



**Florida  
Health Care  
Plans®**



An Independent Licensee of the Blue Cross and Blue Shield Association

# FLORIDA HEALTH CARE PLANS NEWSLETTER

## FOR PROVIDERS

★ ★ ★ ★ ★  
★ WE WILL BE ★  
**CLOSED**  
≡ **FOR** ≡  
MEMORIAL DAY



**NATIONAL  
NURSES  
WEEK**



# WE'RE GROWING!

## FHCP now has a new location in Brevard County!

At this location, we are now offering Primary Care, Pharmacy and Lab Services.

3



# INSIDE THIS ISSUE



May is **MENTAL HEALTH** Awareness Month

7

9

## — NATIONAL — WOMEN'S HEALTH WEEK

## Let's Raise Awareness on Women's Health!

Read more on the major health concerns affecting women today and learn what can be done to help your patients prioritize their well-being and take control of their future!

## FHCP Call Center

Refer to page 12 to learn more on what services our FHCP Call Center provides, how to contact them, and where they are located.

12





FHCP

# CONTINUES TO GROW

## FHCP Rockledge

1954 US Highway 1, Suites 105/107  
Rockledge, FL 32955-3761



## New Care Center in Rockledge

### We're Growing!

Florida Health Care Plans announces the opening of our new Care Center in Rockledge. Located adjacent to the FHCP Rockledge Pharmacy. The new Care Center will now offer Primary Care and Laboratory Services.

### PRIMARY CARE SERVICES

**George Del Rio, MD**

Accepting new patients 18 & up  
Monday—Friday (Thursdays OFF)  
8AM—4:30PM  
**(321) 567-7750**

### LAB SERVICES

Tuesdays & Fridays  
8AM—4PM  
Saturday—Closed  
**(321) 567-7750 Ext. 7594**

### PHARMACY SERVICES

Monday—Friday  
8:30AM—6PM  
Saturday—9AM—1PM  
**(321) 567-7503**



## NEW FHCP CARE CENTER IN DELTONA

FHCP is proudly known for providing a one-stop shop for the convenience of our members! This new Deltona hub will be no different —It will offer multiple services under one roof, with the accessibility of a drive thru Pharmacy! Stay tuned for more information!

# CAPTURE MISSING DIAGNOSIS CODES BEFORE CLAIM ADJUDICATION

As the healthcare industry faces unprecedented change, Florida Health Care Plans is focused on helping providers manage operations and address proper claims submission within the existing workflow.

Florida Health Care Plans is working with Change Healthcare, an independent and separate company to enable [Dx Gap Advisor](#), a solution designed to alert providers when diagnosis codes are potentially missing from a claim. This is accomplished with claim rejections that are integrated into the claims submission process. The automated rejection messages are triggered on claims that may be incomplete or inaccurate for patients with historic claims data, such as evidence of an established diagnosis of a chronic condition that is not present on the current claim. Following provider review, if the diagnosis code that is contained in the alert is corroborated in the medical record documentation for the encounter, updates to the claim can ensure delivery of complete and accurate claims prior to submission to the payer.



### If Your Office Receives a Rejection Message:

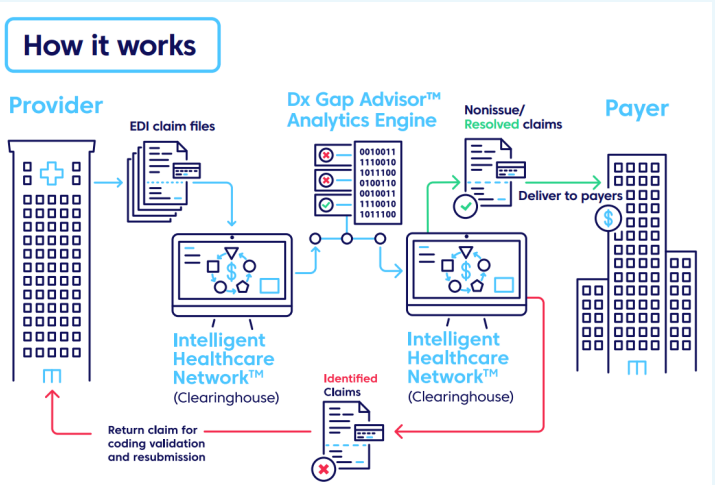
Once Dx Gap is enabled, your office may receive this message. At that time, you should take the following actions:

