

FHCP Provider Newsletter

45 YEARS OF SERVICE AND A 5 STAR MEDICARE PLAN



**Florida
Health Care
Plans**



An Independent Licensee of the Blue Cross and Blue Shield Association

A five star plan!



AS ONE OF THE OLDEST HMO COMPANIES IN THE COUNTRY, WE OFFER THE PERSONALIZED PLANS AND OUTSTANDING SERVICE YOU'VE BEEN LOOKING FOR.

ANNOUNCEMENTS, UPDATES AND REMINDERS

Provider Updates/Practice Changes

YOUR INFORMATION IS IMPORTANT TO US!

If you have any changes, please be sure to notify our Provider Services department via email at FHCPproviderrelations5@fhcp.com which can be easily accessed in the Provider Portal. These may include:

- Added/deleted providers
- Updated phone or fax
- Practice location changes

Provider Portal

REFERRAL REQUESTS

You are now required to submit your prior authorization requests via the FHCP Provider Portal. You will no longer be able to fax a paper request to FHCP. If you do not have access to the Provider Portal, you can register by going to www.fhcp.com See page 2 for additional information

**CHOOSE WELL.
WORK WELL.
LIVE WELL.**



Attention all Doctors: Do you have a patient that needs to get out of the house and find something to keep them busy, make friends, and have fun? Send them to the nearest FHCP facility and have them sign up for our Auxiliary or as we like to call them "Ambassadors of Goodwill." They have luncheons, Christmas parties, and many more social activities. *Volunteering is good for the mind, body and soul!*

Volunteers Needed

VOTE FOR THE BEST OF THE BEST

Florida Health Care Plans has been nominated for the BEST of the BEST Volusia/Flagler Award!
Please help us and take a moment to vote! Votes can be placed until August 11, 2019.

Link Below!

<http://ow.ly/ryWg50vjOTv?>



Referral Requests (Continued)

ELECTRONIC SUBMISSION VIA PROVIDER PORTAL

What Referrals are to be entered in the Provider Portal?

- All routine, non-urgent requests that require prior authorization from the FHCP Referral dept. Urgent authorizations should be called into the FHCP Central Referral Dept. at (386) 238-3230 or 1(800) 352-9824
- Behavioral Health Referrals for Outpatient services only (Behavioral Health appointments, evaluations and therapy)
- All requests for specialty services that require prior authorization from the FHCP Referral Dept.
- In depth training materials for electronic prior authorization can be found on the home page of the FHCP Provider Portal
- The new process will NOT be used for Medication or PET Scan Requests
- When changes need to be made to an authorization request that has been submitted electronically, call the Central Referral Dept. at the number(s) above

Dental News

Our Members' Smiles and Oral Health are important to us! Florida Health Care Plans has three dentists and two in house Dental Office locations for our members' convenience.

Daytona Beach

Nicholas Tanturri, D.D.S.
David K. Boules, D.M.D.
350 N. Clyde Morris Blvd.
Daytona Beach, FL 32114
(386) 238-3280

Orange City

Vamsi K. Kallepalli D.M.D., F.A.G.D.
2777 Enterprise Rd.
Orange City, FL 32763
(386) 481-6886





FROM THE DOCTOR'S CORNER

The Importance of Hospital follow-up visits – Neil Nipper, M.D.

One of our bold FHCP Initiatives for 2019 focuses on our efforts to improve our post hospital follow-up care. These are some of the most fragile members who unfortunately have a high readmission rate if their wellness is not adequately stabilized. Consequently, we've aggressively challenged our practices to bring at least 75% of our hospital discharge members into the PCP office within the first week of discharge to ensure they are recovering from their illnesses. We believe PCP involvement is critical to wellness and we're asking our practices to prioritize these members to ensure they receive the care they need! Often, these members have confusion with new medication changes, difficulty obtaining medical equipment or fully understanding their health changes. We're asking our practices to prioritize these members as well and to promptly reschedule any members who cancel their post-hospital appointments. Some members who find it difficult to come to the office might be good candidates for a telehealth visit to review their discharge medications and any barriers to recovery. These visits will also count toward FHCP goals!

