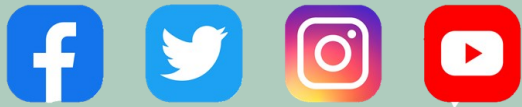


# FLORIDA HEALTH CARE PLANS NEWSLETTER



*FOR PROVIDERS*



An Independent Licensee of the Blue Cross and Blue Shield Association

Monday, July 4th—Independence Day  
Monday, Sept. 5th—Labor Day



## What is Health Promotion?

Discover more on our Health Promotion & Wellness team and learn what their department has to offer your patients!

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## Inside This Issue



## Risk Adjustment & Clinical Documentation

Dementia, Alzheimer's Disease & Dementia like conditions...

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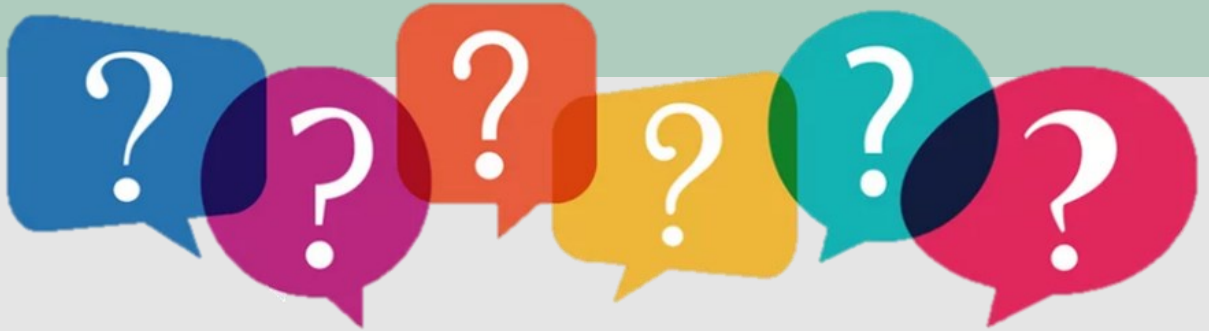
## Cholesterol Education Month

Learn about the current guidelines for your patient's cholesterol levels and much more!

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# FHCP Provider Relations Coordinators Team



- *Need help locating the right department?*
- *Need help navigating the FHCP Provider Portal?*
- *Need help finding a local in-network specialist and if a prior authorization is necessary?*
- *Have any questions regarding your contract?*

*We are **NOW AVAILABLE** by phone, email or in person!!*

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# What is Health Promotion?



According to the World Health Organization, Health Promotion is a core function of public health and an interdisciplinary approach to improving the health status of individuals and communities. It is a field with a broad scope that includes marketing, education, advocacy, clinical knowledge, epidemiology, and relationship management. To learn more about Health Promotion, visit the WHO site [here](#).

FHCP has been offering Health Promotion programs to employer groups and the community for over 20 years, and yet somehow many people within our own organization have not been aware of our department and all that we do to improve the well-being of our members and employees. So, to help define the role our department plays in the grand scheme of our ever-changing organization we changed our name from Wellness to Health Promotion and Wellness!

## *Meet the department formerly known as Wellness!*

Our Health Promotion & Wellness team collaborates with other FHCP departments and community partners to engage and empower our employer groups and members to choose healthy behaviors, to overcome barriers to good health, and to reduce risks. Our team relies upon our diverse educational and professional experiences to develop inclusive programming for our members, and the community.

## *What our team does (a little bit of everything!)*

- **Social Marketing.** We develop campaigns to promote health messaging and initiatives to our groups and members, like our monthly Health Awareness and annual Flu Shot campaigns.
- **Targeted Interventions.** Our Coordinators review utilization reports and healthcare measure data for each group to develop targeted interventions aimed at things like reducing Emergency Room visits, increasing the number of members who get their annual physical, and improving employee morale.
- **Onsite Engagement.** We organize onsite activities for employer groups like Blood Pressure screenings, workshops, and benefits education. In the last month, we have helped 3 members with critically high blood pressures who had been avoiding their doctors and not taking their medications. Our team was able to take their blood pressure at onsite clinics and get them seen by EHCC providers right away!
- **Senior Programming.** Our team hosts BAM (Balance and Motion) classes for seniors, free of charge, throughout the community. This program is open to members and the public. We now offer 5 classes that provide a safe, beneficial, and engaging workout to over 100 active seniors a week!

