

FLORIDA HEALTH CARE PLANS NEWSLETTER

45 YEARS OF SERVICE
AND
A 5 STAR MEDICARE PLAN



Florida Health Care Plans will be closed:

- November 28 & 29, 2019
- December 24 & 25, 2019 and January 1, 2020

Stay Connected...

There are many outlets to stay connected with FHCP! We encourage Provider engagement as FHCP utilizes multiple social media platforms to reach it's audience. So, **STAY** connected!

- ◇ Facebook
- ◇ Twitter
- ◇ YouTube
- ◇ Instagram



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AND MUCH MORE!

Passing of the Torch...

DEAR COLLEAGUES,

We have an extraordinary team of medical professionals both inside FHCP and with our partners in the community!

It has been my extreme pleasure to serve patients, families, and organizations with you to make a difference in many lives.

I want to thank you for your support, skillful caring for our members and impacting the health and well being of our patients in the work each one of you do every single day. Your efforts have contributed to our Five Star Medicare Advantage Rating which only 2-3% of health care organizations in the US achieve. This is not possible without a clear commitment to excellence which our team regularly demonstrates.

Through our demonstrated commitment to excellence, we have many other accomplishments which have improved the healthcare system and vitality of our communities and people. I will be forever grateful for our work together.

I appreciate our partnership more than I can ever say!

Best to you,

Wendy Myers, MD

Retired CEO Florida Health Care Plans



NEW BEGINNING to kick off the NEW YEAR!



We are pleased to announce that, with Dr. Myer's input and recommendation, **Dave Schandel** has been selected for the position of CEO of Florida Health Care Plans. Dave formerly served as Chief Financial Officer, Associate CEO & Treasurer where he led Finance & Accounting, including Risk Adjustment, Actuarial and Underwriting, Product Development, Membership Growth and Retention, and Legal. Dave has been with FHCP since 1994 and has a deep understanding of the integrated model of care we offer! Please join us in welcoming Dave to his new, well-deserved role.

WHAT'S IN STORE FOR 2020!

FHCP Continues to Grow



In the upcoming year, Florida Health Care Plans has some big plans developing along U.S. 1 in Holly Hill. Since the purchase of 1510 Ridgewood Ave., the former “SunTrust” building last May, FHCP’s Planning and Development Department has been hard at work renovating the 14,000 square-foot building that will soon accommodate 60 of our employees. The current plans include relocating our Member Services Department, Cashiers, and Sales and Marketing team to this new location. In addition, Laboratory Services, a Pharmacy with a single lane drive through (including mail order) and additional parking are planned. The finish line on this new member-facing facility is expected to be reached by spring 2020. With the benefits of having multiple services under one roof, FHCP is hopeful that this centrally located facility will provide added convenience to our members!

Additional plans underway include relocating the Behavioral Health Services Department from Holly Hill to the following three convenient locations:

- 110 Pond Ct., Debarry, FL
- 483 S Nova Rd., Ormond Beach, FL
- 330 N Clyde Morris Blvd., Daytona Beach, FL

These projects will span over a few months and should reach completion in mid-summer 2020.



Announcements, Reminders and Updates

- The **Electronic Referral Process** is under Construction as we are working on building a new platform for authorization submissions. Please fax your requests for Prior Authorization to the FHCP Central Referral Department at (386) 238-3253 or (855) 442-8398. We thank you for your support and your continued care of our members
- **Quest Laboratories** is and will be the exclusive outpatient laboratory provider for FHCP members, **including genetic testing**. All genetic testing must have Prior Authorization for the FHCP Referral Department
- **The FHCP Wound Care and Ostomy Clinic** has moved from General Surgery Dept. at the Halifax, 201 Building to the FHCP Daytona Beach Facility at 350 N. Clyde Morris Blvd.
- **Radiology Associates** has opened a new Imaging facility in Deltona at 2090 Saxon Blvd., Ste. A—Please see Provider Referral Guides for further instructions
- **FHCP’s Newest Location**—4106 Lake Mary Blvd., Lake Mary. At this time, this facility will only be providing PCP services by Dr. Hina Durani, M.D. The hours of operation will be M-F, 8am—5pm. For more Information contact Lisa Byrd, APRN—Practice Administrator

FROM THE DIRECTOR'S CORNER

End of Life Conversations — Neil Nipper, M.D.

