FLORIDA HEALTH CARE PLANS NEWSLETTER

FIVE STARS
Medicare's Highest Quality Rating

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Florida Health Care Plans will be Closed:

- Friday, July 3rd & Saturday, July 4th
- Monday, September 7th—Labor Day

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Provider Reminders & Announcements

Provider Surveys & Practice Changes

The Center for Medicare Services (CMS) requires health plans to maintain accurate provider directories for their members. If health plans do not comply, they risk regulatory fines. Given these requirements from CMS and everyone's desire to increase overall customer satisfaction, FHCP has sent out a quarterly request asking practitioners to verify their current directory information and to notify us if there has been any change in your practice. We appreciate you taking the time to respond to the survey and ask that you contact us whenever you have a change related to practitioners, address, telephone numbers, panel status, or services offered. You can let us know by faxing us any such changes to (386) 481-5202 or via email at FHCPProviderRelations5@fhcp.com.

COVID-19

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

Information/ Updates

UV SAFETY

July is UV Safety Month

"Anyone working outdoors is exposed to the sun's ultraviolet (UV) rays, even on cloudy days. UV rays are a part of sunlight that is an invisible form of radiation. There are three types of UV rays. UVA is believed to damage connective tissue and increase the risk for developing skin cancer. UVB penetrates less deeply into the skin, but can still cause some types of skin cancer. Natural UVC is absorbed by the atmosphere and does not pose a risk."

Click Here to access the full "Fast Facts—Protecting Yourself from Sun Exposure" PDF


NIOSH Fast Facts

Protecting Yourself from Sun Exposure

Anyone working outdoors is exposed to the sun's ultraviolet (UV) rays, even on cloudy days. UV rays are a part of sunlight that is an invisible form of radiation. There are three types of UV rays. UVA is believed to damage connective tissue and increase the risk for developing skin cancer. UVB penetrates less deeply into the skin, but can still cause some types of skin cancer. Natural UVC is absorbed by the atmosphere and does not pose a risk.

Sunburn

Sunburn is not immediately apparent. Symptoms usually start about 4 hours after sun exposure, worsen in 24–36 hours, and resolve in 3–5 days. They include red, tender and swollen skin, blistering, headache, fever, nausea, and fatigue. In addition to the skin, eyes can become sunburned. Sunburned eyes become red, dry, painful, and feel gritty. Chronic eye exposure can cause permanent damage, including blindness.

First Aid

- Take aspirin, acetaminophen, or ibuprofen to relieve pain, headache, and fever.
- Drink plenty of water to help replace fluid losses.
- Comfort burns with cool baths or the gentle application of cool wet cloths.
- Avoid further exposure until the burn has resolved.
- Use of a topical moisturizing cream, aloe, or 1% hydrocortisone cream may provide additional relief.

If blistering occurs:

- Lightly bandage or cover the area with gauze to prevent infection.
- Do not break blisters. (This slows healing and increases risk of infection.)
- When the blisters break and the skin peels, dried skin fragments may be removed and an antiseptic ointment or hydrocortisone cream may be applied.

Seek medical attention if any of the following occur:

- Severe sunburns covering more than 15% of the body
- Dehydration
- High fever (>101 °F)
- Extreme pain that persists for longer than 48 hours

Immunization Awareness Month

AUGUST

August is National Immunization Awareness Month. This annual observance highlights the efforts of healthcare providers to protect their patients against vaccine preventable diseases through on time vaccinations. Patients who have questions and concerns look to their doctor for reassurance, that is why a strong clear recommendation may be enough for them to accept the vaccines you have recommended.

Vaccines are recommended based on age, lifestyle job and/or health conditions. Assessing vaccination status at every visit ensures patients are up to date on their vaccines. Use the current immunization schedule to determine what vaccines are recommended.

Every year thousands of people in the U.S. become seriously ill and many are hospitalized from diseases that vaccines can prevent. Vaccination rates are low in the U.S. because patients may not be aware that they need vaccines. Research has shown that healthcare providers play a key role in ensuring recommended vaccines are given to their patients. You have the power to protect your patients against vaccine preventable diseases - your recommendation can make a difference!

CASE MANAGEMENT

Case Management Coordination of Care

The Case Management Coordination of Care services encompass a variety of programs to assist FHCP members such as: Chronic Complex Care, Transplant Case Management, Short Term or Acute Care services, Interactive Remote Patient Monitoring, Transition of Care Services, and the Community Resource Program.