- **Engage a qualified coder** or appropriate professional to review the patient’s medical record to confirm that the diagnosis(es) coded on the claim are complete and accurate

- If the coding on the **claim is complete** as-is, resubmit the claim for clearinghouse processing using the original claim ID
- If **changes are necessary**, make the changes and resubmit the claim using the original claim ID
- If a **diagnosis is added** to the claim, the provider should ensure that all affected fields are addressed, including the “order of the diagnoses reported” and the “Diagnosis Pointer”, per Centers for Medicaid and Medicare Services Form 1500 and ICD-10 CM Coding Guidelines

### Important Resources:

To enable a smooth transition, we encourage you to please visit <https://inspire.changehealthcare.com/DxGapAdvisor> for a more detailed overview of the program.



For **questions about a claim status message or general program questions**, please call Change Healthcare Customer Service at **1-844-592-7009**, option 3.

### Additional Details:

**Disclaimer:** A Dx Gap Advisor message is not intended to suggest alternative codes or coding practices. To ensure compliance with the False Claims Act and other federal and state laws and coding guidelines, providers must never modify a diagnosis code based on the message alone.

**Note:** Change Healthcare may monitor the number and types of changes a provider makes. If patterns suggest changes are not based on a thorough medical record review, an audit process may be implemented.





# NATIONAL INFANT IMMUNIZATION WEEK

## (April 24th through May 1st)

April 24<sup>th</sup> through May 1<sup>st</sup> marks National Infant Immunization Week. This annual observance highlights the importance of healthcare providers protecting their patients, ages two years and younger, against vaccine preventable diseases through education and on time vaccinations. Parents who have questions and concerns look to their child’s doctor for reassurance, that is why a strong, clear recommendation may be enough for them to accept the vaccines.

Vaccines are given based on age and/or health conditions. Assessing vaccination status at every visit ensures patients are up to date on their vaccines. Use the current immunization schedule to determine what vaccines are recommended.

Every year thousands of children in the U.S. become seriously ill and many are hospitalized from diseases that vaccines can prevent. Vaccination rates are low in the U.S. partly due to misinformation about vaccines or because parents may not be aware that their child is due. Research has shown that healthcare providers play a key role in ensuring



recommended vaccines are given to their patients. You have the power to protect your patients against vaccine preventable diseases - your recommendation can make a difference!

### FOR MORE INFORMATION:

<https://www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html>



**Florida Health Care Plans**



An Independent Licensee of the Blue Cross and Blue Shield Association

## IS YOUR NPI INFORMATION UP TO DATE?

The Centers for Medicare and Medicaid Services (CMS) utilizes the information, such as practice address, that appears in your NPI record. We are asking that you check your NPI at [NPPES.CMS.HHS.GOV](http://NPPES.CMS.HHS.GOV) to ensure that your current practice information is reflected.

The NPI number is used to identify health care providers in standard transactions such as health care claims. It is important to keep all information, such as a change of address, with NPPES current. You’re required to update your NPI information, online or by mail, within 30 days of the effective change.

