



Ultrasound Accreditation

FHCP has been granted GYN Accreditation from the American College of Radiology. Our ultrasound department is now Accredited in General, Gynecological and Vascular Ultrasound Services.

FHCP will be closed on Monday, Sept. 6, for Labor Day.

Welcome New Providers!

Manuel A Crisanto, MD, IM, Deltona Medical Center-Orange City
Ivan Fleishman, PSY.D, Psychology-Deland
Pamela E Kirby, DPM, Podiatry-Port Orange
Susan Mathew, MD, Ph.D, FHCP Staff Hospitalist-Daytona Beach
Lawrence R McBride, MD, Cardiovascular Surgeons P.A.-Orlando
Sumbal Sattar, MD, Pediatric Cardiology, Carson & Appleton-Orlando
Donald A Garrow, MD, Gastroenterology of Greater Orlando-Orange City
William Sherrier, DC, Vogel Chiropractic Clinic, LLC-South Daytona
Richard H. Jadick, DO, Urology-Daytona Beach

ICD-9 Updates coming soon!

From Program Management:

Well, it's hard to imagine that the year is rapidly nearing the end.

Late August and September are always busy times for Program Management as we get ready for the new ICD-9 codes that will impact our work starting October 1st. As you know, each October 1, the ICD-9 codes are updated with revised codes, new codes, deleted codes and new coding guidelines

A few of the changes that will impact your reporting of services to FHCP will be the expanded BMI codes for indexes greater than 40; V85.41 – V85.55. There are also a significant number of new "V" codes for various purposes. The change in Diagnosis codes are not as drastic as we have seen in the past; more of a refining of categories and improved S&S coding.

FHCP will be generating a matrix of all the changes that take place October 1st and will pass them along prior to the implementation date to assist you with the transition to the new codes.

As always Program Management will be here to assist with any coding questions you may have with this ICD-9 update. You can call us at 1-800-352-9824, ext. 7204.



HMO members to have Direct Access to GYN Providers

In the coming months, you will be informed of various changes that FHCP will be making to comply with Health Care Reform legislation. One initiative that FHCP employees, providers and members will be experiencing beginning August 1, 2010 is how female members can access Gynecology services.

Under Health Care Reform (specifically Patient Protections - Section 2719a of the Public Health Service Act as amended by Section 10101 of the Patient Protection and Affordable Care Act), group health plans like FHCP that offer group or individual health insurance coverage are now required to permit female enrollees to obtain obstetrical/gynecological services without first seeking a referral from a primary care provider. Such OB/GYN professional must agree to otherwise adhere to FHCP's policies and procedures, including procedures regarding referrals and obtaining prior authorization and providing services pursuant to a treatment plan (if any) approved by FHCP.

Historically, members have been able to call the GYN office directly to schedule their Well Woman or obstetrical visit only. This is called "Direct Access". However, in order to be seen for a GYN problem, the member had to be referred by their PCP or another referring physician to the GYN provider. To be compliant with the new law noted above, **beginning August 1, 2010**, FHCP will no longer require any FHCP member to obtain a referral from their PCP or any other referring provider in order to access any GYN service.

All FHCP members (Commercial, Medicare, etc.) will have Direct Access to GYN providers.

While initial access to GYN care is now considered to be Direct Access, the law does require that in order for GYN services to be covered, members and providers must comply with the following:

1. Female members can obtain obstetrical/gynecological services without first seeking a referral from a primary care provider (Direct Access). The Provider Directory will have GYN providers listed under the Direct Access category beginning 8/1/2010.
2. Female members covered under a FHCP HMO benefit plan must use a **participating** GYN provider in order for FHCP to cover the visit.
3. For members covered under a FHCP HMO benefit plan, **there is no automatic out of network benefit for GYN care**, unless it is for emergency/urgent care or pre-authorized by FHCP's Referral Department.
4. **Point of Service or Triple Option members will continue to access to GYN care without a referral.** These are open access plans and their in or out of network benefit levels and related out of pocket expense will not change.
5. **GYN providers must continue to follow established FHCP policies and procedures** regarding referrals and obtaining prior authorization for covered services.