Presently, our 2019 efforts to date are only partially successful. We need you and your staffs help to achieve our aggressive goal. Only members who are hospitalized with medical conditions are considered in this measure. Endeavoring to prioritize care for these fragile members and improve their post-hospital care is a win-win for all of us! Thank you!

Quality Update – Stephen Keen, M.D.

The Quality Team has started making their routinely scheduled Provider Practice visits to review our physician quality scores with providers. For the first time this year the team will be visiting select contracted physicians as well as staff physicians as we seek to close gaps in care and improve member health. Stacy Eason and Amber Thompson will be providing each physician with an individualized comparison scorecard for selected HEDIS measures. They are great resources and can answer questions about quality scores, criteria, education and offer support to help increase physician's performance in caring for their members. We have some great resources available, including an electronic HEDIS Provider Guide which explains each measure, how patients enter the measure and how to satisfy the criteria. This guide was created by FHCP and extensively reviewed for physicians to have easily readable and accessible resource to answer questions regarding HEDIS and quality scores.

One of the things I think we can do to increase our quality scores is to make sure we are getting credit for the care that's already been delivered. As a practicing primary care provider, I see patients frequently who are counting as non-compliant for a HEDIS measure when in fact they have had the appropriate test or intervention. There are several reasons why patients may show as non-compliant for a measure, who are compliant. A common one, that is easily remedied, is that we are not aware the test or intervention has been performed. In these cases, if the quality team is notified that the appropriate test or intervention was completed, we can 'close the gap' in the system on our side and make the member compliant. For instance, if a patient had diabetic retinal exam this year but is showing as non-complaint, if a copy of the diabetes retinal exam can be obtained and the FHCP quality team is made aware we can correct that in our system. So please give us feedback on a routine basis. As we've all been taught – if it isn't documented, it didn't occur! Thank you!



PHARMACY NEWS

FHCP Pharmacy & Therapeutic Committee review

The FHCP Pharmacy and Therapeutic Committee reviewed the following therapeutic classes of drugs at the last meeting held June 4th 2019: analgesic & antipyretics, NSAIDs's category I-IV & chronic pain agents, opiate antagonists, anti-Convulsants, tricyclic & misc. antidepressants, MAOI's & OC agents, manic diabetic supplies, acidifying & alkalizing agents, replacement solutions, diuretics, antigout agents, narcotic & non-narcotic antitussives and mucolytic agents. Listed below are the additions and deletions made to the FHCP Drug Formulary from the P & T Committee meeting:

Formulary Additions

Lokelma (sodium zirconium cyclosilicate) Tier 4 (Prior Authorization) All Formularies
 Generic Lialda (Mesalamine) Tier 2 All Formularies (Fill at FHCP Pharmacies only for commercial/ACA)
 Combigan ophthalmic (timolol/brimonidine) Tier 3
 Basaglar (insulin glargine) Tier 4 All formularies (Fill at FHCP Pharmacies only for commercial/ACA)
 Wixela (generic Advair Diskus) Tier 2 All Formularies (Fill at FHCP Pharmacies only for commercial/ACA)
 Generic Vivelle DOT (estradiol) Tier 2 all formularies

Tier Changes

Novolin N, Novolin R, Novolin 70/30 INSULIN will be in the generic tier (Tier 2)
 Commercial/ACA plans Effective 08/01/19
 Medicare Plans Effective 09/01/19

New Generics Now Available:

Ventolin-HFA (Albuterol) Tier 2
 Advair (Wixela salmeterol/fluticasone) Tier 2

IMPORTANT CHANGES FOR 2020

Beginning 01/01/2020 Vyvanse will be removed from the formulary for all lines of business. Other Medications on the formulary which can be used to treat ADHD are:

- Generic Adderall XR (amphetamine/dextroamphetamine) – Tier 2
- Generic Dexedrine IR/Spansules (dextroamphetamine) – Tier 2
- Generic Ritalin, Concerta, Metadate (Methylphenidate) – Tier 2
- Generic Intuniv (Guanfacine) – Tier 2
- Generic Strattera (Atomoxetine) – Tier 2
- Generic Focalin IR (dexmethylphenidate) – Tier 2

PHARMACY NEWS (CONTINUED)

Insulin Available for a Generic Copay

Insulin affordability is a concern to patients, doctors, and FHCP. Thanks to our partnership with Novo-Nordisk as well as their commitment to diabetic care, FHCP can offer Novolin-N, Novolin-R, and Novolin-70/30 for a generic copay. For most patients the cost will be \$4-\$10/month for those types of insulin.

