

Closing the gap: improving overall cardiovascular health

Prestige Health Choice (Prestige) recently offered a live webinar, **Closing the Gap: Delivering Culturally Competent Care**, presented by Dr. Donald Lloyd-Jones. The webinar is offered as part of our ongoing effort to improve the overall cardiovascular health of our members. Our goal is to provide education and resources to help you help our members take personal control of their health.

The recorded on-demand version is available online at:
www.prestigehealthchoice.com/provider/itn/training-and-education/cardio-care-center.aspx

This webinar is designed to help your practice meet the challenges of providing appropriate care based on an individual patient's cultural, linguistic, educational, and socioeconomic needs. The webinar offers practical advice on providing culturally appropriate interventions as they relate to cardiovascular disease.

Participation and completion of the post-session evaluation earns 1 CME credit. Visit the link above to learn more and for access to our electronic tool kit that includes comprehensive tools and resources.

We are committed to becoming a more effective partner and look forward to working together on this important initiative.

Encounter data

Prestige has a contractual obligation with the state of Florida to collect and send encounter data based on claims that we receive and pay for all services rendered to our members under the Managed Medical Assistance program (MMA). The encounter data has to be sent following the data quality and standards defined by the Florida Agency of Health Care Administration (AHCA).

Because of the high level of compliance requirements under MMA guidelines, encounter rejections caused by discrepancies in your provider file with AHCA may impact our ability to continue to pay your claims. Furthermore, if Prestige is unable to successfully process your encounters, we may be obligated to start the claim recovery process.

For more information and useful tips to have encounters successfully processed and accepted by AHCA visit our website at www.prestigehealthchoice.com, call Provider Services at 1-800-617-5727, or contact your Provider Account Executive.

Billing and claims tips

For claims with a distinct procedural service, continue to use modifier **59**. Prestige does not recognize the X (ESPU) modifiers. Claims submitted with the X (ESPU) modifiers will be denied.



What is risk adjustment?

Risk adjustment is the process by which managed care organization compensation is adjusted to reflect the disease severity or amount of risk they assume in delivering services to a member population.

We must obtain continuous health status documentation from the diagnoses contained in claims data submitted by providers to accurately report disease severity to AHCA.

Per the ICD-10-CM Official Guidelines for Coding and Reporting (October 1, 2015), providers must code all documented conditions that were present at time of the encounter/visit, and that require or affect patient care treatment or management.

Have you coded for all chronic conditions for the member?

Many chronic disease conditions should always be considered and included on the submission of the claim if they coexist at the time of the visit.

Accurate coding can be easily accomplished by keeping accurate and complete medical record documentation.

Use the SOAP format for documentation. SOAP stands for:

Subjective: How the patients describe their problems or illnesses.

Objective: Data obtained from examinations, lab results, vital signs, and other measurements.

Assessment: Listing of the patient's current condition and status of all chronic conditions. Reflects how the objective data relate to the patient's acute problem.

Plan: Next steps in diagnosing the problem further, prescriptions, consultation referrals, patient education, and recommended time to return for follow-up.

How does accurate medical record documentation and coding support the provider?

Reimbursement:

- Support level of CPT codes reported.
- Basis for health outcome quality incentive reimbursement.

Protection:

- Avoid potential fraud, waste, and abuse allegations.

Administrative efficiency:

- Avoid intrusive medical record review activities requested by MCOs.



Fraud Tip Hotline
1-866-833-9718,
24 hours a day, 7
days a week. The
hotline is secure and
confidential. You may
remain anonymous.



Zika virus update: insect repellent added to expanded benefits

In consideration of the current health concern with the mosquito-borne Zika virus, and its threat, in particular, to pregnant women, Prestige has added several insect repellent products to our approved over-the-counter (OTC) expanded benefits list. The adjacent table lists the new items added to the expanded OTC benefits list.

According to the Centers for Disease Control and Prevention (CDC):

Zika virus disease is spread primarily through the bite of an infected Aedes species mosquito or having unprotected sex with someone who carries the virus. The most common symptoms of Zika virus are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild, with symptoms lasting for several days to a week after being bitten by an infected mosquito. People usually don't get sick enough to go to the hospital, and they very rarely die of Zika. For this reason, many people might not realize they have been infected. However, Zika virus infection during pregnancy can cause a serious birth defect called microcephaly, as well as other severe fetal brain defects. For more information about Zika virus, visit the CDC website at www.cdc.gov/zika.

