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- Coordinate the inmate patient's care with the on-site practitioner
- Complete written evaluation/report and return as part of the inmate patient's visit
- Provide the on-site practitioner with complete consult report and other appropriate records within 5 business days of seeing the inmate patient

## Specialist Appointment Access Standards

Timely access to appointments for inmate patients requiring evaluation and/or follow-up care is important to providing acceptable access to services as well as to maintaining positive outcomes. CENTURION OF FL staff responsible for coordinating scheduling will work with your office scheduler or designee to identify a routine process for scheduling, including routine times/days of the weeks that may be coordinated or set aside for easier access to appointments.

Our contracts routinely require that specialty appointments be completed within a designated timeframe from the time of their prior approval by our utilization management staff. Our Utilization Management staff will work closely with you to access services within our specified time frames.

CENTURION OF FL will monitor appointment timeliness and access to specialty services as part of our ongoing Quality Improvement Program. Issues specific to access and timeliness will be discussed with individual providers and/or services if required.

## Hospital Responsibilities

CENTURION OF FL utilizes a network of hospitals to provide services to inmates. Hospitals providing services as part of the CENTURION OF FL network will work with Utilization Management staff for the following:

- Obtain authorization for inpatient services and non-emergent outpatient services except for emergency stabilization services
- Notify CENTURION OF FL Medical Management Department of all maternity admissions upon admission and all other admissions by close of the following business day
- Notify CENTURION OF FL Medical Management Department of all newborn deliveries on the same day as the delivery. Note: CENTURION OF FL is not responsible for the payment of newborn services.
- Perform concurrent review and discharge planning in conjunction with CENTURION OF FL utilization management staff
- Assist in determining most appropriate and lowest level of care to provide medically necessary care
- Assist in providing continuity of care from hospital facility back to the correctional institution.

CENTURION OF FL network hospitals should refer to their contract for complete information regarding

the hospital's obligations and reimbursement.

## Provider Assistance with Public Health Services

CENTURION OF FL is required to coordinate with public health entities regarding the provision of public health services. Providers must assist CENTURION OF FL in these efforts by working with the CENTURION OF FL Chief Nursing Officer or designee in:

- Complying with public health reporting requirements regarding communicable diseases and/or diseases which are preventable by immunization as defined by Florida law
- Assisting in the notification or referral of any communicable disease outbreaks involving inmate patients to the local public health entity as defined by Florida law
- Assisting in the notification or referral to the local public health entity for tuberculosis contact investigation, evaluation, and the preventive treatment of persons with whom the inmate patient has come into contact.
- Assisting in referring inmate patients to the local public health entity for STD/HIV contact investigation, evaluation, and preventive treatment of persons whom the inmate patient has come into contact.

## Credentialing Requirements

Physicians and applicable ancillary providers must complete the credentialing process to be a participating provider with CENTURION OF FL. CENTURION OF FL recognizes the credentialing information supplied by CAQH if the provider is already registered. A single-page demographic form is the only requirement for CAQH participating providers.

Credentialing materials can be found in the Provider section of the Centurion website at:

[www.centurionmanagedcare.com](http://www.centurionmanagedcare.com)

## Recredentialing

Specialty providers must comply with the recredentialing policy of one JCH accredited facility at a minimum.

## Provider/Facility Site Review

Site visits are performed on a case-by-case basis in cooperation with the provider, provider practice or inpatient facility. Site visits will be performed by CENTURION OF FL Medical Management Department staff. Site visits will be coordinated, as indicated, with the provider office management staff and/or inpatient utilization management staff prior to the visit. CENTURION OF FL Medical Management

Department staff will work with designated provider/facility staff to define reason/purpose of the visit to allow for proper coordination and provision of information required, if indicated.

## Eligibility

Eligibility has a slightly different meaning in a correctional system. Eligibility is tied directly to the inmate being housed and/or 'on count' at a FDOC facility. Therefore, inmates are considered 'eligible' for authorized services from the date of incarceration to the date of release from the FDOC. It is important to understand that there may be times when inmates are released from facilities and then, may be re-arrested and returned to the FDOC system. If this occurs, the inmate is not eligible for CENTURION OF FL payment of services during the time they are released from the facility until re-arrested.

It is important to ensure that your staff that manages scheduling understands that an inmate will never contact them directly to schedule an appointment. Appointment scheduling will always be completed for services being authorized/paid for by CENTURION OF FL through a CENTURION OF FL healthcare staff member. Inmates will be escorted by FDOC correctional officers for all appointments. If a person presents without a FDOC escort, the Provider must call the CENTURION OF FL Medical Management Department to determine whether the person is still incarcerated.

