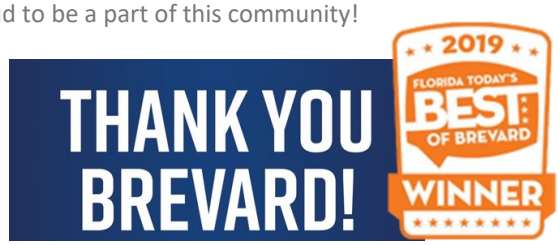
Florida Health Care Plans

Thanks you for your support!

FHCP is once again humbled to have received the 2019 Florida Today's Best of Brevard for the Best Health Insurance. We will continue to strive in providing our members trust, service, and the care they have come to expect from us over the years. We are proud to be a part of this community!



"NEW" FHCP Provider Resource Guide

Take a look at our New Provider Resource Guide (formerly known as the Provider Handbook)! We have made it into a user-friendly, condensed guide that should better help you when working with Florida Health Care Plans.

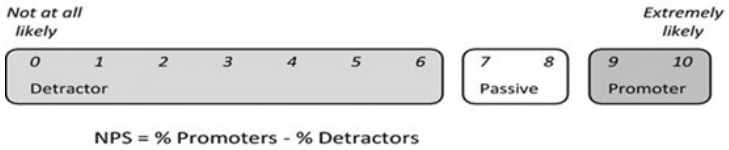
This Guide is located at www.fhcp.com/for-providers by selecting **Provider Education** and clicking on the **FHCP Provider Resource Guide** link.

Inside this Issue:

FHCP achieves an NPS of 54!

What is Net Promoter Score (NPS)?

NPS stands for Net Promoter Score. It's a customer satisfaction benchmark that measures customer loyalty. NPS scores are measured by one simple survey question, "On a scale of 0 to 10, how likely is it that you would recommend Florida Health Care Plans to a friend or colleague?"



The responses to this question can be categorized into three groups:

- Promoters: Promoters are your biggest fans and will tell their friends about your business and bring in new customers.
- Passives: Passives are indifferent and could be vulnerable to competitive offerings.
- Detractors: Detractors are unhappy customers. Not only are you at risk of losing them, they could discourage others from utilizing your services.

The score is calculated by subtracting the percent detractors from the percent of promoters and reported with a number from -100 to +100. The higher the score in your comparison industry the better. According to NICE Sat Metrix, the co-developer of Net Promoter®, the ***2019 National NPS average for the Health Insurance industry is 14.***

In 2019, FHCP sent out 84,134 surveys that included the NPS measurement question. As well as three opportunities to describe what FHCP did well or could do better and to comment on their Primary Care Physician. We had a nine percent response rate across all lines of business and providers, with an overall NPS of 54.

If interested in how you or your specific practice fared, feel free to contact Daria Siciliano, RN-BC Administrator of Member /Clinical Services at dsiciliano@fhcp.com.

Happy Doctor's Day!

March 30, 2020

Your Knowledge, skills, and commitment to excellence make a difference in the lives and health of our members.

Thank you for all you do everyday!

Sincerely,

The FHCP Staff & Administration

Wellness and Prevention

As the new year begins, the Diabetes/Health Education Department returns to our common theme of wellness and prevention.

