



Florida  
Health Care  
Plans



# Provider Newsletter

*FHCP-Celebrating 43 years of Service!*

**Florida Health Care Plans  
will be closed:  
December 25, 2017  
and January 1, 2018**



## **Welcome to all New Providers!**

(To see all of our Providers, check out our website at [www.FHCP.com](http://www.FHCP.com))

As a new year approaches, the Administration of Florida Health Care Plans (FHCP) would like to thank each and every one of our Providers and their office staff for all of the hard work, dedication and quality that you have provided over this past year.

Celebrate this holiday season with pride for a job well done. We, along with our Executives, Administrators, Directors, Managers and employees remain committed to improving our operations throughout the next year. We would all like to wish you and your families a very Happy Holiday and best wishes for a wonderful 2018.

Thank You

Wendy Myers, M.D., CEO  
Joseph J. Zuckerman, M.D., CMO





AT HALIFAX HEALTH

Dr. Joel Sebastien, Bariatric Medical Director  
Dr. Lars Nelson, Bariatric Surgeon

East Coast Bariatrics is nationally accredited with the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program. This designation recognizes our program as having quality outcomes and a high standard of care. Our mission is “To provide a dedicated and compassionate approach to weight loss management for the seriously obese, through a comprehensive support program which includes surgical treatment.”

Our surgical program is unique to our community. Our multidisciplinary team of professionals includes physicians, nurse practitioner, dietitian, social worker, exercise physiologists, clinical and support staff. Each member of this team is dedicated to helping people improve or resolve their medical risk factors and reduce their weight through a comprehensive approach to weight management that includes:

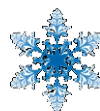
- Laparoscopic Roux-en-Y Gastric Bypass
- Laparoscopic Vertical Sleeve Gastrectomy
- Laparoscopic Duodenal Switch
- Laparoscopic Adjustable Gastric Banding (REALIZE®)
- Bariatric Revisions
- Weight Management

Our focus is to work together with each patient individually to emphasize that weight loss surgery itself is but one tool in an overall life changing decision towards an improvement in health, which targets the goal of wellness.

Things to know:

- Patients who meet qualifications have surgery on an outpatient basis at FHCP Ambulatory Surgery Center in Orange City.
- All you have to do is have your patients call the East Coast Bariatrics office.
- Our team will guide your patients through their individual requirements.

If you have obese patients that would benefit from improving or resolving their comorbid health issues, please refer them to contact our office at 386-238-3205.



## ***Encourage Your Patients to Use the NEW FHCP Member Portal***

Another enhancement that is ready for FHCP member use is a newly improved and enhanced FHCP Member Portal. The **NEW** Member Portal allows members to securely view their plan and benefit information. Members can use the portal to:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Print their ID Card</li><li>• Request or change their Primary Care assignment</li><li>• View progress toward meeting deductibles or out of –pocket maximums</li><li>• Look at their FHCP Benefit Plan books.</li></ul> | <ul style="list-style-type: none"><li>• Look at their Claims</li><li>• Search for participating providers by FHCP network/tier</li><li>• Review their FHCP Enrollment Information</li><li>• Refill a Prescription</li></ul> |
|--|---|

In order to access the new Member Portal, FHCP members will need to register via FHCP’s website at [www.fhcp.com](http://www.fhcp.com).

## ***HEDIS®/STAR PROVIDER GUIDE AVAILABLE ONLINE AT FHCP.COM***

HEDIS (Healthcare Effectiveness Data & Information Set) and Star (Centers for Medicare & Medicaid) quality measures are designed to help providers meet the needs of their patients and improve quality of care. Meeting these measures is an important factor in our accreditation with the National Committee for Quality Assurance (NCQA).

FHCP is pleased to offer a reference source for HEDIS and Star quality measures. The HEDIS/Star Provider Guide can be found at [fhcp.com](http://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.

FHCP’s goal is to achieve the highest NCQA standing and a 5-Star rating. Working together with you, we believe we can achieve this goal and remain leaders in providing the highest quality of health care to our members. We hope you find this guide useful in your daily practice.

If you have any questions or would like to receive a hard copy of the HEDIS/Star Provider Guide, please contact FHCP Quality Management / Performance Improvement at: 386-676-7100 ext. 7258 or ext. 7660. Thank you.

## ***Pharmacy News***

The Physician Drug Guide and Formulary is available on the Provider Portal. The most current FHCP formularies are available online at [www.fhcp.com](http://www.fhcp.com) and can be printed upon request to FHCP Pharmacy Services, 386-676-7173.

