



## *Inside This Issue*

Welcome To Wellness! . . .	1
Provider News . . . . .	2
Member's Rights . . . . .	3
Member's Responsibilities . . . . .	4
Member Services and LAB New Hours . . . . .	4
Announcing Carenet . . .	4
Utilization Management .	5
FHCP Mission . . . . .	5
FHCP Vision . . . . .	5
Important Phone Numbers for Members . . . . .	6
Elder Abuse . . . . .	6
Advanced Directives . . .	7
Comprehensive Diabetes and Antidepressant Medication Programs .	7
HEDIS and CAHPS . . . . .	8
Notice of Privacy Practices . . . . .	8
Safety in Health Care . . .	8
Confused? Talk to a Case Manager .	9
Important Member Information! . . . . .	10
Member Portal Letter . . . . .	18
Atlantic Institute of Clinical Research . . .	19
QuitSmart Classes Info . . . . .	20

# Welcome To Wellness!


**F**lorida Health Care Plans is excited to announce that we have partnered with StayWell Custom Communications (SCC) to offer “Welcome to Wellness”, an online health information portal that will include a variety of general health and wellness content. Included are: interactive tools, preventive care information, quizzes, a comprehensive library of diseases and conditions and the HealthMedia® Succeed™ health risk assessment (HRA).

The Succeed HRA will provide adult members a means of identifying their health risks, stage of change, motivation and barriers to self care. It evaluates health-related behaviors and health history around nutrition, weight, physical activity, stress, tobacco use, skin protection, injury prevention, alcohol use, and health screenings. Based on each individual’s evaluation, Succeed produces a 16-page individually tailored action plan around the participant’s top four health risks - just as a health coach would. The report that is generated identifies areas for improvement; offering self-care modules to assist in taking charge of improving lifestyle and learning about disease and other health conditions.

This plan also includes several interactive tools, videos, and recipes - as well as a complete medical library—so participants continually interact with the tailored plan—improving both participation and outcomes.

In addition, TeenSucceed™ will be offered. This is a comprehensive health program that extensively counsels 13 to 19-year-olds on health issues such as tobacco, alcohol, drug use, nutrition, weight management, eating disorders, physical activity, health care, sex, relationships, violence, stress, depression, suicide, and safety.

TeenSucceed is not just an adult health assessment for a younger population. This evidence-based program provides a teen-friendly, yet frank, approach to health issues. The program emulates a health coaching session, without the live coach, to provide an individually tailored health plan—and a basis for discussion with a counselor, physician, or other adult. Each teen’s site includes 12 pages of personally relevant health information, plus interactive games, audio clips, videos, custom graphics, and educational tools.

To access these resources please visit [www.fhcp.com](http://www.fhcp.com) and click on the member portal. 



# PROVIDER NEWS

Please join us in welcoming the following Primary Care Providers and Specialists to FHCP:

- **Maria Vintimilla, M.D.**  
*Rheumatology*  
**RDC of Volusia , LLC**  
1055 N. Dixie Freeway, Suite 1  
New Smyrna Beach, FL 32168  
And  
780 Dunlawton Avenue, Suite 1  
Port Orange, FL 32127
- **Kottapurath Kunjumoideen, M.D.**  
*Hematology & Oncology*  
**Advanced Hematology & Oncology Centers**  
765 Image Way  
Orange City, FL 32746  
And  
917 Rinehart Road, suite 2041  
Lake Mary, FL 32746
- **Arthur Nwaubani, M.D.**  
*Pediatric Neurology*  
7485 Sand Lake Commons Blvd.  
Orlando, FL 32819
- **Sharon Oglesby, M.D.**  
*Family Medicine*  
**Halifax Health Center for Family & Sports Medicine**  
201 N. Clyde Morris Blvd.,  
Suite 200  
Daytona Beach, FL 32114
- **Ted Robertson, M.D.**  
*OBGYN*  
**Volusia OBGYN**  
500 Health Blvd.  
Daytona Beach, FL 32114
- **Julia Howe, LCSW**  
*Psychiatry/Behavioral Health*  
**HH FHCP**  
1340 Ridgewood Avenue  
Holly Hill, FL 32117
- **Wing Yi Liu, M.D.**  
*Cardiology*  
**DB FHCP**  
350 N. Clyde Morris Blvd.  
Daytona Beach, FL 32114
- **Curt Rausch, M.D.**  
*Family Practice*  
**West Volusia Medical Associates, P.A.**  
1070 N. Stone Street, Suite A  
DeLand, FL 32720
- **Luc Marie Reginald Schutt-Aine, M.D.**  
*Family Practice*  
**West Volusia Medical Associates, P.A.**  
1070 N. Stone Street, Suite A  
DeLand, FL 32720
- **Joseph dePeyster, M.D.**  
*Family Practice*  
**West Volusia Medical Associates, P.A.**  
1070 N. Stone Street, Suite A  
DeLand, FL 32720
- **Thomas Montaldo, M.D.**  
*Family Practice*  
**West Volusia Medical Associates, P.A.**  
1070 N. Stone Street, Suite A  
DeLand, FL 32720
- **Albert Razzetti, M.D.**  
*Family Practice*  
**West Volusia Medical Associates, P.A.**  
1070 N. Stone Street, Suite A  
DeLand, FL 32720
- **Zoe Paiva, ARNP**  
*Family Practice*  
**West Volusia Medical Associates, P.A.**  
1070 N. Stone Street, Suite A  
DeLand, FL 32720
- **April Norris, ARNP**  
*Family Practice*  
**West Volusia Medical Associates, P.A.**  
1070 N. Stone Street, Suite A  
DeLand, FL 32720
- **Valerie Tanner, ARNP**  
*Family Practice*  
**West Volusia Medical Associates, P.A.**  
1070 N. Stone Street, Suite A  
DeLand, FL 32720





# MEMBER'S RIGHTS and RESPONSIBILITIES

***A hard copy is available upon request by contacting Member Services at 1-877-615-4022 or our TRS Relay Line 711.***

FHCP is committed to providing Members with health care and related services through dedicated employees and services partners who manage both the quality and the cost of health care. Our vision is to set the standard for health care in our community. We intend to be acknowledged as the leader by our Members, Employees, Service Partners and Governing Body. In our community we manage both the quality and the cost of health care provided to the Members of our health plan. We are committed to understanding the health care needs and meeting the requirements of our Members, fellow employees, and Service Partners. We will strive to do our jobs right the first time, every time.

