



Florida
Health Care
Plans®



An Independent Licensee of the Blue Cross and Blue Shield Association

2022 MEMBER RESOURCE GUIDE



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The information contained on the following pages is intended to be a brief overview of the various departmental functions of FHCP, as well as your rights and responsibilities as a member of FHCP. This guide is not intended to replace or change any of the provisions or terms of your Plan-Specific Schedule of Benefits, Summary of Benefits, and/or Certificate of Coverage.



**Florida
Health Care
Plans**



An Independent Licensee of the Blue Cross and Blue Shield Association

Thank you for choosing to be a member of Florida Health Care Plans (FHCP). We respect and value the trust that our members place in our team. The dedicated health care professionals of FHCP are here to help you live a healthier and happier life. It is our commitment to positively impact the overall health and well-being of our members and the community.

As a trusted healthcare leader in our community for more than 47 years, FHCP maintains a solid reputation of offering great health insurance coverage which delivers convenient, high-quality, compassionate healthcare services, members only pharmacies, online tools and education, and a local team of professionals here to help you and your family, all at affordable prices.

Please keep this Member Resource Guide in a convenient place so you can refer to it when you need it. If you need additional copies or have questions, please contact FHCP Member Services at:

Commercial Members: 386-615-4022 or 1-877-615-4022 (TTY: 1-800-955-8770), 8:00 AM – 5:00 PM, Monday – Friday. Closed for all major holidays.

Medicare Members: 1-833-866-6559 (TTY: 1-800-955-8770), 8:00 AM – 8:00 PM, 7-days a week from October 1st – March 31st, except for Thanksgiving and Christmas. From April 1st – September 30th, our hours are 8:00 AM – 8:00 PM, Monday – Friday.

Thank you for trusting your health to the FHCP team.



FHCP MISSION STATEMENT:

To provide Florida Health Care Plans' members with health care and related services through dedicated employees and service partners who manage both the quality and cost of health care.

FHCP VISION STATEMENT:

To set the standard of managed health care in our community. Florida Health Care Plans strives to be acknowledged as a health care leader, pioneer, and advocate by our members, employees, and service partners.

WHO IS FLORIDA HEALTH CARE PLANS?

Florida Health Care Plans (FHCP) is a trusted name in providing high-quality health care to those who live or work in Volusia, Flagler, Seminole, Brevard and St. Johns counties. Our core business is caring for our community's health as a Health Maintenance Organization (HMO). As an HMO plan member, you agree to obtain all of your medical care and services through our comprehensive HMO contracted network. There are over 9,000 contracted providers within our HMO network.

LOCALLY TRUSTED. NATIONALLY RECOGNIZED.

It is one thing to join a trusted local health care resource, but it's quite another to be a member of a locally-based health care organization that has earned the level of national respect that FHCP enjoys. It's the best of both worlds, with an exceptional array of plans and services.

- Voted Best Health Plan for 30 years by the Daytona Beach News-Journal's Best of the Best Readers' Poll
Source: The Daytona Beach News-Journal
- Voted Best Pharmacy by the Daytona Beach News-Journal's Best of the Best Readers' Poll 2021
Source: The Daytona Beach News-Journal
- Voted Best Health Plan for 10+ years by Hometown News Readers' Choice Poll 2021
Source: Hometown News
- Awarded Healthiest Company Award, Platinum Status by the First Coast Worksite Wellness Council
- Awarded a 4.5 Star Rating by the Centers for Medicare and Medicaid Services
Source: Statistical data from www.medicare.gov - October 2021. Every year, Medicare evaluates plans based on a 5-Star rating system.
- Awarded an accreditation status of Accredited by The National Committee for Quality Assurance for service and clinical quality that meet the basic requirements of NCQA's rigorous standards for consumer protection and quality improvement. (www.ncqa.org)

IMPORTANT CONTACT INFORMATION

For questions about benefits and other services, please contact us:

General Inquiries.....	386-676-7100 or 1-800-352-9824
Medicare Member Services.....	386-615-5051 or 1-833-866-6559
Commercial Member Services	386-615-4022 or 1-877-615-4022
Hearing Impaired.....	1-800-955-8770
Enrollment and Eligibility	386-676-7176 or 1-800-352-9824, Ext. 7176
Referrals	386-238-3230 or 1-800-352-9824, Ext. 3230
Coinurance Estimator Center	386-615-5068 or 1-800-352-9824, Ext. 5068
24-Hour Nurse Advice Line.....	1-866-548-0727
Central Scheduling	386-676-7198 or 1-855-210-2648
Coordination of Care.....	386-238-3284 or 1-855-205-7293
Transition of Care	386-615-5017 or 1-855-205-7293
Diabetes/Health Education	386-676-7133 or 1-877-229-4518
Quality Management.....	386-676-7100 or 1-800-352-9824, Ext. 7242
Mail Order Pharmacy.....	386-676-7126 or 1-800-232-0216
Claims.....	386-615-5010 or 1-800-352-9824, Ext. 5010
Cashier	386-676-7109 or 1-800-352-9824, Ext. 7109
Member Portal Support –	1-877-615-4022 or 386-615-4022 (TTY: 1-800-955-8770)
New Sales/Health Plan Information ..	386-676-7110 or 1-800-232-0578
Utilization Review	386-676-7187 or 1-866-676-7187

Commercial Members: 386-615-4022 or 1-877-615-4022 (TTY: 1-800-955-8770), 8:00 AM – 5:00 PM, Monday – Friday. Closed for all major holidays.