The programs target FHCP members that require an extensive use of resources or have limited access to care caused by barriers of social determinants of health, and have acute or uncontrolled chronic disease (s) includes but not limited to coronary artery disease (CAD), uncontrolled hypertension, congestive heart failure (CHF), stroke (CVA), chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), asthma, diabetes, and organ transplants. The potential entrants are screened to ensure they can benefit from intense services provided by the RN Care Coordinator or Community Resource Coordinators (CRC).

The goal of the programs are to promote early or ongoing evaluation of healthcare risks for FHCP members who required acute or chronic high intensity medical, psychosocial, and community services in order to improve their health, stabilize health states or the maximum potential to improve quality of life in accordance with their medical conditions. It also includes end of life planning and compassion for those with limited life expectancy.

The Transition of Care services assist members that are new to FHCP to help transition from a previous insurance plan when complex needs, or continuation of care assistance is require. The RN TOC assists by evaluating the previous care and services provided to determine if services are established within the insurance plan or if prior authorization for continuation of care needs to occur. The RN TOC works with the member and previous providers to assist with continuity of care by gathering records and pertinent information to forward to Central Referrals when needing prior authorization or assistance with coordinating care within the FHCP networks.

Targeting FHCP members with gaps in care and inconsistencies with compliance of the practitioner plan of care or medication refills may benefit by a referral for evaluation of appropriate CM Coordination of Care programs. A detailed description of our services is available at www.fhcp.com Provider section- Referrals, Prior Authorizations, and Orders.

Continued on next page.

Contact Methods:

Coordination of Care

Website: www.fhcp.com
Internal E.H.R. Task- Case Mgmt. Coordination of Care
Phone: 386-238-3284
Toll Free: 855-205-7293
Fax: 386-238-3284
TTY: 800-955-8770
Email: cmanagement@fhcp.com
Monday-Friday 08:00 AM to 5:00 PM

Transition of Care

Website: www.fhcp.com
Internal E.H.R. Task- Case Mgmt. Coordination of Care
Phone: 386-615-5017
Toll Free: 855-205-7293
Fax: 386-238-3271
TTY: 800-955-8770
Email: toc@fhcp.com
Monday-Friday 08:00 AM to 5:00 PM

FHCP Members may be referred by:

- Physicians and healthcare team
- Members or caregivers
- Employers
- Pharmacy
- E.H.R.
- Claims Data Review
- CM Utilization Department
- Marketing Agents
- Member Services

From the DIRECTOR'S Corner!

COVID-19: A Challenge of Resources

Neil Nipper, M.D.
Director of Multispecialty Group

When the first cases of COVID-19 began to appear in Florida this winter, FHCP began looking at our resources and testing capabilities, trying to see how we could provide care for our members with possible infections in a safe and high-quality manner. In early March, the outlook was not encouraging. Our total number of N-95 masks and our PPE supply, like many healthcare providers, was inadequate for an endurance test of this magnitude.

We quickly circled the wagons and formed a task force to daily assess the situation and how it would impact our organization. With creative thinking and a lot of old-fashioned hard work, we formed partnerships with many new vendors, some of whom had global reach, to obtain necessary supplies. Early in the process, we decided to direct any respiratory cases to our 8 testing sites in Volusia, Flagler and Seminole Counties. Our network providers were encouraged to direct our members to these sites as well and we also made testing arrangements with other network partners in Brevard and Seminole Counties. Testing dramatically expanded over the ensuing weeks from one pathway to six. Consequently, we opened rapid testing to our members and employer groups to reassure them of a healthy workforce to assist them in reopening their doors when the governor approved a statewide reopening strategy.

One of the aspects of our COVID-19 response I'm most proud of is our fortitude to keep our doors open for our members and their families. Despite a trend toward shutting down or restricting service hours, FHCP remained steadfast alongside our Network partners to meet our member's healthcare needs. Using the framework of our telemedicine program, founded in 2018, we expanded its reach during the Safe at Home quarantine and welcomed other network providers who wanted to provide telemedicine during the COVID pandemic. Additionally, we temporarily waived members costs for Doctor on Demand to expedite care. At the peak of COVID-19 – the FHCP telehealth program exploded from 16 virtual visits in April 2019 to over 2,600 in April 2020. That exponential increase was only possible by the foresight of our leadership and the tireless efforts of our Information Systems department to diligently prepare for the future. After the pandemic we will assess the need to continue telemedicine services via our interested Network providers.