CENTURION OF FL is not financially responsible for services the person receives prior to or upon discharge from the FDOC. If you have questions, it is best to contact Medical Management regarding the inmate's eligibility for services. CENTURION OF FL is not responsible for the services provided to a newborn of a FDOC inmate.

## Billing and Claims

### *General Billing Guidelines*

CENTURION OF FL processes claims in accordance with applicable State prompt pay requirements. Physicians, other licensed health professionals, facilities, and ancillary Provider's contract directly with CENTURION OF FL for payment of covered services.

It is important that Providers ensure CENTURION OF FL has accurate billing information on file. Please confirm with your Provider Relations Department that the following information is current in our files:

- **Practitioner or Provider Name** (as noted on current W-9 form)
- **National Provider Identifier (NPI)**
- **Tax Identification Number (TIN)**
- **Taxonomy Code**
- **Physical location address** (as noted on current W-9 form)
- **Billing name and address** (if different)

Providers must bill with their NPI number in box 24Jb on the CMS1500 (HCFA) or box 56 on the CMS1450 (UB04). We encourage Providers to also bill their taxonomy code in box 24Ja and appropriate ID qualifier in 24I to avoid possible delays in processing. Claims missing the requirements will be returned and a notice sent to the Provider, creating payment delays. Such claims are not considered “clean,” and therefore cannot be accepted into our system.

We recommend that Providers notify CENTURION OF FL in advance, but no later than 30 days, of changes pertaining to billing information. Please submit this information on a W-9 form. Changes to a Provider’s Tax Identification Number (TIN) and/or address cannot be processed when conveyed via a claim form. Such changes must be communicated as noted in the Provider Update section of this manual.

Claims eligible for payment must meet the following requirements:

- The inmate was incarcerated on the date of service
- Referral and Prior Authorization processes were followed, if applicable

Paper claims must be submitted on standard CMS1500 (HCFA) and CMS1450 (UB04) red claim forms. Photo copies and faxes of claim forms or claim forms that are handwritten will not be accepted for processing and will be returned and a notice sent to the Provider requesting resubmission.

Payment for service is contingent upon compliance with referral and prior authorization policies and procedures, as well as the billing guidelines outlined in this manual and the Provider Billing Guide

### ***Billing the Inmate***

Inmates cannot be billed directly for any service or co-pay.

### ***Clean Claim Definition***

A clean claim is defined as a claim received by CENTURION OF FL for adjudication, in a nationally accepted format in compliance with standard coding guidelines and which requires no further information, adjustment, or alteration by the provider of services in order to be processed by CENTURION OF FL. The following exceptions apply to this definition: (a) a claim for which fraud is suspected; and (b) a claim for which a Third Party Resource should be responsible.

### ***Non-Clean Claim Definition***

A non-clean claim is defined as a submitted claim that requires further investigation or development beyond the information contained in the claim. The errors or omissions in the claim may result in: (a) a request for additional information from the Provider or other external sources to resolve or correct data omitted from the claim; (b) the need for review of additional medical records; or (c) the need for other information necessary to resolve discrepancies. In addition, non-clean claims may involve issues



regarding Medical Necessity and include claims not submitted with the filing deadlines.

### ***Timely Filing***

Contracted Providers (in Network) must submit all original claims (first time claims) and encounters within 120 calendar days from the date of service.

Non-Contracted Providers (out of Network) must submit all original claims (first time claims) and encounters within 120 calendar days from the date of service.

The filing limit may be extended where the eligibility has been retroactively received by CENTURION OF FL, up to a maximum of 365 calendar days.

**All corrected claims, requests for reconsideration, or claim disputes must be received within 120 calendar days from the date of notification of payment or denial is issued. Reference to the original claim number should be included in field 22 of the CMS1500 and field 64 of the UB04 on the resubmitted claim form.**

### ***Electronic Claims Submission***

Emdeon Payer ID - 42140

Network Providers are encouraged to participate in CENTURION OF FL's Electronic Claims/Encounter Filing Program. CENTURION OF FL has the capability to receive an ANSI X12N 837 professional, institution, or encounter transaction. In addition, it has the ability to generate an ANSI X12N 835 electronic remittance advice known as an Explanation of Payment (EOP). Electronic 835s are delivered through Payspan. For more information on electronic filing please call (800) 225-2573 Ext. 25525 or 314-505-6525.