Medicare Members: 1-833-866-6559 (TTY: 1-800-955-8770), 8:00 AM – 8:00 PM, 7-days a week from October 1st – March 31st, except for Thanksgiving and Christmas. From April 1st – September 30th, our hours are 8:00 AM – 8:00 PM, Monday – Friday.

Email: memberservices@fhcp.com

US Mail:

FHCP Member Services
PO Box 9910
Daytona Beach, FL 32120-9910

LANGUAGE OPTIONS FOR NON-ENGLISH SPEAKING MEMBERS

FHCP’s Member Services Department, employees, and contracted physicians have access to over 200 languages through a translation line and can offer assistance, coverage documents, and information in the language of your choice.



ONLINE TOOLS

Information you need is always available online and in our Member Portal. In addition to viewing a list of all of our doctors and providers, you can find our Preferred Fitness gym list, health education materials, and much more on our website.

Commercial members: [FHCP.com](https://www.fhcp.com) **Medicare members:** [FHCPMedicare.com](https://www.fhcpmedicare.com)

Member Portal

In the FHCP Member Portal, you can view your plan and benefit information, eligibility history, medications, claims, and authorization requests. You can print a temporary ID card or request a new card from FHCP, or change your PCP (Primary Care Provider). You can also request a prescription refill at one of our FHCP Pharmacies, view/download/print your benefit plan documents, and securely message FHCP Member Services.

Members are encouraged to visit My Health to access “Welcome To Wellness” and complete a user friendly Health Assessment, enroll in a variety of self-management programs for better health, or use a comprehensive library of medical conditions to look up information to make better health decisions. Also located in the My Health section of the Member Portal, you will find the Follow My Health Patient Portal

FollowMyHealth/Patient Portal

FollowMyHealth is a free portal that allows FHCP members access to some of their medical information 24/7 from their computer, tablet, or phone.

Members who see physicians in FHCP facilities can:

- View lab and other test results
- Request, reschedule, view, or cancel appointments and receive appointment reminders
- Request prescription renewals
- Send routine secure messages to treating FHCP staff physicians
- Review personal information such as medications, allergies, and medical history

Members who see contracted network physicians can:

- View lab and other test results
- Review personal health information and medical history

If you use a tablet or smartphone, download the free FollowMyHealth mobile app to create an account. If you are using a computer, go to **[fhcp.followmyhealth.com](https://www.fhcp.followmyhealth.com)**.



MEMBER PORTAL

- Print a temporary FHCP Member ID Card
- Choose your PCP
- Perform or update your health assessment
- Review your FHCP benefit plan book
- Look at your claims
- Review your FHCP enrollment information
- Refill a prescription



PATIENT PORTAL

- Request, cancel, or reschedule appointments with FHCP Staff Physicians
- Send secure messages to your established FHCP Staff Physicians
- View lab and test results
- Request prescription renewals from your FHCP Staff Physicians if you run out of refills or the prescription expires

***TAKE CONTROL OF YOUR HEALTH
WITH OUR ONLINE TOOLS PROVIDED EXCLUSIVELY TO
FLORIDA HEALTH CARE PLANS MEMBERS!***

YOUR HEALTH DOCUMENTS

As an FHCP member, you always have access to your plan and benefit information by mail or via your Member Portal at [FHCP.com](https://fhcp.com).

New Member Packet (mailed):

- Membership Card
- Welcome Booklet

Online via FHCP Member Portal Account:

- Advance Directives
- Certificate of Coverage/Evidence of Coverage
- Summary of Benefits
- Medical History Form
- Authorization to Release PHI Form
- Care Transition Form (if ongoing care or medications are needed, please fill out this form and send securely to toc@fhcp.com)

If you would like to request a hard copy of any of these documents, please contact FHCP Member Services.

Your membership card identifies you as a member of FHCP. You should always carry your membership card and present it anytime you go to the following:

- Doctor/Provider's Office
- Health Care Facility
- Hospital
- Other Health Care Provider

Your FHCP membership card is very valuable. If your card is ever lost or stolen, please visit the Member Portal to print a temporary card or order a replacement card as soon as possible. You may also contact FHCP Member Services to request a replacement card.

The **Notice of Privacy Practices (NPP)** describes how medical information about you may be used and disclosed and how you can access this information. The NPP is available online or you can request a hard copy by contacting FHCP Member Services (phone number is listed on Page 5).

Commercial members: [FHCP.com](https://fhcp.com) **Medicare members:** FHCPMedicare.com

Advance Directives are legal documents that allow you to share your decisions about end-of-life care beforehand. They give you a way to share your wishes with your family, friends, and health care professionals to avoid confusion later on. Advance Directives also allow you to designate another individual to make treatment decisions on your behalf if you become unable to make your own decisions. You may obtain Advance Directive forms online or by calling FHCP Member Services. You can also request forms at any FHCP provider’s office during normal business hours. Please take the time to fill this form out and return it securely to FHCP at:

FHCP Health Information Management
PO Box 9910
Daytona Beach, FL 32120-9910

Commercial members: [FHCP.com](https://www.fhcp.com) **Medicare members:** [FHCPMedicare.com](https://www.fhcpmedicare.com)

Your **Certificate of Coverage/Evidence of Coverage** provides evidence of your coverage and describes the rights and obligations you and FHCP have with respect to the coverage and/or benefits to be provided. You can also view your certificate of coverage from the Member Portal.