As a Member of FHCP you have certain rights and responsibilities. Your rights are in keeping with FHCP's commitment to provide you with quality care and services at a reasonable cost. Your responsibilities are to assist us in achieving this goal.

## **RIGHTS:**

1. To reasonable response to your request and need for treatment or service within FHCP's capacity, and applicable laws and regulations
2. To be informed about, consent to, or refusal of, recommended treatment.
3. To present Grievances without compromise to future health care, if you feel these rights have not been provided.
4. To file an Appeal. Contact FHCP's Member Services Department at 386-615-4022 or 1-877-615-4022. The hearing impaired may call TRS 711.
5. To be treated with dignity and consideration as an individual with personal value and belief systems, with compassion and respect, with reasonable protection from harm, and with appropriate privacy.
6. To received quality health care with respect and dignity regardless of race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurability, (including conditions arising out of acts of domestic violence), disability, genetic information, or source of payment.
7. To be informed about your diagnoses, treatments, and prognoses. When concerns for your health make it inadvisable to give such information to you, such information will be made available to an individual designated by you or to a legally authorized individual.
8. To be assured of confidential treatment of disclosures and records; and to be afforded an opportunity to approve or refuse the release of such information, except when release is required by law.
9. To refuse treatment to the extent permitted by law and be informed of the consequences of your refusal. When refusal of treatment by the member or his/her legally authorized representative prevents the provision of appropriate care in accordance with ethical and professional standards, the relationship with the member may be terminated upon reasonable notice.
10. To participate in decisions involving your health care, including ethical issues and cultural and spiritual beliefs, unless concerns for your health contraindicate.
11. To information about FHCP, it's providers and practitioners as well as your member rights and responsibilities
12. To participate in discussions involving medically necessary treatment options regardless of cost and/or benefit coverage.
13. To refuse to participate in experimental research.
14. To know the name of the physician coordinating your health care and to request a change in writing of your primary care physician.
15. To make decisions concerning such medical care, including the right to accept or refuse medical treatment or surgical treatment and the right to formulate advance directives (i.e. "Living Wills, etc.) in accordance with the

*(continued)*



## MEMBER'S RIGHTS and RESPONSIBILITIES

Federal Law titled "Patient Self Determination Act" and the Florida Statute Chapter 765 "Health Care Advance Directives." These rights shall also include the right to appoint another either by Power of Attorney or by designation of a Health Care Surrogate to make Health Care Decisions for you and to provide informed consent if you are incapable of doing so.

16. To make recommendations regarding the Organizations Member Rights and Responsibilities policy.

### RESPONSIBILITIES:

1. To provide accurate and complete information about present complaints, past illnesses, medications, and unexpected changes in your condition.
2. To promptly respond to FHCPs request for information regarding you and/or your dependents in relation to covered services.
3. To understand, ask questions and follow recommended treatment plan(s) to the best of your ability.
4. To understand your health problems and to participate in developing mutually agreed upon goals to the best of your ability.
5. To keep appointments reliably and arrive on time or to notify the provider, ideally 24 hours in advance, if you are unable to keep an appointment.
6. To follow safety rules and posted signs.
7. To demonstrate respect and consideration towards medical personnel and other Members.
8. To understand that you are responsible for your actions and the possible consequences, if you refuse treatment or do not follow the provider's instructions.
9. To receive all of your health care through FHCP with the exception of emergency care.
10. To know your medicines and take them according to the instructions provided.
11. To report emergency treatment to FHCP at the telephone number listed in the Telephone and Addresses Subsection as soon possible.
12. To present your FHCP membership identification card each time you drop off and pick up a prescription.
13. To use emergency room facilities only for medical emergencies and serious accidents.
14. To be financially responsible for any Copayments, Co-insurance and/or Deductibles and to provide current information concerning your FHCP membership status to the provider. 🐦

**HEAR YE!  
HEAR YE!**

We have relocated our Member Services Department and our LAB department in our Holly Hill facility. Both departments are now located in the South West corner of the first floor in our Holly Hill facility. Hours and days of service remain the same.

**IT'S 2AM AND YOU, OR YOUR CHILD, HAS A FEVER...**

who can you call for answers to this and other health questions?



- Do you need help understanding a condition or symptom?
- Want to ask a Registered Nurse a confidential health question?
- Wondering where to go for care – RIGHT NOW?



Call the Florida Health Care Plans Nurse Advice Line at

**1.866.548.0727**

Hearing Impaired Only: TRS Relay 711  
7 days a week - 24-hours a day • Se Habla Español

# Utilization Management

**F**lorida Health Care Plans Utilization Management Program encompasses the evaluation and determination of coverage for, and appropriateness of medical care services, behavioral health services and individual plan coverage benefits, as well as providing assistance to clinicians and members ensuring appropriate use of resources. All pre-service and prior authorization requests are managed by the Central Referrals Department. Care during a hospitalization, Skilled Nursing Facility and Home Health Care are overseen by the Case Management Department. Member complaints, appeals and grievances are handled by the Member Services Department. All are reviewed, along with all pertinent documentation for approval or denial based on evidence based medical necessity criteria. FHCP uses Milliman CareGuide, Centers for Medicare and Medicaid guidelines, and internally developed guidelines to assure the consistency with which medical necessity decisions are made.