While the future of COVID-19 or other healthcare threats remains uncertain, we will continue to remain agile and tailor our efforts and prepare for what lies ahead. The lessons we've learned in 2020 continue to enhance our preparedness to care for our most important resource . . . our members.

Quality Update

Stephen Keen, M.D.
Medical Director of Quality, Utilization, and Case Management

As we slowly begin to move back to 'normalcy' in this post-COVID world the Quality Management department at FHCP will be reaching out to schedule visits with our contracted and staff primary care physicians to review individual physician's quality benchmarks. Amber Thompson and Stacy Eason are the two quality improvement employees who visit our physicians throughout the year to review physician performance, provide resources and give quality updates. The goal of these visits is to provide a summary of data regarding HEDIS® measures and to serve as an opportunity to answer questions or provide assistance with meeting measure goals.

Some of FHCP's goals are to achieve the highest NCQA standing, which includes our performance on HEDIS® measures, and maintain our Medicare 5-Star rating. Part of reaching these goals is improving performance in several measured areas of healthcare. One of the resources that FHCP has in place to achieve these goals is the gap report. The gap report is a daily, monthly, or quarterly report that identifies care gaps for individual patients. These gaps include studies, labs, imaging etc. that we believe the patient is missing. The gap report is a reflection of what gaps FHCP believes exist, based on our available data, and are based on national guidelines. Metrics are derived from HEDIS® measures, which I have previously written about, and are familiar to many physicians. Gaps can be addressed during a patient visit or office outreach. If the patient gap has already been addressed, the FHCP Quality Management department should be notified; the result, screening, or in some cases the office note can be sent to close the gap.

The HEDIS®/Star Provider Guide is another reference source for HEDIS® and Star measures and can be found at fhcp.com, under "For Providers" then "Resources and Support". The direct link is: https://www.fhcp.com/documents/HEDIS.pdf.

We realize that it is difficult measure the true "quality" of health care but these metrics are an objective set of nationally accepted markers of quality healthcare. Most importantly, many of these measures, like colon cancer screening, or breast cancer screening, are accepted by most healthcare professionals as important for our individual patients.

If you have any questions concerning the gap report please contact Quality Management /Performance Improvement (386)676-7100, Ext. 4185.

Thank you,

Stacy Eason
Amber Thompson
Stephen Keen, MD

MENTAL HEALTH

Drug & Alcohol Abuse & Suicide

The science of addiction is a growing field and we have come a long way in the last 50 years. In the past, Drug addiction was considered a moral failing, or a weakness. Those who abused drugs were thought to lack willpower and a moral compass. Thanks to researchers, scientists, and psychiatric professionals, those beliefs are changing. Drug Addiction is now considered a disease of the brain. This disease affects the normal chemistry of our brain and alters behavior. We know that drug addiction is progressive and chronic, much like diseases of the heart or lungs. One of the hidden risks of drug addiction is an increased risk of suicide.

It has long been known that people with mental illness have a higher risk of suicide, but those risks with co-occurring drug addiction do not get the same association. There are many factors that contribute to that increased risk. Using drugs and alcohol to soothe one's pain from depression, anxiety or other conditions is one. "Self-medicating" is the term used in the field. The rate of depression among addicts is thought to be 2-4 times higher than the general population. The negative consequences of drug and alcohol abuse contribute to worsening out-comes for those with mental illness, and the cycle continues.

The treatment modalities for drug addiction have changed dramatically over the past 40 or 50 years. In our Behavioral Health Department, we offer Licensed professionals specializing in addiction and co-occurring disorders. Florida Health Care Plans has a Department of Behavioral Health Professionals who can evaluate and treat both substance abuse and mental health conditions, for adults as well as children. We have a double board-certified child and adolescent psychiatrist who specializes in evaluating and treating children of all ages across the stages of development including into adulthood. We offer counselling as well as Psychiatric and medication management services in 5 locations including St. Augustine, Palm Coast, Holly Hill, Debary and Edgewater (Ormond Beach to open in early summer). Department at Florida Health care offers several group options including: Dialectical Behavioral Therapy, a Parenting group, Relapse prevention, Life Skills and a Trauma Education and healing group and a very popular Women's group. Telehealth is always an option for those who wish to remain at home during the Covid-19 crisis.