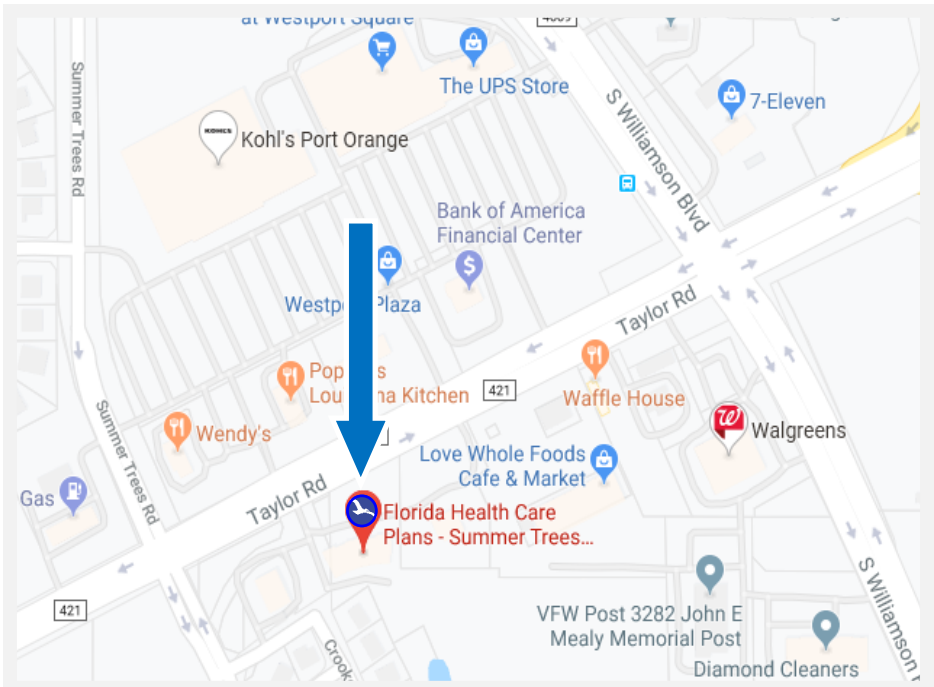
- In 2019 we received referrals from 55 primary care physicians and endocrinologists. In an effort to increase this number in the coming year and support your care of our members at Florida Health Care Plans (FHCP), please encourage your patients to make an appointment for education. Specific classes and individual appointments including telehealth can be scheduled without a copay to the member.
- February is National Heart Month and March is National Nutrition Month. The Academy of Nutrition and Dietetics theme this year is "Eat Right, Bite by Bite". We have six registered dietitians available to educate our members regarding the prevention and treatment of heart disease, blood pressure, diabetes, prediabetes, and weight loss. Any nutrition related concern can be addressed through the referral system to our department.
- Currently, over 11,000 FHCP members have elevated glucose or hemoglobin A1c levels. We can help to prevent diabetes through intervention and education. We offer a short six-week session to reduce weight and glucose (Eat Right Move Right) or the longer Diabetes Prevention program.
- "One-size-Fits-All" education is not appropriate for the prevention or management of diabetes. The American Diabetes Association (ADA) emphasizes that medical nutrition therapy (MNT) is fundamental in the overall diabetes management plan (ADA, Standards of Care 2020). We have four registered dietitians who are also Certified Diabetes Educators (CDE) and two RN, CDEs to work with your patients in identifying the correct path for control of their diabetes and to prevent complications.

Let us help you in the care and treatment of your patients. Please call us at 386-676-7133 if you have questions or concerns.

Diabetes Prevention

Did you know?

Our second FHCP Port Orange Pharmacy is happily accepting new members! This convenient location is positioned just west of I-95 at 1657 Taylor Rd (across from Kohl's). Please remind all Port Orange FHCP members at their next appointment that they now have TWO convenient options in Port Orange to handle all of their prescription needs.



Pharmacy News

www.fhcp.com

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, Novolin-70/30, and Novolin 70/30 pen 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 5% 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 (2/3^{rds} at Breakfast and 1/3rd at Dinner). For patients who were only on Basal insulin, Novolin N was used and dosed BID at 80% of basal dose. 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.

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

Florida Health Care Plan's COST ESTIMATION CENTER (CEC)

We can help calculate your patient's covered expenses

FHCP offers the services of our Cost Estimation Center to help providers and members estimate out-of-pocket expenses for a wide range of medical and surgical procedures, before receiving treatment.

QUICK AND CONVENIENT

Providers and Members can speak with a Cost Estimation Center Specialist to obtain out of pocket expense estimates based on the member's plan features such as deductible, coinsurance and out-of-pocket maximum.

KNOW WHERE TO GO

- Providers and Members may not realize that the cost for medical services can vary depending on where they are received. (i.e. provider participation status for their benefit plan, hospital affiliated vs independent provider). Before referring a member for care, the CEC can help you understand cost options by comparing multiple providers or sites of service.
- The CEC can help you and your patient better understand and receive FHCP benefits available for Physician Administered Medications.
- Members can be encouraged to use FHCP Extended Hours Care Centers and WorkForce Wellness sites as appropriate to save on out-of-pocket costs.

CALL, CLICK OR EMAIL

- The CEC can be reached at (386) 615-5068 or toll-free (800) 352-9824, ext. 5068—Monday through Friday, 8am to 5 pm voicemail is available for after-hours or weekend calls.
- FHCP.com—click [Members], select the About Your Care option and then select ESTIMATING YOUR COST from the list.
- CEC@fhcp.com—Providers and members can email the CEC with inquires and a CEC specialist will respond within 1 business day!