- **Community Engagement.** Our team represents FHCP at community health and wellness events, like Mayor’s Fitness Challenges and hosting educational workshops at senior centers.
- **Vaccinations.** Our staff RNs organize vaccination clinics onsite at employer groups. Last year, our team went out and provided COVID-19 and flu vaccinations to 10+ groups. We also supported our practices with manpower during COVID-19 vaccine clinics.
- **Health Coaching.** We have certified Health Coaches who work with our employer groups, free of charge, to achieve their health and wellness goals. They help them set goals, overcome barriers, encourage them to work more closely with their doctor, and to make sustainable changes to their lifestyles.
- **Retention & Growth.** Most importantly, our team builds strong, supportive relationships with our employer groups and members, so that we can work with them to create empowering and positive cultures centered on good health and well-being.



That is just a short list of what we do and offer. Our team is always looking for new partnerships and ways we can help our FHCP members.

For more information about our Health Promotion & Wellness team and all we can do to support you and your patients, please contact:  
Catie Rosekelly, Manager at [crosekelly@fhcp.com](mailto:crosekelly@fhcp.com) or Ext. 7613.



## Stay Connected with FHCP!

There are many outlets to stay connected with FHCP! We encourage Provider engagement as FHCP utilizes multiple social media platforms to reach its audience.



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# GREAT NEWS! FREE MEDICATION\*

*to Help Keep  
Your Patients  
Healthy!*



Effective June 1st, 2022, the medications listed below are free when filled at our FHCP Pharmacy or FHCP Pharmacy Mail Order.\*

## CHOLESTEROL

- **Atorvastatin** 10mg, 20mg, 40mg, 80mg Tablet
- **Lovastatin** 10mg, 20mg, 40mg Tablet
- **Pravastatin** 10mg, 20mg, 40mg, 80mg Tablet
- **Rosuvastatin** 5mg, 10mg, 20mg, 40mg Tablet
- **Simvastatin** 5mg, 10mg, 20mg, 40mg, 80mg Tablet

## DIABETES

- **Metformin** 500mg, 850mg, 1000mg Tablet
- **Metformin ER** 500mg, 750mg Tablet
- **Novolin 70/30 Insulin** 10ml vial, Flexpen
- **Novolin N Insulin** 10ml vial, Flexpen
- **Novolin R Insulin** 10ml vial, Flexpen

## HEART & BLOOD PRESSURE

### Angiotensin Converting Enzyme (ACE) Inhibitor

- **Benazepril** 5mg, 10mg, 20mg, 40mg Tablet
- **Enalapril** 2.5mg, 5mg, 10mg, 20mg Tablet
- **Lisinopril** 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg Tablet
- **Lisinopril/HCTZ** 10-12.5mg, 20-12.5mg, 20-25mg Tablet
- **Quinapril** 5mg, 10mg, 20mg, 40mg Tablet
- **Ramipril** 1.25mg, 2.5mg, 5mg, 10mg Tablet

### Angiotensin Receptor Blocker (ARB)

- **Irbesartan** 75mg, 150mg, 300mg Tablet
- **Losartan** 25mg, 50mg, 100mg Tablet
- **Losartan/HCTZ** 50-12.5mg, 100-12.5mg, 100-25mg Tablet
- **Olmesartan** 5mg, 20mg, 40mg Tablet
- **Olmesartan/HCTZ** 20-12.5mg, 40-12.5mg, 40-25mg Tablet

- **Telmisartan** 20mg, 40mg, 80mg Tablet
- **Valsartan** 40mg, 80mg, 160mg, 320mg Tablet

### Beta-Blocker

- **Atenolol** 25mg, 50mg, 100mg Tablet
- **Carvedilol** 3.125mg, 6.25mg, 12.5mg, 25mg Tablet
- **Metoprolol** 25mg, 50mg, 100mg Tablet
- **Metoprolol ER** 25mg, 50mg, 100mg, 200mg Tablet
- **Nebivolol** 2.5mg, 5mg, 10mg, 20mg Tablet

### Calcium Channel Blocker

- **Amlodipine** 2.5mg, 5mg, 10mg Tablet

### Platelet Aggregation Inhibitor

- **Clopidogrel** 75MG Tablet

## RESPIRATORY

- **Fluticasone/Salmeterol** 100-50mcg, 250-50mcg, 500-50mcg Inhaler

\*Excludes Medicare Plans



# National Cholesterol Education Month

## SEPTEMBER

The **American College of Cardiology** and the **American Heart Association** released new guidelines to help physicians and their patients take a more proactive — and personalized — approach to their cardiovascular risks.

### What are the current guidelines for cholesterol levels?

Based on the newest research, experts now believe that lowering “bad” cholesterol—known as low-density lipoprotein (LDL) cholesterol—to levels **less than 70 milligrams per deciliter in high risk patients** is best for reducing heart disease complications and risk of dying. The risk is calculated using data such as history of hypertension (high blood pressure), age, total cholesterol, HDL cholesterol and smoking.

