitalized for mental health disorders often do not receive adequate follow-up care. Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of readmission, and reduce the overall cost of outpatient care.^{2,3,4}

Recommended post-discharge treatment includes a visit with a mental health provider within 30 days after discharge. Ideally, patients should see a mental health provider within seven days after discharge.

Members can earn a Healthy Behaviors gift card for completing these follow-up appointments. A member must have a follow-up visit within seven days of discharge from an acute behavioral/mental health inpatient setting or emergency department in 2023 to qualify for the program. Members must complete and submit a Healthy Behaviors completion form for consideration. The form can be found **on our website**.

¹. Substance Abuse and Mental Health Services Administration (SAMHSA), "Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (NSDUH)," 2020, <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFRPDFWHTML/2019NSDUHFR1PDFW090120.pdf>.

². Majid Barekatin, et al., "Aftercare services for patients with severe mental disorder: A randomized controlled trial," J Res Med Sci, (2014) 19(3):240-5, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4061646/>.

³. David D. Luxton, et al, "Can post-discharge follow-up contacts prevent suicide and suicidal behavior? A review of the evidence," Crisis, (2013) 34(1):32-41, <https://pubmed.ncbi.nlm.nih.gov/22846445/>.

⁴. William M. Glazer, "Tackling adherence in the real world," Behavioral Healthcare, (2010) 30(3), 28-30, <https://pubmed.ncbi.nlm.nih.gov/20373688/>.

AmeriHealth Caritas Florida is now offering a supportive texting service for members ages 13 to 25 through MindRight Health. The focus is to connect with members who have behavioral health concerns and support them with ongoing texting sessions. This approach provides another way to reach members who might not engage in traditional therapy but are open to texting with someone about their concerns. For more information, please contact your Provider Network Account Executive.



Provider training is available

Disaster trauma training

AmeriHealth Caritas Florida is pleased to invite providers to join us for **Psychological First Aid and Skills for Psychological Recovery**.

Training is designed for providers to help survivors manage emotional distress and cope with post-disaster stress and adversity resulting from hurricanes, wildfires, and other natural disasters, as well as mass shootings and other traumatic events.

This online course is developed by the National Center for PTSD and the National Child Traumatic Stress Network. This five-hour online course offers 5 continuing education units (CEUs) for psychologists and counselors upon completion. All providers may **sign up here** for this no-cost training.

This course covers the following:

- Post-traumatic stress disorder (PTSD)
- Suicide prevention and survivors' guilt
- Depression
- Mental health resources for providers:
 - Provide support for compassion fatigue
 - Reduce burnout to increase workforce retention
 - Strengthen ability to practice effective medicine

Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Pregnant Women and Other Adult Patients

This training is offered through a partnership with the University of Florida College of Medicine and the Agency for Healthcare Administration. All physicians, physician assistants, and advanced practice registered nurses, and, in particular, obstetricians, family physicians, internal medicine physicians, hospitalists, and other primary care providers are invited to **register here**.¹

As a result of participation in this activity, participants will be able to:

- Perform SBIRT in their daily practice.
- Recognize appropriate circumstances to conduct SBIRT.
- Select screening tools suitable to the provider's practice.
- Conduct immediate, brief interventions on substance use.
- Recommend appropriate treatment options to patients.
- Apply reimbursement opportunities for SBIRT.

Requirements for successful completion: Certificates are awarded upon successful completion (80% proficiency) of the post-test.

Accreditation: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University of Florida College of Medicine and the Agency for Healthcare Administration. The University of Florida College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Credit: The University of Florida College of Medicine designates this enduring material for a maximum of 0.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

¹. Jan Lanouette, "Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Pregnant Women and Other Adult Patients," University of Florida College of Medicine Continuing Education, <https://cme.ufl.edu/screening-brief-intervention-and-referral-to-treatment-sbirt-for-pregnant-women-and-other-adult-patients/>.

Perinatal Mood and Anxiety Disorders

This course is offered through Vanderbilt University Medical Center. All specialists in: emergency medicine, health policy, medicine, nursing, obstetrics and gynecology, pediatrics, pharmacology, pharmacy, and social work are invited to **register for this training here**.

In this educational module, a subject matter expert will teach participants how to:

- Identify risk factors for perinatal mood and anxiety disorders.
- Screen for and diagnose postpartum depression.
- Initiate treatment for postpartum depression and use the resources available.
- Develop an “elevator speech” for postpartum patients regarding perinatal mood and anxiety disorders.

Curriculum: TIPQC, <https://vumc.cloud-cme.com/course/search?p=4000&curriculum=TIPQC>.