### You can update your NPI profile by one of the following, means:

**By phone:** 1-800-465-3203 (toll free) or 1-800-692-2326 (NPI TTY)

**By email at:** [Customerservice@npienumerator.com](mailto:Customerservice@npienumerator.com)

**By mail at:** NPI Enumerator

PO Box 6059 Fargo, ND

58108-6059



# LET'S RECOGNIZE



## *Our Nurses*

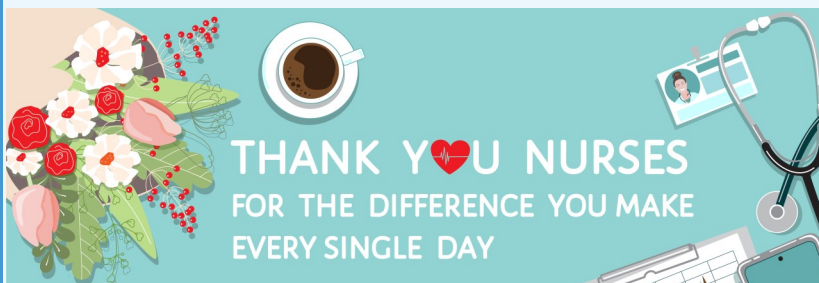


An Independent Licensee of the Blue Cross and Blue Shield Association

# Happy Nurses Week!

On the occasion of Nurses Week, we would like to extend a warm thank you to our dedicated and caring nurses. Your passion for our patients' health does not go unnoticed and is appreciated everyday!

Sincerely,  
FHCP Administration & Staff



## FACTS ABOUT NURSES WEEK

Sandra Sanderson, RN BHCS, MHCA

In 1953, Dorothy Sutherland issued a request to President Eisenhower asking that Nurses be recognized and celebrated with a National Nurse recognition Day. This proposal never occurred. However, the request did not lay to rest. Nurse leaders in our profession, continued to petition over 2 decades for the recognition of nurses and their contribution to communities and medicine. In 1974, President Nixon, made a proclamation to designate a week as National Nurses Week. Seemed simple enough, yet it would be another 2 decades before a date was chosen. In 1982, President Reagan declared May 6<sup>th</sup> as National Nurses Day, and in 1991, American Nurses Association (ANA), officially declared May 6<sup>th</sup> as the start of National Nurses Week, commencing on the birthdate of Florence Nightingale, May 12<sup>th</sup>.

Nurses have contributed and committed to the care of the infirm in times of war and peace for centuries. In 2020 Nurses were at the core of caring for those affected by the Covid-19 pandemic: working long hours, exposing themselves, while tirelessly responding to their calling. For the first time in history, they were recognized as *First Responders*, working in all settings, even those unfamiliar to them. This was no different for the Nurses that work at Florida Health Care Plans. They worked in clinics to triage, treat, vaccinate, and care for our members. Case Managers called members well enough to remain home but needed daily contact to ensure a continued path to recovery. Behind the scenes, skilled utilization review nurses managed referrals for care and supplies and followed inpatients to ensure they were appropriately cared for through their recovery.

Please take time to recognize the nurses providing care in multiple settings throughout our organization. They serve Florida Health Care plans as staff, as members and as pillars of our community-based organization.

American Nurses Association, (n.d) National Nurses Week History. <https://www.nursingworld.org/education-events/national-nurses-week/history/>



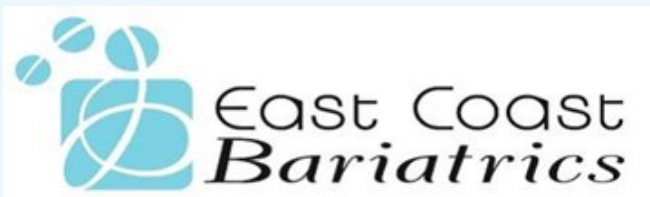
**Amelia Groman,  
MS, RD, CNSC**  
Bariatric Nutrition

## MENTAL HEALTH MONTH

Research tells us that women make up roughly 80% of bariatric surgery patients in the United States.<sup>1</sup> This female majority holds true at East Coast Bariatrics, and many of the women we see are juggling multiple roles between their personal and professional lives. One role of interest is that of the caregiver. It is not uncommon for our female patients to share that they have spent so much of their time taking care of others, that they have neglected themselves for years, even decades. As a result, their physical, emotional, and mental health often suffer.

Bariatric surgery can be an empowering tool for this population of women who are seeking to regain control of all aspects of their health. We teach our patients that our program is based in self-care which includes mental health, nutrition, and physical activity as the three main pillars. Prioritizing mental health is crucial to achieving and maintaining long term weight loss. East Coast Bariatrics has a licensed mental health counselor (LMHC), registered dietitian (RD), an exercise specialist, and a nurse practitioner available to all patients to ensure we are fostering positive mental health and promoting sustainable behavior change.