From the Director's Corner

Stephen Keen, M.D.
Director of Utilization, Quality and Case Management

A Thank you to our Providers

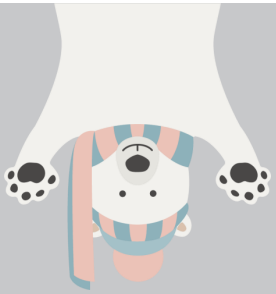
Thank you from the Quality Team and Florida Health Care Plans! We are happy to be a 5-Star health plan again. Your hard work and dedication to patient care benefits our members and communities. We look forward to multiple projects in 2020 to improve the quality of care our members receive. We will be revealing a simpler Quality Incentive Program for our primary care providers, expansion of our provider office visits by Quality staff to our largest contracted practices, and new, innovative technological solutions to closing care gaps. Thank you again for all your hard work and dedication this year. During 2020 we will need to continue to run faster to stay in the same place!

Thank you for your support!

Dr. Stephen Keen

Florida Health Care Plans loves to be a part of such a wonderful Community and we were excited to be awarded the Positivity Award by the city of Holly Hill. Thank you for your recognition!

Announcing our New FHCP Locations:



FHCP Ormond 300

300 Clyde Morris Blvd., Ste. A
Ormond Beach, Florida 32174
Phone: (386) 317-8620
Dr. Gerald Miceli Endocrinology is seeing patients there on Tuesday, Wednesday and Thursdays, 8 am to 5 pm., and will continue seeing patients in Palm Coast on Mondays and Fridays.
Ultrasound has also moved with Dr. Miceli, to the 300 location.
Primary Care is coming soon to this new location.

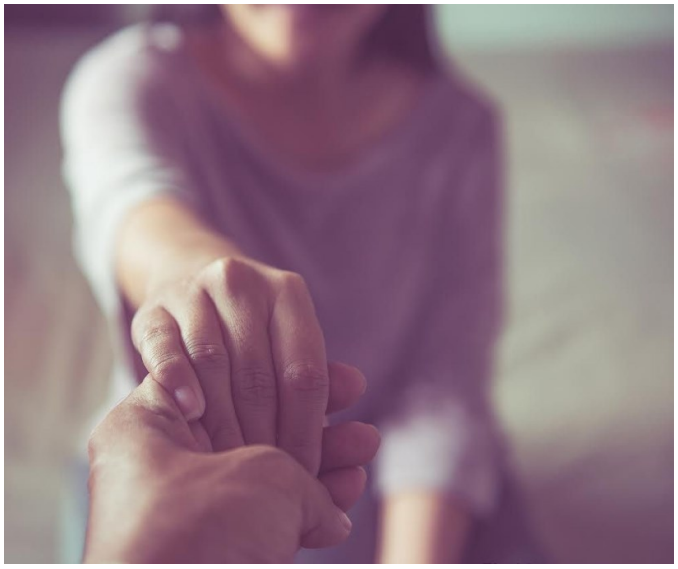
FHCP DeBary

110 Pond Court., Ste. 201
DeBary, Florida 32713
Phone: (386) 317-8635
All Orange City Behavioral Health providers are now seeing patients at the New DeBary location. 7 am to 6 pm, M-F.

- **Raymond De Castro, MD**
- **Lisa Dante, LMHC**
- **Linda Rodgers, LMHC**

www.fhcp.com

Florida Health Care Plans



Case Management Coordination of Care

Case Management Coordination of Care is designed to address the needs for the highest risk members. The case management process utilizes evidence-based clinical guidelines to conduct comprehensive assessment of the member's condition, evaluate available benefits and resources, develops and implements a case management plan with performance goals, monitoring, and follow up. The overall goal of case management is to empower members in self-management skills, regain optimum health, or improve functional capability through appropriate services and interventions. Case Management is a voluntary program and all eligible members have the right to decline participation.