A Member, a provider the Member has authorized to act on his or her behalf, a State agency, or another person designated by the Member, may submit a Grievance or an Appeal regarding dissatisfaction with a Utilization Management Decision. The appeal may be submitted to the FHCP Member Services Department. If the member is not satisfied with the process or answer from FHCP, he/she may submit the appeal to the State of Florida Subscriber Assistance Panel.

The Member must complete the entire Appeal Process and receive a final disposition from FHCP before pursuing review by the Subscriber Assistance Program. The Subscriber Assistance Program will only accept Appeals, it will not accept Grievances.

Appeal would be submitted to:


Agency for Health Care Administration (AHCA)  
Subscriber Assistance Program  
2727 Mahan Drive, Building 1  
Mail Stop - #26  
Tallahassee, Florida 32308  
1-888-419-3456  
1-850-412-5402

Florida Health Care Plans Department Contact information:

**Central Referrals Department** - 386-238-3230 or 800-352-9824 and ask  
for Referral Department or ext. 3230

**Case Management Department** - 386-676-7187 or 866-676-7187


**Member Services Department** - 386-615-4022 or 877-615-4022

UM decision making is based only on appropriate care and coverage. Florida Health Care Plans does not reward staff for making denials, and does not use financial incentives that reward underutilization. For more information about the Referral Process or Utilization Management Process, go to the FHCP Website, [www.fhcp.com](http://www.fhcp.com). 

## *FHCP Mission*

To provide Florida Health Care Plans' members with health care and related services through dedicated employees and service partners who manage both the quality and cost of health care.

## *FHCP Vision*

To set the standard for managed health care in our community. We intend to be acknowledged as the leader by our members, employees, service partners and Governing Body. 

## *Elder Abuse and How To Report It, Prevent It*

Florida Law requires that any person who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the Florida Abuse Hotline on the toll-free telephone number, 1-800-96-ABUSE (1-800-962-2873). The TDD (Telephone Device for the Deaf) number for reporting adult abuse is 1-800-955-8770. Vulnerable adults are persons eighteen and over (including senior adults sixty and over) who, because of their age or disability, may be unable to adequately provide for their own care or protection. The Florida Abuse Hotline accepts calls 24 hours per day, seven days a week. The Abuse Hotline counselor is required to let the person calling know whether the information provided has been accepted as a report for investigation.

Here is the website:

<http://www.agingcarefl.org/aging/abuse>



### **Warning Signs of Elder Abuse**

- **Physical Abuse** - Slap marks, unexplained bruises, most pressure marks, and certain types of burns or blisters, such as cigarette burns
- **Neglect** - Pressure ulcers, filth, lack of medical care, malnutrition or dehydration
- **Emotional Abuse** - Withdrawal from normal activities, unexplained changes in alertness, or other unusual behavioral changes
- **Sexual Abuse** - Bruises around the breasts or genital area and unexplained sexually transmitted diseases
- **Financial Abuse/Exploitation** - Sudden change in finances and accounts, altered wills and trusts, unusual bank withdrawals, checks written as "loans" or "gifts," and loss of property

### **What Can I Do to Prevent Elder Abuse?**

- Report suspected mistreatment to your local adult protective services agency or law enforcement. Although a situation may have already been investigated, if you believe circumstances are getting worse, continue to speak out.
- Keep in contact – Talk with your older friends, neighbors, and relatives. Maintaining communication will help decrease isolation, a risk factor for mistreatment. It will also give them a chance to talk about any problems they may be experiencing.
- Be aware of the possibility of abuse – Look around and take note of what may be happening with your older neighbors and acquaintances. Do they seem lately to be withdrawn, nervous, fearful, sad, or anxious, especially around certain people, when they have not seemed so in the past?
- Contact your local Area Agency on Aging office to identify local programs and sources of support, such as Meals on Wheels. These programs help elders to maintain health, well being, and independence – a good defense against abuse.
- Volunteer – There are many local opportunities to become involved in programs that provide assistance and support for seniors.
- World Elder Abuse Awareness Day - Elder abuse is a global issue. Contact your local aging services organizations to find out how your community will observe World Day. Help to raise awareness by talking about the issue.
- Learn more about the issue - Visit the National Center on Elder Abuse website at [www.ncea.aoa.gov](http://www.ncea.aoa.gov).



# Advance Directives

**A**dvance Directives are very important. They are a way of making your voice heard about your health care when you can no longer speak. They allow you to appoint someone to make your health care decisions for you when you no longer can. Some of the decisions guided by an Advance Directive include the administration of, or to withhold, treatments, medications, or procedures. Advance directives are not just for the elderly. All people who desire to direct their end of life medical care should complete an Advance Directive. With an Advance Directive, you can express how much, or how little, you want done for you when you are no longer able to make these decisions. Family members often find this type of guidance helpful during difficult times when making difficult decisions. You may obtain an Advance Directive form by calling Member Services at 386-615-4022, 1-800-352-9824 or the Hearing impaired number at TRS 711, or pick one up at any FHCP physician office during the hours of operation from 8:00 am to 5:00 pm, or online at <http://www.fhcp.com/members/memberServices/advanceDirectives.htm>

If you'd like more detailed information on Advance Directives, talk to your physician, or visit some of the web sites below:

- <http://familydoctor.org/online/famdocen/home/pat-advocacy/endoflife/003.html#ArticleParsysMiddleColumn0001>
- <http://www.caringinfo.org/PlanningAhead/AdvanceDirectives/WhatAreAdvanceDirectives.htm>
- [http://www.emedicinehealth.com/advance\\_directives/article\\_em.htm](http://www.emedicinehealth.com/advance_directives/article_em.htm) ↪

## *Comprehensive Diabetes Care Program & Antidepressant Medication Management Programs*

The new FHCP Diabetes program enhances our many currently offered educational classes for our members.

