Florida Health Care Plans

Provider Newsletter

FHCP - 43 years of Service!

PROVIDER NEWS VOLUME 23, ISSUE 1
January, February, March and April, 2017

Joel Sebastien, MD, FACS

East Coast Bariatrics Earns Top Accreditation as a Comprehensive Bariatric Facility

Dr. Joel Sebastien and East Coast Bariatrics at Halifax Health have been granted full accreditation as a comprehensive bariatric facility by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

This accreditation demonstrates a commitment to deliver the highest quality care for bariatric surgery patients. To earn accreditation, they met the essential criteria that ensure their ability to support a safe bariatric surgical care program and measure up to institutional performance requirements outlined by the MBSAQIP accreditation standards.

The MBSAQIP is a joint program of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery. The program accredits inpatient and outpatient bariatric surgery centers that have undergone an independent and rigorous peer evaluation in accordance with nationally recognized bariatric surgical standards.

Led by Joel Sebastien, MD, FACS, Director of Bariatric Surgery, East Coast Bariatrics is comprised of a multidisciplinary team of professionals that includes physicians, nurses, dietitians, exercise physiologists and mental health professionals. More than a surgical weight loss program, East Coast Bariatrics' team of experts focus is on providing comprehensive support throughout a patient's weight-loss journey.

Surgical weight loss solutions performed by East Coast Bariatrics at Halifax Health include: Roux-en-Y Gastric Bypass Surgery, Vertical Sleeve Gastrectomy, Duodenal Switch, Lapband Surgery and ORBERA® Non-Surgical Weight Loss Balloon.

For your patients who may be interested in learning more about bariatric surgery, East Coast Bariatrics offers free sessions weekly in Brevard and Volusia County. Please call 386-481-6724 for specific dates.

Doctor on Demand
Now Available for Members

Florida Health Care Plans (FHCP) now offers most members the option of video visits with board certified physicians and licensed psychologists (for non-emergency medical issues) through the services of DOCTOR ON DEMAND. FHCP members can communicate and share information with Doctor on Demand providers through a HIPAA - secure and encrypted video telehealth application installed on their smartphone, tablet or computer. Benefits of using Doctor on Demand:

- General medical services for basic medical care are available either by appointment or immediately on demand
- Psychology services for behavioral health therapy are available by appointment. There is limited availability for pediatric psychology
- Psychiatry services for behavioral health therapy are available along with psycho-pharmacology. There is limited availability for pediatric psychiatry
- Licensed practitioners are available throughout United States
- The service is an excellent tool for students to obtain care away from home
- Doctor On Demand is affordable, convenient, fast & easy

While Doctor on Demand is not intended to replace regular in-person visits with members' primary care physician (PCP), this service can be an alternative to those considering an ER, Urgent Care, or a visit to the Extended Hour Care Center for a non-emergency issue when a PCP is not available.

Text "FHCP" to 68938 or visit doctorondemand.com/fhcp to download the Doctor on Demand App

If you have any questions in reference to this service, please contact Carol Cooper, LPN-Provider Relations Coordinator at 386 / 615-4001, 800 / 352-9824 (Ext. 4001), or ccooper@fhcp.com.

Coming Soon

At FHCP we strive to make the most of your valuable time. Coming this summer FHCP will be rolling out a new and improved provider portal.

Providers will have quick, easy online access to:

- Confirm Member Eligibility
- Submit Claims
- Check Claims Status
- Check Authorization Status
- Upload documents in a secure environment
- Enhanced Communications

Stay tuned for more on this exciting initiative!

ACA Member Initiative

Engagement w/ PCP – Ages 45 Years and Older

Florida Health Care Plans has experienced significant growth in our **Affordable Care Act** (ACA/Obamacare/ Platinum, Gold, Silver, or Bronze) membership. We have found that many of these new FHCP members may have undiagnosed chronic conditions that need to be addressed. We're asking for your help in reaching out to those FHCP members **ages 45 and older** to come in for an evaluation. The member has no financial responsibility for physical examinations, and they are not subject to a co-pay or deductible. This should encourage members to come in and be seen.