Your **Summary of Benefits** explains what your cost will be for services covered under your plan, including co-pays, deductibles, and/or co-insurance. You may also review your summary of benefits on the Member Portal.

Transition of Care is a free service to assist with continuation of your current care for medical and behavioral conditions. A Case Manager will work with you to ensure that your care continues uninterrupted. They will help you to navigate your benefits, transition your physicians and providers to the FHCP network, whenever possible. Our goal is to make your move to FHCP as smooth and stress free as possible, while preventing lapses in your care.

Your FHCP Transition of Care Team is here to guide you through a smooth transition into Florida Health Care Plans. Please fill out the form in your member packet and send it to:

FHCP Coordination of Care
PO Box 9910
Daytona Beach, FL 32120-9910





FLORIDA HEALTH CARE PLANS MEMBERS' RIGHTS

You Have The Right:

- To a reasonable response to your requests and need for treatment or service within FHCP's capacity, and applicable laws and regulations.
- To be informed about, consent to, or refuse recommended treatment.
- To present grievances without compromise to future health care, if you feel these rights have not been provided.
- To file an appeal. Contact FHCP's Member Services Department for information about the appeals process. Refer to Page 5 for Member Services phone number.
- To be considered as an individual with personal values and belief systems, and to be treated with compassion, dignity, respect, reasonable protection from harm, and appropriate privacy.
- To receive quality health care regardless of race, ethnicity, national origin, religion, sex, age, mental or physical disability, medical condition (including conditions arising out of acts of domestic violence), sexual orientation, sexual identity, claims experience, medical history, evidence of insurability, genetic information, or source of payment.
- To be informed about your diagnoses, treatments, and prognoses. When concern for your health makes it inadvisable to give such information to you, such information will be made available to an individual designated by you or to a legally authorized representative.
- To be assured of confidential treatment and disclosure of records and to be afforded an opportunity to approve or refuse the release of such information, except when release is required by law.
- To be informed of what support services are available at no charge to you, including but not limited to, interpreter services in the language of your choice.
- To refuse treatment to the extent permitted by law and be informed of the consequences of your refusal. When refusal of treatment by the member or the member's legally authorized representative prevents the provision of appropriate care in accordance with ethical and professional standards, the relationship with the member may be terminated with reasonable notice.

- To participate in decisions involving your health care, including ethical issues and cultural and spiritual beliefs, unless concern for your health makes this participation detrimental to you.
- To information about FHCP, its providers, practitioners and your member rights and responsibilities.
- To participate in discussions involving medically necessary treatment options regardless of cost and/or benefit coverage.
- To refuse to participate in experimental research.
- To know the name of the physician coordinating your health care and to request a change of your primary care provider.
- To make decisions concerning your medical care, including the right to accept or refuse medical treatment or surgical treatment and the right to formulate advance directives in accordance with the Federal Law titled “Patient Self-Determination Act” and the Florida Statute Chapter 765 “Health Care Advance Directives.” These rights shall also include the right to appoint a representative either by Power of Attorney or by designation of a Health Care Surrogate to make health care decisions for you and to provide informed consent if you are incapable of doing so.
- To make recommendations regarding the organization’s member rights and responsibilities policy.
- To bring any person of your choosing to the patient accessible areas of the healthcare facility or provider’s office to accompany you while receiving outpatient treatment or consulting with your health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.

FLORIDA HEALTH CARE PLANS MEMBERS' RESPONSIBILITIES

You Have The Responsibility:

- To provide accurate and complete information about your present complaints, past illnesses, medications, and unexpected changes in your condition.
- To understand, ask questions, and follow recommended treatment plan(s) to the best of your ability.
- To promptly respond to FHCP's request for information regarding you and/or your dependents in relation to covered services.
- To demonstrate respect and consideration towards medical personnel and other members.
- To understand your health problems and to participate in developing mutually agreed upon goals to the best of your ability.
- To know your medicines and take them according to the instructions provided.
- To keep appointments reliably and arrive on time or notify the provider, 24 hours in advance, if you are unable to keep an appointment.
- To follow safety rules and posted signs.
- To receive all of your health care through FHCP, with the exception of emergency care. (Members with a Point of Service or Triple Option Plan should review your "Summary of Benefits and Coverage" Sheet).
- To understand that you are responsible for your actions and consequences, if you refuse treatment or do not follow provider's instructions.
- To report emergency treatment to FHCP contact Member Services. Refer to Page 5 for Member Services phone number.
- To present your FHCP membership identification card each time you drop off and pick up a prescription.
- To use the emergency room facilities only for medical emergencies and serious accidents.
- To be financially responsible for any co-payments, co-insurance, and/or deductibles and to provide current information concerning your FHCP membership status to the provider.



WHERE TO GO FOR CARE

Selecting a Primary Care Physician

For maximum coverage and the lowest out-of-pocket expenses, select a primary care physician (PCP) from the FHCP Provider Directory. Your PCP, usually a physician specializing in Family Medicine, Internal Medicine or Pediatrics, provides general acute, chronic and preventive care services, coordinates other health care services you need, and refers you to a specialist when necessary.

