

FLORIDA HEALTH CARE PLANS NEWSLETTER

FOR PROVIDERS



Monday, May 30th



**Florida
Health Care
Plans®**



An Independent Licensee of the Blue Cross and Blue Shield Association



National Infant Immunization Week!

Healthcare providers play a key role in ensuring recommended vaccines are given to their patients!

8



Inside This Issue



Men's Health Month

Was created to aid in the promotion of preventative care.

9

Mental Health Month

Learn about implementing new strategies to manage your patients who need mental health treatment. Telepsychiatry (telehealth) could extend their options with the current shortage.

10





Assistance Available for Patients Turning 65!

FHCP Medicare Plans Available in Volusia, Flagler, Brevard, Seminole & St. Johns Counties.

As the doctor and trusted advisory, you and your staff play a very special role in patient education as they near age 65. As they age, their available health plan options change. Starting the conversation early with the patient in the months leading up to their 65th birthday is key. It is important to let them know that FHCP offers Medicare Advantage plan options that are affordable and were designed with their care in mind.

FHCP can provide a supply of brochures that list the FHCP Medicare Plans that are available in your county that can be displayed in your patient waiting room or can be handed out to your aging in patients at check in. There is contact information to FHCP’s Sales Center where they can speak to a Medicare Specialist that can answer their questions and review coverage options.



Please contact Lindsey Preston via email at lpreston@fhcp.com to order a supply of brochures.



for Voting **US** Best Healthcare Plan!



Wow! For 30 years and Counting FHCP has been voted “Best of the Best Health Care Plan” by the readers of the Daytona Beach News-Journal. We wish to express our deepest THANKS and GRATITUDE for putting your trust in us!

Let’s Keep Counting!

Case Management

Case Management Coordination of Care programs are member and family-centered, team-based and voluntary services. Members can rely on their case managers to work in partnership with their healthcare team and between healthcare settings, to identify needs, link to available resources, and provide recommendations of proactive lifestyle practices that will support health and wellbeing. The Case Management Coordination of Care programs utilize evidence-based clinical guidelines to complete a thorough assessment of the member's condition, evaluate available benefits and resources, develop healthcare goals with the member, and develop a plan for monitoring and follow up.

Criteria for Enrollment

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 psychosocial/financial concerns (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 psychosocial/financial concerns
- 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

A description of programs and services are found on the FHCP website in the Provider Referrals, Orders, and Authorizations.

For urgent placement or home safety evaluations, physicians would continue to refer members with urgent needs to Home Health Skilled Nurse and Medical Social Worker or Department of Children and Families. Skilled Nurse Facility placement continues to be directed to Utilization Management Department (386)676-7187.

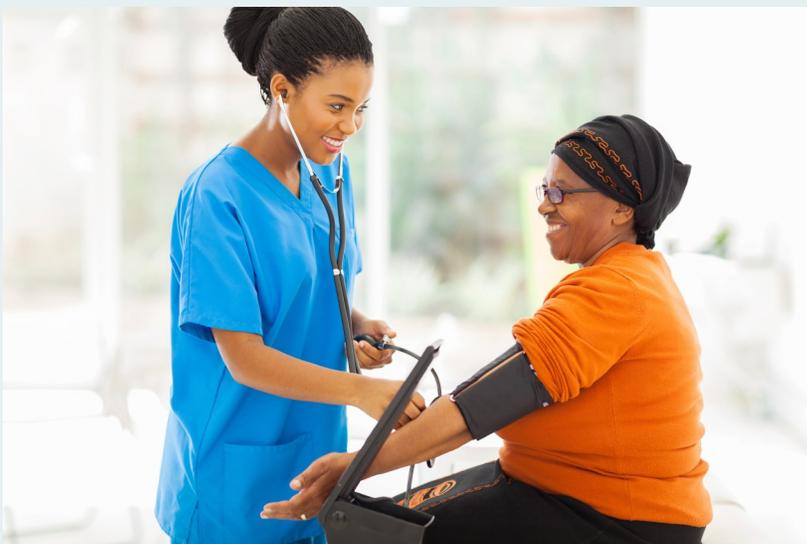
Members and Providers are informed about available Case Management Programs by:

- Florida Health Care Plans website (www.fhcp.com)
- Member or Provider Resource Guide
- Quarterly newsletters
- Department Brochures

Members may be referred by:

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

Members can self-refer or opt-out of the voluntary programs by calling or emailing the department.