We have recently sent each Primary Care Physician a list of patients who need a physical exam in 2017. This report contains the name and contact information we have on file at FHCP. We ask that you contact each member and schedule for a Physical Examination as early as possible in 2017.

For any questions, please contact J. Wes Tanner, MD at FHCP. He is delighted to assist you in any way possible. He can be contacted at jtanner@fhcp.com, or by cell phone number at 770.401.6348.

PROVIDER REFERRAL GUIDE – AIR TRAFFIC CONTROL FOR PROVIDERS

"The bad news is time flies. The good news is you're the pilot."- **Michael Altshuler**

The Provider Referral Guide is an on-line navigational tool designed by clinicians for clinicians. Network specialists, pharmacies, labs, prior authorization instructions, as well as important contact information can be quickly located in each of the three guides: Brevard County, Seminole County and Volusia/Flagler Counties.

Accessing the Provider Referral Guide is easy. Go to FHCP.com; locate the Providers tab at the top, look for the Provider Referral Guides link under the Provider Menu. Open the Provider Referral Guides page, locate and open the appropriate guide, identify the desired specialty in the table of contents, hover over the selection and click to search for specialists and instructions.

For more information about the Provider Referral Guide or for assistance please contact one of the following FHCP Coordinators:
Brevard County – Katherine Sonn 800 352-9824 X 3883
Seminole County – Roberta Hemphill 800 352-9824 X 7423
Volusia/Flagler Counties – Carol Cooper 386 615-4001

Proper Diagnostic Coding Required By All Providers

With the changes from ICD-9 to ICD-10 diagnostic coding, patient information is now more specific, detailed, and produces more robust reporting.

Not only are diagnoses more elaborate with ICD-10, you now have a greater opportunity to communicate with FHCP by informing us in detail your patients' illnesses, diseases, or signs and symptoms.

It is important to note that testing centers, laboratories, specialists/technicians, radiologists, and DME, rely on the ordering physician to submit a valid and acceptable diagnosis code with their orders that cannot be altered. As the providers to which you are referring your patients must also submit claims, it is important they have the correct information from the ordering physician, which includes diagnosis codes for the submission of their claims.

When requesting tests, special exams, x-rays, ultrasound, durable medical equipment, or other specialty services, you can assist those providers by ensuring your orders include the correct diagnosis code assigned to the test or equipment ordered. Please use any Signs and/or Symptoms the patient may have for laboratory tests until results have been confirmed. Please provide the reason for any diagnostic tests with the indicated condition rather than what has caused the problem or injury, i.e. pain in foot, not fall from steps, or lower back pain and not pathological fracture that is suspected. When using improper diagnosis codes for any orders, it could cause a delay for the test, skew the reporting data, create undue work of correcting diagnosis on order, and even causing reworking of the claim for proper processing.

Simply following these steps will help to ensure proper coding by all:

- Lab Orders – Signs or Symptoms of Disease until officially confirmed
- Radiology – What illness, injury, or sign the patient has that warrants exam – External Cause Codes Are Not Valid Primary Diagnosis Codes [V, W, X, Y Codes]
- Ultra Sound – Signs or Symptoms the patient is experiencing to warrant exam – External Cause Codes Are Not Valid Primary Diagnosis Codes [V, W, X, Y Codes]
- DME – Illness or Injury that requires DME services

FHCP Center Changes

New Palm Coast at Town Center

Our newest Palm Coast FHCP Center is now open and located at: 155 City Place, Palm Coast, FL 32164.
This location Includes: 1 PCP office, Pharmacy, Radiology, Lab Services and Ultrasound coming soon.

Deland FHCP

FHCP's Deland Center is now all in one location at 937 N. Spring Garden Avenue, Deland, FL 32720
2 PCPs, EHCC-Extended Hours Care Center/WorkForce Wellness, Pharmacy, Radiology, Ultrasound, and Lab Services.

More changes are coming soon. FHCP is on the move!