The FHCP Provider Directory contains information that will help guide you in making the best selection. Included in the directory is each physician's specialty, address, telephone number, and board certification status, as well as a designation for practices that are Patient Centered Medical Home (PCMH) certified. The directory also includes a list of specialists, hospitals, pharmacies, and other facilities in our network.



Commercial members

To find an FHCP provider online visit www.fhcp.com/where-to-go-when.

To find a printable directory of FHCP providers, please visit the Document Center on FHCP.com.

To obtain a printed copy of the Provider Directory contact Member Services at 386-615-4022 or 1-877-615-4022.

Medicare members

To find an FHCP Medicare provider online visit FHCPMEDICARE.com and click on "Find a Provider".

To find the printable directory of FHCP Medicare providers, please click on "Review Forms" on FHCPMEDICARE.com.

To obtain a printed copy of the Provider Directory contact Member Services at 386-615-5051 or 1-833-866-6559.

Specialty Care and Behavioral Health Services

You and your physician(s) may determine that you need to see a specialist, including a behavioral health provider. Your PCP will coordinate your care and, in most cases, directly refer you to the specialist and services you need.

There are several specialties that do not require a referral from your PCP. These are listed as "Direct Access Providers" in the Provider Directory and include (but are not limited to) the following:

- Gastroenterology (colonoscopy screening)
- Dermatology
- Optometry
- Chiropractic Medicine
- Obstetrics/Gynecology
- Podiatry

Emergency Care

In the event of an emergency, please seek treatment by calling 911 or go to the nearest emergency room. Any severe illness or injury should be evaluated in the emergency room.

- Unresponsiveness
- Chest pain
- Stroke symptoms
- Spine or head injury
- Mental status change
- Difficulty breathing
- Uncontrolled bleeding
- Poisoning



Urgent Care / Acute Care

If you have acute symptoms, you can go to one of our FHCP Extended Hours Care Centers or to an Urgent Care Center in network.

For all **non-emergency** services please call your Doctor/Primary Care Physician first for assistance.

NOTE: Your out-of-pocket cost will be less if you go to your PCP or to one of the FHCP Extended Hours Care Centers.

Examples of acute symptoms:

- Sore throat
- Moderate fever
- Cough
- Sprains
- Headache



Your Primary Care Physician's (PCP) office is your medical home and is the first place to call with any health care needs and questions. When urgent medical needs arise, visiting FHCP's Extended Hours Care Centers can save you time and money! Care is also available virtually via Doctor on Demand. (See Page 19 for more information.)

Please call FHCP Central Scheduling at **386-676-7198** or toll free at **1-855-210-2648** between the hours of 7:00 AM - 7:00 PM, Monday through Friday to make a same-day appointment at one of our Extended Hours Care Centers. We have several facilities that offer services on Saturday and Sunday.

FHCP'S EXTENDED HOURS CARE CENTERS

***WALK-INS ARE WELCOME, OR CALL FHCP CENTRAL SCHEDULING AT
386-676-7198 TO SCHEDULE AN APPOINTMENT AT ONE OF OUR FHCP FACILITIES!***

MediQuick Palm Coast

6 Office Park Dr.

Palm Coast, FL 32137

386-401-5470

Mon - Fri: 8 a.m. - 7:30 p.m.

Sat: 8 a.m. - 5:30 p.m.

Sun: 8 a.m. - 2:30 p.m.

MediQuick Palm Coast

140 Pinnacles Dr.

Palm Coast, FL 32164

386-597-2829

Mon - Fri: 8 a.m. - 6:30 p.m.

Sat: 8 a.m. - 5:30 p.m.

Sun: 10 a.m. - 4:30 p.m.

FHCP - Ormond Beach

461 S. Nova Rd.

Ormond Beach, FL 32174

386-671-4337

Mon - Fri: 7 a.m. - 7 p.m.

FHCP - Daytona Beach

350 N. Clyde Morris Blvd.

Daytona Beach, FL 32114

386-238-3221

Mon - Fri: 7 a.m. - 7 p.m.

Sat: 8 a.m. - Noon

FHCP - Port Orange

740 Dunlawton Ave.

Port Orange, FL

386-763-1000

Mon - Fri: 7 a.m. - 7 p.m.

Advanced Urgent Care Port Orange

1690 Dunlawton Ave.

Port Orange, FL 32127

386-271-2273

Mon - Fri: 7 a.m. - 10 p.m.

Sat & Sun: 9 a.m. - 7 p.m.

FHCP - Edgewater

239 N. Ridgewood Ave.

Edgewater, FL 32132

386-427-4868

Mon - Fri: 7 a.m. - 7 p.m.

Sat: 8 a.m. - Noon

FHCP - DeLand

937 N. Spring Garden Ave.

DeLand, FL 32720

386-736-1948

Mon - Fri: 7 a.m. - 7 p.m.

FHCP - Orange City

2777 Enterprise Rd.

Orange City, FL 32763

386-774-2550

Mon - Fri: 7 a.m. - 7 p.m.

Sat: 8 a.m. - Noon

**For a complete list of *all* Urgent Care Centers in network, please visit
fhcp.com/providersearch**



Doctor On Demand – Video Visits with a Physician

Doctor On Demand provides video visits with board certified providers and licensed psychologists via smartphone, tablet, or computer and is available to members enrolled in an FHCP medical benefit plan.

