



**Florida
Health Care
Plans**



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FLORIDA HEALTH CARE PLANS NEWSLETTER



FHCP is actively monitoring the current coronavirus outbreak!

Florida Health Care Plans

**Will be Closed Monday, May 25th
for the Memorial Day Holiday!**



YOUR VOTE COUNTS!

FHCP hopes it can count on your vote in this year's 2020 News-Journal's Readers' Choice Award. Voting will begin, May 3rd! As the date approaches, visit fhcp.com or our FaceBook page for more information!

COVID -19

**Links for key updates from
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Emergency Room Visits

Every year there are over 145 million visits to the ER...

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AND MUCH MORE!



FHCP is EXCITED to announce...

The Grand Opening of our second Holly Hill location!



1510 Ridgewood Avenue

Services that have moved...

**Sales Center****Opened****Monday, February
24th****Pharmacy &
Cashier Office****Opened****Monday, March 2nd****Lab Services****Opened****Monday, March 16th****Member Services****Opened****Monday, March 30th**

For more information call 1-800-352-9824

ANNOUNCEMENTS



Volunteers Make a Difference!

Seeking “Ambassadors of Good Will” for FHCP’s Auxiliary. If you have patients interested in becoming a volunteer at FHCP, please have them call (386) 676-7100.

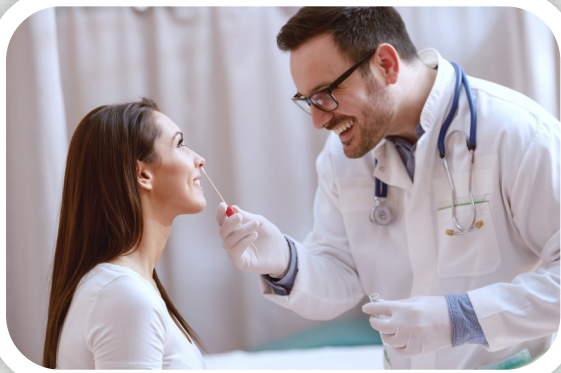
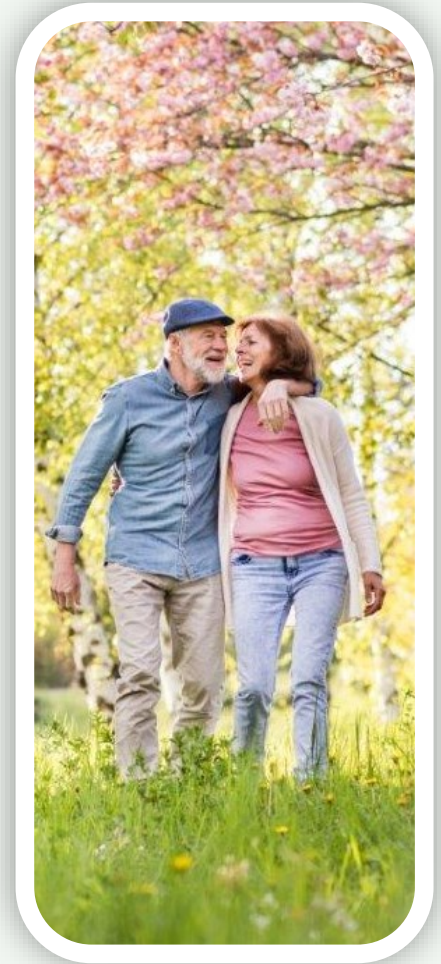
We have openings at all of our locations.

By volunteering your patients will be included in the following:

- Becoming a part of a special group of people. (Volunteers)
- Periodic paid luncheons
- Annual field trip
- Annual Banquet

Tasks at each facility vary, but no special skills are required. We only ask for happy people who love dealing with others. Your patients will be free to choose their day to work (mornings or afternoons) 1 day a week for (4) hours.

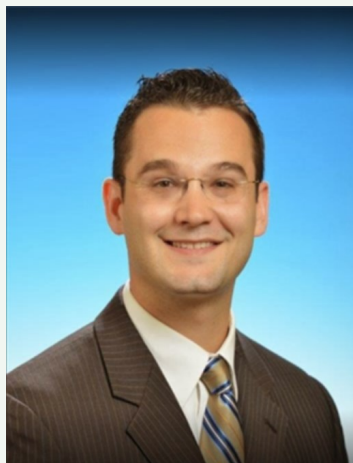
Please consider recommending your patients to volunteer their time to make great friends and memories!