## ***Insulin Pens***

Novo-Nordisk Insulin Pens are now on all FHCP formularies in tier 3 (preferred brand) which include *Tresiba, Levemir, Novolog, and Novolog 70/30*. Insulin pens will be dispensed based on the monthly utilization of the patient.

## ***Co-Pay cards for medications not covered by FHCP***

Please be aware that FHCP pharmacies accept some Patient Assistance/Copay Cards for non-covered or non-formulary medications. However, should the card sponsor make changes to their coverage program, members may experience an increase in out of pocket costs. Also, drug costs covered by such cards do not count toward the member's deductible or out of pocket maximum accumulations.

## ***New Year Benefit Changes***

Just a friendly reminder that effective January 1, 2018, 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 on Availity at [www.availity.com](http://www.availity.com), or the FHCP's Provider Portal <https://providerportal.fhcp.com>. To obtain access to FHCP's provider Portal, please contact Sean Haymes at [shaymes@fhcp.com](mailto:shaymes@fhcp.com). We are looking forward to working with you in 2017 to keep our members happy and healthy in the New Year!

## ***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 isn't working, you and your patient should work collaboratively to create a new treatment plan.

## ***FHCP's CASE MANAGEMENT COORDINATION OF CARE DEPARTMENT***

The Case Management Coordination of Care Department provides services to members who experience complex health conditions that require extensive use of resources or have significant socioeconomic barriers that limit access to care. Case Management Coordination of Care is considered a voluntary program and all eligible members have the right to participate or decline participation. The Case Management Coordination of Care Program does not substitute services for urgent evaluation or placement.

The goal of the Case Management Coordination of Care Program is to improve the health outcomes and quality of life of our members through partnership with the members and providers through an array of services:

## **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 Monitoring Program- Interactive Health at Home.**

The Registered Nurse Care Coordinator monitors the member's daily vitals and presentation of symptoms. Through the use of daily health sessions, the remote monitoring program helps the member create positive behavior change and self-management skills. Reports to the providers can assist with provision of key insights on the health habits of our members, receiving only timely, accurate, and actionable data. Use of this program assists with promotion of improved clinical efficiencies, reduced hospitalizations, and improved outcomes for members with chronic conditions. The peripheral offered are scale, blood pressure cuff, pulse oximetry, manual entry of FHCP glucose monitor.

- **Florida Health Care Plans' In-Home Providers- Home Docs for Volusia, Flagler, and Seminole counties and Doctors at Home for Seminole and Brevard counties.**

Case Management Coordination of Care Department coordinates services and provides authorizations when needed. The In-Home Providers deliver primary care services for homebound members with limited support or provide transitional care for members discharged from the hospital/skilled facility to home, who are at risk for complications, with the goal to enhance quality of care through enhanced medication and medical management.

- **Florida Health Care Plans' Community Resource Services** works in partnership with members and providers/referral sources to address the socioeconomic barriers experienced by members 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.

Criteria for enrollment in Case Management Coordination of Care may include members with new diagnoses, acute or uncontrolled chronic diseases and referrals through proactive data screening or referral of 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
- Any clinical situation requiring care coordination to enhance continuity of care and quality of life

**There are various methods to submit a referral to the CM Coordination of Care Department:**

- 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](http://www.fhcp.com)
- Email: [cmanagement@fhcp.com](mailto:cmanagement@fhcp.com)
- Internal: E.H.R. Task

*The Case Management Coordination of Care Department does not substitute for urgent evaluation or intervention by their healthcare providers; replace home health care or emergent staffing, in home safety evaluations; skilled placement; or emergency evaluation through Department of Children and Family such as emergent placement to alternative living or custodial services.*

## ***Let Us Know About Changes in Your Practice***

The Centers for Medicare & Medicaid Services (CMS) requires 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 change in your practice. We appreciate your 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 let us know by faxing us any such changes to 386-676-7148 or via email at [FHCPProviderRelations5@fhcp.com](mailto:FHCPProviderRelations5@fhcp.com).