Providers that bill electronically are responsible for filing claims within the same filing deadlines as Providers filing paper claims. Providers that bill electronically must monitor their error reports and evidence of payments to ensure all submitted claims and encounters appear on the reports. Providers are responsible for correcting any errors and resubmitting the affiliated claims.

### ***Paper Claims Submission***

All paper claims and encounters should be submitted as follows:

Mailing address for Paper Claims:

CENTURION OF FL  
PO Box 4090  
Farmington, MO 63640-4198

### Timely Filing

Claims should be submitted within 120 days from date of service for consideration. Providers should expect payment within 30 days after receipt of a clean claim.

### General Claim Inquiries

Please call 1-844-243-0795.

## ***Provider Portal***

CENTURION OF FL has a Provider Portal available through which Providers can submit claims, check the status of claims and/or check eligibility. Please go to [www.centurionmanagedcare.com](http://www.centurionmanagedcare.com) and click on the “Provider Login” button to request access.

## ***Unsatisfactory or Claim Payment Concerns***

If a Provider has a question or is not satisfied with the information they have received related to a claim, there are effective ways in which a Provider can contact CENTURION OF FL program:

1. Submit a Corrected Claim
2. Submit a “Request for Reconsideration”
3. Contact a CENTURION OF FL Provider Relations Representative at 1-844-243-0795.
4. Submit a Claim Dispute.

All disputed claims will be processed in compliance with the claims payment resolution procedure as described in the Provider Complaints section of this manual.

In addition, for Providers who are currently set up for Payspan with another Centene or Centurion plan, auto-enrollment for receipt of EFT/ERA payments will be available. This is our preferred method of payment. Providers who would be new to Payspan should contact Payspan at 1-877-331-7154 to get registered for EFT/ERA, if desired. Any Provider who does not choose to sign up with Payspan will receive paper checks and Explanations of Payment from Emdeon.

## **Provider Relations Assistance**

Providers may seek assistance through our regional office staff at 1-844-243-0795.

### ***Provider Updates***

To ensure that we can communicate with you effectively, and to avoid any possible delay in claim payment, it is important that you notify us, **in writing**, as soon as you are aware of any of the following situations:

- Addition or termination of an office location.
- Addition, change, or termination of Tax Identification Number (W-9 required).
- Name change (W-9 may be required).
- Change in ownership.
- Change in a phone number, fax, or e-mail address.
- Change in office hours, panel capacity, or age limitation

### ***Provider Complaints***

Providers have the right to initiate a formal complaint regarding dissatisfaction with CENTURION OF FL administrative policy or process. Please contact our regional office at 1-844-243-0795 and ask to speak with the Vice President of Operations who can help you process your concern.

Complaints about adverse decisions for medical services and or procedures will be reviewed by the CENTURION OF FL Statewide Medical Director or the appropriate qualified medical professional(s). Provider complaints related to a medical management decision, including expressing dissatisfaction with a decision, will be handled at time of receipt. Please call the statewide medical director at 1-844-243-0795 to discuss your concern.

## **CENTURION OF FL Pharmacy Program**

CENTURION OF FL will facilitate the administration of prescription drugs for FDOC inmates that are ordered as part of their on-site treatment plan. FDOC utilizes a formulary for provision of FDOC healthcare services. Providers are encouraged to use the approved formulary. Please contact the CENTURION OF FL Regional Office for a copy of the current formulary. When making recommendations for medications as part of the inmate patient's treatment plan, we ask that providers be knowledgeable and understanding that medications that can be easily abused or offer 'benefits' from the inmate standpoint, i.e., abusable narcotics, (inmate can get a 'high' from them) can only be recommended when the provider feels that the medication is the most medically appropriate. If medications are recommended in your treatment plan that are not on the current CENTURION OF FL/FDOC formulary, the on-site practitioner will review the request and obtaining the recommended medication will require the on-site practitioner to obtain non-formulary approval. So, again, it is important to familiarize yourself and any other treating staff with the formulary.

Our on-site healthcare staff is responsible for ordering, managing and administering all medications ordered for inmates in the institution. Since on-site medications are obtained through the FDOC pharmacy, it is not necessary for off-site providers to send an extended supply of medication back to the correctional facility with an inmate.