Credits: AMA PRA Category 1 Credits™ (0.50 hours),
Non-Physician Attendance (0.50 hours)

HEDIS 101 Provider 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 upcoming 2023 dates:

Wednesday, June 14, 2023, at noon

Wednesday, September 13, 2023, at noon

Wednesday, November 15, 2023, at noon

Register here for your date of choice.





What is trauma-informed care?

Trauma-informed care is a multipronged public health approach that helps providers and caregivers better understand trauma and its far-reaching effects. Trauma, which occurs when a person has an intense and negative emotional response to a serious event, can happen to anyone regardless of age or background. However, certain communities and people with certain conditions may be at a heightened risk for trauma.¹

The American Academy of Family Physicians recommends that practices must be prepared to safely and promptly address experiences of trauma, including ongoing cases of trauma, such as interpersonal violence, that require immediate attention and compliance with mandatory reporting laws where applicable.²

What does trauma look like?

Traumatic events can come in many forms. Some examples can include:^{1,3}

- Sexual abuse
- Physical abuse
- Mental or emotional abuse
- Adverse childhood experiences

- Interpersonal violence
- Community violence
- Loss of a loved one
- Gruesome accidents or injuries
- Witnessing violence or death
- Fire or natural disaster
- Racial, cultural, identity, and gender discrimination
- Chronic poverty, homelessness, and lacking basic needs

How does trauma impact health?

Experiencing trauma and living through a traumatic event can seriously impact a person's health and wellbeing — both physical and mental. According to Harvard Women's Health Watch, the more trauma a person has experienced, the worse that person's health typically is.⁴

Physical health risks increased by trauma:^{3,5}

- Heart attack
- Stroke
- Cancer
- Obesity
- Diabetes
- Chronic obstructive pulmonary disease
- Sexually transmitted diseases

Behavioral health risks increased by trauma:^{3,5}

- Post-traumatic stress disorder (PTSD)
- Depression
- Anxiety
- Substance use disorder
- Suicidal ideation and behavior

¹ "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach," SAMHSA's Trauma and Justice Strategic Initiative, https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf.

² "Providing Trauma-Informed Care," American Academy of Family Physicians, www.aafp.org/aafp/2017/0515/p655.html.

³ "The ABC's of Trauma-Informed Care," National Council for Behavioral Health, <https://www.thenationalcouncil.org/resources/the-abc-of-trauma-informed-care>.

⁴ "Past trauma may haunt your future health," Harvard Women's Health Watch, updated February 12, 2021, www.health.harvard.edu/diseases-andconditions/past-trauma-may-haunt-your-futurehealth.

⁵ "Adverse Childhood Experiences: Looking at how ACEs affect our lives & society," Centers for Disease Control and Prevention, https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html.

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 **here**. The PDF resource may be downloaded and printed. Please share this information with your AmeriHealth Caritas Florida patients, if asked.

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.

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**.



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Committed to assisting
our patients through each
step in their journey to a
healthier outcome.



Dually Accredited



Full-Service Specialty Pharmacy



Adherence Technology



Care Management



Real-Time Data Reporting

If you have any questions
about the services we
provide, please reach out
to the Specialty Account
Executive in your territory.

REGIONAL ACCOUNT EXECUTIVES

Michael Seavey
Specialty Account Executive
1-610-812-3698
mseavey@performspecialty.com

Michael Hrynko
Specialty Account Executive
1-908-693-4369
mhrynko@performspecialty.com

Timothy Ostop
Specialty Account Executive
1-412-877-0480
tostop@performspecialty.com

NATIONWIDE PROVIDER SUPPORT

Demond Lane
Physician Office Liaison
1-407-734-4816
dlane@performspecialty.com

Vivian Escalera
Physician Office Liaison
1-407-734-4828
vescalera@performspecialty.com



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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
- Clinical findings
- Allergies and adverse reactions
- Evaluation of each visit
- Problem list
- Preventive services/risk screenings
- Medications

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 vulnerable patients' 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 Fraud Tip Line at **1-866-833-9718**
- By sending an email to **FraudTip@amerihealthcaritas.com**
- Via postal service
- Online using the Fraud Tip form at <https://www.amerihealthcaritasfl.com/about/fraud-waste-abuse.aspx>
- Directly to the state oversight agency:

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/>**

Website: **<https://ahca.myflorida.com/health-care-policy-and-oversight/office-of-medicaid-program-integrity>**

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)

Risk management

AmeriHealth Caritas Florida recognizes the importance of minimizing risk to members during the provision of health care services. For this reason, AmeriHealth Caritas Florida 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. 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 of 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



The National Suicide Prevention Lifeline is now 988



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AmeriHealth Caritas
Florida