## ***Announcements!***

*Opening January 2, 2018, FHCP's new location in Lake Mary will be accepting both FHCP members and Florida Blue enrollees as patients. The new location is in the Stirling Center complex at 707 Platinum Point, Lake Mary, Florida 32746*

*New Pharmacy Locations – To provide greater access to FHCP members, FHCP will be opening two new pharmacy locations in St. Augustine and Lake Mary. Look for details on these new locations on FHCP's website*

*FHCP's Palm Coast Town Center location now offers Cardiology services to FHCP members and coming soon Behavioral Health.*

## ***Utilization Management Reminders***

All initial requests and referrals that require prior authorization are managed by the Central Referrals 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 a decision by calling: Central Referrals 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 - 386-676-7187 or 866-676-7187

All member or referring provider appeals or appeals of denials for pre-service request, 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 877-615-4022

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 underutilization.

For more information about the Referral Process, Claims or Utilization Management Process, go to the FHCP Website, [www.fhcp.com](http://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 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.

## ***Diabetes Prevention Program***

FHCP has an informative brochure for our Providers about the diabetes prevention program that we offer and will be available on our Provider portal for your information. The savings over 10 years for this country is \$182 million dollars by preventing the development of diabetes. Twenty-five percent of Americans have diabetes at a cost of \$104 Billion dollars annually. The numbers are staggering. We need our doctors to refer and support our program at FHCP. Please feel free to use request copies of the brochure to promote the expanded Medicare diabetes prevention program.

## *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 Practitioner/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

## *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.

- Phone: (386) 676-7100, ext. 7242
- Fax: (386) 481-5088
- E-mail: [QualityManagement@fhcp.com](mailto:QualityManagement@fhcp.com).



## *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 the Triage Report via fax.

We encourage you to let our members know about this valuable service. For questions concerning this service, call Quality Management at (386) 676-7100, ext. 7242 or email:



## ***Advanced 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 helpful during times when making difficult decisions. Some of the 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 also available online at: <http://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.

## ***Elder Abuse and 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 telephone 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 calls 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.

## ***Provider Offices are encouraged to Register for the NEW FHCP Provider Portal in 2018!***

We have been working hard to bring providers an improved online experience. As a result, FHCP will be rolling out our NEW Provider Portal in 2018. Current Provider Portal users will need to re-register for the new Portal. We also encourage all participating providers to use this newly enhanced online tool.

Please look for future announcements regarding how to register for the new Portal. In the meantime, FHCP's current Provider Portal will continue to be available.

## ***ROSEBUD® Perinatal & Neonatal Case Management Program***

FHCP is pleased to announce that it is now offering the **ROSEBUD®** Program to our members who meet ROSEBUD's perinatal and/or neonatal case management risk criteria. ROSEBUD perinatal and neonatal 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 preterm 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 ROSEBUD's 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 webpage. 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

## ***Past Newsletters***

If you missed a previous Provider newsletter or wish to retrieve archived ones, the FHCP Provider newsletters are available online at [www.fhcp.com](http://www.fhcp.com) under the "Providers" section of the website. After clicking on the "Providers" section, the newsletters are located on the right side entitled "Newsletter Archive". All of FHCP's past editions are available to view online or print

## *Discrimination is Against the Law*

FHCP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FHCP 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

If you need these services, contact Daria Siciliano, RN-BC, CCM. Director of Member Services

If you believe that FHCP 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: Daria Siciliano, RN-BC, CCM, Director of Member Services, 1340 Ridgewood Avenue, Holly Hill, FL 32117. 1-877-615-4022, TTY: TRS Relay 711, 386-676-7149, MemberServices@fhcp.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Daria Siciliano, RN-BC, CCM Director of Member Services 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  
1-800-868-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## *FHCP Provider Handbook for 2018*

All providers can access the [FHCP Provider Handbook](https://www.fhcp.com/documents/Referral-Guidelines/December-Release-Provider-Handbook.pdf) at any time via FHCP's website at the following link: <https://www.fhcp.com/documents/Referral-Guidelines/December-Release-Provider-Handbook.pdf>.

The Provider Handbook is updated monthly and summaries are faxed to all FHCP participating providers to help in managing their relationship with FHCP.

The handbook's contents include areas such as sample member cards, administrative staff directory, member's rights and responsibilities, drug formulary and pharmacy locations, admission and referral forms, and FHCP policies and procedures applicable to Provider practices. As noted in Section 4 of the Handbook, under FHCP Policy PC030 – Provision of Healthcare Services, FHCP may use performance data for Quality Improvement activities, public reporting to consumers, and tiering or preferred network status. We hope the information in the Handbook will help you better manage your relationship with FHCP and our members. The Table of Contents listing topics included in the Handbook is on the next page.