### ***Pharmacy and Therapeutics (P&T) Committee***

The CENTURION OF FL P&T Committee continually evaluates the therapeutic classes included on the formulary. The committee is composed of the CENTURION OF FL Statewide Medical Director, Pharmacy Program Director, FDOC Clinical Director and CENTURION OF FL site Medical Director(s) and other appropriate medical professionals. The primary purpose of the committee is to assist in developing and monitoring the CENTURION OF FL formulary and to establish programs and procedures that promote the appropriate and cost-effective use of medications. The P&T Committee schedules meetings at least quarterly.

## **Medical Records**

### ***Overview***

CENTURION OF FL Providers must keep accurate and complete medical records that comply with all statutory and regulatory requirements. CENTURION OF FL primary care providers maintain medical records for all inmates. Timely and complete provision of care information specific to inmate patient services allows CENTURION OF FL on-site medical practitioners to make informed care decisions and maintain continuity of care. Also, maintenance of records by you as the Provider will enable provision of quality healthcare service to FDOC inmate patients. Specialty providers are expected to provide copies of records of services provided by the specialist for inclusion in the inmate comprehensive medical record maintained at the prison site.

CENTURION OF FL uses Provider medical record information as an avenue to review the quality and appropriateness of the services rendered. Provision of privacy and confidentiality of records for care provided to inmate patients is no different than the requirements for any patient you provide services for in the community. Florida administrative regulations require Providers to maintain all records for at least 5 years after the date of medical services for which claims are made, or the date services were prescribed. Specialty physician will not provide copies of medical records to inmates. If an inmate requests a copy of his medical record the specialists should refer the inmate to the Health Services Administrator at the prison.

### ***Release of Medical Records***

All inmate patient medical records shall be confidential, and shall not be released without written authorization. All requests for medical records should be referred the Health Service Administrator at the prison. Inmates cannot be provided copies or originals of medical records information by any treating Provider or Facility. FDOC policy for acquiring medical records must be followed.

### ***Medical Records Audits***

CENTURION OF FL routinely audits medical records maintained at the prisons including documentation provided by specialists and hospitals. CENTURION OF FL may contact providers if the audit results raise questions about medical documentation provided by the specialist or hospital.

## **CENTURION OF FL Medical Management Department**

### ***Overview and Medical Necessity***

The CENTURION OF FL Medical Management Department hours of operation are Monday through Friday (excluding holidays) from 8:00 a.m. to 5:00 p.m. Authorization may be requested via telephone or fax.

For telephone authorizations during business hours, the Provider should contact:

Prior Authorization – 1-844-243-0795

Inpatient Concurrent Review – 1-844-243-0795

The CENTURION OF FL Utilization Management (UM) Program is designed to ensure inmates receive access to the right care, at the right place, and at the right time. Our program is comprehensive in scope to ensure services provided are medically necessary, appropriate to the inmate's condition, rendered in the most appropriate setting, timely, and meet nationally recognized standards of care.

CENTURION OF FL's UM Program includes:

- Prior Authorization
- Concurrent Review
- Retrospective Review
- Discharge Coordination
- Complex Case Management
- Assistance with Complex Medical Release Cases

Our medical management program goals include:

- Healthcare based on evidence-based guidelines/practice
- Monitoring utilization patterns to guard against over or under utilization
- Development and distribution of clinical practice guidelines to Providers to promote improved clinical outcomes and satisfaction
- Identification and provision of intensive care and/or disease management for inmates at risk or with complex care needs
- Education of Providers to promote improved clinical outcomes

- Coordination of care with sites to ensure implementation of programs that encourage preventive services and proactive management of chronic condition and focus on self-management
- Focus on early identification and management of inmates with complex care needs
- Creation of partnerships with Providers to enhance cooperation and support for UM program goals.
- Coordinated discharge planning program to ensure appropriate utilization of on-site infirmary and specialized care units in order to minimize hospital length of stays

### ***Prior Authorization Overview***

For CENTURION OF FL, the prior authorization process is driven by the on-site Medical Director or practitioner at the individual correctional facility. The on-site practitioners will initiate all requests for provision of specialty services to include any additional follow-up care or treatment recommended based on a specialty provider evaluation or follow-up visit. The on-site practitioner may request additional clinical input from the specialty provider to document medical need for requested service(s).

CENTURION OF FL considers prior authorization as a request to CENTURION OF FL's Utilization Management Department for determination of medical necessity for elective services on the Prior Authorization List. This process requires completion and approval prior to the service being scheduled/delivered.

