

Transition of Care

New Member Booklet



**Florida
Health Care
Plans®**



An Independent Licensee of the Blue Cross and Blue Shield Association

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Dear Member:

Transition of Care is a service within the Case Management Coordination of Care Department. Our Registered Nurse Navigators assist members who are experiencing complex health conditions to transition into Florida Health Care Plans (FHCP) networks of providers, available services, pharmacies and covered medications. The Transition of Care Nurse Navigators can help you access appropriate and timely care whether you are a new member with FHCP or an existing member that is experiencing a healthcare transition or having difficulty accessing services or medications. Our assistance is a free service from your insurance, voluntary, and phone based. The Case Management staff has a strong network of resources to help navigate the healthcare system. Working together with you and your physician(s), the primary goal is to help you meet your health care needs.

Helpful services provided by the Transition of Care Nurse Navigator may be able to assist with include:

- Coordination of care to transition to network physicians, specialties, or services
- Pharmacist review of medications for possible cost reduction, simplify complicated regimens, or transition treatment to FHCP coverage.
- Navigation of the healthcare system and covered plan benefits
- Link to other services within FHCP:
 1. Diabetes Education
 2. Disease Management Programs
 3. Case Management Registered Nurse Care Coordinators
 4. Home Health and/or Hospice care needs
 5. Community programs for financial assistance with health care needs
 6. Case Management Community Resource Coordinators to link to agencies and resources.

We welcome you to contact the department regarding any questions or concerns relating to your health or healthcare needs.

Best regards,
Transition of Care Team,
Case Management Coordination of Care Department
386-615-5017 or 1-855-205-7293 (TTY: 1-800-955-8770)
Monday through Friday, 8:00 a.m. to 5:00 p.m. local time
www.fhcp.com
toc@fhcp.com

HMO coverage is offered by Florida Blue Medicare, Inc., DBA FHCP Medicare, an Independent Licensee of the Blue Cross and Blue Shield Association. FHCP Medicare is administered by Florida Health Care Plan, Inc.

IMPORTANT CONTACT INFORMATION

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

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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
Coinsurance 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

FHCP standard business hours are 8 a.m. to 5 p.m., Monday through Friday. After-hours information services are also available through our Call Center from 5 p.m. to 8 a.m., Monday through Friday, and on weekends and holidays.

You can also contact FHCP Member Services by email or regular mail.

Email: ***memberservices@fhcp.com***

Regular 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.

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 physicians' 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: View this information online, go to [FHCP.com](https://www.fhcp.com) then go to "Find a Doctor/Facility." If you would like a hard copy of the Provider Directory, you can print a customized directory.

FHCP Medicare members: view the FHCP Provider Directory online at [fhcpmedicare.com](https://www.fhcpmedicare.com) under "Find a Provider". If you would like a hard copy of the Provider Directory, you can print a customized directory.

To obtain a hard copy of the Provider Directory visit our Holly Hill facility at 1510 Ridgewood Ave., or call Member Services. Refer to Page 3 for Member Services phone number.

Specialty Care and Behavioral Health Services

You and your physicians' may determine that you need to see a specialist, including a behavioral health physician. 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 illness or injury, it can be difficult to decide where to go for care. If you experience emergency symptoms, you or a family member should seek immediate treatment by calling 911 or going to the nearest emergency room. Any severe illness or injury should be evaluated in the emergency room. Examples include, but are not limited to:

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



Urgent Care / Acute Care

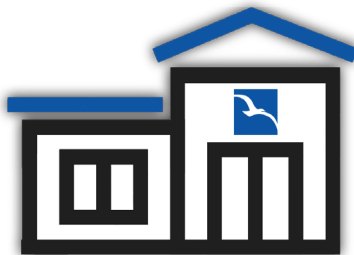
If you have acute symptoms, you can go to one of our FHCP Extended Hours Care Centers or to an Urgent Care Center in network.

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



We encourage you to call your PCP first, but if he or she isn't available, our Extended Hours Care Centers are an affordable and convenient option. Or, you may access care through Doctor on Demand video visits.