One of my astute peers recently pointed out the irony that TV Personalities like Oprah Winfrey spend a lifetime honing their interviewing and communication skills for an average of 30,000 interviews in a lifetime. Conversely, medical providers will host over 200,000 patient encounters in a career and rarely get more than some cursory lectures during their training and a short course on communication every few years. The dichotomy is palpable.

One of the most difficult and time-intensive conversations to have with a patient involves the discussion of end-of-life care and preferences. We try to respectfully raise the subject at the end of a 30-minute office visit for a plethora of chronic medical problems and are frequently frustrated by our superficial depth and inadequate exploration of such a crucial topic.

With our increasing demands and fleeting time, Iris Plans can help medical providers bridge the gap to creating healthy advance care plans by working with our Medicare members and their families who are facing a serious illness. As a trusted healthcare partner of FHCP, they facilitate these crucial discussions via group phone calls or video visits at no additional costs to our Medicare members. The member's preferences are then used to create an advanced directive that is signed, witnessed and shared with their PCP, hospitals and whomever they designate. Members are also given special access to their documents and recordings on-line.

Iris Plans has an outreach team that will be identifying FHCP Medicare members that may benefit from this service. It is important that your office is aware of this relationship and confirms our partnership with Iris, so the member can feel comfortable in discussing their concerns with the Iris team.

Additionally, if you provide care for one of our Medicare members with a serious illness and that voice keeps nagging you to initiate an advanced care planning conversation, consider letting Iris Plans be your ally in your quest to provide excellent, comprehensive care to our members. To initiate a referral to Iris, please send a secure email to referrals@irisplans.com. Be sure to include the following details and Iris will take over from there.

- Health Plan: Florida Health Care Plans (FHCP)
- Patient Information: Name, DOB, Gender, Street Address, City, State, Zip, Primary & Secondary Phone, Diagnosis
- Your Contact Information: Name, Practice Name, Phone Number, Email Address, Reason for Referral



Advance Directives

As a Provider, you are aware that Advance Directives are very important. They are a way for the patient to make their voice heard about their health care when they can no longer speak, by appointing someone to make health care decisions for them when they no longer can. Family members often find this type of guidance during times when making difficult decisions guided by this document include the administration of, or to withhold, treatments, medications, or procedures. Advance directives are not just for the elderly. Any person who desires to direct their end of life medical care should complete the forms. If your

patient doesn't have the form on file with FHCP, please encourage him or her to obtain the form by calling FHCP's Member Services Department at (386) 615.4022, toll-free number at 1 (877) 615.4022. Forms are available online at: <https://www.fhcp.com/for-members/forms-center/>. If your patient has an Advance Directive on file with your office, and the patient is a FHCP member, please fax a copy to FHCP's Medical Records Department at (386) 481-5009. We will file it in the member's FHCP electronic health record (EMR).

FROM THE DIRECTOR'S CORNER

Quality Update—Stephen Keen, M.D.

Once again it's time to talk about the Flu Season. Vaccination is the best way to prevent influenza. Flu vaccination has been shown to reduce the need to visit a physician by 40-60% in years in which the vaccine matched circulating strains. A CDC study in 2017 and published in *Pediatrics* demonstrated that receiving an influenza vaccination reduced the risk of flu-associated death in children with chronic conditions by 51% and 65% among healthy children. For adults influenza vaccination has been shown to reduce the risk of being admitted to the ICU by 82% and reduce hospitalization in people with diabetes and chronic lung disease. Please have a discussion with your patients regarding the flu vaccine and strongly recommend your patients receive one. Open dialogue with patients regarding vaccination can improve adherence which will improve outcomes.



The CDC recommends that everyone over age 6 months be vaccinated yearly to prevent influenza. Florida Health Care Plans again will have open access for all of our members to receive their influenza vaccination. Members can present to any Florida Health Care Plans facility without an appointment and receive their vaccination. No appointments are required and the vaccines are free. We do have high-dose influenza vaccinations available for members over age 65 years who opt to receive that form of the vaccine. We do ask that children aged 9 or under have an order from their primary care physician.

If members prefer to have their vaccination in their primary care office Florida Health Care Plans will compensate contracted physicians. Information regarding the flu vaccine and coding and billing has been distributed by Provider Services.

References:

Brendan Flannery, Sue B. Reynolds, et al. Influenza Vaccine Effectiveness Against Pediatric Deaths: 2010–2014. *Pediatrics*. May 2017;139(5).