Because Novolin N, R, and 70/30 are only utilized by 10% of FHCP members there is significant opportunity to reduce costs for our patients and FHCP by greater utilization of those formulations. There is a growing pool of data suggesting the clinical differences between basal insulin and NPH Insulin may not be clinically significant in real world. The recent ADA clinical practice guidelines acknowledge that in the clinical practice setting the rates of hypoglycemia may be similar.

Much of the real-world data supporting the safe use of older insulin formulations have come from observational studies by large managed care organizations. Given that these organizations have comprehensive responsibility for medical costs, pharmaceutical costs, and diabetic quality of care measures, these data are important to understanding approaches to high quality affordable health care.

A very interesting study presented at the 2018 ADA annual meeting reported results from a basal and analog insulin transition program where physicians stopped any oral secretagogues and transitioned patients to premix insulin (N/R) at 80% of their former total daily analog dose (2/3rds at Breakfast and 1/3rd at Dinner). The results were impressive. Overall, analog insulins prescribing dropped from 90% of all insulin prescriptions to 30%. There was no significant change in hospitalizations for hypoglycemia, and Ha1C increased modestly to 0.14% (**Luo J et al. 2018** American Diabetes Association scientific session abstract 4-OR). Related, Kaiser Permanente reported recently that 90% of their new-to-insulin patients start on NPH.

**FHCP MEMBER
PORTAL**

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
- Look at their Benefit Plan book
- Review their enrollment information
- And much more!

2019 Standards of Medical Care in Diabetes

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 “I would like for you to attend the FHCP Education class.” AND “I will put in a referral to the department; it is free to FHCP Members.” We have the tools to enhance behavior change including motivational interviewing skills in our classes and individual appointments. Our weight Management class, Eat Right Move Right, is now offered in five locations at various times for the convenience for our members. In addition, Diabetes (DSMT) classes or individual appointments are held in all Florida Health Care Plan facilities. 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. ZOOM meetings are another way we reach our members.

How can we help you better? An educator will be stopping by to ask. We want to enhance the engagement of our members by being the “community partner in good health!”

The goals of treatment for diabetes are to prevent or delay complications and maintain quality of life.

Ongoing patient self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications. Significant evidence exists that supports a range of interventions to improve diabetes outcomes. Proactive (not reactive) care team approach is best for improved outcomes and quality care. This is our goal at FHCP working through the Diabetes/Health Education department.

Treatment decisions should be timely, rely on evidence-based guidelines and be made collaboratively with patients based on individual preferences, prognoses, and comorbidities.

As the A 1 C rises, the diabetes risks rise disproportionately. Aggressive interventions and vigilant follow-up should be pursued for those considered at very high risk. Screening for prediabetes and type 2 diabetes with an informal assessment of risk factors or validated tools should be considered in asymptomatic adults. ADA has developed a simple risk test located at diabetes.org/socrisktest.

All the people with diabetes should participate in diabetes self-management education to facilitate the knowledge, skills, and ability necessary for diabetes self-care.

Evidence suggests that there is not an ideal percentage of calories from carbohydrate, protein, and fat for all people with diabetes. Therefore, macronutrient distribution should be based on an individualized assessment of current eating patterns, personal preferences (e.g., tradition, culture, religion, health benefits and goals, economics), and metabolic goals.

An individualized medical nutrition therapy program as needed to achieve treatment goals, preferably provided by a registered dietitian, is recommended for all people with type 1 or type 2 diabetes, prediabetes, and gestational diabetes mellitus. FHCP has 6 registered dietitians on staff.

For questions about our program, please contact the Diabetes/Health Education Department at (386)676-7133 or toll free at 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.