There are various methods to refer to the Case Management Coordination of Care Department:

Case Managers or Community Resources Coordinator Services:

Telephone Contact: Toll Free (855) 205-7293 or (386) 238-3284

Email: cmanagement@fhcp.com

Fax: (386) 238-3271

Website: www.fhcp.com

FHCP Providers- Internal: E.H.R. Task

Transition of Care Program:

Telephone Contact: Toll Free (855) 205-7293 or (386) 615-5017

Email: toc@fhcp.com

Monday - Friday 08:00 AM to 5:00 PM

Encourage your patients to utilize the FHCP Member Portal.

Members can use the portal to:

- Print their ID Card
- Change their PCP
- View progress towards meeting deductibles or out-of-pocket maximums
- Request RX Refill
- View their Claims/Authorizations
- See their Benefit Plan Book
- Review their enrollment information
- And Much More!

Does your patient have trouble reading their Rx Labels?



ScripTalk® SERVICE IS NOW AVAILABLE AT NO COST TO FHCP MEMBERS.

The ScripTalk® software allows FHCP Pharmacy Mail Order to create labels that are placed on the bottom of the prescriptions and can be scanned using a base reader or phone app. These labels allow you to hear the following label information read aloud:

- Drug Name, Dosage, and Instructions
- Warnings and Contraindications
- Pharmacy Information
- Doctor Name
- Prescription Number and Date



PO Box 9910 Daytona Beach, FL 32120-9910

Call **800.232.0216**

for more information on how to get enrolled in the FHCP Pharmacy Mail Order and how you can sign up for this ScripTalk® service.



Florida Health Care Plans®



Risk Adjustment & Clinical Documentation

An Independent Licensee of the Blue Cross and Blue Shield Association

Immunodeficiency Due to Drugs—ICD-10 D84.821

Certain drug therapies that suppress immune function have the potential to cause unintended immunologic effects, like an increase risk of infection or development of neoplasms. The risk of complications is influenced by the specific drug(s) used, the dosage and duration of therapy. There are also patient-specific factors that influence potential immunologic effects, such as the patient’s genetics and medical complexity, the nature of the underlying disease, and the use of some combinations of immunosuppressive agents.

Patients who are immunocompromised pose increased risks and challenges when treating, highlighting the importance of accurately identifying patients with this status. Immunocompromised states can be caused by the underlying diseases or through intentional suppression with drug therapy. Patients that have conditions such as cancer or AIDS are often in an immunocompromised state. Additionally, patients can be immunocompromised resulting from immunosuppressant medication therapy used to suppress the immune system to keep certain disease processes under control. Disorders involving the immune mechanism and immunodeficiency are frequently miscoded when the cause of the immunocompromised state is medication therapy or an underlying chronic condition.

D84.821— Immunodeficiency due to drugs

Immunodeficiency due to (current or past) medication

Use additional

Code for adverse effect if applicable, to identify adverse effect of drug ([T36-T50](#) with fifth or six character 5)

Use additional

Code, if applicable, for associated long term (current) drug therapy drug or medication such as:

- Long term (current) drug therapy systemic steroids ([Z79.52](#))
- Other long term (current) drug therapy ([Z79.899](#))

Drug Classes causing immunodeficiency	Drugs within the classes causing immunodeficiency	Underlying diseases the drugs treat
Tumor Necrosis Factor (TNF) Blockers	Renflexis (Infliximab), Humira (Adalimumab), Enbrel (Etanercept), Cimzia (Certolizumab pegol) & Simponi (Golimumab)	Rheumatoid arthritis, psoriatic arthritis, severe plaque psoriasis, ankylosing spondylitis, Crohn’s disease, plaque psoriasis, ulcerative colitis, and other arthritis
B-Cell Depleting Therapies	Rituxan (Rituximab), Ocrevus (Ocrelizumab), and Benlysta (belimumab)	Multiple sclerosis, rheumatoid arthritis, thrombocytopenia, vasculitis, lymphomas and lupus nephritis
Janus Kinase (JAK) Inhibitors	Olumiant (Baricitinib), Xeljanz (Tofacitinib), Rinvoq (Upadacitinib) and Jakafi (Ruxolitinib)	Rheumatoid arthritis, psoriatic arthritis, ulcerative colitis and blood disorders
Immunosuppressive Agent Drugs	CellCept, Myfortic (Mycophenolate), Rapamune (Sirolimus), Prograf, Astagraf (Tacrolimus)	Treatment to prevent rejection in patients post organ transplantation
Colony Stimulating Factors	Neupogen, Zarxio, Nivestym (Filgrastim), Neulasta, Fulphila, Udenyca (Pegfilgrastim)	Decrease chance of infection in people who have certain types of cancer and are receiving chemotherapy medications that may decrease the number of neutrophils, and others
***Other DMARDS used in combination	Rheumatrex, Trexall (Methotrexate), Arava (Leflunomide), Plaquenil (Hydroxychloroquine), Azulfidine (Sulfasalazine)	Rheumatoid arthritis, ulcerative colitis, Crohn’s disease, lupus and others
Certain Corticosteroids	Prednisone - chronic use - 20mg dose or higher per day	Multiple medical conditions