<https://www.cdc.gov/flu/prevent/prevention.htm>

<https://www.cdc.gov/flu/prevent/vaccine-benefits.htm>

**GET YOUR FLU
SHOT AT
FHCP**

Beginning September 17th

Flu Season is Upon Us!

As of September 17th, FHCP has offered Open Access to flu shots. They are currently available at any FHCP facility and EHCC's during regular business hours. Flu shots are offered at the Holly Hill Pharmacy on Tuesdays and Wednesdays from 1-6pm or upon request. For more information visit fhcp.com



Criteria for Enrollment in Case Management Coordination of Care

May include members with new diagnosis, acute or uncontrolled chronic diseases and referrals through proactive data screening or referral from a member who requires any of the following:

- Healthcare related advocacy across the continuum
- Member Education
- Assistance with Monitoring and treatment
- Assistance with obtaining needed community resources, agencies, or programs
- Any clinical situation requiring care coordination to enhance continuity of care and quality of life

FHCP's CASE MANAGEMENT COORDINATION OF CARE DEPARTMENT

The Case Management Coordination of Care Department provides services to members who experience complex health conditions or critical events that require the extensive use of resources and assistance navigating Florida Health Care Plans (FHCP) to facilitate the appropriate delivery of care and health coaching. Case Management Coordination of Care is considered a voluntary program and all eligible members have the right to decline participation. The aim of the Case Management Coordination of Care Program is to improve the health and quality of life of our members, identify and address social determinants of health, reduce inappropriate utilization of emergency department visits, avoidable hospitalizations and re-admissions, and partner with providers to promote treatment plan compliance.

Florida Health Care Plans' Chronic Complex Care Program:

The Registered Nurse Care Coordinator provides advocacy and education to help members navigate through the healthcare continuum, access appropriate care, and gain empowerment through self-management of lifestyle practices that can reduce disease progression and complications. The Chronic Complex Care program includes Transplant Case Management from pre-transplantation to one-year post transplant and as needed.

Florida Health Care Plans' Remote Patient Monitoring Program:

The Registered Nurse Care Coordinator monitors the member's daily vital signs and presentation of symptoms through a telehealth system. The program includes daily health sessions to help promote positive behavioral change and self-management skills. Reports to the providers can assist with provision of key insights on the health habits of our members by receiving timely, accurate, and actionable data. Use of this program promotes improved clinical efficiencies, reduced hospitalizations, and improved outcomes for members with chronic conditions. The peripherals offered are scale, blood pressure cuff, pulse oximetry, manual entry of blood sugars from the FHCP glucose monitor.

Florida Health Care Plans' In-Home Providers- Home Docs for Volusia, Flagler, and Seminole, VIA Health for Volusia and Brevard, and Mobile Physician Group for Brevard counties:

The In-Home Provider services are implemented through the Case Management Coordination of Care Department. The services supplement primary care services in the home for homebound members with limited support or provide transitional care for members discharged from the hospital/skilled facility to home who are at high risk for complications. The goal is to enhance medical and medication management to reduce avoidable emergency room or hospital utilization to help improve quality of life to our members.

Continued on next page.

Florida Health Care Plans’ Community Resource Program:

The Community Resource Coordinator works in partnership with providers/referral sources and members to address the barriers from social determinants of health with the goal to improve access to healthcare related services. The Community Resource Coordinators complete individualized needs assessments and connect members with applicable resources offered through public agencies or within their community. To help reduce financial strain, members are provided financial resources through programs and foundations available to the public, such as the Social Security Administration or Department of Children and Families. The Community Resource Coordinators provide education about public and community services or agencies that may or may not have fees associated.

Florida Health Care Plans’ New Member Transition Process:

The Registered Nurse Care Navigator assists new members when transitioning into a new insurance plan to avoid interruption of healthcare. The services consist of a review of the prospective member’s care to determine the network participation status of the provider, healthcare services, and the medication formulary. The Transition of Care Nurse Navigator ensure appropriate, cost effective care that provides continuity and coordination of care. The Registered Nurse Navigator assists established members that experience times of transition, including network, plan & formulary changes, member moving to a different service area, and network navigation.