The Diabetes/Health Education department supports your treatment of our members with elevated lipids and hypertension through several options.

We have a hypertension class which covers the importance of reducing blood pressure. Hypertension is defined and monitoring is encouraged. Additional member education includes DASH (Dietary Approaches to Stop Hypertension) and how to limit sodium and read food labels. General exercise recommendations are reviewed as well as FHCP’s Preferred Fitness program.

The Healthy Heart class explains the different types of lipids as well as the importance of reducing them to prevent heart disease. The Mediterranean Diet



and the Healthy Plate method are offered as options for improving poor eating habits. The importance of fiber, especially soluble fiber, is included.

We have added a program called “Introduction to a Plant-Based diet” to help our members transition from a high saturated fat diet, heavy in animal meats, to a more plant-based, healthy diet. This takes time to make this important change and our dietitians are committed to work with members to help and support them to accomplish their goals.

These classes are taught by our registered dietitian staff. We offer individual follow up appointments for support and guidance. There are no co-pays in the Diabetes/Health education department for our FHCP members. We are here to support your care and treatment goals and promote a healthy lifestyle to our members.

**If your patient has hyperlipidemia or hypertension, please send a referral to the department and we will call the member to schedule an appointment. Members can also self-refer by calling the department to schedule. For more details, please call (386) 676-7133 or toll free 1 (877) 229-4518 or email [deducation@fhcp.com](mailto:deducation@fhcp.com).**



# Risk Adjustment & Clinical Documentation

## *Dementia, Alzheimer’s Disease & Dementia like conditions*

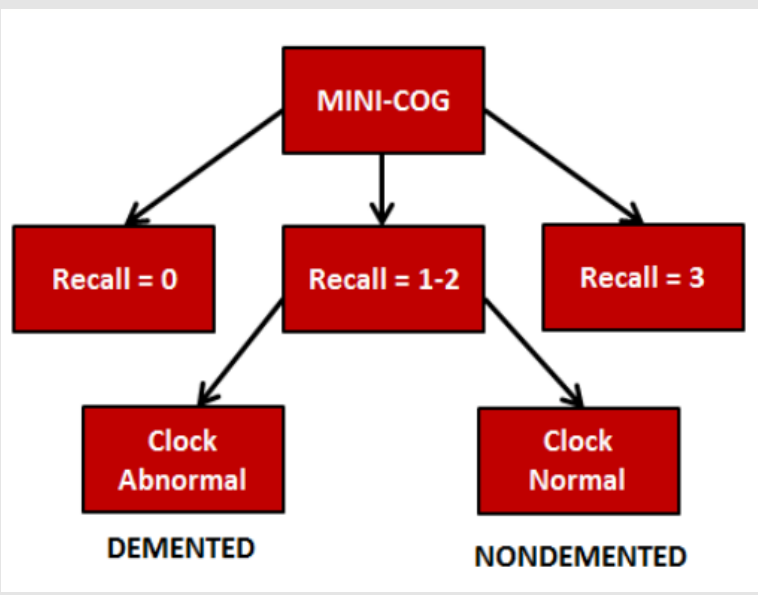
Dementia is a disorder that is characterized by a decline in cognition involving one or more cognitive domains (learning and memory, language, executive function, complex attention, perceptual-motor, social cognition). The most common form of dementia in older adults is Alzheimer’s disease (AD), accounting for 60 to 80 percent of cases.

Most patients with dementia do not present with a self-complaint of memory loss; it is often a spouse or other informant who brings the problem to the clinician's attention. Self-reported memory loss does not appear to correlate with the subsequent development of dementia, while informant-reported memory loss is a much better predictor of the current presence and future development of dementia. Nevertheless, family members are often delayed in recognizing the signs of dementia, many of which are inaccurately ascribed to aging.

**DSM-V identifies Dementia under Major Neurocognitive Disorders. Diagnostic Criteria includes:**

- A. Evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains based on (1) concern of the individual, a knowledgeable informant, or the clinician that there has been a significant decline in cognitive function; and (2) a substantial impairment in cognitive performance documented by clinical assessment.
- B. The cognitive deficits interfere with independence in everyday activities.
- C. The cognitive deficits do not occur exclusively in the context of delirium.
- D. Cognitive deficits are not better explained by another mental disorder (e.g., MDD, schizophrenia)

Some common screening tools used for identification of dementia are Mini Mental Status Exams and Mini -Cog Exams. The Mini-Cog exam entails providing 3 words to remember now and later. Once given, the patient will repeat the 3 words. Then, the Clock Draw Test (CDT) is administered. Finally, ask the patient to recall the three words. Scoring for the Mini-Cog Exam can be seen in the lower left of this sheet.