Coding questions?

Please contact the Risk Adjustment Audit Staff
(386) 615-5040 or email coding@fhcp.com

Clinical Examples:

Patient was seen in primary care for cellulitis of two fingers on her right hand. She was sent to the infusion center to start intravenous antibiotics due to having an immunocompromised state caused by immunosuppressant medication that she takes for systemic lupus erythematosus (SLE).

ICD-10 Selections: L03.011, Cellulitis of right finger
 M32.9, Systemic lupus erythematosus, unspecified
D84.821, Immunodeficiency due to drugs
 Z79.899, Other long-term (current) drug therapy

A patient with multiple myeloma was seen for ear pain and cold symptoms due to acute otitis media of the left ear and acute viral bronchitis. The provider documented that the patient is immunosuppressed due to current long-term chemotherapy.

ICD-10 Selections: J20.8, Acute bronchitis due to other specified organisms
 H66.92, Otitis media, unspecified, left ear
D84.821, Immunodeficiency due to drugs
 T45.1X5A, Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter.
 C90.00, Multiple myeloma not having achieved remission
 Z79.899, Other long term (current) drug therapy

Common complications of medication therapy for immune suppression:

- Susceptibility to infections
- Upper Respiratory infection
- Abnormal blood counts
- Headache, nausea & dizziness
- Abnormal liver function tests

Progress Note Best Practices

- Address underlying chronic disease being treated
- Identify immunosuppressant medication being used to treat underlying disease
- Utilize “Immunodeficiency due to drugs” in your assessment
- Identify and address any conditions that may present as a result of the immune suppression therapy

Rationale for inclusion medications:

- If a drug(s) dosing causing an immunocompromised state precludes the administration of a live virus vaccine, then D84.821 - Immunodeficiency due to drugs would be appropriate

***Combination DMARDS creating immunodeficiency (any combination of two):

- Methotrexate
- Hydroxychloriquine
- Leflunomide
- Sulfasalazine
- OR any 1 or more DMARD and use of I.V. antibiotics or oral antibiotics for > 7 days



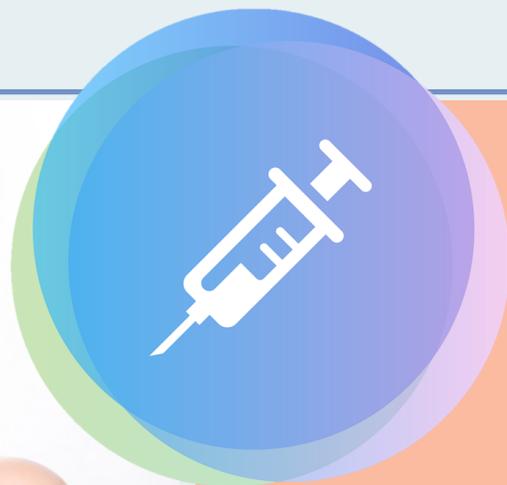
Every year thousands of children in the U.S. become seriously ill and many are hospitalized from diseases that vaccines can prevent. Vaccination rates are low in the U.S. due to misinformation about vaccines or because parents may not be aware that their child’s vaccine is due. Research has shown that healthcare providers play a key role in ensuring recommended vaccines are given to their patients.