As you are aware, FHCP offers a free 10 hour Diabetes class, recognized by the ADA; conducted by FHCP Registered Nurses and Dietitians who are Certified Diabetes Educators (CDE). In addition, they are available for individual appointments to assist our members, conduct a diabetes refresher class and offer a pre-diabetes course...all at no additional cost.

Our new program has the educators proactively calling members who have an HbA1c greater than 9.0. This gives the member the opportunity to ask questions concerning their diabetes. The educators offer appointments, help enroll them into classes and review your recommended treatment plan. Educational material is mailed quarterly to all members with diabetes. To be added to the mailing list, call 676-7100 ext. 7788 or email [DM@fhcp.com](mailto:DM@fhcp.com). For more information and enrollment into disease management programs you may also visit us on the website under the "Health and Wellness" tab.

Our new depression program assesses members who are newly diagnosed with depression and ordered antidepressant medication. The FHCP Behavioral Health physicians and therapists may provide telephonic assistance. These phone calls are free; members are offered appointments and educational material is also provided. To be added to the mailing list, call 676-7100 ext. 7788, 1-800-352-9824 or hearing impaired TRS 711 or email [DM@fhcp.com](mailto:DM@fhcp.com). The hours of operation are from 8:00 am to 5:00 pm. ↪

## *HEDIS and CAHPS*

Please visit our FHCP Website for information on our Quality Program. The website includes our HEDIS and CAHPS results.

If you wish to obtain a paper copy you may do so by contacting **Quality Management** at [Qualitymanagement@fhcp.com](mailto:Qualitymanagement@fhcp.com) or Member Services at 1-877-615-4022 or our TRS Relay 711 for the hearing impaired. ↗

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**“Notice of Privacy Practices” is available on the website and a hard copy is available upon request by contacting Member Services at 1-877-615-4022 or our TRS Relay Line 711.**



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

## *Safety in Health Care*



Patient Safety in healthcare includes you! You have some responsibility in your care planning. Your check out letter is a two way street...the doctor and you! One of the purposes is to make sure that you are connecting with your doctor about your care. If your plan of care is not working, including your medications, please contact your physician. This is a “TEAM” effort (you and your physician) and there is no “I” in team. ↗



# CONFUSED?

## Don't know where to turn or what to do? Talk to A Case Manager

Florida Health Care Plans Complex Care Program is a free, voluntary program offered to eligible members who may need assistance coordinating their complex physical, psychosocial and/or health related, financial needs.

Our Case Managers are experienced in assessing member needs and have developed a strong network of resources. Working together with you and your physician, the Case Manager's primary goal is to provide the education and resources needed for you to better understand and comply with your physician(s) plan of care.

A few helpful services we may identify together could include:

- Pharmacist Review of Medications for possible cost reduction
- Tele-scale monitoring for member's with Heart Failure

- Diabetic Education
- Disease Management Programs
- Support groups
- Home Health and/or hospice care needs
- Community programs for financial assistance with health care needs

We encourage you to contact us directly or speak with your PCP to see if you may benefit from Florida Health Care Plans' Complex Care Program.

If you have any questions, please do not hesitate to call. FHCP Case Management Department at 386-676-7187 or toll free at 1-866-676-7187, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m. The hearing impaired may call 711 or email us at [cmanagement@fhcp.com](mailto:cmanagement@fhcp.com) 🐦



# *Florida Health Care Plan, Important Member Information!*

The purpose of this information is to help you understand your plan and how to use your plan to ensure your maximum benefits.

## **What is Florida Health Care Plans?**

Florida Health Care Plans (FHCP) is fundamentally an HMO. When you are in an HMO plan you are required to obtain all of your medical care and services through our vast HMO Contracted Provider Network. You will select a Primary Care Physician (PCP) who coordinates your care and refers you to specialists when needed. By coordinating your care, your PCP helps to eliminate the chance of that you might receive un-necessary or duplicate testing and services. There are over 700 contracted providers within our HMO contracted network.

## **As a Member How Do I Use the Plan?**

When you enroll with FHCP you will be given a complete "Enrollment" packet. The following important materials are included in your "Enrollment" packet:

- Certificate of Coverage
- Provider Directory
- Membership Card
- Benefits Summary

The purpose of this information is to provide you with all of the tools you need to be an informed Member.

## **What is This Information?**

The Certificate of Coverage is your contract with FHCP. It is sometimes also called your "Handbook." It tells you all the information you need regarding your Enrollment, Eligibility, Claims, Coverage Rules, what services are covered, what services are excluded, your rights and responsibilities, and important telephone numbers and contact information. This is a legal document and you should be sure to read it thoroughly and keep it with your other important documents. The Certificate of Coverage is also available on our website at: [www.fhcp.com](http://www.fhcp.com)

The Provider Directory is a complete list of all physicians, hospitals, pharmacies and other facilities in our HMO Contracted Network. This Directory will assist you in selecting a Primary Care Physician, knowing what types of providers and services you can access without Prior

Authorization, and the locations of our contracted Facilities, Hospitals and Pharmacies. Always remember, unless you are receiving Emergency or Urgently Needed Care, for your services to be covered under your plan, you must always see providers in our HMO Contracted Network. The Provider Directory is updated monthly and the current version is available on our website at: [www.fhcp.com](http://www.fhcp.com)

Your Membership Card identifies you as a member of FHCP. You should always have your membership card with you. You must present this card anytime you go to a physician, health care facility, hospital, other health care provider or pharmacy. Your FHCP Membership card is very valuable. If your card is ever lost or stolen please contact FHCP for a replacement as soon as possible. You may call our Member Services Department at 1-877-615-4022 or Enrollment Department at 1-800-352-9824. You can also request a replacement card on our website at [www.fhcp.com](http://www.fhcp.com)

Your Benefits Summary is a concise summary of what the cost will be for the services covered under you plan. It shows you what costs you are responsible for including: the amounts of any copay, deductible or co-insurance.

