



Florida
Health Care
Plans



Provider Newsletter

FHCP-Over 44 years of Service!

January- June

Great News!

ATTENTION ALL FHCP CONTRACTED PROVIDERS

Effective June 1, 2018, Florida Health Care Plans (FHCP) is covering 3-D Mammography for all FHCP members.

This procedure will be subject to the same guidelines as standard screening mammograms.



FHCP's new Provider Portal is now live!

The FHCP Provider Portal is an internet based resource tool available to providers that includes the following features in **real time**:

Member Information-Demographics	Claims Status and details
Benefits and Rider Documents	RX History
Member Specific Formulary	Referral Authorization Status
Real Time Eligibility Benefits with Accumulation	Commonly Used Forms and Documents
Links to Red Card for Remittance Advice (EOP's)	PCP Panels
<u>COMING SOON- LAB RESULTS & ELECTRONIC SUBMISSION OF REQUESTS.</u>	

PLEASE FOLLOW THE INSTRUCTIONS AT THE FOLLOWING LINK TO REGISTER

<https://fhcp.healthtrioconnect.com/app/index.page>

You will need your practice Tax ID as well as your FHCP vendor ID, which is assigned by FHCP and it is specific to your practice. It is located on an FHCP Remittance Advice (RA), sometimes referred to as EOB or EOP (Explanation of Payment).

For more information you can contact the Health Trio help desk via email at connect@healthtrio.com or call 1-877-814-9909. For all other assistance, you can contact the FHCP IS Help Desk via email at helpdesk@fhcp.com or call 386-615-4090.

We are excited about giving you this new access to FHCP information. We hope you are too!

Quality Initiatives – What’s New in 2018?

Quality Initiatives are our organization’s efforts to further improve the standard of care for our members. Continuous quality improvement helps reduce waste, increase efficiency, and increase employee and member satisfaction.

Quality improvement initiatives are an ongoing process. It is important that every FHCP employee be an active and contributing member of the team. Your efforts are needed to help make these initiatives successful.

Below are some initiatives in place starting in 2018:

- In an effort to improve access and HEDIS and Star rates, FHCP staff can now schedule colonoscopy screenings with AGI **at the time members are in their PCP offices.**
During check out, the MCSS will call a dedicated back line at AGI at x6602.
- To help our members receive their recommended annual services and to improve HEDIS and Star rates, endocrinology staff is encouraged to schedule retinal eye exams with our Ophthalmology department **at the time members are in their office.**
During check out, the MCSS will call the office of our Ophthalmology department at 386-676-7103.

Please remind the member that this is a covered benefit under their health insurance and vision coverage is not required.

- All FHCP pharmacies are placing a sticker with a retinal eye exam reminder on diabetic prescription bags.

We look forward to working with you in achieving the highest standards for our members.

HEDIS®/STAR PROVIDER GUIDE IS ONLINE AT FHCP.COM

HEDIS (Healthcare Effectiveness Data & Information Set) and Star (Centers for Medicare & Medicaid) quality measures are designed to help practitioners 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).

The HEDIS/STAR Provider Guide can be found at fhcp.com, under “For Providers” then “Resources and Support”. Quality Management updated this guide in April 2018 to reflect recent changes in some quality measures.

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. Thank you.

HEDIS Update

As you know, Healthcare Effectiveness Data and Information Set (HEDIS), is healthcare's most widely used tool to measure performance on important areas of care and service.

It's that time of year when we receive updates on HEDIS measures and we wanted to share this important information with you.

Below is a list of changes for HEDIS 2018:

- **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)**

Age 3 to 17 should have an outpatient visit with a PCP or OB/GYN annually. The visit should include:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

BMI documentation may be done during a sick **OR** well visit.

Nutrition and physical activity must be done during a well visit.

Please note documentation related to a member's "appetite" does not meet criteria for counseling for nutrition.

Anticipatory guidance must specifically include physical activity and nutrition.