Due to FHCP's transition to Electronic Health Records, we have available for sale gray metal shelving units. They are 3 ft. wide by 6 ft. 6 inches tall and have seven shelves with partitions. They were manufactured by Datum.

FHCP is offering these for sale at the price of \$25.00 each.

If you are interested, please call Laura Mercks at 386/676-7111.

Self Referred Specialties

Gynecology will now be added to the list of Direct Access / Self Referred Specialties

Acute Low Back/Neck Pain Program	Hospice	Sports Medicine
Chiropractic	Obstetrics	Substance Abuse Counseling-Outpatient Care
Colonoscopy/ Screening	Optometry	Weight Management Program
Dermatology	Ostomy Services	Well Womens Assessment
Gynecology	Podiatry	Wound Care Providers
Healing Aid/Audiology Services	Smoking Cessation	

FHCP WOUND CLINIC OFFERS NEW SERVICE!

The FHCP Wound Clinic has recently acquired the Xsensor Pressure Mapping System distributed by ROHO. Utilizing a flexible sensor pad, pressure mapping software and an electronics unit, the system provides information on the interaction between a person and the surface the person is sitting on. The intent is to find the regions in the body where the pressure distribution is highest. Vertical (up-and-down) interface pressure only is measured and not the side to side forces caused by shear and friction encountered during transfers which by themselves are major components of skin trauma and are additional elements assessed during the evaluation. Our goal in using this system is to select an appropriate pressure-relieving surface and prevent the development of pressure ulcers.

Pressure mapping is also useful as a patient education tool. With the patient seated on the sensor pad, he/she can see what happens on the map with changes in position as the display changes colors from normal green to yellow or orange.

FHCP Staff Providers who have patients that might benefit from pressure mapping can task the clinic via the E.H.R. NO Pre Authorization is required for wound clinic services. Network Providers may refer patients by calling the Wound Care office at 238-3200-ext. 3535.

Interpreter Services

It is the policy and practice of FHCP to comply fully with the Americans with Disabilities Act of 1990 and ensure equal opportunity for all persons with disabilities. FHCP is committed to ensuring non-discrimination in all terms, conditions and privileges of enrollment.

As a result, FHCP makes available to our members interpreter services as may be needed during their enrollment with FHCP. These services include interpreter services for the Deaf and Hard of Hearing and as well as Non-English Language Interpretation.

If your office is in need of these services for a FHCP member, please contact: Carol Cooper, FHCP Provider Relations at 386 / 615-4001. Thank you.



**Reminder!
The
Provider
Directory is
located on
our
Website.
Check us
out at
fhcp.com**



FHCP's Preferred Fitness Program



The Surgeon General's Vision for a Healthy and Fit Nation!

The following commentary from US Surgeon General Regina Benjamin, MD, MBA, is a collaboration between the US Department of Health and Human Services (HHS), the American College of Sports Medicine (ACSM), and Medscape.

As Surgeon General, my priorities focus on wellness and prevention. Earlier this year, I released my paper, *The Surgeon General's Vision for a Healthy and Fit Nation* [2010].

There is, perhaps, no more serious challenges to the nation's health and well-being than those posed by obesity and overweight. Since 1980, obesity rates have doubled in adults and more than tripled in children, and the problem is even worse among black, Hispanic, and Native American children. We see the sobering impact of these numbers in the high rates of chronic diseases, such as diabetes, heart disease, and other chronic illnesses, that are starting to affect our *children* more and more.

A few months ago, a study from The University of North Carolina [at Chapel Hill] School of Medicine reported that obese children as young as age 3 show signs of an inflammatory response that has been linked to heart disease later in life. I was pleased to join the First Lady for the launch of her *Let's Move!* Campaign to solve the problem of childhood obesity within 1 generation.

Both my *Vision for a Healthy and Fit Nation* and the First Lady's *Let's Move!* Campaign takes a comprehensive approach that engages families and communities, as well as the public and private sectors. My *Vision for a Healthy and Fit Nation* is an attempt to change the national conversation from a negative one about obesity and illness to a positive conversation about being healthy and being fit. I want to encourage Americans to eat more nutritiously, exercise regularly, and maintain healthier lifestyles.