Doctor On Demand treats many common non-emergency medical issues such as cold, flu, fever, bronchitis, sinus infection, eye issues, upset stomach, rash, etc. While Doctor On Demand is not intended to replace regular, in-person visits with your PCP, this service can be a convenience if you are considering an ER or urgent care visit for a non-emergency issue, when your primary care physician is not available, or when you are traveling and in need of non-emergency care. Your Doctor On Demand co-pay will be similar to your PCP co-pay.

Doctor On Demand also offers convenient Behavioral Health visits. You can schedule appointments with a therapist or a psychiatrist for ongoing care. Your psychiatry visits will be similar to a specialty payment and depending on your plan may be subject to your deductible.

Go to doctorondemand.com/FHCP for additional information, including instructions for downloading the app on your mobile device or computer.

Nurse Advice Line

FHCP provides a 24/7/365 nurse advice line service to our members. Experienced, bilingual registered nurses are available to assist you in making the right choices involving health issues by using evidence-based guidelines. In addition to determining the nature and urgency of your current symptoms and giving directions for the care required, they can also help you better understand diagnoses and prescribed medications, and where and when to go for more help.

Too often, the emergency room is used for non-emergency reasons. Using the Nurse Advice Line can help you get care you need and also reduce unnecessary doctor and ER visits, saving you time and money. Members can call **1-866-548-0727** toll free to speak with a nurse. Within the Nurse Advice Line, you also have the option to access a 24-hour Audio Library, containing over 1,500 health topics in English and Spanish, as well as current community health concerns and announcements.

24-HOUR NURSELINE: 1-866-548-0727

HOW CLAIMS ARE PAID

When you utilize doctors/physicians/other providers in our HMO contracted network, claims for those services are automatically submitted to FHCP for payment. You should not have to submit claims. You will generally be responsible for payment of co-pays, co-insurance and/or deductibles at the time of service; in some instances you may be billed for these charges after care has been provided.

OBTAINING CARE WHEN OUTSIDE THE FHCP SERVICE AREA

When traveling outside of our service area, urgent and emergency care is covered under the BlueCard® program. This program, sponsored by the Blue Cross Blue Shield Association, gives you access to doctors and hospitals throughout the United States and worldwide.

To locate a BlueCard® provider, call FHCP Member Services. If you have an emergency situation go directly to the nearest hospital and after treatment is received, you or your family should call FHCP and your PCP as soon as possible.

REIMBURSEMENT FOR CHARGES INCURRED WHEN TRAVELING

It is possible that when you are traveling and seek emergency or urgent care services, the provider may require payment for all charges at the time of service. Please submit the following documents to receive reimbursement:

- The original paid receipt
- An itemized bill that includes:
 1. List of the services you received - in the United States (US), these may be called CPT codes
 2. The reason(s) you were seen - in the US, these may be called ICD-10 codes
 3. The exact amount of charges
 4. The provider's National Provider Identifier (NPI). This is only used in the US
 5. The name of the location where you received the services
 6. Medical records translated into English, if traveling outside of the US and services are received in a language other than English

Send the above documents by mail to:
Florida Health Care Plans
ATTN: Claims
PO Box 10348
Daytona Beach, Florida 32120-0348



HOW WE MANAGE YOUR CARE

Medical Management/Utilization Management (MM/UM) is a process that helps decide if certain outpatient care services, inpatient hospital stays, or procedures are medically needed and covered by the plan. We make this decision based on what is right for each member and on the type of care and service.

We look at standards of care taken from:

- Medical policies
- National coverage guidelines/criteria
- Plan health benefits

You should know:

- Employees, consultants, or other providers are not rewarded or offered money or other incentives to deny care or service.
- Employees, consultants, or other providers are not rewarded for supporting decisions that result in the use of fewer services.
- We do not make decisions about hiring, promoting or firing employees, consultants, or other providers based on the idea that they will deny benefits.
- You can speak with someone in the MM/UM department by calling **386-676-7187**. Translation services are available to our non-English speaking members when you call the FHCP Member Services number (please see page 3). For those with hearing impairment or speech loss, call TTY: 1-800-955-8770.

Referrals and Prior Authorizations

It is important to understand the difference between a Referral and a Prior Authorization, and how and when to obtain each one.

A **Referral** is a practitioner’s “order” or a member request that facilitates a recommendation that a member see another practitioner (example: a specialist) for consultation or health care services that the referring practitioner believes is necessary but is not prepared or qualified to provide (example: Your PCP thinks you need to see a cardiologist. This referral/order goes directly to the in-network cardiologist for an appointment and does not come to FHCP). A referral may be submitted by your practitioner electronically, by telephone, or in writing by fax or regular mail. A member can request a referral by calling his/her PCP or FHCP Member Services.

Prior authorization is the process of reviewing a request for specific medical services to ensure that the services are both medically necessary and covered by the benefit plan. A request for services in need of prior authorization will be submitted from your physician to FHCP Central Referrals department. Most services at FHCP do not require prior authorization, and those that do require prior authorization are listed in the Summary of Benefits, Evidence of Coverage, on the FHCP website, and also through the FHCP Member portal (at [FHCP.com](https://www.fhcp.com)).