Patient Safety in Health Care

Patient Safety in health care includes both the practitioner and patient. Your patients should participate in their care planning. Please encourage them to read their check out materials after their appointments. The letter contains important instructions from you regarding their diagnosis and treatment plan. If medications or treatment is not working, you should work collaborative to create a new treatment plan.

There are various methods to submit a referral for services:

The CM Coordination of Care or Community Resource Programs:

- **Telephone Contact:** Toll free (855) 205.7293 or (386) 238.3284
- Referral form available through the Provider Handbook
- **Fax:** (386) 238.3271
- **Website:** www.fhcp.com
- **Email:** cmanagement@fhcp.com
- **Internal:** E.H.R. Task

New Member Transition Process

- **Direct Telephone Contact:** (386) 615.5017
- Transition of Care Forms are available through the Provider Handbook
- **Fax:** (386) 238.3271
- **Website:** www.fhcp.com
- **Email:** toc@fhcp.com

The Case Management Coordination of Care Department does not substitute for urgent evaluation or intervention by their healthcare providers, Home Health Care, or Department of Children and Family. It does not perform emergent placement to alternative living, skilled nursing home, or in-home safety evaluation.

Home Health Care or Skilled Placement referrals are directed to Case Management Utilization Review, as indicated, in the Referral Guidelines.

HEDIS®/ STAR PROVIDER GUIDE

AVAILABLE ONLINE AT FHCP.COM



Since 2018, Amber Thompson and Stacy Eason, employees in the FHCP Quality Management department, continue to visit our staff providers on a quarterly basis. The goal of these visits is to provide a summary of data regarding HEDIS measures and to serve as an opportunity to answer questions or provide assistance with meeting measure goals. We would like to extend a special “Thank You” to all the physicians and staff for welcoming us into their offices for this important initiative. We hope that you found the quarterly visits helpful and informative and we look forward to seeing you soon in the upcoming quarter.

Some Helpful Tips:

FHCP’s goal is to achieve the highest NCQA standing and 5-Star rating, and to provide the highest quality of health care. One of the resources that FHCP has in place to achieve these goals is the gap report. The gap report is a daily, monthly, or quarterly report that identifies care gaps to provide quality healthcare, increase patient engagement, and improve provider and patient experience. This tool enables providers to treat patients based on their complete health profile.

Metrics are derived from HEDIS measures. Each report lists member demographic information and identifies each care gap to be addressed. Gaps can be addressed during a patient visit or office outreach. If the patient gap has already been addressed, the FHCP Quality Management department should be notified; the result, screening, or in some cases the office note can be sent to close the gap.

The HEDIS/Star Provider Guide is another reference source for HEDIS and Star measures and can be found at fhcp.com, under “For Providers” then “Resources and Support”. The link is: <https://www.fhcp.com/documents/HEDIS.pdf>. Clicking on your quality measure of interest in the Table of Contents will take you directly to a concise definition, information, and tips for that measure.

If you have any questions concerning the gap report please contact Quality Management /Performance Improvement (386) 676-7100, Ext. 4185.

FHCP Quality Program Documents



A printed copy of the Quality Program description and Work Plan, the Annual Quality Program Assessment, Member Satisfaction Results, and Clinical Practice Guidelines, are available upon request. For additional information contact the FHCP Quality Management/Performance Improvement Department.

- Fax: (386) 481.5088
- E-mail: QualityManagement@fhcp.com

Use of Provider Performance Data

FHCP is committed to supplying members with data to facilitate their ability to make informed decisions regarding use of practitioners, providers and services covered by FHCP. Therefore, it is important that Providers be aware and supportive of this initiative for transparency in health care. Please be advised that FHCP may make the following Practitioners/Provider performance data available:

- Quality improvement activities
- Public reporting to consumers
- Preferred status designation in the network (tiering) for narrow networks
- Cost sharing for using preferred providers

Utilization Management Reminders

All initial requests and referrals that require prior authorization are managed by the Central Referral Department or Case Management Utilization Review Department. Initial requests for services, prior authorization, medications and items are reviewed utilizing available pertinent documentation. Determinations are based on evidence based medical necessity criteria and member benefits. FHCP uses MCG (formerly known as Milliman CareGuide), CMS Guidelines, and Blue Cross Blue Shield of Florida Medical Policy Guidelines to assure the consistency with which medical necessity decisions are made.

A Referring Provider may discuss a request with a Utilization Management Physician or request guidelines utilized to make the decision by calling: Central Referral Department (386) 238.3230 or (800) 352.9824 and ask for Central Referrals Department or extension 3230.