Please call FHCP Central Scheduling at **386-676-7198** or toll free at **1-855-210-2648** between the hours of 7 a.m. - 7 p.m., 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.



**Florida
Health Care
Plans®**



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24-HOUR NURSE ADVICE LINE

Getting the Right Care is Quick and Easy.



**Staffed by highly skilled registered nurses,
the nurse advice team:**

- Is available to answer your questions 24 hours a day,
7 days a week (including holidays)
- Can direct you to your best option for care
- Can guide you through self-care

**There is no charge for FHCP Members for this service.
The advice line is available in both English and Spanish.**

**Call toll-free 1-866-548-0727 to speak with an advice line
registered nurse. TTY users should call 1-800-955-8770.**

www.fhcp.com



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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 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.

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 employed physicians
- Review personal information such as medications, allergies, and medical history

Members who see contracted physicians can:

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

If you are using a computer, go to **fhcp.followmyhealth.com**. If you use a tablet or smartphone, download the free FollowMyHealth mobile app to create an account.

myFHCP Mobile App

myFHCP is a free mobile app, available for both Apple and Android devices. The app allows you to view account, benefits, and claims information for you and your dependents. You can also use the app to refill current prescriptions at FHCP pharmacies and view a copy of your FHCP insurance card. To install, search for “myFHCP” in the iTunes App Store or on Google Play.



MEMBER PORTAL

- Print a temporary FHCP Member ID Card
- Choose your PCP
- Perform or update your health assessment
- Look at your FHCP benefit plan books
- 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 SUITE OF ONLINE TOOLS PROVIDED EXCLUSIVELY TO
FLORIDA HEALTH CARE PLANS MEMBERS!***

YOUR HEALTH DOCUMENTS

As an FHCP member you always have access to complete information about the plan and your specific benefits by mail, FHCP Member Portal or online at fhcp.com, as follows:

ID Card Packet (mailed):

- New Member Welcome Letter
- Membership Card

New Member Packet (mailed):

- Welcome to FHCP Brochure
- Notice of Privacy Practices

Online via FHCP Member Portal Account:

- Advance Directives
- Member Rights and Responsibilities
- Certificate of Coverage/Evidence of Coverage (also referred to as your Member Handbook)
- Summary of Benefits
- Health History Form
- Transition of Care 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/Physician's Office
- Health Care Facility
- Hospital
- Other Health Care Provider
- Pharmacy

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.

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

Advance Directives are legal documents that allow you to spell out your decisions about end-of-life care ahead of time. 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 physician'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 under your plan 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 or on the myFHCP mobile app.

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 you receive the care you have been receiving. 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