Most requests are approved, however, if your requested service is not authorized, the member and provider are notified in writing. The notice will include the specific reasons for denial, your right to appeal, and information on how to submit an appeal.

Contact Referrals at **386-238-3230** or **1-800-352-9824, Ext. 3230** with questions regarding referrals and prior authorizations. The hours of operation are Monday - Friday, 8:00 AM - 5:00 PM.

Complaints, Grievances, and Appeals

We are dedicated to providing our members with access to quality healthcare and services. We offer complaint, grievance, and appeal processes designed to provide a prompt resolution to your request. Reasons for submitting a complaint, grievance, or appeal may include dissatisfaction with or disagreement with:

- Quality of care or service
- Plan or administrative practices
- Coverage, benefit, or payment decisions

When you call with a complaint we will document your concerns and take appropriate action. If you submit your complaint in writing, this is known as a grievance. We will also contact you verbally and in writing with the status of your complaint.



Appeals

When you disagree with FHCP's denial of a claim, denial of a prior authorization request, or notification that a service you're receiving is going to end, you have the right to appeal the decision. An appeal is a request for FHCP to take another look at our decision and reconsider.

If you or your physician's request for prior authorization for a service is denied or you receive a denial for payment of a claim, you will receive a written notice of a denial. The denial notice will include the reason for the denial, your right to appeal the decision, and information on how to submit your appeal.

If FHCP has notified you that a service you are currently receiving, such as home health care or skilled nursing care, is about to end, you will be informed about the reason for the decision and your right to appeal the decision.

Appeal Response Timeframes (FHCP will notify you of our response within):

Prior Authorization	30 days or less
Claims Denial	60 days or less
Expedited Review (end of service or urgent pre-authorization)	72 hours or less

Appeal Decisions

If we decide an appeal in your favor, FHCP will do the following:

- Pay the claim
- Approve the requested service
- Approve the continuation of the service you are receiving

If we decide our original denial was correct, FHCP will:

- Notify you verbally and in writing of the reason(s) for our decision. This notice will also include your right to take your appeal one step further by requesting an external review by an organization not affiliated with FHCP. The External Review Organization available to you depends solely on your benefit type.

For more information about referrals, prior authorizations, or other Utilization Management processes, contact FHCP Member Services.



QUALITY IMPROVEMENT AND PATIENT SAFETY

Understanding Quality

FHCP's definition of "Quality" is simple: it's our commitment to excellence measured by the satisfaction of our customers and nationally recognized evidence based on measure of healthcare. FHCP is accredited by the National Committee for Quality Assurance (NCQA). NCQA is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of health plans.

Patient Safety Information

- **Medications** - Make sure both your doctor and pharmacist know all the medicines you take, including over-the-counter medications (aspirin, etc.), vitamins, and supplements. Inform them of any drug allergies. Ask your doctor to spell out the name of a prescribed drug and specify the dose. Write this down, so that you can check it against the label on the pharmacy bottle. Talk to your doctor or the pharmacist, and find out exactly what the drug is for, how to take it (empty or full stomach; time of day), what to avoid while taking it (foods, beverages, or activities), and possible side effects. Read any written information provided about the medicine.
- **Tests** - Find out the results of any test or diagnostic procedure. When tests are ordered or completed (even routine tests) ask when and how you will get the results. If the results are late, call your doctor's office to request a status. When you receive the results, ask what they mean for your care.
- **Physician-Patient Communication** - You should feel comfortable talking with your physician about your health and treatment. If you have any questions or concerns, express them. Don't hesitate to ask for a simpler explanation or to take notes. You may want a family member or a friend to accompany you to help you understand a condition, especially a serious condition.
- **Surgery** - Be sure you understand what will happen before and after any surgery. Ask the surgeon what he/she will be doing, how long it will take, and what recovery will be like. If the surgery requires hospitalization, ask whether the surgeon or another physician will take charge of your care after the procedure. Before the procedure, tell the anesthesiologist or nurse if you have any drug allergies or history of any reactions to anesthesia.

Medications on the Formulary

Generic medications offer the lowest-cost options to our members and are available at a Tier 1 or Tier 2 co-pay. Talk with your physician to see if a generic is available to treat your condition. FHCP's Pharmacy and Therapeutics (P and T) Committee reviews medications that appear on our formulary for safety, effectiveness, and cost. This review includes Food and Drug Administration (FDA) reports along with recommendations by specialty boards, such as the American Board of Pediatrics. The P and T Committee meets quarterly and consists of licensed pharmacists and physicians representing various specialties. The most current FHCP formularies are available at <https://www.fhcp.com/providers/medication-formularies/> and can be printed upon request by contacting FHCP Pharmacy Services at **386-676-7173 or 1-888-676-7173**.

Commercial members: [FHCP.com](https://www.fhcp.com) Medicare members: [FHCPMedicare.com](https://www.fhcp.com/medicare)

Assessing New Technologies

FHCP's Pharmacy and Therapeutics Committee also reviews and makes recommendations on the latest trends in medical care and new technologies. Recommendations are based on several factors including, but not limited to: the medical literature, FDA approval, recommendations by national specialty boards and organizations (such as the American Medical Association (AMA) and the National Association of Gastroenterology), patient outcomes, and nationally recognized medical criteria, such as Milliman Care Guidelines.