April 25th through May 2nd marks National Infant Immunization Week. This annual observance

highlights the importance of healthcare providers protecting their patients, two years and younger, against vaccine-preventable diseases through education and on-time vaccinations. Parents who have questions and concerns look to their child’s doctor for reassurance. That is why a strong, clear recommendation may be enough for them to accept the vaccines you have recommended.

Vaccines are given based on age and/or health conditions. Assessing vaccination status at every visit ensures patients are up to date on their vaccines. Use the current immunization schedule to determine which vaccines are recommended. You have the power to protect your patients against vaccine preventable diseases - your recommendation can make a difference!

<https://www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html>



Mental Health



Mental health is a priority for all East Coast Bariatrics (ECB) patients. At ECB every patient has ongoing assessments with the licensed mental health counselor (LMHC). The LMHC provides services for many different mental health and behavioral change areas.

Eating Disorders

The LMHC at ECB specializes in eating disorders. Eating disorders are complex mental health conditions characterized by abnormal or disturbed eating habits. Eating disorders include binge-eating disorder and food addiction. Binge-eating disorder and food addiction require a multidisciplinary approach provided by the staff at ECB.



Mood Disorders

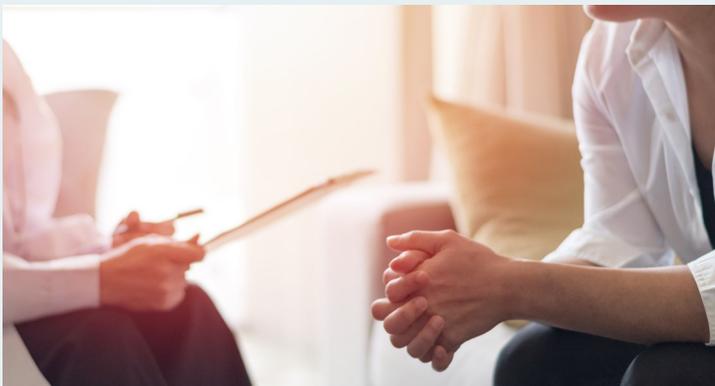
The LMHC at ECB has experience in therapeutic interventions for mood disorders. Management of mood disorders post-surgery is a vital part of continued success. ECB provides patients with tools to improve coping skills for mood disorders both before and after surgery.

Cross-Addiction

Cross addiction after bariatric surgery occurs when individuals trade compulsive eating for other compulsive behaviors. The LMHC at ECB will provide mental health preparation before surgery and counseling after surgery to address cross-addiction.

Self-Care

Patient self-care is the central focus of the program. The multidisciplinary team at ECB is dedicated to guiding patients towards building self-care habits both before and after surgery. The LMHC will utilize cognitive behavior therapy approaches to create a self-care plan for each individual patient. Understanding self-care will help patients with long-term behavior changes.



If you feel your patient would benefit from this type of a structured weight loss program, please have them call 386-238-3205. We will help them through every step of the process.

Mental Health Awareness Month

Mental Health Awareness Month was established in May 1949 by the Committee for Mental Hygiene (now known as Mental Health America) to raise awareness, advance care, and prevent mental illness. The Committee was founded in 1909 by Clifford Whittingham Beers, who spent several years in an institution for treatment of psychological distress. His autobiography, *A Mind That Found Itself (1908)*, drew attention to adverse mental health practices and launched a client-advocate reform movement in the United States.

Approximately 52.9 million Americans (one in five), are affected by mental health conditions like anxiety, depression, PTSD, bipolar disorder, schizophrenia, or addiction. However, only 24.3 million (46.2%) received mental health services in the past year. At least 46% will meet the criteria for a diagnosable mental health condition sometime in their life, and 50% will develop conditions by the age of 14. Depression and severe psychological distress resulting in suicidal ideations and gestures have doubled in recent years. With mental health issues on the rise, awareness, education, and treatment are crucial. Unfortunately, there aren't enough behavior health specialists to meet the current demand and the shortage is anticipated to worsen in the future.

Healthcare organizations are implementing new strategies for providers to manage patients who need mental health treatment through telepsychiatry (telehealth) to extend behavioral health services, appointments, evaluations,



medication management, and referrals. Collaborative care between mental health and primary care providers and utilizing ancillary licensed providers, nurse practitioners, social workers, and therapists to fill care gaps offers additional support to mentally ill patients.

