

PROVIDER CONNECTIONS



2019 ISSUE 1

**Improving patient
satisfaction**

**Coding corner:
Hypertensive disease
and ICD-10-CM**

**Put your
online portal
to work today**

**Help prepare adolescents
for lifelong health**

**ABC Pediatrics wins first annual Prestige
Health Choice Quality Champion Award**

New expanded benefits

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A Provider's Link to Prestige Health Choice



Improving patient satisfaction

Prestige Health Choice is committed to ensuring a positive member experience. One way we do so is by using information derived from member satisfaction surveys to improve the quality of care and services we provide.

One of these surveys is the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey, which measures several components of patient experience, including:

- Getting needed care.
- Getting care quickly.
- How well providers communicate.

Here are some simple tips you may consider to improve the patient experience:

1) Getting needed care.

- Have office staff available to help patients schedule appointments with specialists.
- Identify any specialists with whom your office is having problems scheduling appointments, and why.

2) Getting care quickly.

- Implement open-access scheduling. Allow a portion of each day for urgent care and follow-up care, especially during flu season.

3) How well providers communicate.

- Explain things to your patients in a way they can understand.
- Listen carefully to them.

Refer members to Care Management

Prestige Health Choice welcomes providers to refer members for additional support from our Care Managers. Our Care Managers are registered nurses who can 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 Prestige Health Choice services or has special health care needs, please call the Rapid Response and Outreach Team at **1-855-371-8072**.



Put **your online portal** to work today

We encourage all network providers to register for access to our secure provider portal. It's fully automated to fit your workflow. You can perform the following tasks online through your secure account:

- Confirm member eligibility.
- Check the status of your claims.
- Determine which services require prior authorization.
- Request and view your prior authorizations.
- Run and review clinical reports.
- Review panel and capitation rosters.

You can also update your contact information. Register online at **www.availity.com/resources/support/provider-portal-registration**. If you prefer, we can help you set up your account. Call Provider Services at **1-800-617-5727** for assistance.



Coding corner: Hypertensive disease and ICD-10-CM

Claims analysis shows that hypertensive disease is a frequently under-coded diagnosis. Below is a quick reference guide to correct coding for hypertensive disease.

Hypertension	Heart disease	Heart failure	Kidney disease	ICD-10-CM code
Yes	No	No	No	I10, (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) Hypertension
Yes	Yes	No	No	I11.9, Hypertensive heart disease without heart failure
Yes	Yes	Yes*	No	I11.0, Hypertensive heart disease with heart failure
Yes	No	No	Yes**	I12.9, Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease.
Yes	No	No	Yes**	I12.0, Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end-stage renal disease
Yes	Yes	Yes*	Yes**	I13.0, Hypertensive heart and chronic kidney disease with heart failure and with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Yes	Yes	Yes*	Yes**	I13.2, Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end-stage renal disease
Yes	Yes	No	Yes**	I13.10, Hypertensive heart and chronic kidney disease without heart failure and with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease.
Yes	Yes	No	Yes**	I13.11, Hypertensive heart and chronic kidney disease without heart failure and with stage 5 chronic kidney disease, or end-stage renal disease
*Also requires type of heart failure to be coded — Category I50				
**Also requires type of kidney disease to be coded — Category N18				

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Help **prepare adolescents** for lifelong health

Prestige Health Choice wants to help our adolescent health plan members achieve healthy, successful futures. That's why we're making it easier for them to get their adolescent well-care visits. We now cover adolescent well-care visits performed at the following urgent care centers:

MCH Miami Lakes Center

MCH Midtown Center

Baptist Medical Plaza at Westchester

Baptist Health Urgent Care at West Kendall

Baptist Medical Plaza at Pinecrest

Baptist Health Urgent Care at Palmetto Bay

Baptist Medical Plaza at Country Walk

Baptist Health Urgent Care at University Centre

Baptist Medical Plaza at Doral

Baptist Medical Plaza at Miami Lakes

Baptist Health Urgent Care at Coral Gables

Baptist Medical Plaza at Kendale Lakes

Baptist Medical Plaza at Brickell

Baptist Medical Plaza at Tamiami Trail

Get Med Urgent Care

Indian River Medical Center (IRMC)

IRMC Urgent Care Pointe West

Please let your Prestige Health Choice patients with children ages 12 to 21 know that adolescent well-care visits are a covered service. All they need to do is bring their health plan member ID card with them.

ABC Pediatrics wins first annual Prestige Health Choice Quality Champion Award

ABC Pediatrics of St. Lucie is the first Prestige Health Choice provider group to be recognized as a Prestige Health Choice Quality Champion since the inception of the value-based award program in 2017. The group's mission is to provide preventive, diagnostic, and therapeutic services with attention to individual need. ABC Pediatrics is dedicated to offering family-centered, affordable, high-quality care from birth to later years.

As a participating provider in the Prestige Health Choice value-based award program, ABC Pediatrics has committed to improving patient health, reducing unnecessary costs, and promoting accountable care for the members we mutually serve. The group demonstrated improvement on quality measures and reduced unnecessary emergency room visits.

Their diligent work, deployed thoughtfully, has helped drive Prestige Health Choice's stronger quality metrics and ensures that no patient is left behind. We extend a special thanks to the staff of ABC Pediatrics: Dr. Maria Rizo, Dr. Georges Guerrier, Andrea Nuques, Juan Espinal, Lucy Castillo, and Hortensia Santana.



Pictured left to right: Betsaida Marcial (Prestige Health Choice Provider Network Management Account Executive), Dr. Maria Rizo, M.D., and Lucy Castillo and Juan Espinal (medical assistants).

Remittance reminder

On December 1, 2018, the new State Medicaid Managed Care (SMMC) program went into effect in regions 9 and 11.

- Region 9 — Indian River, St. Lucie, Martin, Palm Beach, and Okeechobee counties.
- Region 11 — Miami-Dade and Monroe counties.

Because the new contract only went into effect for these regions during December 2018, all network providers became subject to a run-out period beginning December 1. On this date, providers in regions 9 and 11 began to receive two different remittance advice statements.

Providers may therefore continue to receive reimbursement on two different remittance advice statements while claims with dates of services prior to December 1, 2018, are processed.



New **expanded** benefits

Expanded benefits are AHCA-approved services designed to enhance the care continuum for Medicaid enrollees. This includes a variety of wellness and support services designed to lower risk and promote access to care, such as:

- Cell phone service with 1,000 minutes per year.
- Unlimited doula services with a referral from the Bright Start® maternity program.
- Up to 24 home visits by a clinical social worker for high-risk pregnant members.
- A \$25 monthly allowance per household for over-the-counter medications and supplies.
- Art therapy, equine therapy, and pet therapy.

For a complete listing of available services, please reference our **www.prestigehealthchoice.com/provider/resources/index.aspx**. Expanded benefits may be subject to medical necessity and/or prior authorization.

Correctly processing **emergent transportation claims**

Prestige Health Choice continues to see encounter rejections for emergent transportation claims billed on UB04 claims. These encounter rejections result in our network providers not getting paid in a timely manner due to UB04 claims for emergent transportation being denied.

All transportation providers must bill on a CMS-1500 claim form to receive Medicaid reimbursement. Providers may order claim forms by completing a claims order form and submitting it to the Medicaid fiscal agent. The order form is available on the Medicaid fiscal agent's website at **<http://mymedicaid-florida.com>**, or by calling the Florida Medicaid Provider Contact Center at **1-800-289-7799** and selecting option 7.

Fraud Tip Hotline: **1-866-833-9718**,
24 hours a day, seven days a week.

Secure and confidential. You may
remain anonymous.

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