Many of our patients will share their only regret after surgery is not doing it sooner. If you feel that your patient would benefit from this type of structured weight loss program, please have them call (386) 238-3205 for more information. We are here to help them through every step of the process.



1. Aly S, Hachey K, Pernar L. Gender disparities in weight loss surgery. *Mini-invasive Surg.* 2020;4:21.

## Stay Connected with FHCP!



**Thanks for Following Us!** Keep up with the latest news and updates from #FHCP on your favorite social media platforms!





# Mental Health Month

## FROM THE HEALTH PROMOTION & WELLNESS DEPARTMENT

**May is National Mental Health Month**, which has been recognized in the U.S. since 1949 when it was established by the Mental Health America organization. In the past 20 years, the Substance Abuse and Mental Health Services Administration, has increased its efforts to bring more awareness of the issues surrounding treatment, openness, and prevention.



One of the greatest challenges for people suffering from mental health and substance use disorders (SUD) is the problem of stigma. Stigma is defined as a mark of disgrace regarding a particular circumstance, quality, or person. Stigma can be institutional, public, or self-stigma in nature.

**Self-stigma can be a barrier to an individual seeking treatment and recovery. The effects can be:**

- reduced hope
- more difficulty at work and with social relationships
- social isolation
- reluctance to enter or continue with treatment/recovery

We know that SUD is a treatable illness, and that people can recover from and lead a successful and productive life. When speaking with members or family of members with a SUD, be sure to use words that aren't stigmatizing in nature. Using person first language provides a focus on the person, not their illness. By speaking in a neutral tone, the person is separated from their disorder.

Use....	Instead of....	Because..
Person with substance use disorder	User, or addict	Shows that SUD is an illness
Testing positive (drug screen)	Dirty or failing a drug test	Using medical terminology just as in any other medical condition
Substance use disorder	Habit	Habit implies person is <i>choosing</i> to use substances
Medication treatment for OUD	Replacement therapy or Opioid substitution	It is a misconception that one drug is being substituted for drug addiction or one addiction for another.
Person in recovery	Former addict	Supports that SUD is an illness

**Our FHCP Behavioral Health Services provides individual, group and community resources to support our members living in recovery or with this illness. FHCP Health Promotion & Wellness is helping bring awareness to our employer groups, and community by sharing the information and having the conversation with members.**





Women's  
Health  
Week

## NATIONAL WOMEN'S HEALTH WEEK

May 9<sup>th</sup> marks the beginning of National Women's Health Week, an important time to raise awareness and discuss the major health concerns affecting women today. With 1 in 3 deaths being attributed to cardiovascular disease, it is the number one cause of death for women. To understand and improve women's health it is important to consider the factors that uniquely influence their risk.



Being aware of these differences and having an open discussion with your patients about prioritizing their well-being are important first steps in empowering women to take control of their health and their future.

- **Menopause** – Hypertension rates double in women after menopause due to low levels of estrogen.
- **Diabetes** – A diabetes diagnosis for women puts them at a higher risk than men with diabetes of developing heart disease. Diabetes can also change the way women feel pain, elevating their chances of having a silent heart attack.
- **Emotional stress and depression** – Anxiety and depression may have more impact on women's hearts than on that of men. Maintaining a healthy lifestyle and being compliant with treatments can be harder for those struggling with anxiety and depression as well.
- **Smoking** – Smoking is a greater risk factor for heart disease in women than in men.
- **Pregnancy complications** – Issues such as anemia, preeclampsia, or diabetes during pregnancy can increase the mother's risk of developing hypertension, diabetes, and coronary heart disease in the future.
- **Autoinflammatory diseases** - Inflammatory conditions such as RA and lupus occur more often in women than men and can increase the risk of a heart attack.