Although many challenges remain when it comes to providing mental health services to those who need it, the month of May is a time for a focused effort to address the stigma associated with mental health conditions and treatment. The primary message for National Mental Health Awareness Month is to remind people with mental health conditions that they do not have support from family or friends, that they are not alone, and that care and understanding is available.

National Suicide Prevention Lifeline **1-800-273-8255** provides 24/7, free and confidential support for people in distress, prevention and crisis resources, and best practices for professionals in the United States.

To access a list of Behavioral Healthcare Providers, use the following link:

<https://www.fhcp.com/documents/FHCP-Provider-Resource-Guide.pdf>

For the Provider Referral Guide: [PROVIDER-REFERRAL-GUIDE-VF.pdf](https://www.fhcp.com/documents/PROVIDER-REFERRAL-GUIDE-VF.pdf) (fhcp.com)

References:

<https://mhanational.org/issues/state-mental-health-america>
<https://www.nami.org/>
<https://www.nimh.nih.gov/>
<https://www.samhsa.gov/data/sites/default/files/>

Gina George, LCSW, MSW, BSW / Behavioral Health Quality Improvement Coordinator
Phone: 386.676.7100, Ext. 7543
E-mail: ggeorge@fhcp.com

Diabetes/Health



June is Men's Health Month and the Diabetes/Health Education department will assist this population to reduce their risk for diabetes, heart disease, and cancer. Many men struggle with belly fat, which is fat below the skin (subcutaneous fat) as well as visceral fat (deep within the abdomen) which surrounds your internal organs. Belly fat increases the risk of cardiovascular disease, insulin resistance and type 2 diabetes, colorectal, kidney, liver, gallbladder cancers, sleep apnea, high blood pressure, and premature death from any cause.



Your weight is determined by three main factors:

Total calories consumed during the day, the amount of calories burned through daily exercise, and your age. As you age, muscles are lost, and this decreases how quickly your body uses calories. According to the Dietary Guidelines for Americans, men in the 50s need about 200 less calories every day than they did in their 30s due to muscle loss.

Men who have a waist measurement of more than

40 inches indicates an unhealthy concentration of fat and a greater risk of health problems. Health screenings and disease prevention for men over 50 include obesity, high blood pressure, heart disease, stroke, prostate cancer, and colorectal cancer. Men tend to put off routine exams and health screenings.

There are several ways to battle belly fat:

Eat a healthy diet, work on reducing portion sizes, replace sugary beverages, reduce alcohol intake, and include physical activity in a daily routine. Our dietitians can educate members and support them through the process of weight loss, reduction of lipids, hypertension, prediabetes, and diabetes.

Research is showing that plant-based foods, such as fruits, vegetables, and whole grains will help reduce a variety of medical risk factors. Lean sources of protein and moderate amounts of monounsaturated and polyunsaturated fats should replace saturated fats.

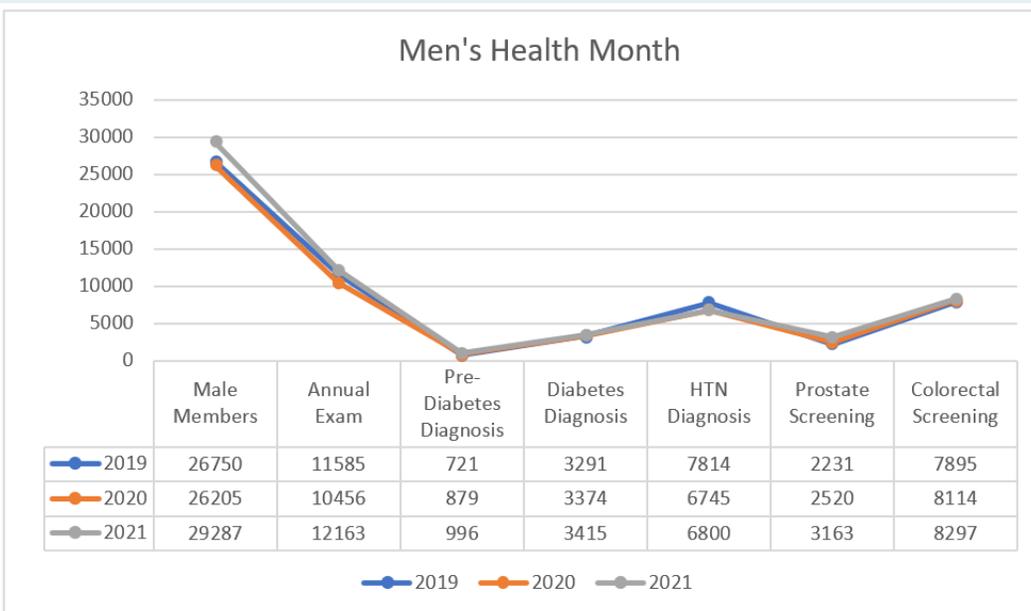
The Diabetes/Health Education department has a nutrition program to help with transitioning to more of a plant-based way of eating. We can help your members move toward this goal, but it takes time to make this transition. We can help them achieve this change in their lifestyle. There are no co-pays to be seen in our department and we use ZOOM if members do not want to come to the office. Referrals from the physician help to motivate members to seek nutritional guidance.