## **What is a Primary Care Physician?**

A Primary Care Physician (PCP) is a physician who provides primary medical services such as an annual physical. This is the physician you will see for all of your general medical care and needs. Primary Care Physicians are usually Board Certified in Family Medicine, Pediatrics or Internal Medicine. Your PCP will coordinate all of your care and whenever necessary refer you to a specialist. When choosing a PCP you should first check the Provider Directory. Select a PCP who is close to your work or home. One who is affiliated with a particular Hospital you may prefer to use. One who you feel you can talk to about meeting your health care goals and needs. If you would need help with your selection you may contact FHCP's Member Services Department by calling toll free 1-877-615-4022 or you may call locally by dialing (386) 615-4022. Our Member Services Representatives are available to assist you Monday through Friday from

8 a.m. to 5 p.m. You may also contact our Member Services Department via our website at: [www.fhcp.com](http://www.fhcp.com)

### What if I want information regarding a Physician's qualifications?

Many times you will want to know information about the physician you are seeing or would like to see. This information may be what hospital the physician is affiliated with, where the physician went to medical school and if the physician is Board Certified. You may obtain this information by contacting FHCP's Member Services Department at: 1-800-615-4022 or (386) 615-4022, Monday through Friday from 8 a.m. to 5 p.m. you can also visit our website at: [www.fhcp.com](http://www.fhcp.com). The State of Florida also has a website for you to learn about your physician's qualifications at : [www.doh.state.fl.us/mqa/Profiling](http://www.doh.state.fl.us/mqa/Profiling). There is a link available to this site as well at: [www.fhcp.com](http://www.fhcp.com).

### How can I get information about practitioners who participate with FHCP?

When you enrolled with FHCP you received a "Provider Directory" This document is a complete list of all of the Providers who participate with FHCP. FHCP is always adding more providers to our network and sometimes a Provider may choose to leave because of this, FHCP makes the "Provider Directory" available to all of our Members all of the time. The Provider Directory is available on our website at [www.fhcp.com](http://www.fhcp.com). In addition, copies of the "Provider Directory" are always available from our Member Services, Marketing and Enrollment Department s and can be obtained in person by visiting us at our 1340 Ridgewood Avenue, Holly Hill facility. If you prefer, you can always contact our Member Services Department are Monday through Friday 8a.m to 5p.m. by calling 1-877-615-4022. One of our Representatives will be happy to send a Provider Directory to you.

### How to obtain specialty care and behavioral health services?

If you are on an HMO plan, your PCP will coordinate your care and in most cases can refer you directly to the specialist and services you need including behavioral health services. There are certain services that require prior authorization from FHCP. Your PCP or Contracting Provider will have this information and will request the authorization from FHCP for those services on your behalf. There several specialties that not

require a referral from your PCP or FHCP. The providers of these services are listed as a "Direct Access Provider" in the FHCP Provider Directory and include but are not limited to Dermatologist, Podiatrists, Chiropractors and Ob/GYNs.

NOTE: If you have a Point of Service (POS) or Triple Option Rider you do not require a referral to access services by a specialist. However the cost of the services you will depend upon the Provider you see. When you utilize an HMO Contracted provider you will have your claims will be processed at the maximum HMO benefit. Utilization of Non-Contracted Providers will result in a high cost to you; higher applicable copayment, coinsurance and/or deductible plus and balance billing that may apply.



### I have read in several places "Prior Authorization". What is Prior Authorization?

In most cases your PCP will refer you directly to a specialist or facility. However, once in a while your PCP may decide you need a service or specialist that is not available in our Contracted Network, in this case your PCP would contact FHCP for Prior Authorization. FHCP has also given all of our Contracted Providers a list of specific types of services that require Prior Authorization by FHCP. Prior Authorization assures that the unique services or specialist you are seeing has been approved by FHCP and that the charges for these services will be covered under your plan. To make this simple FHCP has put together a list of common Questions and Answers regarding Prior Authorization:

### Do I need a Prior Authorization from my PCP?

If you are on our HMO plan, yes, you will need prior authorization to see most Specialty Providers. However there are certain Specialist and services listed

in the FHCP Provider Directory under Direct Access that do not require prior authorization from your PCP. Examples of providers and services that members can directly access without prior authorization include, but are not limited to the following:

Optometry	Chiropractors	Podiatry	Dermatology	Obstetrics (pregnancy)
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**Does my PCP ever need Prior Authorization from FHCP?**

Yes there are certain times *you, or your* PCP, will need to get Prior Authorization from FHCP. Generally your PCP will be able to arrange your care directly with the Specialist you need. However, there are certain services that will require either you or your PCP to get Prior

Authorization from FHCP. The purpose of a Prior Authorization is to assist our members as they navigate through the complex world of health care services and to assure the right service is delivered at the right time. Examples of these types of services, include, but are not limited, to the following:

Balance & Vestibular Testing	Braces & Prosthetics	Breast MRI	Stereotactic Breast Biopsy	Sestamibi Scans	Ultrasound Guided Biopsy	Virtual Colonoscopy
Pill Cams	Genetic Testing	Pet Scans Ordered by Your PCP	Special Durable Medical Equipment	Lymphedema Clinic	Non-Contracted, Out-Of-Network Physicians, Hospitals & Facilities	Organ & Bone Marrow Transplants
Some Prior Authorization Drugs (need to have a Pharmacy Rider)	Pulmonary Rehabilitation	Midwife, Home Birthing or Birthing Center Services	Surgeries Inpatient or Outpatient	Varicose Vein Evaluations & Treatment		

**Is there a difference between a Referral, Prior Authorization, and Pre-Certification?**

A Referral and Prior Authorization are one and the same.