#### References:

Mayo Clinic Staff (2022, June 20). *Heart disease in women: Understanding the symptoms and risk factors*. Mayo Clinic. [Heart disease in women: Understand symptoms and risk factors - Mayo Clinic](#)  
 NIH (n.d.). Women and Heart Disease. National Heart, Lung, and Blood Institute. [Coronary Heart Disease - Women and Heart Disease | NHLBI, NIH](#)  
 NIH (n.d.). *Women's Health*. National Heart, Lung, and Blood Institute. [Women's Health | NHLBI, NIH](#) [Women's Health | NHLBI, NIH](#)

## MAY IS NATIONAL HIGH BLOOD PRESSURE EDUCATION MONTH



Hypertension (HTN) is a disease process that can be managed with lifestyle modification and medication compliance and has consequences with high mortality when unchecked.

Compliance issues are usually multifaceted. Medication costs, med side effects, lack of understanding and difficulty making healthy lifestyle choices are just a few examples. Practices are often lacking in time and staffing to provide detailed ongoing education to patients, and patients may also hide symptoms or barriers from their doctors.

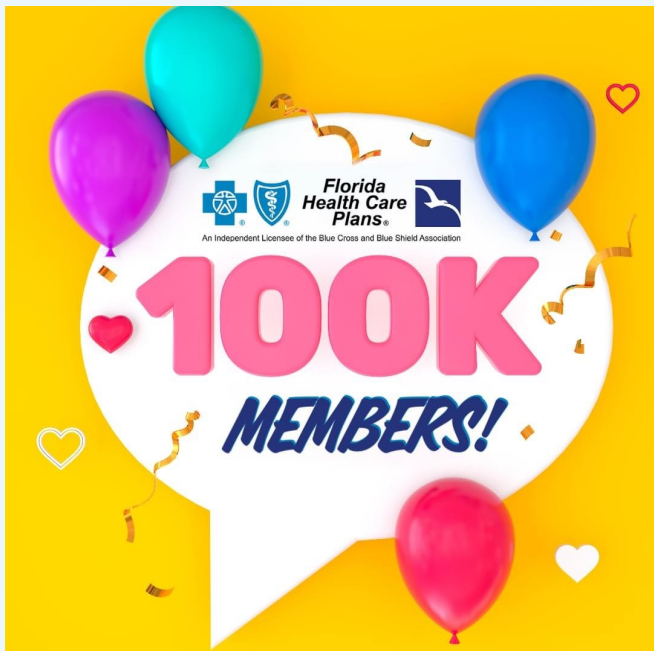
FHCP Coordination of Care nurse case managers can supplement the provider office with support and education of patients diagnosed with hypertension. We complete a comprehensive assessment of their needs and determine a plan of action. Our staff can work with patients and their families, linking them to resources in the community, help with finding patient assistance programs and offering educational material tailored to their needs.

You can reach us by task, email or phone to place a patient referral. Please note that this service is voluntary, and members can choose to opt out at any time. We look forward to working with you!



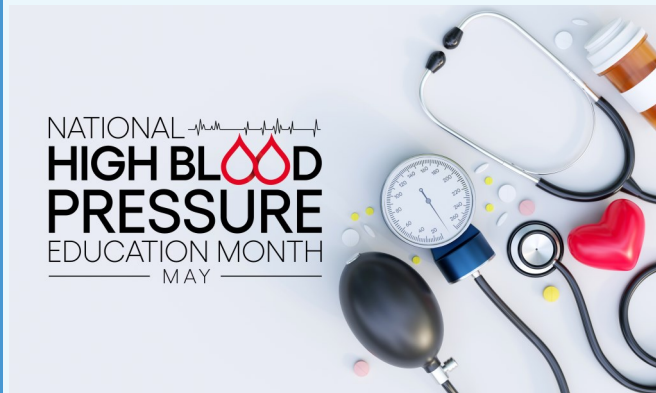
### FOR MORE INFORMATION:

**Case Managers or  
Community Resources Coordinator Services:**  
**Telephone Contact:** Toll Free (855) 205-7293  
 or (386) 238-3284  
**Email:** [cmanagement@fhcp.com](mailto:cmanagement@fhcp.com)  
**Fax:** (386) 238-3271  
**Website:** [www.fhcp.com](http://www.fhcp.com)  
**FHCP Providers- Internal:** E.H.R. Task



## Exciting Announcement

FHCP is excited to announce that we now have over 100,000 members! A special thank you to our members, staff and business partners for making this possible!