Criteria for Enrollment in Case Management Coordination of Care

Criteria for enrollment in Case Management Coordination of Care includes but not limited to members with new diagnoses, acute or uncontrolled chronic diseases, critical events that require extensive use of resources, significant barriers of social determinants of health that limit access to care, or identified from proactive data screening, who may require any of the following:

- Assistance navigating the health care system
- Assistance with monitoring and treatment
- Assistance with barriers related to social determinants of health
- Education on health condition (s) and health coaching
- Education supporting practitioner plan of care
- Coordinate appropriate resources, programs, or benefits
- Coordinate measures to improve quality of life and disease-specific outcomes

There are several case management services that the members will be stratified to:

- **Chronic Complex Care**- assists members with complex health conditions to reduce disease progression and gain empowerment through self-management of lifestyle practices that aims to improve quality of life. Members would benefit from advocacy, education, and navigation to access appropriate care, link to resources, benefits, or programs. Program includes transplant case management.
- **Interactive Health at Home**- remote patient monitoring targets members with uncontrolled hypertension and Congestive Heart Failure. Members would benefit from health sessions, monitoring of members' biometrics, and management of symptoms. Reports to the member's physician are timely, accurate, and actionable data to promote clinical efficiencies, reduced hospitalizations, and improved outcomes for members. Peripherals offered are scale, blood pressure cuff, and pulse oximetry.

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- **Short Term Program**- assists members with new onset of health diagnoses, transitional care from hospital to home, or link members with high use of emergency room or hospitalizations to FHCP resources. Members would benefit from frequent contact for monitoring and education to understand signs and symptoms for early intervention and gain empowerment with self-management skills to reduce complications and improve quality of life.
- **In-Home Mid-Level Providers**- the RN Case Manager coordinates member care with the mid-level providers to assist homebound members or those with limited support to supplement primary care services in the home or facilitate transitional care for high risk members discharged from hospital/SNF to home. The goal is to reduce the risk of disease progression; reduce risk of fragmented care; provide early interventions to reduce need for emergency department, hospitalization, and urgent care by provision of primary care or transitional care services. In Home Mid-Level providers promote compliance with follow up care and medication management to reduce complications and enhance quality of care.
- **Community Resource Program-** Community Resource Coordinators partners with members and providers/referral sources to address the barriers to social determinants of health that impact access to healthcare through utilization of agencies and community partners. Community Resource Coordinators complete individualized needs assessments to link members with appropriate existing resources offered through agencies or within their community. CRCs do not address urgent placement or home safety evaluations; physicians would continue to refer members with urgent needs to HHC Skilled Nurse and Medical Social Worker or Department of Children and Families. SNF placement continues to be directed to Utilization Management Department (386) 676-7187.

Members may be referred by:

- Practitioners
- Member or Caregiver
- Discharge Planners
- Medical Management Programs
- Proactive Data Claims Review

New Member Transition of Care Program

The goal of the Transition of Care team is to assist new members transitioning into our network of providers, pharmacies, and covered medications. The member would benefit from clinical review of health history and medications to coordinate care with available resources, benefits, and participating providers or services to make the transition as seamless as possible. The RN Navigator assists existing members that are experiencing a change in benefits, providers, or services, or moving into another county served by FHCP or change of employers that offer FHCP insurance.

Members may be referred by:

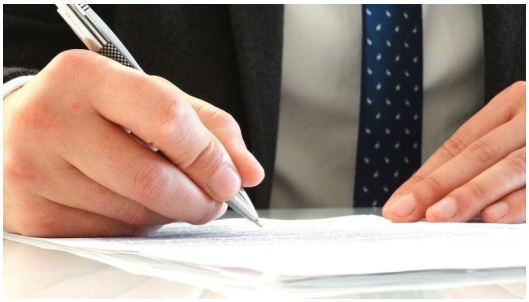
- Practitioners
- Member or Caregiver
- Member Services
- Marketing Agents
- Employer Groups

There are various methods to refer members to the New Member Transition of Care Program:

- Telephone Contact: Toll Free (855)205-7293 or (386)615-5017
- Referral form available through the Provider Resource Guide
- Fax: (386)238-3271
- Website: www.fhcp.com
- Email: toc@fhcp.com
- Internal: E.H.R. Task
- Monday - Friday 8:00 AM to 5:00 PM

There are various methods to refer a member to the Case Management Coordination of Care or Community Resources services:

- Telephone Contact: Toll Free (855)205-7293 or (386)238-3284
- Referral form available through the Provider Resource Guide
- Fax: (386) 238-3271
- Website: www.fhcp.com
- Email: cmanagement@fhcp.com
- Internal: E.H.R. Task
- Monday - Friday 8:00 AM to 5:00 PM



Does your patient need to lose weight?