Concurrent Care (inpatient hospital, skilled nursing facility or home health care) are managed by the Case Management Utilization Review Department. A Referring Provider may discuss a request with a Utilization Management Physician or request guidelines utilized to make a decision by calling: Case Management

Department at (386) 676.7187 or (866) 676.7187.

All Members or Referring Provider requests for appeals for pre-service, are processed by the FHCP Member Services Department. Initial Member or Provider Appeals of post-service claims are processed by the FHCP Medical Claims Department. If the Claims Department cannot fully find in favor of the Provider or Member’s appeal, then said appeals are also processed by the FHCP Member Services Department. If necessary, a like Specialist Review is provided to make medical necessity decisions.

The telephone number for the FHCP Member Services Department is (386) 615.4022 or (866) 615.4022

All UM decision making is based only on appropriate care and coverage. FHCP does not reward staff for making adverse determinations, and they do not use financial incentives that reward under utilization.

For more information about the Referral Process, Claims or Utilization Management Process, go to the FHCP Website, www.fhcp.com, and click on the Providers tab, then click on Provider Services to find the FHCP Provider Handbook. Provider Referral Guides and other pertinent documents are also available at this site.



Member Rights and Responsibilities

FHCP’s Member Rights and Responsibilities are available for review on our website. Go to <https://www.fhcp.com/for-members/about-your-care> and click “Your Rights, Privacy, and Protection.” Hard copies are available upon request by contacting Carol Cooper at (386) 615.4001




A RECORD OF EXCELLENCE

Voted Best Health Plan for 28 years by News-Journal Readers’ Choice

DIABETES PREVENTION

Waging the War Against Diabetes and Prediabetes

In the healthcare industry, too many providers are often just practicing “sick” care. Providers tend to forget the prevention aspect. To truly practice in today’s healthcare environment, providers must be proactive and put prevention in the forefront. This is an extremely important point in the area of diabetes and pre-diabetes. At FHCP, we are all about wellness and prevention.

According to CDC, over 30.3 million people in the United States have been diagnosed with diabetes, and another 84.1 million with pre-diabetes. Nearly 1 in 4 four adults living with diabetes – 7.2 million Americans – didn’t know they had the condition. Only 11.6% of adults with prediabetes knew they had it. These are truly epidemic numbers and it is the responsibility of the health care team to assist patients to achieve optimum control. It has been shown that if a person with pre-diabetes treats it aggressively, they can delay or prevent the conversion to diabetes. The simple at-risk assessment for prediabetes has been updated and is available online at DoIHavePrediabetes.org.

The Diabetes Control and Complications Trial, the United Kingdom Prospective Diabetes Study, and other studies have proven that getting patient in good control and keeping them there can prevent the onset of both microvascular and macrovascular complications for our members who have been diagnosed with diabetes.

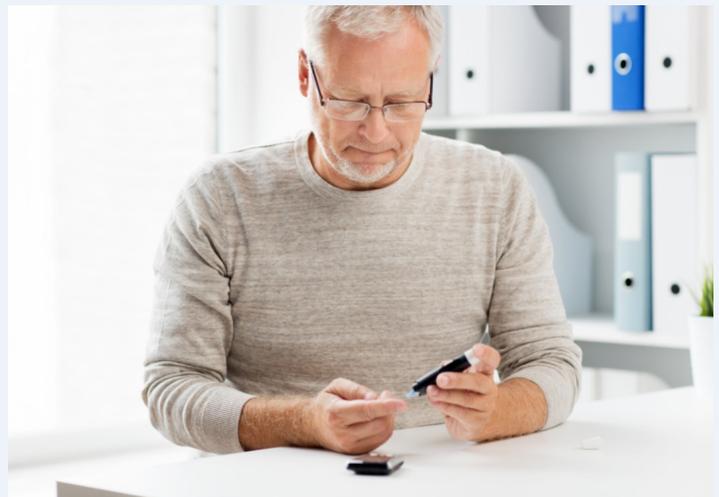
One of the best ways to assist our members is through education and vigilant monitoring. To prevent serious and costly diabetes complications, states are working with CDC to improve access to diabetes self-management education (DSME) with an emphasis on DSME programs that meet national quality standards. The Diabetes Education Department at Florida Health Care Plans offers education at many levels and meets these high standards. Members can attend group classes and meet with Registered Dietitians and Certified Diabetes Educators individually, with no cost or co-pay to the member. The staff has the ability to meet with the patient from 30 minutes to 2 hours in order to address their individual needs. It is recommended that all people with diabetes receive diabetes education through a DSME program. How many members that you treat have completed

diabetes self-management education and come back for follow-up education and support?