Diagnosis codes needed for compliance:

BMI:

ICD-10: Z68.1, Z68.51-Z68.54

Nutrition:

ICD-10: Z71.3

Physical Activity: (NEW for HEDIS 18)

ICD-10: Z02.5, Z71.82

- **Cervical Cancer Screening (CCS):**

Noting that the patient had a **hysterectomy is NOT considered a compliant exclusion – the record must state total, complete, radical or vaginal with removal of cervix**

- **Colonoscopy Screening (COL):**

A note with the screening year is considered compliant if it is within the 10 year time frame

- **Breast Cancer Screening (BCS):**

A note with the screening year is compliant provided it is within the two year time frame.

Digital breast tomosynthesis (DBT) is an acceptable test for breast cancer screening

HEDIS Update Continued

- **Comprehensive Diabetes Care (CDC):**
Annual diabetic retinal exams results must be in the EHR

(An annual diabetic retinal exam is a covered medical benefit)

- **Controlling High Blood Pressure (CBP):**
Please confirm that a second BP was taken when the first is elevated. We are looking for control within the measurement year (<140/90 for ages 18-59 and diabetics ages 60 - 85) (<150/90 for non-diabetics ages 60-85)

New HEDIS measure:

- **Transitions of Care (TRC):**
The percentage of discharges for members 18 years of age and older who had each of the following during the measurement year. (Applies to discharges for acute and non-acute inpatient stays. Members in Hospice exclude Four rates are reported:
 - **Notification of Inpatient Admission:** The PCP or ongoing care provider receives notification of inpatient admission on the day of admission or day after
 - **Receipt of Discharge Information:** Discharge summary is received by FHCP on the day of discharge, or day after
 - **Patient Engagement after Inpatient Discharge:** An office or home visit, telephone call, or telehealth encounter occurs within 30 days after discharge. (May not include date of discharge)
 - **Medication Reconciliation Post-Discharge:** Medication reconciliation is done on the date of discharge through 30 days after discharge.Discharge summary must include:
 - Doctor responsible during inpatient stay
 - Procedures or treatment
 - Diagnoses at discharge
 - Current medication list
 - Allergies
 - Test results, pending tests, or no tests pending
 - Instructions for patient carePatient engagement may be any type of provider.
Medication reconciliation conducted by a practitioner, clinical pharmacist, or RN



Saying Goodbye to a longtime Medical Professional.
Over 50 years practicing Medicine in our community.

Dr. James Angelo Carratt passed away on Sunday, April 22nd in the evening after a brief illness. He was born in Cartersville, Georgia to Greek-American parents and spent a lot of his childhood in New Smyrna Beach. He graduated from the [University of Florida](#) in 1953 and went on to [Vanderbilt University](#) Medical School in Nashville, TN where he obtained his medical degree in 1957. Following his post-graduate work at The [Ohio State University](#) (OSU) he returned to Daytona Beach. He started practicing at Halifax District Hospital, as the hospital was known then, doing many different things as a General Practitioner. He limited himself to the care of adults and children but performed spinal taps, thoracocentesis, and paracentesis - common practices now done by specialists. Dr. Carratt set a record as the longest-practicing physician in the area after 50 plus years. Dr. Carratt and some other doctors in the area forged an arrangement with a local funeral home where one of their employees would use a station wagon to transport acute patients to the hospital since there were no ambulances then. The 1960's saw a new wave of doctors coming to Daytona Beach from Duke, Emory, Tulane, Vanderbilt, UNC, Penn and UT. Due to the number of physicians from Duke, they were called the "Duke Medical Mafia," which lingered for years. Jim, as he was known by his friends, became a central figure and leader in a number of medical staff activities. He became Chairman of the Department of Medicine twice, president of Halifax medical staff and President of the Volusia County Medical Society. He chaired the Graduate Education Committee for many years along with the late Dr. Kerman, and got approval for the Family Practice Residency in 1970. The FP program has become renowned as one of the best in the country and a big number of alumni of this program have settled in the greater Daytona Beach area. His son Dr. Evan Carratt will continue the family practice. Dr. Carratt was a good friend to many and his commitment to family, medicine and community will be his legacy for many years to come in this area.