Pre-Certification is not the same. Pre-Certification is a

simple data entry process performed by FHCP for certain services. This data entry is simply to ensure any claims received by FHCP that are related to the service will be promptly paid.

Examples of services that require Pre-Certification include, but are not limited to the following:

Emergency Room Services	Hospital Admissions Both Elective & Emergency	Skilled Nursing Facility Inpatient Services	Home Health Care Services
Residential Behavioral & Mental Health Inpatient Services	Rehabilitation Substance Dependency Inpatient Services	Centers for Outpatient Rehabilitation	Outpatient Physical

## How do you decide what medications are on the Formulary?

FHCP's Pharmacy & Therapeutics (P&T) Committee reviews the Medications that appear on our formulary. This review includes a review of FDA reports along with recommendations by specialty boards such as the American board of pediatrics. The P&T Committee meets quarterly and consists of licensed; Pharmacists and Physicians representing various specialties.



## What is the Difference Between an Emergency and Urgently Needed Care?

An Emergency is generally defined as an unexpected accident or illness that is so severe that your health and body could be in serious danger if you did not receive immediate treatment. You would go to, or be taken to, the nearest Emergency Room for evaluation and treatment.

Urgently Needed Care is generally defined as an illness or injury that was not expected. Your general health and body are not in serious danger; however, it is not reason-

able for you to wait until you can get care in the next day or so. When you think you should have Urgently Needed Care and you are in our service area of Volusia and Flagler counties, you should always contact your PCP first. Many times your PCP can see you the same day. If your PCP can not see you he or she will direct you to the nearest Urgent Care Center or Facility. If you are traveling outside of our service area you can still contact your PCP or seek treatment at an Urgent Care Center or Clinic where you are staying. When traveling please remember you can always contact FHCP's Member Services Department at: 1-877-615-4022 our Member Services Representatives can assist you in locating one of the thousands of providers we have an affiliation with outside of our Contracted Provider Network. If it is after normal business hours your call will be automatically forwarded to our Call Center. Our Call Center can also assist you with finding an affiliated provider anywhere in the United States.

## How Do My Claims Get Paid?

Most of the time the only bill or charges you will receive are for your copay, co-insurance or deductible. Whenever you utilize providers in our HMO Contracted Network, the bills for those services will automatically be forwarded to FHCP for payment. There are no claims forms for you to deal with.

## What do I do if I receive a bill?

There may come a time that you will receive a bill for charges other than your copay, co-insurance or deductible. Sometimes while traveling outside of our service area of Volusia and Flagler Counties, you may also be asked to pay the full amount for the services you received. If you receive a bill and you don't believe you owe the charges, just send the bill to our Claims Department at:

Florida Health Care Plans  
Attn: Claims  
P.O. Box 9910  
Daytona Beach, FL 32120-9910

## How to obtain care and coverage when subscribers are out of the organization's service area?

When traveling outside of our service area you are always covered under your maximum level of benefits for urgently need & emergency care. In addition, FHCP

Member's traveling outside of our service area have access to the BlueCard® Program that is sponsored the BCBS Association. This is an expanded network of providers available when a Member requires urgently needed care. To locate a participating BlueCard® provider simply contact FHCP's Member Services at: 1-877-615-4022 A Member Services representative will assist you to locate a Blue Cross Blue Shield Blue Card provider in the area where you are traveling. After normal business hours your call will be automatically forwarded to our Call Center. Our Call Center Representatives can also assist you with finding a participating BlueCard® provider anywhere in the United States.

ALWAYS keep in mind if you have a serious emergency you call should call 911 or if possible directly go to the nearest hospital / Emergency Department for care. After you have been stabilized and received treatment you should contact your PCP immediately for coordination of any additional care you may need. Always remember when emergency care is received outside of our services area you must notify FHCP and your PCP as soon as possible. Your PCP will assist in the coordination of your follow-up care and obtain the necessary pre-service authorization from FHCP.

### What if I had an Emergency, or require Urgently Needed Care, while traveling and I had to pay all the charges?

If you are traveling and had to pay all of the charges for Emergency or Urgently Needed Care services you received and are asking for reimbursement, simply follow these steps:

- Get an itemized bill that includes the following:
  - A list of the services you received (*in the United States these are referred to as CPT codes*)
  - The reason you were seen (*in the United States this is the diagnosis some times referred to as ICD-9 or ICD-10 codes*)
  - The exact amount of the charges
  - If possible, the provider's National Provider Identification Number (*NPI*) (*this is available only in the United States*)
  - The Location of the services: office, hospital, clinic, etc.
- We need a copy of your paid receipt (*a copy of your check, credit card or cash receipts*); and

- If you were traveling outside of the United States we will require a copy of your medical records. (*Please be sure that these records are translated into English*)

Send all of the above information to the same Claims address that is shown above. Your request will be processed and you will receive your answer and/or reimbursement directly from our Claims Department in about 15 - 30 days.



### English is not my primary language how can I get assistance?

The Member Services Department has access to over 200 languages and can offer you assistance and information in the language of your choice. Our Member Services staff can also assist your health care provider should you and your provider require access to a translation service to aide in the delivery of your care.

## What if I have a complaint?

At FHCP we strive to provide you with quality care and services. We understand that sometimes things may happen that you disagree with or are unhappy with such as:

- You may not like the quality of the care or service you received.
- You may feel it takes too long to get an appointment, or your Doctor's office is not returning your calls.
- You may believe that someone, an employee or a provider, did not treat you with the respect you deserve.
- You may disagree with a rule that your provider or that FHCP has.