Therefore, an inmate should never automatically be scheduled by the specialty provider for a follow-up visit. Follow-up appointments and requests for additional services are managed by the on-site Medical Director and practitioners.

CENTURION OF FL requires Prior Authorization for certain inpatient and outpatient services and treatments, as well as treatment at CENTURION OF FL Designated Tertiary Facilities or when treated by Providers practicing in affiliation with those facilities.

Always contact the CENTURION OF FL Medical Management Department if there is any doubt about whether or not a service requires Prior Authorization or has been already been pre-authorized.

### ***On-Site Practitioner Referral for Specialty Service***

CENTURION OF FL's expectation is that on-site practitioners coordinate all ongoing healthcare services. CENTURION OF FL requires a referral and prior authorization for all specialty services prior to the service being scheduled and/or provided if the service is routine or urgent in nature. Prior Authorization number will be provided by the CENTURION OF FLT clinical scheduling staff at the time of appointment scheduling if prior authorization is required in order to provide coverage for referrals to all specialists

CENTURION OF FL requires that all specialty providers submit feedback to the referring on-site CENTURION OF FL practitioner, in writing, that provides the practitioner the outcome of the examination, tests performed or recommended, and/or any treatment recommendations. Written

report should include any discussion, education provided directly to the inmate patient regarding recommendations

### ***Specialist Referral to Specialist for Treatment or Second Opinion***

When medically necessary services are beyond the scope of the Specialist's practice, or, when a second opinion is requested, the Specialist must collaborate with the CENTURION OF FL on-site practitioner. The CENTURION OF FL practitioner will be responsible for requesting authorization for the service.

### ***Process to Request Follow-Up Specialty Services***

Specialist should contact the CENTURION OF FL referring on-site practitioner for discussion regarding additional service recommendations requested during an active appointment. Failure to contact the referring practitioner and/or CENTURION OF FL utilization management staff for prior authorization of additional services may result in non-payment of those services

### ***Self-Directed Care***

Inmates are not allowed to self-direct care. All services provided must be approved by CENTURION OF FL. If your office is contacted directly by an inmate, please contact our Medical Management Department immediately to request clarification of the patient's eligibility. Inmates, upon release, are allowed to use any community provider; however, once released from the facility, CENTURION OF FL will no longer be responsible for cost of services.

### ***Prior Authorization Response Timeline***

Routine Prior Authorization Requests:

- Decisions shall be made within two business days of receipt of all information necessary to make a decision
- The requesting practitioner will be called within 24 hours of the decision
- Written notice of an approval is sent to the practitioner and site Healthcare Services Unit within two business days of the verbal notification

Expedited Prior Authorization Requests:

- Decisions will be made as soon as possible taking into account medical urgency and always within two business days
- The requesting practitioner will be called within one business day of the decision
- Written notice of an approval is sent to the practitioner and site Healthcare Services Unit within two business days of the verbal notification
- Notification of an adverse determination is sent to the practitioner and site Healthcare Unit within 24 hours after the decision and no later than 72 hours after the receipt of the request

- The decision timeframe may be extended if necessary, once, up to 48 hours if CENTURION OF FL utilization management staff is unable to render a determination based on lack of information required to complete the review.

### ***Medical Necessity***

CENTURION OF FL defines Medical Necessity as healthcare services that are consistent with generally accepted principles of professional medical practice as determined by whether:

- a) The service or level of service is the most appropriate available considering potential benefits and harms to the inmate patient
- b) Service is known to be effective, based on scientific evidence, professional standards and expert opinion in improving health outcomes
- c) For services and interventions not in widespread use, services are based on scientific evidence and are the least intensive and most cost-effective available.

### ***Review Criteria***

CENTURION OF FL has adopted the utilization review criteria developed by McKesson InterQual Products Specialists representing a national panel from community-based and academic practice, to determine Medical Necessity for non-emergency inpatient and outpatient services.

InterQual criteria are applied to:

- Medical and surgical admissions
- Select outpatient procedures
- Ancillary services

Criteria are established, periodically evaluated and updated with appropriate involvement from physicians of Centurion's Medical Management Services and the Centurion Quality Improvement Committee. InterQual is utilized as a screening guide and is not intended to be a substitute for practitioner judgment. Utilization review decisions are made in accordance with currently accepted medical or healthcare practices, taking into account special circumstances of each case that may require deviation from the norm in the screening criteria. Criteria are used for the approval of Medical Necessity, but not for the denial of services. The CENTURION OF FL Statewide Medical Director or designee is the only individual authorized to make adverse determinations.