New Facility now has more to offer:

Stirling Center

707 Platinum Point

Lake Mary, Florida 32746

Services include:

**PCP Services, FHCP Pharmacy, Radiology, Ultrasound,
Lab Draw Station, Orthopedic Clinic, Infusion Clinic,
Nutritional and Diabetic Education,
General Surgery/Bariatric Clinic,
and a Saturday Clinic.**

**Hours are from 7:00 to 7:00 pm M-F
Saturday Clinic hours from 8:00 to 4:30**

Phone # 407-878-0910 and the Fax # will be 407-878-0911

This Facility will be accepting FHCP members and assigned "My Blue" members.

IMPORTANT INFORMATION

FHCP General Surgeons Dr. Harry Black and Dr. Jonathan Dean are seeing Surgery patients at the following two locations:

1. 201 N. Clyde Morris Blvd., Suite 100, Daytona Beach, FL 32114
2. 937 N. Spring Garden Avenue, Deland, FL 32720

Dr. Joel Sebastien is also seeing General Surgery and Bariatric clinics in Daytona Beach and our new Lake Mary Facility (Stirling Center). For more information on all these clinics, please call our General Surgery Office at: 386/238-3295 or East Coast Bariatrics at: 386/238-3205

**Deland FHCP Lab hours have changed effective 6/4/2018
Monday through Friday - 7:00 am to 4:00 pm**

CMS Compliance:

In order for FHCP to be in compliance with Medicare directory guidelines, it is very important that you review your FHCP directory listing. Even if you do not see Medicare members, it is very important that your members can find you!

Please take this opportunity to review your listing and update us via our Provider Portal or via email to ProviderRelationsCoordinator@fhcp.com. Even if there has not been a recent change, we ask that you validate that what we have is accurate. FHCP sends quarterly surveys asking for the same information and your participation in these efforts is greatly appreciated. We want to ensure that FHCP members have the correct information for your practice and that we remain compliant with CMS.

Effective July 1st, House Bill 21 will be implemented by FHCP as mandated by Florida Legislature. House Bill 21 addresses opioid prescribing limits and new guidelines for utilization of E-FORSE prior to prescribing and dispensing controlled substances. The following guide has been created is to assist providers in navigating the new regulations put forth by Florida legislation.

If you have any questions in reference to this memo, please contact me at 386 / 615-4001, 800 / 352-9824 (Ext. 4001), or ccooper@fhcp.com. Thank you.

Please see next page

Physicians Quickstart Guide to Opioid Prescribing Limits

House Bill 21 'Opioid Prescribing limits' – Effective July 1, 2018

1. For the treatment of **ACUTE PAIN**¹ with a schedule II Opioid (C2 Opioid):
 - i. **May not** exceed a 3 day supply (determined by sig & QTY), a 7 day supply is permitted in some cases
 - ii. A **7 day supply** of a C2 Opioid for treatment of acute pain may be prescribed if in the prescriber's professional judgment it is medically necessary to prescribe more than a 3 day supply and "**Acute Pain Exception**" is indicated on the prescription. (Prescriber must document in the patient's medical records the acute medical condition & lack of alternative treatment options that justify deviation from 3-day supply rule)
2. For treatment of **CHRONIC PAIN** with a schedule II Opioid (C2 Opioid):
 - a. Prescriber must indicate "**For non-acute pain**" on the Rx
3. For treatment of **pain related to a traumatic injury and an Injury Severity Score (ISS)**² of 9 or greater:
 - a. An **emergency opioid antagonist must be prescribed concurrently**
 - i. FHCP formulary options:
 1. Narcan (Tier 4)
 2. Naltrexone injection (Tier 2)
4. E-FORCSE:- Lookup Required By Physician prior to prescribing most Controlled Substances (ie. tramadol, carisoprodol, alprazolam, zolpidem, morphine, Adderall)³
 - a. A prescriber or designee **must** consult E-FORCSE system [<https://florida.pmpaware.net/login>] to review a patient's controlled substance dispensing history before prescribing a controlled substance for a patient age 16 or older- ACCOUNT REGISTRATION IS REQUIRED
 - b. Does not apply when prescribing or dispensing a non-opioid controlled substance listed in Schedule V
 - c. If E-FORCSE cannot be accessed:
 - i. Prescriber **must** record the rationale for not checking the system and shall not dispense more than a 3 day supply of controlled substance
5. Continuing Education:
 - a. ALL Prescribers registered with the DEA and authorized to prescribe controlled substances must complete a board-approved 2-hour continuing education course on prescribing controlled substance
 - b. Course **must** be completed by January 31, 2019, and at each subsequent license renewal. Link to FMA CE course <https://flmedical.inreachce.com/Details?groupId=c64bbce1-c037-4008-b6bd-1204fd149224>