Whenever any concern like this occurs we want you to let us know as soon as possible. Any time you have a question, complaint or concern, please contact our Member Services Department. FHCP's Member Services Department is available by phone, by fax, or by e-mail. The Member Services Staff is available to assist you Monday through Friday from 8 a.m. to 5 p.m. and can be reached as follows:

Florida Health Care Plans  
 Attn: Member Services  
 1340 Ridgewood Ave.  
 Holly Hill, FL 32117  
 Toll Free #: 1-877-615-4022  
 Local #: (386) 615-4022  
 Fax #: (386) 676-7149  
 Website: [www.fhcp.com](http://www.fhcp.com)

When you call with a Complaint we will document your concerns and take any appropriate actions. If you write us regarding your Complaint this is known as a Grievance and again we will document and research your concerns and take any appropriate action. Whenever you write to us we will also contact you both verbally, and in writing, to let you know the status of your complaint.

## What happens if Florida Health Care Plans denies a Claim, a Prior Authorization request, or informs me that a service I am receiving is going to end?

When ever a member disagrees with FHCP's denial of a claim, denial of a Prior Authorization request, or has told you a service you're receiving is going to end, you have the right to Appeal FHCP's decision.

An Appeal is simply your request for FHCP to take another look at our decision and reconsider.

If you receive a **denial for payment of a claim**, that denial will be in writing. The denial notice you receive will include the reason for the denial, your right to Appeal the decision and information on how to submit your Appeal.

If you receive a **denial for a Prior Authorization** that you or your provider requested, you will receive a written notice of denial. This notice will include FHCP's reason for the denial, your right to file an Appeal and information on how to submit your appeal.

If FHCP has informed you that a **service your are currently receiving** such as Home Health Care, or Skilled Nursing Care **is about to end** you will be informed as to why this decision was made and of your right to Appeal the decision.

You can file your Appeal with FHCP's Member Services Department at the location and phone numbers listed above. Depending upon what you are appealing, such as:

- A denied Claim for services you have already received;
- A denied Prior Authorization request for services you have not received; or
- A notice that services you are currently receiving are about to end.

FHCP will respond to you about your Appeal within 30 days for services you have not yet received (*Prior Authorization*) or 60 days for services you have already received (*denied claim*). If you are appealing the end of a service you are currently receiving FHCP will usually respond within 72 hours.

### If we decide in your favor of your Appeal, FHCP will

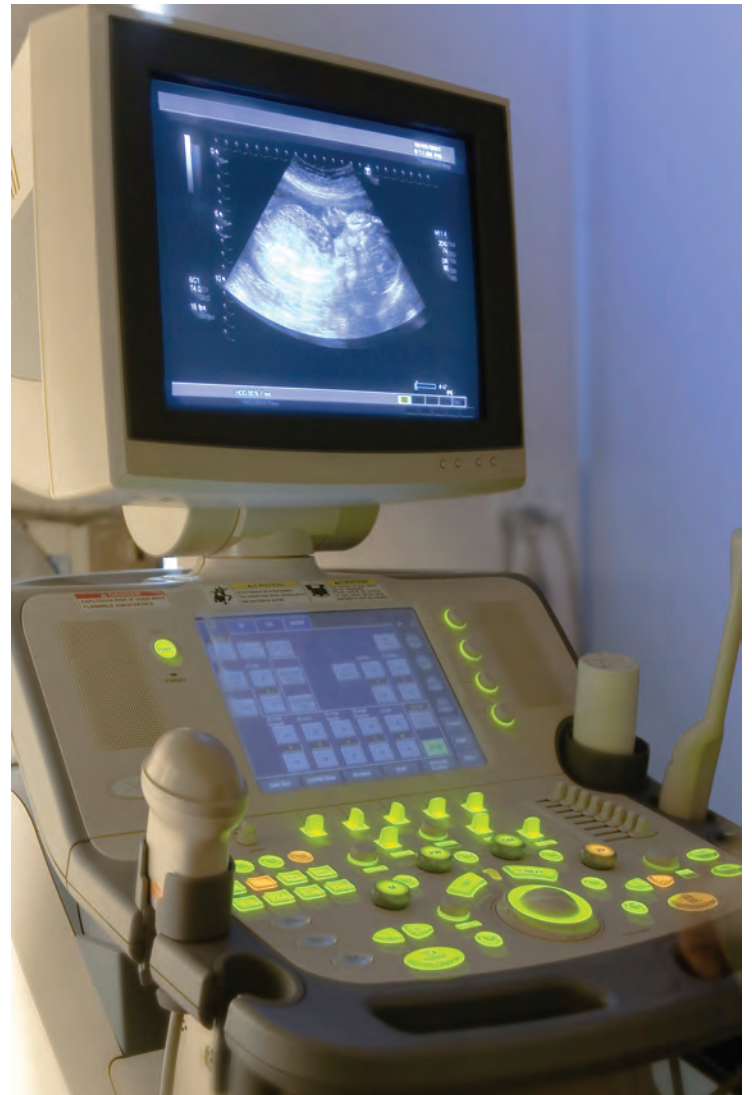
1. Pay the claim,
2. Approve the requested service, or
3. Approve continuing the service you are receiving.