COVID-19 Resources

For the most reliable and current information available, use the links for key updates from the CDC and Florida Department of Health:

- [CDC COVID-19 homepage](#)
- [CDC Information for healthcare professionals](#)
- [CDC Testing](#)
- [CDC Resources for healthcare facilities](#)
- [Florida Department of Health Guidance for Health Care Providers](#)



FROM THE DIRECTOR'S CORNER

STEPHEN KEEN, M.D.

DIRECTOR OF UTILIZATION, QUALITY AND CASE MANAGEMENT

Quality “Metrics” Update

The FHCP Quality Department monitors and promotes various quality measures for our members. These are the “metrics” that you as physicians are receiving from multiple organizations and for FHCP they compose a portion of our STAR score and NCQA accreditation. As physicians we understand that quality care is not necessarily easily measured and the metrics used, at times, can be flawed, but our current healthcare environment embraces objective measures of quality care. Certain standards in medicine are widely accepted as a measure of quality care though – for instance, obtaining routine mammograms for breast cancer screening. At the population level, most physicians would agree that screening a larger percentage of a population of eligible patients would be desirable and reflective of a higher quality of care for that group of patients. To continue the example, measuring what percentage of eligible patients that receive an indicated mammogram would be a reasonable way to judge between plans’ and physicians’ performance in providing quality preventative care. The quality measure set FHCP tracks closely and reports on is called HEDIS®.

HEDIS® (Healthcare Effectiveness Data and Information Set) is a set of quality measures developed by the National Committee for Quality Assurance (NCQA) to improve patient health and outcomes, and is an important factor in our accreditation. We also are graded by the Star Rating System managed by the federal Centers for Medicare & Medicaid Services (CMS), which evaluates Medicare quality measures based on a 5-Star rating system.

We have created an easy to use provider guide available at this website - <https://www.fhcp.com/documents/HEDIS.Star-Provider-Guide.pdf>.

This guide was created by our quality team specifically for practicing physicians use. Please download the hyperlink to the HEDIS®/Star Provider Guide on your computer. It has been updated as of January 2020.

The guide is located on fhcp.com under “For Providers”, and then “Resources and Support.” Any questions, please call Quality Management at 386-676-7100, Ext. 7258, or email QualityManagement@fhcp.com.

For more in depth details on 2020 HEDIS measures watch for the FHCP Summer Newsletter



What is self-care in a Bariatric Program?

Many people view East Coast Bariatrics (ECB) as a weight loss surgery only program. We often tell our patients that we represent a self-care program that may or may not include surgery. The team at ECB works together to provide patients with the tools to improve overall self-care and wellness.

Self-care is giving your body what it needs to feel the best you can every day physically, mentally, and emotionally; nutrition, exercise, sleep, and stress management play a significant role in self-care.



Mental Health

ECB provides all patients with a bariatric counselor. The licensed mental health counselor provides ongoing support and works with patients to understand and implement self-care daily. Patients are challenged to improve coping skills and create boundaries to focus on their personal needs. Patients will be given skills to increase positive thinking and build long-lasting behavior changes.

Nutrition

ECB has a full-time Registered Dietitian (RD) on staff. The RD works with patients on making appropriate food and beverage choices, tracking, and meal distribution so that patients can improve health long-term and live the best quality life possible.

Physical Health

ECB fitness experts will use a wellness approach and incorporate three primary components of exercise: strength, flexibility as well as cardiorespiratory activities from the start. Committing to exercise on a regular basis is a vital part of self-care.

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

WEIGHT ASSESSMENT & COUNSELING IN CHILDREN/ADOLESCENTS (WCC)

What is WCC?

The measure assesses the percentage of members age 3-17, who had an outpatient/office visit with a primary care practitioner (PCP) or OB/GYN, and who had evidence of the following during the measurement year:

- Body measure index (BMI) percentile*
- Counseling for nutrition
- Counseling for physical activity

*BMI percentile as a value or plotted on an age-growth chart. The height, weight and BMI must be from the same chart, but can be on a different date of service during the measurement year.

This tip sheet details important key points of the HEDIS measure Weight Assessment and Counseling in Children/Adolescents.