East Coast Bariatrics

The prevalence of obesity among US adults is 39.8%. Patients struggle to lose and maintain weight loss. Bariatric surgery is an appropriate option for patients who have a BMI ≥35 with one comorbidity or a BMI ≥40. Recently published data indicates improvements or resolution in many comorbidities such as type two diabetes, hypertension, hyperlipidemia, sleep apnea, and gastroesophageal reflux. At **East Coast Bariatrics**, we have a multidisciplinary team specializing in both surgical and non-surgical weight loss. Our team includes two surgeons, a Nurse Practitioner, a Licensed Mental Health Counselor, a Registered Dietitian, an Athletic Trainer, and other support staff dedicated to the Bariatric patient. Refer your patients today for improved quality of life.

Thank you,

Tami Salyerds—Program Coordinator

Phone: (386) 238-3295

Fax: (386) 238-3234

Doctor on Demand

Telemedicine could be a great convenience for your patients!

- 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

dr. on demand

www.fhcp.com

American Heart Month—February

Controlling Blood Pressure is Vital

Here are some important tips to keep in mind:

- **Members age 18 to 85 with a diagnosis of hypertension (HTN) should have adequately controlled blood pressure (<140/90).**
- **When a member's blood pressure is elevated (≥140/90), a second blood pressure should always be taken during the same visit and documented in EHR.**
- **For HEDIS purposes, a blood pressure reading of 139/89 is considered compliant but blood pressures of 140/89 or 139/90 would not be considered compliant.**
- **If blood pressure is elevated, schedule a follow-up visit.**

Reduce the risk of Heart Attack or Stroke

The American College of Cardiology and the American Heart Association recommends statin therapy for males ages 21-75 and females ages 40-75 with established clinical atherosclerotic cardiovascular disease.

For HEDIS purposes, there are two events that are measured:

- **The dispensing of at least one high intensity of moderate intensity statin medication during the measurement year**
- **Medication adherence for at least 80 percent of the treatment period**

Please educate your patients on the importance of taking and staying on statins and remind them to contact you if they are experiencing side effects.

Thank you for partnering with us to provide excellent care for our members.

For questions, please contact Lynette Lucas, LPN, at 386-676-7100 Ext. 7677.

American Heart Month—February

American Heart Month is a national initiative to encourage and motivate everyone to adopt healthy behaviors and promote a heart healthy lifestyle. Cardiovascular disease affects as many as 16 million Americans and is the single highest cause of death in United States, killing more than 800,000 people per year. A heart healthy lifestyle is focused on changing modifiable behaviors or conditions, which put everyone at increased risk for developing heart disease. As healthcare providers, we focus on helping our patients manage many conditions including high blood pressure, high cholesterol, and diabetes through both medications or dietary changes. I would like to remind our providers to reinforce four simple strategies that our patients can use to take control of their heart health to help reduce their risk of heart attack or stroke.

High Cholesterol Tools and Training For Professionals

Health Professionals can access a variety of tools, resources, and training materials to develop and support programs that focus on preventing and managing high cholesterol by following the below link:

https://www.cdc.gov/cholesterol/materials_for_professionals.htm

Smoking is the leading cause of preventable death in the United States. There are currently 40 million people in the United States that are current smokers. Smoking not only damages blood vessels but also increases risk of thrombosis. Even long-time smokers can see rapid health improvements when they quit. Within a year, the risk of heart attack drops dramatically, and at five years, their risk of stroke is nearly that of a non-smoker. If they don't smoke, congratulate them and encourage them never to start. If they do smoke, give them the support and resources they need to quit.

Heart healthy dietary changes are an important factor in modifying their lifestyle. Foods that are high in trans-fat or saturated fats increase the risk for cardiovascular events. Foods high in sugar increase the risk for developing diabetes and obesity. Reducing sodium intake can help reduce blood pressure and reduce the risk for developing heart failure. Dietary guidelines by the American Heart Association recommend less than 2300 mg of sodium per day. Canned foods, snack foods, and many restaurants use

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high amounts of sodium as a preservative. Fresh fruits and vegetables are very low in sodium content. Research has shown that foods low in sodium and high in potassium can help to reduce blood pressure and risk for developing heart disease and stroke. Examples of these foods include spinach, bananas, yogurt, and apricots.

