



DATE: January 1, 2011

TO: All FHCP Providers

cc: Theresa Watson, R.N., Administrator of Quality Management/
Performance Improvement

FROM: Pat Isner, Program Management Specialist

SUBJECT: **FHCP PROVIDER HANDBOOK UPDATES**

The following are recent additions and deletions to the FHCP Provider Handbook. The Handbook is available on PAI (Provider Access Inquiry) and at www.fhcp.com. A printed copy of information posted to the FHCP Web site is available upon request:

SECTION	POLICY NUMBER	SUBJECT	REVISION NUMBER	REVISION DATE
02		FHCP Benefit Plans		12/22/10
02		FHCP Sample Membership Cards		12/22/10
07	PC007	Medicare Subscriber Claims Review & Processing	15	12/08/10
08	MCG004 (formerly MGP017)	Medications Requiring Prior Authorization	13	12/29/10
09	QM004	Quality Management/Performance Improvement Plan	21	12/01/10
16		Preferred Fitness Program – Facilities Locations, Evaluation Sites, Gym list for Medicare, Gym List for VCSB		12/10
18		AVAILITY		12/01/10
19		Medical Policies (Medical Coverage Guidelines)		12/01/10

19		Medical and Clinical Guidelines		12/01/10
19	UM002	Utilization Management Program	11	11/22/10
19	MGP009	Development of Clinical Review Criteria	5	9/29/10
19	RF008	Central Referral Department Guidelines for Processing Medical Referrals that Require Pre-Authorization-Prospective Initial Organizational Determinations for Medicare Members	5	5/01/10
19	RF001	Referrals for Second Opinion	13	1/29/10
19	CM001	Concurrent Review for Non-Medicare Members	3	5/04/10
19	CM002	Skilled Nursing Facility Utilization	12	2/02/10
19	CM006	Discontinuation of Medicare Advantage Members' Home Health Care and Skilled Nursing Facility Service	5	8/13/10
19	MCG004 (formerly MGP017)	Medications Requiring Prior Authorization	13	12/29/10
19	PC007	Medicare Subscriber Claims Review and Processing	15	12/08/10
19	PC017	Non-Medicare Subscriber Claims Review and Processing	9	11/01/10
19	CS005	Complaints/Grievances and Appeals (Non-Medicare Large & Small Group & Healthy Kids Subscribers)	12	12/15/10
19	CS006	Medicare PART C Organization Determinations & Appeals	10	12/17/10
20	PC030	Provision Of Health Care Services		11/01/10
20	RF005	Central Referral Department Guidelines fro Processing Medical Referrals that Require Prior Authorization-Prospective Initial Organizational Determinations fro Non-Medicare Members	15	12/08/09

20	RF008	Central Referral Department Guidelines for Processing Medical Referrals that Require Pre-Authorization-Prospective Initial Organizational Determinations for Medicare Members	5	5/01/10
20	RF001	Referrals for Second Opinion	13	1/29/10
20		HMO Benefit Plans Referral (Pre-Service/Prior Auth) Questions & Answers		12/01/10
20		Triple Option & Point of Service Option Pre-Certification of Services Questions & Answers		12/01/10
20		HMO-HECN Provider Guidelines		12/30/10
27		FHCP Holiday Calendar – 2011		12/01/10