Providers are then free to review labs and tests more in depth with the member during their appointment time without taking time for extensive teaching. Providers are tasked with ensuring routine exams are completed. At each visit, BP, weight and visual foot exams should be completed. A1c, Lipids, and assessment of other cardiovascular risk factors should be done every 3-6 months, depending on the control the member has. Annually, the provider should ensure a comprehensive foot exam, a dilated eye exam and urine micro albumin be completed.

The member needs to be reminded of their responsibilities, such as home blood glucose monitoring, healthy eating and being active.

We can help! Send over your referrals. National Diabetes Month is November, but we educate and support your members all year long. Together, we, as a team can accomplish great things for our members and make a difference in their quality of life.



Please feel free to contact Diabetes/Health Education Department for more details regarding dates, times, and locations or to schedule classes for your members at (386) 676-7133 or toll free 1-877-229-4518. Fax (386) 238-3228. The hearing impaired may call TTY/TDD Florida Relay 711.

PHARMACY NEWS

Insulin Available for a Generic Copay

Insulin affordability is a concern to patients, doctors, and FHCP. Thanks to our partnership with Novo-Nordisk as well as their commitment to diabetic care, FHCP is able to offer Novolin-N, Novolin-R, and Novolin-70/30 for a generic copay. For most patients the cost will be \$4-\$10/month for those types of insulin.

Because Novolin N, R, and 70/30 are only utilized by 10% of FHCP members there is significant opportunity to reduce costs for our patients and FHCP by greater utilization of those formulations.

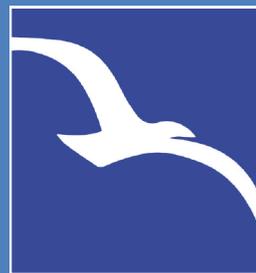
There is a growing pool of data suggesting the clinical differences between basal insulin and NPH Insulin may not be clinically significant in real world. The recent ADA clinical practice guidelines acknowledge that in the clinical practice setting the rates of hypoglycemia may be similar.

Much of the real world data supporting the safe use of older insulin formulations have come from observational studies by large managed care organizations. Given that these organizations have comprehensive responsibility for medical costs, pharmaceutical costs, and diabetes quality of care measures, these data are important to understanding approaches to high quality affordable health care.

A very interesting study presented at the 2018 ADA annual meeting reported results from a basal and analog insulin transition program where physicians stopped any oral secretagogues and transitioned patients to premix insulin (N/R) at 80% of their former total daily analog dose (2/3rds at Breakfast and 1/3rd at Dinner). The results were impressive. Overall, analog insulins prescribing dropped from 90% of all insulin prescriptions to 30%. There was no significant change in hospitalizations for hypoglycemia, and Ha1C increased modestly to 0.14% (Luo J et al. 2018 American Diabetes Association scientific session abstract 4-OR). Related, Kaiser Permanente reported recently that 90% of their new-to-insulin patients start on NPH.

Pharmacy continued on next page.

The Physician Drug Guide and Formulary is available on the Provider Portal. The most current FHCP formularies are available online at www.fhcp.com and can be printed upon request to FHCP Pharmacy Services, (386) 676.7173.



ENCOURAGE YOUR PATIENTS TO UTILIZE THE FHCP MEMBER PORTAL

Members can use the portal to:

- ◇ Print their ID card
- ◇ Change their PCP
- ◇ View progress towards meeting deductibles or out-of-pocket maximums
- ◇ Request Rx Refill
- ◇ View their Claims
- ◇ Look at their Benefit Plan book
- ◇ Review their enrollment information
- ◇ And much more!



PHARMACY NEWS

Important Changes for 2020

Beginning 01/01/2020 Vyvanse will be removed from the formulary for all lines of business.