New Legislation Effective July 1, 2019

FLORIDA | Board of Medicine

House Bill 451, Nonopioid Alternatives, was approved by Governor DeSantis and is effective July 1, 2019. The bill requires that before providing anesthesia or prescribing, ordering, dispensing, or administering an opioid listed as a schedule II controlled substance to treat pain, the patient must be informed about available nonopioid alternatives. A healthcare practitioner will discuss the advantages and disadvantages of using nonopioid alternatives. Under the new law, this educational pamphlet must be posted on the practitioners/departments website and be provided to the patient. Those healthcare practitioners providing emergency services and care are exempt from these requirements.

**Information on Nonopioid
Alternatives for the
Treatment of Pain**

A guide to working with your healthcare
practitioner to manage pain

Prescription opioids are sometimes used to treat moderate-to-severe pain. Because prescription opioids have a number of serious side effects, it is important for you to ask questions and learn more about the benefits and risks of opioids. Make sure you're getting care that is safe, effective, and right for you.



This pamphlet provides information about nonopioid alternative treatments to manage pain. You and your healthcare practitioner can develop a course of treatment that uses multiple methods and modalities, including prescription medications such as opioids, and discuss the advantages and disadvantages of each approach.

Pain management requires attention to biological, psychological, and environmental factors. Before deciding with your healthcare practitioner about how to treat your pain, you should consider options so that your treatment provides the greatest benefit with the lowest risk.

Treatments provided by Licensed Healthcare Providers

Physical therapy (PT) and occupational therapy (OT). PT helps to increase flexibility and range of motion which can provide pain relief. PT can also restore or maintain your ability to move and walk. OT helps improve your ability to perform activities of daily living, such as dressing, bathing, and eating.

Massage therapy. Therapeutic massage may relieve pain by relaxing painful muscles, tendons, and joints; relieving stress and anxiety; and possibly impeding pain messages to and from the brain.

Acupuncture. Acupuncture is based on traditional Chinese medical concepts and modern medical techniques and provides pain relief with no side-effects by stimulating the body's pain-relieving endorphins. Techniques may include inserting extremely fine needles into the skin at specific points on the body.

Chiropractic care. Chiropractic physicians treat and rehabilitate pain, diseases and conditions using manual, mechanical, electrical, natural methods, physical therapy, nutrition and acupuncture. Chiropractors practice a hands-on, prescription drug-free approach to health care that includes patient examination, diagnosis and treatment.

Osteopathic Manipulative Treatment (OMT). Osteopathic physicians (DO) are educated, trained, and licensed physicians, but also receive additional training in OMT. OMT is a set of hands-on techniques used by osteopathic physicians to diagnose, treat, and prevent illness or injury. OMT is often used to treat pain but can also be used to promote healing, increase overall mobility, and treat other health problems.

Behavioral interventions. Mental health professionals can offer many avenues for pain relief and management. For example, they can help you reframe negative thinking patterns about your pain that may be interfering with your ability to function well in life, work, and relationships. Behavioral interventions can allow you to better manage your pain by changing behavior patterns.

Topical treatments and medications. Topical Agents, including Anesthetics, NSAIDs, Muscle Relaxers, and Neuropathic Agents, can be applied directly to the affected areas to provide needed pain relief and typically have a

minimal risk of side-effects due to low absorption of the medication into the blood stream. Compounded topicals prepared by a pharmacist can be customized to the patient's specific needs.

Interventional pain management. "Interventional" procedures might include an injection of an anesthetic medicine or steroid around nerves, tendons, joints or muscles; spinal cord stimulation; insertion of a drug delivery system; or a procedure to stop a nerve from working for a long period of time.

Non-opioid anesthesia. Non-opioid anesthesia. Non-opioid anesthesia refers to the anesthetic technique of using medications to provide anesthesia and post-operative pain relief in a way that does not require opioids. Anesthesiologists can replace opioids with other medications selected for their ability to block surgical and post-surgical pain. By replacing opioids and incorporating the variety of anesthetic and analgesic medications that block the process of pain, anesthesia providers can provide a safer anesthetic that avoids the adverse effects of opioids.

Discuss these alternatives with your healthcare practitioner and talk about the advantages and disadvantages of the specific options being considered. Different approaches work better on different types of pain. Some treatments for pain can have undesirable side effects while others may provide benefits beyond pain relief. Depending on your insurance coverage, some options may not be covered, resulting in substantial out-of-pocket costs. Other options may require a significant time commitment due to the number of treatments or the time required for the treatment. Good communication between you and your healthcare practitioner is essential in building the best pain management plan for you.