HEALTH AND WELLNESS

FHCP has adopted a population health focus aimed at helping our members get healthy, stay healthy, and manage existing chronic diseases. As part of our Population Health Management (PHM) strategy, we evaluate the needs of our entire membership to connect you with PHM programs and services tailored to your needs. Our PHM programs include:

- Annual Flu Shots
- Breast Cancer Screening
- Diabetic Retinal Exams
- Antidepressant Medication Management
- Emergency Room Utilization
- Virta - Diabetes and Weight Management

In addition to the above programs, other PHM services/programs may be available, such as:

- Eat Right Move Right
- Healthy Heart Nutrition
- Nutrition Game Plan for Diabetes
- Diabetes Prevention
- Diabetes Education
- Community Resource Coordinators
- In-home visits with a mid-level practitioner after a hospitalization
- Mobile lab and radiology services
- Self-management tools in the FHCP Member Portal

Please visit **[FHCP.com/health-wellness](https://www.fhcp.com/health-wellness)** for detailed information about FHCP's Population Health Management programs, including how to enroll or opt-out.

FHCP also offers members a variety of health and wellness programs and services at little or no cost. There is no limit on the number of programs a member may wish to participate in. For more information, go to **[FHCP.com](https://www.fhcp.com)** or call the number listed under each program, Monday through Friday from 8:00 AM to 5:00 PM. Hearing impaired call 1-800-955-8770.

Acute Low Back and Neck Pain

This physical therapy program helps members manage acute or chronic low back or neck pain. Open to all members age 17 and up, members can contact Ability Health Services (all locations) or Palm Coast Sports Medicine directly. Co-pay/co-insurance and policy limits apply. For more information or to obtain a list of facilities, call FHCP Member Services. Refer to Page 5 for Member Services phone number.

Case Management - Coordination of Care

This is a free program offered to members who may benefit from assistance with coordinating their medical, psychosocial, and financial needs. Working with members and their physicians, Case Managers can provide the education and resources needed for members to better understand and comply with their plans of care. Other programs are available to meet your health care needs; these include patient monitoring, in-home medical management, and community resources coordination. A Case Manager will help you determine which programs are right for you. Your participation in Case Management services is voluntary and you may opt in or out at anytime. For information on how to access Case Management programs, we welcome you to contact us directly or speak with your physician if you feel you may benefit from our services. The FHCP Case Management Department can be reached at **386-238-3284** or toll free at **1-855-205-7293**.

Hypertension (high blood pressure)

FHCP offers a two-hour hypertension self-management class taught by Registered Dietitians. This free class focuses on the DASH (Dietary Approaches to Stop Hypertension) diet and low sodium education. For more information or to register, call the FHCP Diabetes/Health Education Department at **386-676-7133** or toll free at **1-877-229-4518**.

Diabetes Education Program

Recognized by the American Diabetes Association (ADA), and conducted by FHCP registered nurses and registered dietitians/Certified Diabetes Care and Education Specialists (CDCES), this free 10-hour diabetes education program is designed for our members with diabetes. Members with a diagnosis of diabetes may self-refer or be referred to the program by their primary care physician. The program covers the following topics: diabetes overview, complications, signs and symptoms of high and low blood sugar, lifestyle modifications, medications, nutrition, monitoring guidelines (HgbA1C, blood glucose meters, blood pressure, weight), and foot, skin, and dental care. The program is offered at several FHCP facilities at no cost. Individual appointments are available for members wanting a personalized approach. For more information about the program including how to enroll or opt-out, contact the FHCP Diabetes/Health Education Department at **386-676-7133** or **1-877-229-4518**.

Nutrition Game Plan for Diabetes

This two-hour session is recommended for members with diabetes who have completed the 10 hour Diabetes Education Program. The class reinforces disease specific nutrition education and answers questions regarding diabetes. It is offered at several FHCP facilities at no cost. For more information about the program, including how to enroll or opt-out, call the FHCP Diabetes/Health Education Department at **386-676-7133** or **1-877-229- 4518**.

Diabetes Prevention Program

This free, two-hour class is designed to help members identify risk factors for developing diabetes. It includes information about nutrition, exercise, and behavioral strategies for prevention. A more intense diabetes prevention program also is available. For more information, call the FHCP Diabetes/Health Education Department at **386-676-7133** or **1-877-229-4518**.

Healthy Heart Nutrition Program

This program is designed for our members with elevated lipids. It helps members identify risk factors for heart disease and offers tips for improving lifestyle to reduce those risks. It is offered at several FHCP facilities at no cost. Members may self-refer or be referred to the program by their primary care physician. For more information about the program including how to enroll or opt-out, call the FHCP Diabetes/Health Education Department at **386-676-7133** or **1-877-229-4518**.

Osteoporosis

This program is for members who are at risk for or have been diagnosed with Osteoporosis or Osteopenia. Therapists at Ability Health Services will perform an evaluation and physical assessment to determine strength, endurance and activity level. Members can call Ability directly; no referral is needed. Co-pay/co-insurance and policy limits may apply. For more information or to obtain a list of facilities, call FHCP Member Service.