HEDIS® SPOTLIGHT FOR SPRING 2017

HEDIS® (**H**ealthcare **E**ffectiveness **D**ata and **I**nformation **S**et) and CMS Star ratings are quality measures used to assess member care, and are part of our accreditation. Here is a sample of the many quality measures tracked by FHCP:

ART	**Disease-Modifying Anti-Rheumatic Drug (DMARD) Therapy for Rheumatoid Arthritis (RA):** A diagnosis of RA requires a DMARD in the same year for adults. Below are diagnosis codes which do <u>not</u> require a DMARD. Please evaluate if one of these diagnoses is appropriate rather than RA if not on a DMARD: **Z87.39**: History of rheumatoid arthritis **M06.4:** Inflammatory polyarthropathy **<u>M13.0:</u>** Polyarthritis unspecified; undifferentiated inflammatory polyarthritis
CBP	**Controlling Blood Pressure:** Age 18-85 with a diagnosis of hypertension (ICD-9 401.0, 401.1 & 401.9), whose BP was adequately controlled based on the following: ➢ 18-59 years of age: BP was <140/90 mm Hg. ➢ 60-85 years of age with diabetes: BP was <140/90 mm Hg. ➢ 60-85 years of age without diabetes: BP was <150/90 mm Hg. Based on the most recent BP reading after the diagnosis of hypertension. If no BP is recorded during the measurement year, assume the member is "not controlled." Members should be assessed for elevations in BP at every visit, and treated according to the **JNC-8** clinical care guidelines for blood pressure management.
CCS	**Cervical Cancer Screening:** Age 21-64 should be screened for cervical cancer using <u>either</u> of the following: ➢ Age 21-64: cervical cytology <u>every 3 years</u>. ➢ Age 30-64: cervical cytology/human papillomavirus (HPV) co-testing <u>every 5 years</u>.
CDC	**Comprehensive Diabetes Care:** Age 18-75 with a diagnosis of diabetes (type 1 or type 2), should have each of the following annually: ➢ HbA1c testing ➢ BP testing & control (<140/90 mm Hg) ➢ Medical attention for nephropathy (micro/macro urine, ACE/ARB medication therapy) ➢ A retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year, or a *negative* retinal or dilated eye exam (negative for retinopathy) in the year prior.
OMW	**Osteoporosis Management in Women With a Fracture**: Age 67-85 should have either a bone mineral density (BMD) test, **<u>or</u>** fill an osteoporosis drug, within the 6 months after the fracture. (A BMD test within 24 months prior to, or an osteoporosis drug within 12 months prior to the fracture, counts as compliant). If the patient already has osteoporosis, consider the drug therapy rather than another BMD test.

PCE	**Pharmacotherapy Management of COPD Exacerbation:** Age 40 and older with ED or INP treatment for a COPD exacerbation should fill prescriptions for both of the following medications. (Or, there are active prescriptions with enough days supply to cover admission and discharge): ➢ Systemic corticosteroid within 14 days of discharge. ➢ Bronchodilator within 30 days of discharge. PCPs: At the 7-day f/u visit after ED/INP, please ensure member filled these prescriptions. If not prescribed by the hospital, please consider prescribing if not contraindicated, and encourage patient to fill immediately.
WCC	**Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents:** Age 3-17 who have a visit with a PCP or OB/GYN should have the following during the visit: ➢ BMI percentile documentation ➢ Counseling for nutrition ➢ Counseling for physical activity **STAFF Providers**: There is a **drop-down box** in the EHR visit note that allows you to check off "**Nutrition & Exercise Counseling**." This will recognize the member as HEDIS compliant during a sick ***or*** well visit.

Florida Health Care Plans appreciates your partnership in providing the best care possible to our members. A HEDIS chart review will be conducted in May for the following measures:

ABA: Adult BMI Assessment
WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
CIS: Childhood Immunizations Status
IMA: Immunizations for Adolescents
CCS: Cervical Cancer Screening
COL: Colorectal Cancer Screening
CBP: Controlling High Blood Pressure
CDC: Comprehensive Diabetes Care
PPC: Prenatal and Postpartum Care

Final HEDIS 17 rates (for dates of service prior to 12/31/16) will be submitted to the National Committee for Quality Assurance (NCQA) by 6/15/17 as part of our accreditation. If you have any questions or concerns, please contact Quality Management/Clinical Reporting at 386-676-7100, Angie Ramos ext. 4185 or Debbie Biggs ext. 7491. We value your support of the HEDIS measures and the work you do to help improve quality of care.