Helpful Hints and Links

When you are selecting a healthcare practitioner, you can verify their license and find more information at: <https://apps.mqa.doh.state.fl.us/MQASearchServices/Home>

You can find more information at these links.

National Institutes of Health: <https://nccih.nih.gov/health/pain/chronic.htm>

Centers for Disease Control and Prevention: https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf



Cold and heat. Cold can be useful soon after an injury to relieve pain, decrease inflammation and muscle spasms, and help speed recovery. Heat raises your pain threshold and relaxes muscles.

Exercise. Staying physically active, despite some pain, can play a helpful role for people with some of the more common pain conditions, including low back pain, arthritis, and fibromyalgia.

Weight loss. Many painful health conditions are worsened by excess weight. It makes sense, then, that losing weight can help to relieve some kinds of pain.

Diet and nutrition. Chronic pain may be the result of chronic inflammation. Some foods can increase inflammation and contribute to pain levels. Reducing or eliminating foods that increase inflammation may provide pain relief.

Yoga and tai chi. These mind-body and exercise practices incorporate breath control, meditation, and movements to stretch and strengthen muscles. They may help with chronic pain conditions such as fibromyalgia, low back pain, arthritis, or headaches.

Transcutaneous electrical nerve stimulation (TENS). This technique employs a very mild electrical current to block pain signals going from the body to the brain.

Over-the-counter medications. Pain relievers that you can buy without a prescription, such as acetaminophen (Tylenol) or nonsteroidal anti-inflammatory drugs (NSAIDs) like aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve, Naprosyn) can help to relieve mild to moderate pain.



You can access the full PDF pamphlet by following the link below:

https://flboardofmedicine.gov/pdfs/HB451_pamphlet_6-28-19.pdf

FREE COMMUNITY EVENTS



FOR THE MONTH OF AUGUST

Offered by Florida Health Care Plans – Community Wellness Programs

Events are open to the community at no cost; please share with your patients, friends, neighbors and others who may benefit from attending.

Community Events offered in the Port Orange area:



BAM! Balance & Motion Senior Fitness Class

Offered every Friday @ 11:00 a.m. – 11:45 a.m.
Event held at the Grace Episcopal Church
4110 Ridgewood Avenue
Port Orange, FL 32127

Join Senior Fitness Instructor Artie G. as we develop balance, coordination, core strength, flexibility and range of motion. This is a free 45-minute upbeat class for all fitness levels (more events on next page)



'Food Trends' Workshop

August 21, 2019 @ 10:00 a.m. – 11:00 a.m.
Join Tiffany McClure, RDN, as we discuss the latest food trends that can be found at your nearest grocery store. Learn how to upgrade your snack time with healthy and new ideas that will help you stay full while also staying on track with your nutrition goals.

*FREE COMMUNITY EVENTS (CONTINUED)***FOR THE MONTH OF
SEPTEMBER****Offered by Florida Health Care
Plans – Community Wellness
Programs**

Events are open to the community at no cost; please share with your patients, friends, neighbors and others who may benefit from attending.

**Community Events offered in the
Ormond Beach area:****Blood Pressure Clinic**

Offered on September 10, 2019 @ 10:00 a.m. – 12:00 p.m. – Held in the main entrance area
Do you know your number?! Stop by as Michelle Dudley, RN, provides blood pressure checks and informational handouts on upcoming FHCP events and classes that may be beneficial to you and your loved ones.

‘Developing Healthy Habits’ Workshop

Offered on September 17, 2019 @ 11:30 a.m. – 12:30 p.m.
Join Michelle Dudley, RN, as we explore the benefits of journaling to reduce our stress. Discover different strategies for journaling and how to get started. Discussion and a journaling exercise will be practiced.

‘Member Services Department’ Overview

Offered on September 24, 2019 @ 11:30 a.m. – 12:30 p.m.
Are you currently an FHCP member? Do you know of all the services we offer? Join us for an overview of the Member Service department along with an opportunity to ask questions and to take home a Member Handbook.