**Patients with Dementia commonly have difficulties with one or more of the following:**

- Forgetfulness
- Retaining new information (trouble remembering events)
- Handling complex tasks (balancing a check-book)
- Reasoning (unable to cope with unexpected events)
- Spatial ability and orientation (getting lost in familiar places)
- Language (word finding)
- Behavior



Code Description—Impression Diagnoses	ICD-10 Code
Dementia, unspecified without behavioral disturbance	F03.90
Alzheimer’s Dementia	G30.9 F02.80
Alzheimer’s Disease	G30.9
Senile Brain Degeneration, not elsewhere classified	G31.1

Physicians Documentation—Clinical Documentation Sample	ICD-10 Code
Impression—Dementia: He is stable neurologically and he will continue his memantine and his Prozac and follow up in 6 months. Medications reviewed and reconciled during the visit.	F03.90
Assessment—Alzheimer’s Dementia: His Alzheimer’s dementia is stable and he is on galantamine and memantine. I suggested that he see psychiatry again, try public transportation and mail order meds but he and his sister want a second opinion on his driving and he has been referred to Neurology.	G30.9 F02.80

**Common Instructions for Dementia patients:**

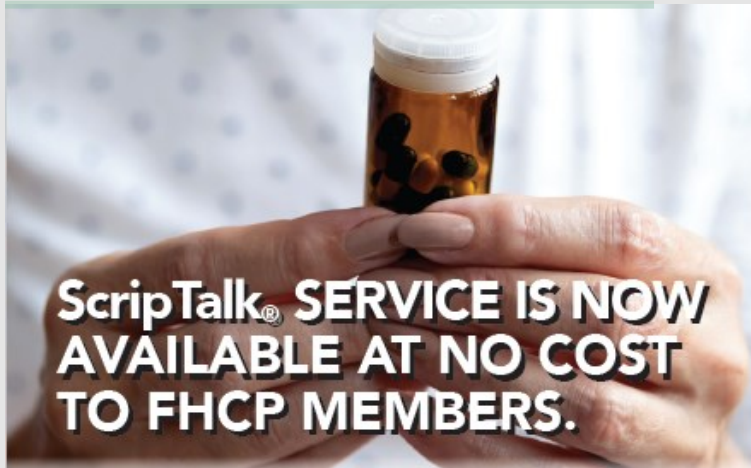
- Maintain a regular daily schedule routine to prevent problems that may result from thirst, hunger, lack of sleep, or inadequate exercise
- Allow patient the freedom to sit in a chair near the window and utilize books and magazines as desired
- Label drawers and use written reminders, notes, pictures or color coding articles to assist patients
- Provide positive reinforcement and feedback for positive behaviors
- Instruct family in methods to use with communication with patient: listen carefully, listen to stories even if they’ve heard them many times previously, and avoid asking questions that the patient may not be able to answer

**\*\*Note: Please be careful not to use the most specific diagnosis in documentation within the same progress note. Avoid diagnoses of “memory loss” and “cognitive impairment” used in conjunction with a diagnosis of “Dementia”, “Alzheimer’s”, or other dementia like condition. Those would be symptoms of dementia and inherent in the more specific diagnosis.**



**Coding questions?**  
Please contact the Risk Adjustment Audit Staff  
(386) 615-5040 or email [coding@fhcp.com](mailto:coding@fhcp.com)

# Does your patient have trouble reading their Rx Labels?



**ScripTalk**  
STATION  
AUDIBLE  
PRESCRIPTION  
LABELS



The **ScripTalk**® software allows FHCP Pharmacy Mail Order to create labels that are placed on the bottom of the prescriptions and can be scanned using a base reader or phone app. These labels allow you to hear the following label information read aloud:



- Drug Name, Dosage, and Instructions
- Warnings and Contraindications
- Pharmacy Information
- Doctor Name
- Prescription Number and Date



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## FHCP Provider Portal

We highly recommend registering for **The FHCP Provider Portal**

By going to:

<https://www.fhcp.com/provider-login/>

In order to gain access to vital information such as:

- Patient Demographics
- Real time Eligibility & Benefits with accumulation
- Claims Status & Details
- Authorization Status
- Formularies
- Rx History
- PCP Panel Reports
- Commonly used forms



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PO Box 9910 Daytona Beach, FL 32120-9910

Call **800.232.0216**

for more information on how to get enrolled in the FHCP Pharmacy Mail Order and how you can sign up for this **ScripTalk**® service.