Only one in five adults currently meets the physical activity guidelines by the United States Department of Health and Human Services which recommends performing moderate intensity activity for at least 150 minutes per week. As part of a weekly physical activity, older adults should also do multi-component physical activity that includes balance training as well as aerobic and muscle-strengthening activities. Choose types of physical activity that are appropriate for their current fitness level and health goals, because some activities are safer than others. Advise patients to increase physical activity gradually over time to meet key guidelines or health goals. Inactive people should "start low and go slow" by starting with lower-intensity activities and gradually increasing how often and how long activities are done, protect themselves by using appropriate gear and sports equipment, choosing safe environments, following rules and policies, and making sensible choices about when, where, and how to be active. Remind them to check with the appropriate health care provider if they have chronic conditions or exercise related symptoms. People with these chronic conditions or exertional symptoms should consult the appropriate health care professional or physical activity specialist about the types and amounts of activity appropriate for them. Additionally, set a good example for your patients and modify your own lifestyle to incorporate physical activity.

Lastly, encourage your patients to work with their healthcare team to help them manage their medical conditions such as high blood pressure, diabetes, and high cholesterol. They need to be diligent and compliant with taking their medicines prescribed on a regular basis and in a timely fashion. They can help their provider, by recording periodic blood pressure measurements, or blood sugar measurements if they do have diabetes. They can keep a daily weight and activity log, and bring this with them to their office appointments.

Heart disease does not just affect older adults or our patients, they affect all of us too. Half of all Americans have at least one of the top three cardiovascular risk factors for developing heart disease: high blood pressure, high cholesterol, and smoking. The rate of heart attack and stroke is continually increasing in the younger population because the conditions that lead to these events are developing at a younger age due to poor lifestyle decisions. By raising awareness about heart disease and ways to prevent it, communities, organizations, and health professionals can work together to create opportunities for people to make healthier choices. American Heart Month is a great opportunity to spread the word about preventing heart disease.

Thank you,

Steve Minor, M.D.

Mental Health Awareness

Using Patient Health Questionnaires (PHQ2 and PHQ9) to Identify and Evaluate Depressive Symptoms and Disorders

Despite the high prevalence of depression in primary care (10-12%), screening is extremely low (2-4%). Although under-detection can lead to inadequate treatment, over-detection can lead to inappropriate treatment. Ultimately, using the appropriate screening tool can help improve outcomes https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6176119/

PHQ-2: Brief screening to identify episodes of depressed mood

- A positive PHQ-2 (score 3 to 6) signifies need for PHQ-9

PHQ-9: Evaluates specific depressive symptoms, frequency, and severity

- A positive PHQ-9 (score 5 to 27) should be used to establish a provisional diagnoses and treatment plan

Score	Severity	Treatment Considerations
0-4	None– Minimal	None
5-9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10-14	Moderate	Treatment Plan, counseling, follow-up and pharmacology
15-19	Moderately Severe	Active treatment, pharmacotherapy, and/or psychotherapy
20-27	Severe	Pharmacology, expedite referral to a MH Specialist, and/or collaborative management

Current PHQ forms, instructions, and clinical consideration available at:

https://www.phqscreeners.com

Mental Health Awareness

In addition to Major Depressive Disorder, other common depressive disorders (DSM-5) to consider are:

1. Persistent Depressive Disorder (Dysthymia) ***ICD-10 Code: F34.1***

- 2 (+) of the following symptoms present for 2 years / almost all day / every day and cause significant distress:
  feeling down, depressed, or hopeless; feeling tired / little energy; poor appetite or overeating; feeling bad about yourself / like a failure; trouble concentrating; moving / speaking slowly or restless; and/or thoughts that you would be better off dead
- No lapse in symptoms for 2 (+) months

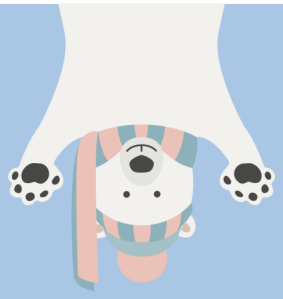
2. Depressive Disorder due to Another Medical Condition ***ICD-10 Code: 293.83***

- Depressed mood directly related to a physiological condition with significant distress / impairment in daily living
- Primary symptom is little interest or pleasure in doing things

3. Adjustment Disorder with Depressed Mood: ***ICD-10 Code: F43.21***

- Onset of symptoms within 3 months of stressor with significant distress / impairment in daily living
- Primary symptoms include little interest or pleasure in doing things; feeling down, depressed, or hopeless; and tearfulness
- Do not present as “normal” grief
- Not related to another mental disorder
- Resolve within 6 months

For questions or comments, please contact:



Gina George, LCSW
Quality Improvement Coordinator

(386) 676-7100, Ext. 7543