Product name	Ounces	UPC
OFF! Family Care	2.5 oz.	46500710377
OFF! Deep Woods	4 oz.	46500717642
OFF! Deep Woods	6 oz.	46500018428
OFF! Active	6 oz.	46500018107
Cutter Skinsations	6 oz.	16500540106
Cutter Backwoods	6 oz.	71121962805
Repel Insect Sportsmen	6.5 oz.	11423941375
Repel Sportsmen Max Formula	6.5 oz.	11423003387

Risk management tips and guidelines

What is risk management?

Our Risk Management department works proactively and reactively to prevent and/or minimize potential risk. Identification and evaluation of potential risk could prevent or reduce injury or serious illness to members, which can pose potential risk to the plan.

It is important for all providers and subcontractors to play a role in risk management, as the first line of defense against risk.

What should be reported?

Be aware of verbalized concerns or documentation regarding:

- Abuse, neglect, and/or exploitation of a member.
- Member injury or major illness resulting from the care provided, such as a perforation, fracture, or hospital-acquired infection.
- A member being transferred to a more acute level of care due to an incident.
- A provider and/or member contacting law enforcement or a regulatory agency, such as DCF.
- Procedures performed on the wrong patient or site.
- The wrong procedure being performed on a member.
- A member undergoing surgical procedures for the removal of foreign bodies.
- Delays in providing care or services.
- Vendor-related issues that resulted in any of the above.

Identified potential risk should be reported to Risk Management immediately.

How to report?

To report a potential risk, please complete the Provider Adverse Incident Form on the Prestige website at www.prestigehealthchoice.com/provider/itn/resources/forms.aspx. Email the form to Risk Management at phcriskmanagement@prestigehealthchoice.com immediately, and no later than 48 hours of being notified of an adverse incident.

When completing the form, be sure to include the following information:

- Who — member affected, provider and/or staff involved.
- When — date(s) of incident, service, admission and discharge, if available.
- What — what happened to the member that led to the incident? What type of incident occurred? What was the outcome?
- Why — why did the incident occur?
- Where — address, region, and/or physical location.
- Name and phone number of the person reporting the incident.

Reporting guidelines

- Do not accuse or assume. Report pertinent facts only.
- Reports are confidential and should not be placed in medical records.
- Send reports to Risk Management right away.

If you have questions regarding reporting, please contact Risk Management at phcriskmanagement@prestigehealthchoice.com.

New Provider Complaint Form

Prestige has created a new Provider Complaint Form. This form will assist you in documenting all of the information you need to submit in your provider complaint. A complaint is defined as an administrative concern or claims-related issue. Please visit our website at www.prestigehealthchoice.com/provider/itn/resources/provider-complaint-system.aspx to download your copy of the form.

Searchable online provider directory

Prestige has updated and enhanced our searchable online provider directory tool. You can visit www.prestigehealthchoice.com to review and confirm that your information is accurate. If you have any questions, call Provider Services at 1-800-617-5727. If you notice any errors in the directory, please fax, on practice letterhead, the information as it should appear to the attention of Provider Services at 1-855-358-5849.



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Expanded benefits reminder: circumcision

Circumcision is an expanded benefit. All expanded benefits are in excess of benefits specified in the Medicaid state plan. The following table outlines the benefit and the authorization requirement.

Birth to 90 days	91 days after birth and older
No prior authorization is required: <ul style="list-style-type: none">• During initial inpatient hospital stay.• Physician's office (POS 11).	Prior authorization is required: <ul style="list-style-type: none">• All places of service (POS).• Subject to medical necessity.

Non-emergency transportation for members

Prestige offers non-emergency transportation for members who need assistance visiting provider offices for their scheduled appointments.

You are encouraged to refer members requiring transportation services to our transportation vendor (Access2Care). This will ensure the member does not miss his or her scheduled appointment or fall behind with any ongoing treatment. Transportation should be scheduled at least 24 hours prior to the member's appointment. A 48-hour prior notice is preferred to ensure availability and promptness.

Please contact our transportation vendor at **1-855-371-3968**. If members have additional questions about non-emergency transportation, please refer them to Member Services at **1-800-355-9800**.