Providers may request an appeal related to a Medical Necessity decision made during the authorization or concurrent review process. The appeal may be submitted at 1-844-243-0795.



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## Requirements for Providers to Notify CENTURION OF FL Medical Management Department

### ***Emergency Services***

Prior authorization is not required; however, CENTURION OF FL Medical Management Department should be notified within one business day of admission to the Emergency Department and/or subsequent hospitalization secondary to the Emergency Department visit. Notification should include clinical information related to the emergency services and/or need for hospital admission.

### ***Notification of Observation Stays***

It is the responsibility of the receiving hospital and/or Emergency Department to notify CENTURION OF FL Medical Management Department of all Observation Stays.

#### Definition of Observation Stay

- If an inmate patient's clinical symptoms do not meet criteria for an inpatient admission, but the treating Physician believes that allowing the inmate patient to leave the facility would likely put the inmate patient at serious risk, he/she may be admitted to the facility for an Observation Stay. Such stays should be reviewed with the CENTURION OF FL on-site or on-call practitioner or CENTURION OF FL Medical Management Department (Monday through Friday during business hours) to obtain authorization for inpatient stay and initiate discharge planning discussions to ensure inmate patient care cannot be managed by an on-site FDOC infirmary
- Observation Services are those services furnished on a hospital's premises, including use of a bed and periodic monitoring by a hospital's nurse or other staff
- These services are reasonable and necessary to:
  - Evaluate an acutely ill condition
  - Determine the need for a possible inpatient hospital admission
  - Provide aggressive treatment for an acute condition.
- Observation stays may last a maximum of **48** hours
- If an inmate patient begins treatment in observation status and then transitions to an inpatient stay, all incurred observation charges and services will be rolled into the acute inpatient reimbursement rate, or as designated by the contractual arrangement with CENTURION OF FL. Observation is not separately reimbursed when the stay results in an inpatient admission.

### ***Concurrent Review***

CENTURION OF FL utilization management (UM) staff performs ongoing concurrent review for all inpatient admissions. CENTURION OF FL UM staff will review the treatment and status of all inmate patients receiving inpatient services through contact with the hospital's Care Management Department

and the attending Physician, when necessary. On-site and telephonic models are utilized to conduct utilization review in collaboration with the hospital Care Management Department.

An inpatient stay will be reviewed as indicated by the diagnosis and response to treatment. The review will include evaluation of the current status, proposed plan of care, discharge plan, and any subsequent diagnostic testing or procedures.

Inpatient concurrent review authorization decisions are made within one calendar day of receipt of all necessary information and Providers are verbally informed of the decision within one calendar day of the decision. Written or electronic notification includes the number of days of service approved, and the next review date.

In the case of a denial of service days:

- Written notices are sent within one business day of the verbal notification
- All existing approved services will be continued without liability to the until the Provider has been notified of an adverse determination
- CENTURION OF FL UM staff will work directly with the hospital's Care Management Department to facilitate discharge back to an appropriate FDOC level of care facility
- Notices will contain information on how to appeal

### ***Discharge Planning***

Discharge planning activities are expected to be initiated upon admission. The CENTURION OF FL UM staff will coordinate the discharge planning efforts with the hospital's Care Management Department, and when necessary, the attending Physician in order to ensure that inmate patient receives appropriate post-hospital discharge care. It should be noted that FDOC infirmaries can provide a skilled level of services to inmate patients supporting earlier discharges from the hospital.

Hospital Care Management Departments are encouraged to develop understanding of level of care and services that can be provided by CENTURION OF FL/FDOC on-site infirmaries. This level of understanding will assist in promoting coordination of discharge planning with CENTURION OF FL UM staff.

### ***Retrospective Review***

Retrospective review occurs when an initial review of the services provided to an inmate patient occurs after the date of service. This is sometimes necessary because authorization and/or timely notification were not obtained prior to the service delivery due to extenuating circumstances.

Routinely this process encompasses services performed by a Provider when there was no opportunity for concurrent review. However, retrospective review is also performed on active cases where an appropriate authorization decision cannot be made concurrently within the required timeframe due to

lack of clinical information. For cases that qualify for a retrospective review, a decision is made within 30 calendar days of receipt of all necessary information.

## **Summary**

The information presented in this Provider Manual is meant to present to Specialty providers and their staff an overview of coordinating services with CENTURION OF FL. Specific questions should be directed to CENTURION OF FL Medical Management Department staff.