Continued on next page.

Our substance abuse program includes a Medication Assisted Treatment (MAT) Program using Suboxone or other appropriate medications, utilizing a 3 Phase Model. The substance recovery program is rigorous and is very much a team effort including psychiatrists, therapists and nurses. MAT programs use medications, in combination with individualized counseling and behavior therapy. We have treated patients successfully for decades and as the opioid epidemic has grown, our commitment to helping individuals and their families has become a personal mission for our providers to keep our community healthy and strong.

Substance abuse and mental health disorders frequently co-exist, and this combination increases the risk of suicidal or other destructive and dangerous behaviors. One of the most valuable services our Department offers is provided by our three-person Crisis intervention team (CIT). These staff members reach out to our members (substance abuse, mental health or dual diagnosed) In crisis and arrange appropriate interventions. We are convinced this service has helped many of our members avoid hospitalization, relapse or worse. If you or your loved one is suffering from drug and alcohol addiction or suicidal thoughts, help is available. A specialized team is available 24 hours and can also assist with placement to detox and/or inpatient/residential treatment through your insurance benefits. **The Behavioral Health Department at FHCP can be reached by calling 386-676-7175. If you or a loved one is having thoughts of suicide and are in immediate crisis, call the suicide hotline at 800-273-TALK.**

DIABETES/HEALTH

Childhood Obesity Awareness & Prevention

September is National Childhood Obesity Awareness month, providing us a chance to focus on prevention. The newest stats reveal that about 1 in 3 children in the US are overweight or obese, which shows that childhood obesity is a serious problem.

Over the last three decades, childhood obesity has more than doubled in children and tripled in adolescents. It is the primary health concern among parents in the United States, topping drug abuse and smoking. Childhood obesity has both immediate and long-term effects on health and well-being. Health problems now seen in children and adolescents include high blood pressure, type 2 diabetes and elevated blood cholesterol levels. There are also psychological effects: Obese children are more prone to low self-esteem, negative body image and depression.

The former Surgeon General Richard Carmona commented on the seriousness of the threat *"Because of the increasing rates of obesity, unhealthy eating habits and physical inactivity, we may see the first generation that will be less healthy and have a shorter life expectancy than their parents."*

Recommendations that focus on small but permanent changes in eating and physical activity may work better than a series of short-term changes that can't be sustained. The Diabetes/ Health education department can provide guidance for maintaining a healthy weight and lifestyle. The importance of continuing these life-style changes well past the initial treatment period should be emphasized to the entire family.

Choosemyplate.gov also has a new app called "Simple Start" available to download on smartphones to help children and adolescents. It offers a colorful reminder to help them make eating habits a part of their daily goals. Since obesity starts with prevention, we can get them started on the right track by assisting them with their goals towards a healthy lifestyle.

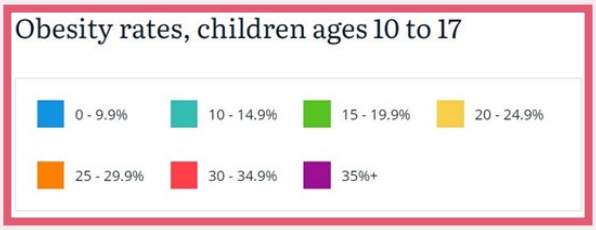
We at the Diabetes and Health Education Department want to support you once you have assessed a member who is at risk. A discussion about nutritional behaviors and physical activity may help the family embrace a change of lifestyle. Our dietitians can discuss strategies that are healthy for the whole family, not just the individual at risk. Education for weight management in children and adolescents is done as an individual appointment with a registered dietitian.

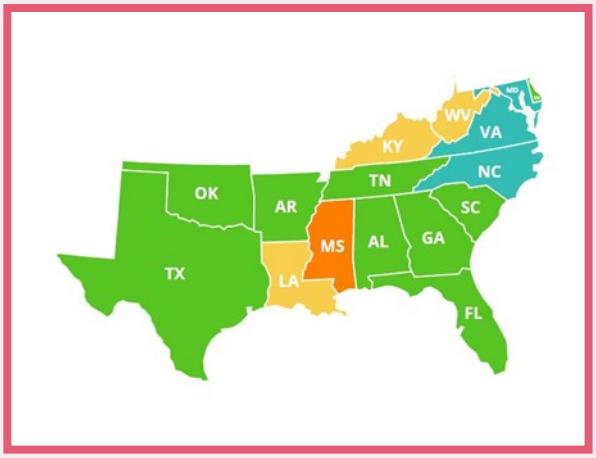
For questions about our program, please contact the Diabetes/Health Education Department at (386) 676-7133 or toll free 1-877-229-4518. For providers who do not use the Florida Health Care Plans' EHR system, please fax your referral to (386) 238-3228.