### If we decide that our original denial was correct, FHCP will

1. Notify you verbally, and in writing, why we believe our original decision was correct.
2. This notice will also include your right to **take your Appeal one step further by requesting a hearing by the State of Florida Subscriber Assistance Program**. This is a special panel of people that are not connected to FHCP in anyway. This Program is available to any HMO member in the State of Florida. The notice you receive from FHCP will also include instructions on how to contact the Subscriber Assistance Program

### How does FHCP evaluate how member's can access the newest technology and still have a benefit?

Similar to our Pharmacy & Therapeutics Committee, FHCP's Performance Improvement (P.I.) Council reviews the latest trends in medical care and technologies as these technologies become available. This Committee consists of licensed Physicians representing various specialties who review medical technologies and recommendations based several factors including, but certainly not limited to: FDA approval, recommendations by national specialty boards and organizations such as the AMA and the National Association of Gastroenterology, patient outcomes and Nationally recognized medical criteria such a Milliman. In addition, FHCP has a team dedicated to the latest innovations in information technology. As a result, FHCP has been on the cutting edge of Electronic Health Records.

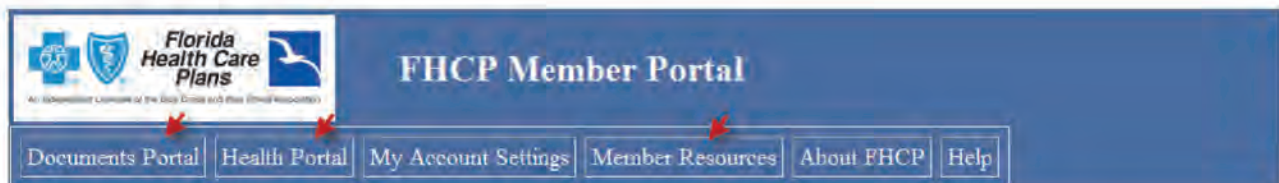




**Florida Health Care Plans Is Proud to Announce  
an Innovative New Online Service Created Exclusively for Our Members  
The FHCP Member Portal**

Using the Member Portal, FHCP members can securely view documents related to their insurance coverage online 24 hours/day, 7 days/week, 365 days/year from any computer with internet access! Members can also take advantage of the online Health Portal by registering for “Welcome To Wellness” FHCP’s innovative new health management tool with a state of the art Health Risk Assessment and thousands of health related articles, English and Spanish, with personalized interactive programs to help keep our members healthy.

We want to highlight three tabs of the Member Portal



#### Documents Portal

The Documents Portal is where you will find your Certificate of Coverage, Benefit Summary, and all FHCP optional riders.

#### Health Portal

The Health Portal includes “Welcome to Wellness,” FHCP’s innovative new Health Management tool with a state of the art Health Risk Assessment and thousands of health related articles, programs and much more! Please check this out. It is an opportunity for all FHCP members to take action on improving their own health through individualized education.

The Health Portal also includes the “Patient Portal” for FHCP members seeing physicians at FHCP staff offices. In the “Patient Portal” members can schedule appointments, communicate securely and request prescription renewals from their physician. The ‘Member Portal’ is for you to interact with FHCP. The ‘Patient Portal’ is for you to interact with your specific FHCP staff physician.

#### Member Resources

The Member Resources tab provides one easy click to a wealth of FHCP member news, resources, contact information and common forms.

Together these new online services deliver the convenience and ability for you to take further charge of your health care at any time, when the time is right for you. For more info about these new online services please register at the “Member Portal” link on our homepage, [www.fhcp.com](http://www.fhcp.com). If you need help, call Member Services for assistance at 386-615-4022. Hours of operation are 7 days a week, 8 am to 8 pm. Hearing Impaired call TRS Relay 711. This announcement is brought to you by your friends and neighbors at Florida Health Care Plans.

# ATLANTIC INSTITUTE OF CLINICAL RESEARCH

IS CURRENTLY ENROLLING THE FOLLOWING CLINICAL TRIALS:

## ANKLE SPRAIN

*injury not more than 48 hrs. old*

## OSTEOARTHRITIS or RHEUMATOID ARTHRITIS

## OVERACTIVE BLADDER

*(for people 65 or older)*

## SHOULDER TENDONITIS or BURSITIS

*pain onset between 5 to 15 days ago*

## TYPE 2 DIABETES

Coming Soon:

## POST HERPETIC NEURALGIA

**FHCP membership NOT required to participate in these studies. No insurance is necessary.**

**No cost to participate.**

**You may be paid for time and travel.**

FOR MORE INFORMATION ABOUT THESE STUDIES,  
PLEASE CALL: 386-238-3220 • Hearing Impaired TRS 711

Hours of Operation:

Monday - Thursday 7:00 am to 5:00 pm

Friday - 7:00 am to 4:30 pm



**Florida  
Health Care  
Plans**



An Independent Licensee of the Blue Cross and Blue Shield Association

1340 Ridgewood Avenue  
Holly Hill, FL 32117

Presorted Standard  
U.S. Postage  
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Daytona Beach, FL

## Health or Wellness or Prevention Information



### “QuitSmart” Classes *Really* Help!

Today we would like to offer some tips on how to keep your quit smoking resolution. Many people get discouraged a few days after throwing away their cigarettes and relapse. Don't feel badly. Recent studies have shown that only 5% of people who try to quit—without counseling and some form of medication to stave off withdrawal, will be successful. Most people need help for this difficult problem.

Smoking is an addiction and a habit. Both parts must be treated for you to be successful. Research has shown that in the first 30 days after quitting you are at high risk for relapse. This is where the structured program “QuitSmart” can help. You attend 3 classes in 30 days and have unlimited telephonic coaching for as long as you need it. Come get the information

and support you need to quit *without* uncomfortable withdrawal symptoms.

For more information contact Don Davis, LCSW @ 386-846-7366. Classes are open to FHCP members and non-members as well.

In addition to QuitSmart, other smoking cessation opportunities are available to you. Please visit [www.fhcp.com](http://www.fhcp.com) and click on Member Wellness Programs or call 386-676-7110, Hearing Impaired TRS 711. The hours of operation are 8:00 am to 5:00 pm, Monday thru Friday. Find the one that works best for you and keep your New Year's Resolution! 🐦