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How to Improve your Rate:

- Review and document your patient's BMI percentile and counseling for nutrition and physical activity
- Services may be rendered during a visit other than a well-child visit. These services count if the specified documentation is present, regardless of the primary intent of the visit; however, service specific to the assessment or treatment of an acute or chronic condition do not count towards the Counseling for Nutrition and Counseling for Physical Activity indicators.
- Use correct diagnosis and procedure codes
- Submit claims and encounter data in a timely manner

Continued on next page.

DOCUMENTATION NEEDED FOR COMPLIANCE

BMI

Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI percentile must be from the same data source.

- Either of the following meets criteria for BMI percentile:
 - BMI percentile documented as a value (e.g. 85th percentile). Documentation of >99% or <1% also meet criteria.
 - BMI percentile plotted on an age-growth chart

Nutrition Counseling

Documentation must include a note indicating the date and at least one of the following:

- Discussion of nutrition behaviors (e.g. eating habits, dieting behaviors)
- Completed checklist indicating nutrition was addressed
- Counseling or referral for nutrition education
- Member received educational materials/handouts on nutrition during a face-to-face visit
- Anticipatory guidance for nutrition
- Weight or obesity counseling

Physical Activity

Documentation must include a note indicating the date and at least one of the following:

- Discussion of current physical activity behaviors (e.g. exercise routine, participation in sports activities, exam for sports participation)
- Checklist indicating physical activity was addressed
- Counseling or referral for physical activity
- Member received educational materials on physical activity during a face-to-face visit
- Anticipatory guidance specific to the child's physical activity
- Weight or obesity counseling

CODES NEEDED FOR COMPLIANCE

BMI:

ICD-10: Z68.51, Z68.52, Z68.53, Z68.54

Nutrition:

CPT: 97802, 97803, 97804

ICD-10: Z71.3, Z76.1, Z76.2

Physical Activity:

ICD-10: Z02.5, Z71.82



IS A VISIT TO THE EMERGENCY ROOM REALLY WHAT YOUR PATIENT NEEDS?

Every year there are over 145 million visits to the ER. However, only about 15-20% of these visits result in a hospital admission. Nationwide, the cost of an ER visit continues to increase, and for a FHCP member the average cost ranges from \$2,000 to \$2,800. Emergency Room overuse is a significant problem that results in higher healthcare costs, frequent unnecessary testing and treatment, and gaps in coordination of care.

Why do our patients go to the ER? The top reasons include chest discomfort or heart related concerns, pain caused by trauma or injury, and acute infectious illnesses. Some complaints, such as acute cardiac chest pain or stroke symptoms, are better evaluated in the ER. However, many patient ailments are better managed in an outpatient setting. It is not clear what drives patients to non-urgent use of the ER. Some potential factors are age and gender, as younger adults and women are more likely to utilize the ER. Also, lower socioeconomic status as well as baseline poor health have been shown to effect over utilization of ER services. While for others, using the ER is simply for the convenience of being able to see a medical provider at any time of day without needing an appointment.

What can we, as Healthcare Providers, do about avoidable ER visits? The answer is not simple, and in many cases, it involves educating the patient and changing a general mindset.

SOME STRATEGIES TO CONSIDER:

1. Redirect Care to Appropriate Setting

- When seeing a patient after an ER visit, offer education on whether their recent visit was appropriate
- If not appropriate, suggest other options such as seeing the PCP, EHCC clinic, a local contracted Urgent Care, or Doctor on Demand
- Discuss advantages of other options such as shorter wait times, decreased copay and cost, and avoidance of large ER waiting rooms where other illnesses can be contracted.

2. Offer reassurance to frequent inappropriate ER users

- Some patients utilize resources more than others. For those patients who turn to the ER because they perceive themselves as needing extra face time, consider giving them a little extra attention.
- Schedule check-up appointments every 4-6 weeks with PCP
- Schedule Nursing clinic visits for recheck/reassurance if applicable (such as blood pressure check, weight check, wound check, to discuss their food/blood pressure/sugar logs, etc.)
- Periodically schedule nursing calls to check up on the patient and address any potential brewing issues
- Periodically schedule visits to the EHCC clinic for check-up and reassurance.
- Incorporate quick 10-minute Telehealth virtual visits between live visits.

3. Contributing psychological stressors and psychiatric illness

- Enlist a team approach to the challenging patient that can frequently manifest their psychosocial stressors as somatic complaints. Periodically schedule appointments with a therapist or psychiatrist may alleviate some anxiety that is driving ER visits.
- Screen for underlying depression, anxiety, PTSD, etc.
- Consider inviting a family member to come in with the patient who may be able to give a different perspective on the illness which is driving an ER visit. Also, the family member or friend can help offer the patient emotional support.