Other Medications on the formulary which can be used to treat ADHD are:

- ◇ Generic Adderall XR (amphetamine/dextroamphetamine) – Tier 2
- ◇ Generic Dexedrine IR/Spansules (dextroamphetamine) – Tier 2
- ◇ Generic Ritalin, Concerta, Metadate (Methylphenidate) – Tier 2
- ◇ Generic Intuniv (Guanfacine) – Tier 2
- ◇ Generic Strattera (Atomoxetine) – Tier 2
- ◇ Generic Focalin IR (dexmethylphenidate) – Tier 2



Are your patients currently getting metformin for \$0 from Publix?

Beginning January 1, 2020 FHCP Pharmacies will offer a 93 day supply of metformin for **FREE** to all members. To get them started, send a new prescription for a 93 day supply to the members preferred FHCP Pharmacy and inform the member that it will be **FREE**. The pharmacy will fill the prescription and contact them when it is ready for pick-up. Your patients can now pick up all of their medications in one convenient location.

Our new FHCP Summer Trees Pharmacy in Port Orange is open and already filling over 150 prescriptions per day! Please continue to update your patients' preferred pharmacy in their Electronic Medical Record (EMR) to ensure that prescriptions are sent to the correct Port Orange location. In an effort to increase medication adherence, please write all maintenance medication prescriptions for a 93 day supply. Allowing our members to conveniently pick up their maintenance medications only 4 times a year helps lead to better overall health outcomes.



Doctor on Demand

Introducing this Telemedicine Benefit to your patients could be a great convenience for them!

- ◇ Affordable, simple and convenient
- ◇ Treats nearly any non-emergency medical issue
- ◇ Quick and paperless prescription fulfillment to their pharmacy
- ◇ Face-to-face video visits from the comfort of their home
- ◇ More information at www.fhcp.com



We are Listening!

Each year, FHCP surveys its providers in an effort to gain insight as to how FHCP is performing from the provider perspective. In 2019, we surveyed 1525 Providers. A total of 364 Providers completed and returned the survey. Brevard, Seminole, Volusia, Flagler and St. John's Counties were represented.

Individual Provider comments included on surveys have provided useful insight as to the basis scores in various areas. Responses and recommendations based upon this input have been incorporated into the Performance Improvement Committee's corrective action plan as needed!

A copy of the 2019 Provider Survey Executive Summary, supporting charts and data tables and can be reviewed by accessing the FHCP Provider Portal.

Elder Abuse: 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 number, 1 (800) 96 - ABUSE or 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 call 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.

24 Hour Nurse Hotline!

FHCP contracts with CareNet Healthcare Services to provide a nurse advice line 24 hours a day, 365 days a year. Members can call a toll free number (1-866-548-0727) to speak with registered nurses who will assist them in making the right choices involving health issues, by utilizing evidence-based guidelines.

In addition to providing triage care for current symptoms, they can also help members better understand diagnoses, prescribed medications and where and when to go for more help.

If you are a staff PCP, a Triage Report of your member's call to the Nurse Line will be sent to your task list and also in the patient information section of the chart. Network Contracted providers will receive a Triage Report.

We encourage you to let our members know about this valuable service. For questions concerning this service, email Quality Management at QualityManagement@fhcp.com.



ROSEBUD® Perinatal & Neonatal

Case Management Program

FHCP continues to offer the ROSEBUD® Program to our members who meet ROSEBUD's perinatal and/or neonatal case management risk criteria. ROSEBUD perinatal and case management is accredited by the National Committee for Quality Assurance (NCQA).

The ROSEBUD Program uses experienced perinatal case management nurses who work in collaboration with our participating obstetricians and FHCP to support the member's plan of care, provide education on healthy pregnancy and lifestyles and warning signs and symptoms of pre-term labor, and facilitate requested services. If the member delivers prematurely, experienced neonatal nurses provide ongoing support and education during baby's hospital stay in NICU or Special Care Nursery. This includes general education on healthy behaviors for the caregiver as well as education specific to the infant's individual diagnoses and prescribed treatment. The perinatal and neonatal nurses also help members and parents connect with resources available through FHCP and our community.

Perinatal Case Management

Upon your referral, a ROSEBUD® perinatal nurse will call your patient to obtain her consent for case management and to complete an in-depth risk screening. The nurse will call her periodically throughout pregnancy to obtain status updates, provide education regarding her specific situation, and reinforce compliance with the referring physician's plan of care, including clinic appointments. The nurse may also be making a call to your office to verify any pregnancy risk factors, obtain the patient's individualized plan of care, and share any new information about your patient's current status. She will contact your patient soon after delivery to assess the status of her and baby at home.