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 participate or decline participation.

The aims of the Case Management Coordination of Care Program are to improve the health and quality of life of our members, identify and reduce socio-economic barriers, reduce inappropriate utilization of emergency department visits, reduce hospitalizations and re-admissions, and partner with providers to promote treatment plan compliance. The Community Resource Services does not substitute services for urgent evaluation or placement.

Florida Health Care Plans' Chronic Complex Care program assists members with complex health conditions that would benefit from additional support by a Registered Nurse Care Coordinator. 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 management program, Interactive Health at Home, allows their clinical team to monitor the member's daily vitals and when followed by Complex Care, notify the Registered Nurse Care Coordinator when there is a change that requires attention. Through the use of daily health sessions, the Remote Monitoring program helps to create positive behavior change and self- management skills. By providing monthly reports, providers gain key insights on the health habits of our members, receiving only timely, accurate, and actionable data. Use of this program promotes 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 Marketplace and Doctors at Home for Seminole and Brevard Marketplace are offered through the Case Management Coordination of Care Department. The service helps to supplement primary care services in the home. The initial visit for transition of care occurs within three business days and primary care services within seven business days. The goals of the In-Home Providers are to improve access to healthcare for homebound members to reduce the risk of disease progress ion; reduce risk of fragmented care; early interventions to reduce the need of the emergency department, hospitalization, and urgent care through management by primary care services; and facilitate transitional care for members discharged from the hospital to home with limited support to ensure compliance with follow up care, medication management, and reduce complications for the purpose to enhance quality of care.

Criteria for enrollment in case management 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
- Assistance with health conditions compromised by psycho-social or behavioral health needs
- Any clinical situation requiring care coordination to enhance continuity of care and quality of life

Florida Health Care Plans' Community Resource Services works in partnership with members and providers/referral sources to address the socioeconomic needs of members to improve access to healthcare related services through utilization of agencies and community partners. The Community Resource Coordinators will complete individualized needs assessments and connect members with appropriate existing resources offered through agencies or within their community. The Community Resource Services does not substitute services for urgent evaluation or placement. The goal of the Community Resource Services is to assist members with significant socioeconomic strain to identify actual or potential barriers through needs assessments for the purpose to improve access to healthcare by providing available community resources, or agency related services, and provide navigation through the continuum:

- Facilitate the coordination of healthcare delivery through education of available resources that can reduce socioeconomic strain
- Assist with access of resources available within the community or agencies
- Provide education of community services or agencies that may or may not have fees associated
- Facilitates member access to existing financial resources, such as those public assistance programs available through the Social Security Administration or Department of Children and Families

<u>There are various methods to submit a referral for the CM Coordination of Care or Community Resource services:</u>

- Telephone Contact: Toll free-844-993-3775 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

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 services such Department of Children and Family, emergent placement to alternative living, skilled placement or staffing, or in home safety evaluations; nor direct home health care or skilled placement referrals to the Case Management Utilization Review Department.

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FHCP Case Management Telehealth
Phone: *386-615-5072*
Fax: *386-676-7149*

Florida Health Care Plans

An Independent Licensee of the Blue Cross and Blue Shield Association

Florida Health Care Plans Presents

A New Way To Help Your Patients

REMOTE PATIENT MONITORING (RPM) IS GOOD FOR CLINICIANS AND PATIENTS!

Care Innovations® Health Harmony is best in class among RPM technologies.

Florida Health Care Plans' new remote patient management program, Interactive Health at Home, provides vital information so you know where your patients are on the road to better health.

HealthHarmony BY CARE INNOVATIONS

BETTER HEALTH. BETTER CARE. INCREASED EFFICIENCY. LOWER COSTS.