Our Mission is to provide FHCP members with healthcare related services through dedicated employees and service partners who manage both quality and cost of care. This FHCP mission is one we all take seriously and it obligates us to take action on behalf of our patient by offering them the best medical treatment and advise that we can give.

Elizabeth Le, M.D.



Case Management



Coordination of Care



Remote Patient Monitoring

In recognition of American Stroke Awareness, Alzheimer's and Brain Awareness, as well as National High Blood Pressure Education, Florida Health Care Plans Coordination of Care Department offers an interactive Remote Patient Monitoring program (RPM). It is known that hypertension (HTN) can be labeled as the silent killer, showing no symptoms and being difficult to control. Uncontrolled HTN can lead to stroke and cause life changing disabilities, also being a leading cause of death. Undiagnosed HTN is also a factor for dementia development.

We want to partner with our physicians and members to reduce the risks associated with uncontrolled HTN, newly diagnosed HTN, and high-risk factors for stroke.

Members enrolled in RPM will receive a personal kit with a BP monitor and an iPad with additional scale and pulse oximeter available by demand. The iPad contains health sessions built in with the science behind it to help promote behavioral changes in lifestyle management, such as low sodium foods, exercise, weight management, smoking cessation, and medication adherence. This year, some welcomed changes are helping to improve the RPM program - a Medical Reviewer is providing medical goals to assist the dedicated RN Case Manager who monitors the dashboard for biometric readings and /or symptom alert as well as adverse trends. Providers are notified when a member gets enrolled in the program and at discharge from the program targeted at 90 days. The length of the program is tailored to the member's needs and at the request of the assigned physician.

Reports are sent to the provider only when the alerts or trends need medical guidance or interventions but it's important to mention that the delivery method and frequency of reports can be tailored to the preference of each physician. Members can hand-carry the tablet and the BP cuff to office visits for the physician to review home readings and trends as well as BP cuff fit and comparison to the office's BP monitor. If preferred, kits are available to be sent to the providers office to show members that may benefit from the program. Also, physicians or a designated clinical staff can request a secure personal access to the program Dashboard, consequently being able to check and intervene in uncontrolled BPs almost in real time. This offers actionable data that can provide insight on member's response to lifestyle changes and medication management.

Continued on next page.



Remote Patient Monitoring (continued)...

Our goal is to partner with our physicians and members to improve quality of life, health outcomes, and prevent avoidable emergency room use and hospitalizations. If you would like more information or arrange an in-service for your office, please call the department directly.

A complete listing of Case Management Coordination of Care Programs can be found at:

<https://www.fhcp.com/for-providers>

Provider Resource Guide page 8, 45-46, or section for Referrals, Authorizations, and Orders.

Criteria for consideration for this program may include members who require 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 barriers related to social determinants of health
- Assistance with behavioral health needs
- Any clinical situation requiring care coordination to enhance continuity of care and quality of life

Members may be referred by:

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

Ways to refer a member to the Case Management Coordination of Care or Community Resources services:

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



Provider Reminders/Updates



Are you meeting your patient's communication needs?

FHCP is committed to meeting the communication needs of potential and existing individuals who interact with FHCP employees and providers. Individuals with communication issues will be assisted by all FHCP staff and participating non-hospital provider offices at no charge. You should identify and accommodate the special communication needs of members to ensure interpretation is available for individuals who do not speak English, who are deaf or hard of hearing and/or those who utilize sign language as their primary source of communication. Offices in need of assistance with member communication should contact the FHCP Provider Relations Coordinator by telephone 386-615-5096 or email (FHCPProviderRelations5@fhcp.com). The Coordinator will supply the provider office with information needed to contact the appropriate FHCP interpreter vendor to meet the member's communication need. There is no charge to the provider for any interpreter services arranged through FHCP's Provider Relations Coordinator.



Decline in Eye Exams

Florida Health Care Plans (FHCP) has noticed a decline in eye exams on FHCP members. One of the FHCP initiatives for the CDC Measure with HEDIS is to have an annual dilated eye exam for our diabetic members. When we have checked, sometimes the members had their exams however, FHCP had not been notified. Your dictation and claims of these services are very important to FHCP, especially noting Compliance.

All dictation can be sent directly to the MEDICAL RECORDS FAX at (386) 481-5009.



For more information visit www.fhcp.com/for-providers