WELLNESS

National Childhood Obesity Awareness Month

The definition of childhood obesity has changed over time, but it can easily be defined as an excess of body fat in comparison to growth charts. Childhood obesity has increased considerably over the past 30 years. There are approximately 170 million children globally, 18 years of age or younger, that are classified as overweight. These children are prominent in middle-income countries. Obesity among children and adolescents in the United States is high and is continuously rising. In Florida, 17.8% of youth ages 10 to 17 are obese, making Florida number 8 among all states.





Childhood obesity is known to be one of the most serious public health challenges of the 21st century, and with good reason. The rise of obesity in our youth puts them at risk for poor health. Obesity can harm nearly every system in a child's body including heart and lungs, muscles and bones, kidneys and digestive tract, as well as the hormones that control blood sugar and puberty. It can also take a heavy social and emotional toll.

Prevention is the key to success for obesity control as many, but not all, obese children will eventually become obese adults. There are two key components for prevention and management of obesity.

Healthy Eating Habits, to help your children and family develop healthy eating habits here is what you can do:

- Provide plenty of vegetables, fruits, and whole-grain products
- Include low-fat or non-fat milk or dairy products
- Choose lean meats, poultry, fish, lentils, and beans for protein
- Serve reasonably sized portions
- Encourage your family to drink lots of water
- Limit sugar-sweetened beverages
- Limit consumption of sugar and saturated fat

Physical activity, to help your children and family develop a routine to stay active and reduce sedentary time here is what you can do:

- Incorporate at least 60 minutes of moderate intensity physical activity most days of the week, preferably daily.

Examples of moderate intensity physical activity include:

- Brisk walking
- Playing tag
- Jumping rope
- Playing soccer
- Swimming
- Dancing

Remember that children imitate adults. Start adding physical activity to your own daily routine and encourage your child to join you.

Remember that the goal for children who are overweight is to reduce the rate of weight gain while allowing normal growth and development. Children should NOT be placed on a weight reduction diet without the consultation of a health care provider.

Click here to view **References**

For more information about our program contact Brittany Hawthorne—Group Wellness Coordinator at (386) 676-7100 ext. 6423

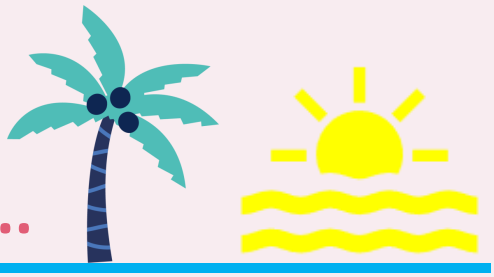
HEDIS® SPOTLIGHT for Summer 2020

Here are a few quality measures based on HEDIS® (**H**ealthcare **E**ffectiveness **D**ata and **I**nformation **S**et) and CMS Star Rating. Please visit www.fhcp.com, "For Providers", then "Resources and Support" for the recently updated HEDIS®/Star Provider Guide. Questions: Please email QualityManagement@fhcp.com.