That is why I am asking healthcare organizations across this country to join the *Exercise is Medicine* initiative. *Exercise is Medicine* is a multinational, multiorganizational initiative. It brings physical activity to the forefront of disease prevention and treatment, by making exercise a part of every patient's interaction with a health clinician. *Exercise is Medicine* strives to provide the essential connection between clinicians, fitness professionals, and the public, so that everyone can receive the guidance they need to stay healthy and active. All the partners in this initiative are dedicated to the idea that exercise is the *new* medicine. Partners are asked to continue to build, support, and advocate for physical activity as an essential element of global health and well-being by committing to action:

- Policy makers are asked to change policies to support physical activity as a major component of health.
- Clinicians and fitness professionals are asked to integrate exercise into every patient and client interaction.
- Communities, workplaces, and schools are asked to promote physical activity as an essential part of health and well-being.
- Members of the public are asked to educate and empower themselves to seek appropriate counseling on physical activity.

As health professionals, we should remember that patients are more likely to change their behavior if they have a meaningful reward -- something more than reaching a certain weight or dress size. The reward has to be something that each person can feel, enjoy, and celebrate. The reward *is* optimal health that allows people to embrace each day and live their lives to the fullest -- without disease, disability, or lost productivity. I hope you will join the *Exercise is Medicine* initiative. Together, America can become a Healthy and Fit Nation.

Good health is your best defense against illness and disease. At Florida Health Care Plans, we are dedicated to maximizing your health and well-being.

In order to help you achieve your personal health and fitness goals, we invite you to take advantage of our unique Preferred Fitness Program. This program is available to all FHCP Medicare members. Preferred Fitness will help you improve your health, reduce your risk of future disease, increase your energy, and meet new friends!

As a member of Florida Health Care Plans' Preferred Fitness Program, you'll have access to participating fitness centers and gyms in Volusia and Flagler Counties. For more information on our Preferred Fitness Program and locations of participating fitness centers please check out our website:

fhcp.com

Click on the **Medicare** tab, Click on **Programs** and choose **Preferred Fitness Program**



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Risk Assessments

Alcohol Use Assessment

For most adults, consuming alcoholic beverages is done in moderation. If you are concerned about your drinking habits, using this tool will generate personalized results. Your responses are completely confidential and anonymous.

<http://www.alcoholscreening.org/>

Breast Cancer Risk Assessment Tool

This is an interactive tool designed by scientists at the National Cancer Institute (NCI) and the National Surgical Adjuvant Breast and Bowel Project (NSABP) to estimate a woman's risk of developing invasive breast cancer.

<http://www.cancer.gov/bcrisktool/>

Colorectal Cancer Risk Assessment Tool

Take these results to your doctor to discuss your personal risk of colorectal cancer. (Colorectal cancer is another way to say colon and rectal cancer).

<http://www.cancer.gov/colorectalcancerrisk/>

My Diabetes Health Assessment

Are you at risk for developing type 2 diabetes? The American Diabetes Association (ADA) states that the more risk factors you have, the more likely you are to develop diabetes.

<http://www.americanheart.org/presenter.ihtml?identifier=3063522>

Heart Attack - Coronary Heart Disease - Metabolic Syndrome Risk Assessment

Use this tool to help you assess your risk of having a heart attack or dying from coronary heart disease in the next 10 years. It will also check to see if you may have metabolic syndrome, a group of risk factors that greatly increase your chances of developing cardiovascular disease, including stroke and diabetes.

<http://www.americanheart.org/presenter.ihtml?identifier=3003499>

How many fruits & vegetables do you need?

The Fruit & Veggies Matter Web site provides tips, recipes, and strategies to add more fruits and vegetables into daily eating pattern.

<http://www.fruitsandveggiesmatter.gov/>

Medline Plus has multiple links to screening tools.

<http://www.nlm.nih.gov/medlineplus/interactivetools/index.html>