Neonatal Case Management

Upon your referral, a ROSEBUD® neonatal nurse will call the member or parent to obtain consent for case management for their infant and to complete an in-depth risk screening. The nurse will call periodically to provide education on the infant's health needs and specific diagnoses, planning for hospital discharge, and assess for any barriers to discharge. She will contact the member or parent soon after infant's discharge to assure there is pediatric follow up scheduled and a stable status at home.

These services are available at no charge to your patient. FHCP pre-authorization is required to refer your patients to the ROSEBUD® Program and services. A ROSEBUD® Referral Form is available on FHCP's website at <http://www.fhcp.com/providers/announcements> in the "Related Documents" section of this web page. Please send any referrals directly to FHCP's Case Management Utilization Review Department via phone (386) 676.7187 or (866) 676.7187 or Fax (386) 615.4058. Thank you for your continued quality care of FHCP members.

Discrimination Is Against the Law

Florida Health Care Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Florida Health Care Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.



Florida Health Care Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ◇ Qualified sign language interpreters
 - ◇ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - ◇ Qualified Interpreters
 - ◇ Information written in other languages
- Florida Health Care Plans : 1(877) 616.4022

If you believe that Florida Health Care Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Florida Health Care Plans
Civil Rights Coordinator
1340 Ridgewood Avenue
Holly Hill, FL 32117**

Phone: 1(844) 219.6137 TTY: 1(800) 955.8770 Fax: (386) 676.7149

Email: rights@fhcp.com

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1(800) 368.1019, (800) 537.7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Let us Know About Changes in your Practice



The Centers for Medicare Services (CMS) and the Affordable Care Act require health plans to maintain accurate Provider Directories for their members. If Health Plans do not comply, they risk regulatory fines. Given these requirements from CMS and everyone’s desire to increase overall customer satisfaction, FHCP has been sending out quarterly requests asking practitioners to verify their current directory information and to notify us if there has been any changes in your practice. We appreciate you taking the time to respond to the surveys and ask that you contact us whenever you have a change related to practitioners, address, telephone numbers, panel status, or services offered.

You can view your practice's current FHCP Directory information at:

<https://fhcp.healthtrioconnect.com/public-app/consumer/provdir/entry.page>

Also, if there are changes made to your practice in the future, you may notify us of these changes via the Provider Portal or by sending an email to Provider Services at FHCPProviderRelations5@fhcp.com.

CHANGES

New Year Benefit Changes

Just a friendly reminder that effective January 1, 2020, many patients change benefit plans/products and even insurance companies. Therefore, we highly encourage providers and their staff to check eligibility and benefits prior to rendering services to ensure accurate insurance information is on file and correct

member payment responsibilities are collected. You may check eligibility and benefits at no charge via the FHCP Provider Portal

<https://www.fhcp.com/for-providers/>

To run an eligibility and benefit verification, conduct a Patient Search and click directly on the Patient’s name. This transaction is done in real-time and can take up to 15 seconds to complete.

We are looking forward to working with you in 2020 to keep our members happy and healthy in the New Year!



FHCP Provider Portal

If you haven't already done so, it is highly recommended to register for the

FHCP Provider Portal

To gain access, you will need to go to www.fhcp.com and click on the **Provider Portal** link in the upper left hand corner. You will need to supply your Practice Tax and Vendor ID



FHCP Provider Resource Guide

All Providers can access the FHCP Provider Resource Guide at any time via FHCP’s website at the following link:

<https://www.fhcp.com/for-providers/> and select “Provider Education”

The Provider Resource Guide is updated monthly and summaries are sent to notify all FHCP Participating Providers as revisions are made.

The Resource Guide contains both links and content in areas such as:

- ◇ Sample member cards
- ◇ Administrative Staff Directory
- ◇ Drug Formulary and Pharmacy locations
- ◇ Admission and Referral forms
- ◇ FHCP Policies and Procedures applicable to Provider Practices



We hope the information provided in the Resource Guide will help you better manage your relationship with Florida Health Care Plans and our members.

See the table below for other valuable information about FHCP

FHCP’s Case Management Processes	Obtaining FHCP UM Criteria
Member Rights and Responsibilities	FHCP Formulary Information
Preventative Care Initiatives	Provider Survey Results
Contacting FHCP Utilization staff	FHCP Network Access Standards