ART	**Disease-Modifying Anti-Rheumatic Drug (DMARD) Therapy for Rheumatoid Arthritis:** Adults with Rheumatoid Arthritis (RA) should fill at least one prescription for a DMARD during the same year. **Please verify patient actually has RA** before assigning an RA diagnosis code. RA codes are M05.00 through M06.9. Below are related codes which do **NOT** require a DMARD: • M06.4: Inflammatory polyarthropathy (inflammatory arthritis of multiple joints) • M13.0: Polyarthritis, unspecified • Z87.39: Personal history of other diseases of the musculoskeletal system & connective tissue
CBP	**Controlling High Blood Pressure:** Adults with a diagnosis of hypertension should have adequately controlled blood pressure during the measurement year. Control is **LESS THAN 140/90.** • Please remember that a BP of 140/90 is **NOT** compliant with the quality measure. BP must be **139/89 or below** to be considered compliant. • If BP is elevated, always **retake BP** and document in the chart. Chart all efforts to obtain BP control. • Control within the measurement year should ***always*** be documented in the EHR if attained.
OMW	**Osteoporosis Management in Women Who Had a Fracture:** Age 67 to 85 with a fracture (other than finger, toe, face or skull), should have ***either one*** of the following **within the 6 moths after the fracture:** • A Bone Mineral Density (BMD) test, also known as a DEXA scan * • Osteoporosis drug therapy Drug therapy would be indicated (rather than another BMD test) if a previous test already shows osteoporosis. ***Reminder:** Staff PCP offices—please put in the order and advise the member how to call FHCP Radiology to schedule their BMD test. DB Radiology does not call members to schedule a BMD test from an EHR Task.
CIS	**Childhood Immunization Status—Combo 10:** **By their 2nd birthday, children should receive all of the following:** Four: Diphtheria, tetanus, & acellular pertussis (DTaP) One: Measles, mumps, & rubella (MMR) Three: Hepatitis B (HepB) Four: Pneumococcal conjugate (PCV) Two or Three: Rotavirus (RV) Three: Polio (IPV) Three: Haemophilus influenza type B (HiB) One: Chicken Pox (VZV) One: Hepatitis A (HepA) Two: Influenza (flu) Immunizations must be completed **before** member turns 2. Please educate office staff to schedule appointments **PRIOR** to 2nd birthday.
IMA	**Immunizations for Adolescents:** **By age 13, member should have had:** • One dose of meningococcal vaccine • One tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and • Completed the human papillomavirus (HPV) vaccine series Offer HPV Vaccine to members age 9 to age 13. Two doses should be completed prior to age 13. Please educate staff to schedule **PRIOR** to 13th birthday. **Must be completed by the 13th birthday**. Please document and submit timely with correct code. **Meningococcal CPT Code:** 90734. **Tdap CPT Code:** 90715. **HPV CPT Codes:** 90649, 90650, 90651

HEDIS® SPOTLIGHT

for Summer 2020—Continued...



CWP

Appropriate Testing for Pharyngitis: Ages 3 and older (previously children only) if diagnosed with pharyngitis and dispensed an antibiotic, should receive a **Group A streptococcus (strep) test** at the visit.

Group A Strep Tests:
CPT Codes: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
- For a diagnosis of pharyngitis, **please be sure a Group A strep test CPT code is submitted for same visit.**

Pharyngitis ICD-10 Codes: These diagnosis codes need a strep test.
J02.0: Streptococcal pharyngitis, **J02.8**: Acute pharyngitis-other specified organisms, **J02.9**: Acute pharyngitis unspecified, **J03.00**: Acute streptococcal tonsillitis unspecified, **J03.01**: Acute recurrent streptococcal tonsillitis, **J03.80**: Acute tonsillitis-other specified organisms, **J03.81**: Acute recurrent tonsillitis-other specified organisms, **J03.90**: Acute tonsillitis unspecified, **J03.91**: Acute recurrent tonsillitis unspecified

AAB

Avoidance of Antibiotic treatment For Acute Bronchitis/Bronchiolitis: Ages 3 months & older (previously adults only) diagnosed with acute bronchitis/bronchiolitis, should not be dispensed an antibiotic prescription.

Please do **not** use the following acute bronchitis/bronchiolitis diagnoses with an antibiotic:

J20.3 Acute bronchitis due to coxsackievirus
J20.4 Acute bronchitis due to parainfluenza virus
J20.5 Acute bronchitis due to resp. syncyt. virus
J20.6 Acute bronchitis due to rhinovirus
J20.7 Acute bronchitis due to echovirus
J20.8 Acute bronchitis due to other specified organisms
J20.9 Acute bronchitis, unspecified
J21.0 Acute bronchitis due to resp. syncyt. virus
J21.1 Acute bronchitis due to human metapneumovir
J21.8 Acute bronchitis due to other specif. organisms
J21.9 Acute bronchitis, unspecified

Antibiotics filled on the day of visit or within 3 days from visit, count in the measure.