¹ "Acute pain" is defined as the normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness. **The term specifically DOES NOT include pain related to: Cancer, a terminal condition, Palliative care to provide relief of symptoms related to an incurable, progressive illness or injury; or A serious traumatic injury with an Injury Severity Score(ISS) of 9 or greater**

² The Injury Severity Score (ISS) is an established medical score to assess trauma severity. It correlates with mortality, morbidity and hospitalization time after trauma. It is used to define the term major trauma. A major trauma (or polytrauma) is defined as the Injury Severity Score being greater than 15. More information can be found at (https://www.aci.health.nsw.gov.au/get-involved/institute-of-trauma-and-injury-management/Data/injury-scoring/injury_severity_score)

³ A prescriber or dispenser or a designee of a prescriber or dispenser must consult the system to review a patient's controlled substance dispensing history before dispensing or prescribing a controlled substance to a patient age 16 or older.

- a. This requirement does not apply when prescribing or dispensing a non-opioid controlled substance listed in schedule V.
- b. The department shall issue a non-disciplinary citation to any prescriber or dispenser who fails to consult the PDMP system prior to prescribing or dispensing a controlled substance for an initial offense. Each subsequent offense is subject to disciplinary action pursuant to section 456.073, Florida Statutes.



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 program is unique and has served our community for 15 years. The Bariatric multidisciplinary team of professionals includes physicians, nurse practitioner, dietitian, mental health counselor, 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 (outpatient available to those who qualify)
- Laparoscopic Duodenal Switch
- Laparoscopic Adjustable Gastric Banding (REALIZE®)
- Laparoscopic removal of Adjustable Gastric Bands
- Bariatric Surgical Revisions
- Non-Surgical Medical 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 may have surgery on an outpatient basis at FHCP Ambulatory Surgery Center in Orange City.
- Potential patients will attend a free information seminar with one of the surgeons. Locations available are: Daytona Beach, Orange City and Lake Mary.
- Providers should send FHCP referrals a request for patients to enter the Bariatric Surgery Program.
- Our team will guide your patients through their individual requirements.
- Clinics available in the Daytona Beach and Lake Mary Stirling Center Facilities.

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.

ATTENTION: ALL PROVIDERS - *Lifestyle Change Program*

We have started the full year lifestyle intensive, Diabetes Prevention Program. The CDC urges you to talk to your patients every time they come in about their weight, eating and activity goals and the medications they are taking. Having enough time to talk to your patients may be as simple as “Have you met with the Registered Dietitian yet?” We have the tools to enhance behavior change including motivational interviewing skills in our classes and individual appointments. In addition, Diabetes (DSMT) classes or individual appointments are held in all Florida Health Care Plans locations. There are also evening classes held in Daytona Beach and Orange City. We are holding a Saturday class monthly in both the Orange City and Daytona Beach classrooms.

Physician referral is highly recommended; a member can also self-refer. Individual appointments are available for members who cannot attend classes due to medical necessity or a hardship.

For questions about our program, please contact the Diabetes/Health Education Department at; (386) 676-7133 or toll-free 1-877-229-4518. For providers who do not use the Florida Health Care Plans' EHR system, please fax your referral to (386) 238-3228.



LIFESTYLE CHANGE PROGRAM



The lifestyle change program that is part of the CDC-led National Diabetes Prevention Program is proven to help prevent or delay type 2 diabetes. It is based on research that showed:



Weight loss of 5 to 7% of body weight achieved by reducing calories and increasing physical activity to at least 150 minutes per week resulted in a 58% lower incidence of type 2 diabetes



For people 60 and older, the program reduced the incidence of type 2 diabetes by 71%



After 10 years, lifestyle change program participants had a 34% lower incidence of type 2 diabetes