Hypertension is the most common preventable risk factor for cardiovascular disease (CVD), chronic kidney disease (CKD) and cognitive impairment, and is the leading single contributor to all-cause death and disability worldwide. The relationship between blood pressure (BP) and the increased risk of CVD is graded and continuous, starting as low as 115/75 mmHg. Successful prevention and treatment of hypertension are key in reducing disease burden.

Approximately one in four adults has hypertension. Numerous environmental factors that increase BP gradually over time, such as excessive sodium consumption, insufficient intake of dietary potassium, overweight and obesity, alcohol intake and physical inactivity are modifiable changes.

In individuals of 40–69 years of age, a 20 mmHg rise of systolic BP or a 10 mmHg rise of diastolic BP regardless of baseline values is associated with more than a doubling of the risk for stroke or ischemic heart disease mortality, whereas a systolic BP reduction of 5 mmHg can decrease stroke mortality by 14% and CVD mortality by 9%.

Other factors, such as high sodium intake, poor sleep quality or sleep apnea, excess alcohol intake and high mental stress, contribute to the development of hypertension over time.

Lifestyle changes are recommended for all patients with hypertension. A variety of nonpharmacological interventions have been

shown to be effective in lowering BP and preventing hypertension. The most effective interventions are weight loss, reduced sodium intake, increased potassium intake, increased physical activity, reduced consumption of alcohol and diets like the Dietary Approaches to Stop Hypertension (DASH) diet that combine several elements which favorably affect BP. The DASH diet is especially successful when combined with other effective BP lowering interventions such as a reduced intake of dietary sodium. Lifestyle change through behavior modification is the best way to implement these interventions. Even small improvements can be valuable.

There is strong evidence to support population-wide recommendations to lower salt intake. More than 75% of dietary salt comes from processed foods (in western countries).

The Diabetes/Health Education department will work with your members to help them incorporate lifestyle modifications to reduce blood pressure. We have a team of 5 registered dietitians who are skilled in counseling individuals on behavior changes needed to reduce blood pressure.

We have updated our Weight Management program, Eat Right Move Right (ERMR), to run 16 weeks. This program has been widely successful and well tested.

We are now seeing members in person as well as through ZOOM and traveling to several FHCP facilities. Let us support you through working with your members. There is no charge for FHCP members.

## FOR MORE INFORMATION:

We can be reached through email ([deducation@fhcp.com](mailto:deducation@fhcp.com)), task lists (nutrition or diabetes), fax (386-238-3228), or by phone (386-676-7133).



## FHCP CALL CENTER

### What does the FHCP Call Center do?

The FHCP Call Center is open 24/7 and answers phone calls from hospitals in the area for FHCP Hospitalists and after-hours phone calls for FHCP Practices, Member Services, Pharmacy, and other Providers who are contracted with FHCP for call center services.



### Where are we located?

The FHCP Call Center is located at the 1510 building in Holly Hill and in the 201 building at Halifax.

### How do I reach the FHCP Call Center?

- FHCP Staff Providers or other FHCP staff can call 386-615-4005
- FHCP Contracted Providers and office staff can call 386-481-6091

### Electronic Health Information Resources in Different Languages

As part of our Population Health tied to NCQA accreditation, FHCP would like to announce that electronic health information resources have been added to our website. Available in over 50 different languages and created by the CDC and National Library of Medicine, these websites can be searched by language or health topic and shared with members.

The links are on the website, [fhcp.com](https://www.fhcp.com). Once there, click on “**Providers**”, then “**Resources, Education & Support**”, and scroll down to the links “**CDC Resources in Languages Other than English**”, “**Health Information in Multiple Languages**” which enables the user to search by language and “**Health Information in Multiple Languages – All Health Topics**” which allows the user to search by individual health topic and then lists all available languages.

The link is:

<https://www.fhcp.com/providers/resources-education-support/>

If you have questions or would like additional information, please contact Emma Robertson Blackmore on (386) 676-7100, Ext. 7409 or [erobertson@fhcp.com](mailto:erobertson@fhcp.com)