Alternate Codes: The following codes are acceptable with an antibiotic per the measure (not a complete list):
J40 Bronchitis, not specified as acute or chronic
J01.90 Acute sinusitis, unspec.
J03.90 & J02.9 Acute tonsillitis or pharyngitis (do strep test)
H66.90 Otitis media, unspec
J30.0 Disease of upper respiratory tract, unspec.
J98.9 Respiratory disorder, unspecified

LBP

Use of Imaging Studies for Low Back Pain: Age 18-50 with a primary diagnosis of uncomplicated low back pain should not have an imaging study (plain x-ray, MRI, or CT scan) **within 28 days of the diagnosis**.

Exclusions (must be in claims system) where imaging may be clinically appropriate within the first 28 days:
- Cancer, or major organ transplant
- Recent trauma (fractures, dislocations, lacerations, internal injuries, etc.).
- Intravenous drug abuse, neurologic impairment (cauda equina syndrome), spinal infection, or HIV
- Prolonged use of corticosteroids.

Alternate Codes: Consider if any of these apply rather than low back pain, and imaging within 28 days is acceptable (not a complete list):
- Discitis, unspecified, lumbar region (M46.46)
- Discitis, unspecified, lumbosacral region (M46.47)
- Discitis, unspecified, sacral and sacrococcygeal region (M46.48)
- Other specified thoracic, thoracolumbar & lumbosacral intervertebral disc disorder (M51.9)
- Muscle spasm of back (M62.830)
- Contusion of lower back (S30.0XXA)
- Unspecified superficial injury of lower back (S30.91XA)

HEDIS® MEASURE:

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Florida Health Care Plans
An Independent Licensee of the Blue Cross and Blue Shield Association

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common childhood disorders and medication is the single most effective treatment for reducing symptoms. A recent National Survey of Children's Health (NSCH) indicates that while 8.9% (2.2 million) school-age children have a diagnosis of ADHD, only 69.3% take medication. https://www.nimh.nih.gov.

MEASURE DESCRIPTION: This measure evaluates follow-up care and medication compliance. This applies to children 6 to 12 years old who were newly prescribed medication to treat ADHD.

TWO ADD RATES ARE REPORTED:

Initiation Phase:

- Percentage of children with one or more follow-up visits occurring within 30 days from the date the prescription was filled.

Continuation and Maintenance (C&M) Phase:

- Percentage of children who remained on ADHD medication for at least 210 days (7 months).
- Two or more follow-up visits within 270 days (9 months) after the Initiation Phase ends (day 31 to 300 from the prescription fill date).
- Only **one** of the two visits may be by either telephone or telehealth.

Attention-deficit hyperactivity disorder ICD-10 CODES:	
F90.0 ADHD, predominantly inattentive type	F90.8 ADHD, other type
F90.1 ADHD, predominantly hyperactive type	F90.9 ADHD, unspecified type
F90.2 ADHD, combined type	F90.8 ADHD, other type
**This is not an all-inclusive list of ADHD ICD-10 codes.*	

ADD Measure Medications:		
Atomoxetine	Dextroamphetamine	Lisdexamfetamine
Dexmethylphenidate	Clonidine	Guanfacine
Methamphetamine	Methylphenidate	Amphetamine-Dextroamphetamine
**ADD Measure compliance is determined by pharmacy claims.*		

Provider Tips:

Educate members and caregivers about the common side effects of ADHD medication.

When ADHD medication is prescribed, schedule at least 1 follow-up visit within 30 days before the member and caregiver leaves your office.

Provide follow up phone calls to address concerns, questions, or progress.

Remind the member and caregiver of the first follow-up appointment and schedule 2 additional follow-up visits within 31-300 days of the first ADHD prescription.

Ask your office staff to reach each out to members who cancel appointments to assist with rescheduling as soon as possible.

Refer members to Behavioral Health when clinically appropriate for behavioral therapy and medication. https://pediatrics.aappublications.org.

For questions, please contact Gina George, LCSW/Behavioral Health Quality Improvement Coordinator, at 386-676-7100 x 7543.

References:
https://www.ncqa.org/hedis
https://www.cdc.gov/ncbddd/adhd

To our AMAZING

HEALTHCARE PROFESSIONALS

With the current risk of COVID-19, we may not have emphasized our true appreciation for our doctors and medical professionals on Doctor's Day! With that said, we want to thank you for continuing to show dedication, compassion and commitment to our members and for playing such a critical role in keeping our community safe! We appreciate YOU!

Sincerely,

The FHCP Staff & Administration

Thank you!