Member Services:

Commercial Members:

386-615-4022/1-877-615-4022 (TTY: 1-800-955-8770)

Medicare Members:

1-833-866-6559 (TTY: 1-800-955-8770)

Preferred Fitness / Gym Access

This free fitness program is provided to **FHCP Medicare** members, certain employer groups who elect this coverage, and members who enroll in individual plans with gym access. Eligible members have unlimited access to a variety of quality health and fitness facilities in Volusia, Flagler, Brevard, St. Johns, and Seminole counties. For a current list of facilities, visit fhcp.com/preventative-care/preferred-fitness or contact the Wellness Department at 386-676-7100.

Commercial members: FHCP.com **Medicare members:** FHCPMedicare.com

Weight Management

“Eat Right, Move Right” is a free six-week course that promotes a lifestyle change approach to weight loss for members with a Body Mass Index (BMI) over 27. Class topics include how to increase activity, improve eating habits, and change behaviors for permanent weight loss. Members will learn to set realistic goals, make behavior changes, use the USDA plate method, manage dining out experiences, and change food shopping habits. It is offered at several FHCP facilities at no cost. Members may self-refer or be referred to the program by their primary care physician. For more information about the program including how to enroll or opt-out, call the FHCP Diabetes/Health Education Department at **386-676-7133** or **1-877-229-4518**.

Smoking Cessation

Tobacco Free Florida (TFF) is a free, statewide smoking cessation and prevention campaign. The program is managed by the Florida Department of Health through the Bureau of Tobacco Prevention. Smokers and smokeless tobacco users interested in assistance with quitting are encouraged to call the Florida Quitline at **1-877-U-CAN-NOW (877-822-6669)** to speak with a Quit Coach®.

To access TFF’s additional quit smoking resources, visit the Tobacco Free Florida website at tobaccofreeflorida.com.



2021 Recommended Immunizations for Children from Birth Through 6 Years Old



Age	Recommended Immunizations
Birth	HepB
1 month	Hib, PCV13
2 months	HepB, RV, DTaP, Hib, PCV13, IPV
4 months	HepB, RV, DTaP, Hib, PCV13, IPV
6 months	HepB, RV, DTaP, Hib, PCV13, IPV
12 months	HepB, Hib, PCV13, IPV
15 months	HepB, Hib, PCV13, IPV
18 months	HepB, Hib, PCV13, IPV
19-23 months	HepB, Hib, PCV13, IPV
2-3 years	HepB, Hib, PCV13, IPV
4-6 years	HepB, Hib, PCV13, IPV

Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.



NOTE: If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- † Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
 or visit
www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention



American Academy of Pediatrics
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INFORMATION FOR PARENTS

2021 Recommended Immunizations for Children 7–18 Years Old

Talk to your child's doctor or nurse about the vaccines recommended for their age. COVID-19 vaccination is recommended for some adolescents.

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A	Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
				MenACWY	MenB						
7-8 Years	Green shaded box	Orange shaded box									
9-10 Years		Orange shaded box	Blue shaded box								
11-12 Years		Green shaded box	Green shaded box	Green shaded box		Purple shaded box					
13-15 Years				Orange shaded box		Purple shaded box					
16-18 Years				Orange shaded box	Blue shaded box	Purple shaded box					
More Information:	Everyone 6 months and older should get a flu vaccine every year.	All 11- through 12- year olds should get one shot of Tdap.	All 11- through 12- year olds should get a 2-shot series of HPV vaccine. A 3-shot series is needed for those with underlying immune systems and those who start the series at 15 years or older.	All 11- through 12- year olds should get one shot of meningococcal conjugate (MenACWY). A 3-shot series is recommended at age 16.	Teens 16-18 year olds should be vaccinated with a serogroup B meningococcal (MenB) vaccine.						

 These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

 These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/imz/id/acip/index/.

 These shaded boxes indicate the vaccine should be given if a child is catching up on missed vaccines.

 This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.



Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES
2021

How to use the adult immunization schedule

- Determine recommended vaccinations by age (Table 1)
- Assess need for additional recommended vaccinations by medical condition and other indications (Table 2)
- Review vaccine type, frequencies, and intervals and considerations for special situations (Notes)

Vaccines in the Adult Immunization Schedule*

Vaccines	Abbreviations	Trade names
<i>Haemophilus influenzae</i> type b vaccine	Hib	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB® Heplisav-B®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV	Many brands
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent
Influenza vaccine (recombinant)	RIV4	Flublok® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R-II®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM MenACWY-TT	Menactra® Menveo® MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenb®
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13®
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax 23®
Tetanus and diphtheria toxoids	Td	Tenivac® Tdvax™
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Varicella vaccine	VAR	Varivax®
Zoster vaccine, recombinant	RZV	Shingrix

*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series if there are extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American College of Physicians (www.acponline.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), and American Academy of Physician Assistants (www.aapa.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System at www.vaers.hhs.gov or 800-822-7967

Injury claims

All vaccines included in the adult immunization schedule except pneumococcal 23-valent polysaccharide (PPSV23) and zoster (RZV) vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at www.hrsa.gov/vaccinecompensation.

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.



Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.

Helpful information

- Complete ACIP recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual
- Travel vaccine recommendations: www.cdc.gov/travel
- Recommended Child and Adolescent Immunization Schedule, United States, 2021: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html
- ACIP Shared Clinical Decision-Making Recommendations www.cdc.gov/vaccines/acip/acip-scdm-faqs.html





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