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

June is Men's Health Month!

Why don't men go to the doctor? This has been a frequently asked question in the health industry for many years. Over time, studies have shown that men live sicker and die younger than women. According to the CDC, in 1920, women lived 1 year longer than their male counterparts. In 2020, women outlive men by almost 6 years. Some reasons pointing towards the gap of disparities include men are also less likely to establish a relationship or seek out help from a Primary Care Provider to prevent/manage chronic conditions and obtain appropriate screenings.

To aid in the promotion of preventative care, Men's Health Month was created. In addition to Men's Health Month, the U.S. created and observes Men's Health Week, which is June 13- 17th, leading up to Father's Day. The focus of these observances is to encourage men, boys, and their families to take charge of preventable health issues, encourage early detection, and complete treatment in the male population.



Graph 1: Aggregate reporting of male FHCP Members, ages 18-65. Screenings and diagnosis are individualized.

Graph 1 is visual representation showing aggregate information between 2019-2020 of male FHCP members, ages 18-65, who have completed an annual physical, prostate cancer screening, and/or colorectal cancer screening. In addition to the screenings, the graph also represents the diagnosis of hypertension, pre-diabetes, and/or diabetes in the selected population.

The importance of preventive and managed health care starts with us. To quote Congressman Bill Richardson, who was instrumental in Men's Health Week being recognized by Congress in 1994. ***"Recognizing and preventing men's health problems is not just a man's issue. Because of its impact on wives, mothers, daughters, sisters, men's health is truly a family issue."***

Citations:

Arias E, Tejada-Vera B, Ahmad F. Provisional life expectancy estimates for January through June, 2020. Vital Statistics Rapid Release; no 10. Hyattsville, MD: National Center for Health Statistics. February 2021. DOI: <https://dx.doi.org/10.15620/cdc:100392>.

Garrison GM, Gentile N, Lai B, Angstman KB, Bonacci R. Differential Experience With Men's and Women's Health Care Visits Between Male and Female Family Medicine Residents. Fam Med. 2016 Jul;48(7):546-50. PMID: 27472792.



HAPPY NURSES WEEK



On the occasion of Nurses Week, we would like to extend a warm thank you to our dedicated and caring nurses. Your passion for our patients' health does not go unnoticed and is appreciated everyday!



Sincerely,

FHCP Administration & Staff

Stay Connected!

There are many outlets to stay connected with FHCP! We encourage Provider engagement as FHCP utilizes multiple social media platforms to reach its audience.

So, **STAY** connected!



STAY UP TO DATE

Is your NPI Information up to date?

The Centers for Medicare and Medicaid Services (CMS) utilizes the information, such as practice address, that appears in your NPI record. We are asking that you check your NPI at NPPES.CMS.HHS.GOV to ensure that your current practice information is reflected.

The NPI number is used to identify health care providers in standard transactions such as health care claims. It is important to keep all information, such as a change of address, with NPPES current. You're required to update your NPI information, online or by mail, within 30 days of the effective change.

You can update your NPI profile by one of the following, means:

By phone: 1-800-465-3203 (toll free) or 1-800-692-2326 (NPI TTY)

By email at: Customerservice@npienumerator.com

By mail at: NPI Enumerator
 PO Box 6059 Fargo, ND
 58108-6059



<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf>



According to the official website National Cancer Survivors Day, the day is meant to *“demonstrate that life after a cancer diagnosis can be a reality”*.