2020 General Wellness Guidelines: To Discuss With Your Health Care Provider

Adult (Age 19+) Wellness Schedule

Routine Health Guide	
Annual Wellness and Routine Check-up	Visit your doctor each year and discuss your specific health issues / screenings. Screen all for depression (include pregnant and postpartum women).
Obesity Screening: Diet / Physical Activity / BMI Counseling	Annually. For BMI 30 or above, multicomponent behavioral interventions to promote a healthy diet and physical activity should be offered. For obese or overweight adults age 40 to 70, also screen for abnormal blood glucose as part of cardiovascular risk assessment.
Vision and Dental Exam	Get regular eye and dental exams. For issues such as decreased vision, draining or redness, pain, double vision, floaters, flashes of light or halos around lights, see your eye doctor right away. Any questions on frequency of vision or dental exams, ask your doctor.
Blood Pressure (BP)	Adults should be screened for high BP at least annually. If BP taken in a medical setting induces anxiety and causes a high BP, take another reading outside of that setting, unless it is clear that treatment should begin right away.
Recommended Diagnostic Checkups and Screenings for At-Risk Patients	
Abdominal Aortic Aneurysm (Men)	One-time AAA screening with ultrasonography in men ages 65 to 75 who have smoked.
Bone Mineral Density (BMD) Test (Women)	<ul style="list-style-type: none"> BMD test also called a DEXA scan (low dose x-ray), for most women starting at age 65 to test for osteoporosis, with follow-up at intervals determined by your doctor. Test before age 65 if at risk for osteoporosis (ask your doctor). If the test shows fragile bones, your doctor will consider prescribing a medication for osteoporosis.
Lipid Profile (Cholesterol and Triglycerides)	Screen age 40 to 75 years. Your doctor will determine whether screening is necessary if you are age 20 to 39 years. Adults with no history of cardiovascular disease (CVD) can use a low to moderate dose statin for prevention of CVD events when all of the following are met: 1.) Age 40 to 75 2.) 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) 3.) A calculated 10-year risk of a cardiovascular event of 10% or greater.
Colon Cancer	Screen for colorectal cancer starting at age 45 and continuing until at least age 75.* One of the following: <ul style="list-style-type: none"> Colonoscopy every 10 years; flexible sigmoidoscopy every 5 years; Cologuard every 3 years; or fecal occult blood test (FOBT) annually.
HIV and other Sexually Transmitted Infections (STIs)	<ul style="list-style-type: none"> HIV: Screen ages 15 to 65, or anyone else at increased risk. Also all pregnant women. Chlamydia and Gonorrhea: Screen sexually active women age 24 and younger and older women at increased risk for infection (can be a urine test).
Lung Cancer	Talk to your doctor about annual screening by low-dose CT scan for ages 55 to 80 with a 30 pack-year smoking history and currently smoke, or have quit within the past 15 years. Discontinue screening once you have not smoked for 15 years. <ul style="list-style-type: none"> Coverage depends on your benefit plan. Please call Member Services at (386) 615-4022 to determine your cost.
Mammogram (Women)	<ul style="list-style-type: none"> Every 1 to 2 years starting at age 50 up to age 74.* For women age 40 to 49, discuss the benefits and risks with your doctor. BRCA testing for those at risk (check with your doctor).
Pap Smear (Women)	<ul style="list-style-type: none"> Age 21 to 65 have a Pap smear alone every 3 years (also known as cytology) to look for cervical cancer. Age 30 to 65 may instead every 5 years have high-risk human papillomavirus (hrHPV) test alone, OR hrHPV in combination with Pap smear (co-testing). <p>Not needed if you had a hysterectomy with removal of the cervix, and no history of cancer. Stop at age 65 unless increased risk (see your doctor).</p>

Recommended Diagnostic Checkups and Screenings for At-Risk Patients

Prostate Cancer (Men)	Discuss the risks and potential benefits of screening with your doctor.
Skin Cancer	Ages 6 months to 24 years with fair skin should minimize exposure to ultraviolet (UV) radiation to reduce risk. All ages with concerns, discuss with your doctor.

Other Important Guidance From Your Doctor

Screening / Counseling for Depression, Tobacco, Alcohol, Substance Abuse, and Pregnancy	Every visit, or as indicated by your doctor.
Fall Risk / Domestic Violence Prevention / Seat Belt Use	Discuss overall safety precautions, risk for intimate partner violence, and fall prevention (older adults) with your doctor.
Medications for Potential Interactions	Bring your list for review every visit, or as indicated by your doctor. Be sure to include over-the-counter, supplements, and vitamins in your discussion.
Advance Directives / Living Will	Be sure to have an up-to-date living will, a legal document with instruction about if or when life-support treatments should be withheld or withdrawn.

Children and Adolescents (Birth – 18 Years of Age)

Routine Health Guide

Wellness Exam, and Autism / Development Behavioral Assessment	Frequent Wellness Check-ups Newborn to age 3. Annual Wellness Check-up age 3 to 18. Autism-specific screening ages 18 and 24 months.
Body Mass Index (BMI): Ht and Wt	Every visit: Height / Weight / BMI beginning at age 2. Screen for obesity age 6 to 18 and offer comprehensive behavioral interventions.
Blood Pressure	Annually, beginning at age 3.
Hearing / Dental / Vision Screenings	Hearing: Newborn, then annually beginning age 4. Dental: Regularly beginning age 1. Vision: Annually beginning age 3.

Recommended Screenings / Guidance

Lead, TB, Sickle Cell, and Blood Sugar	Screening may be indicated based on various factors. Check with your doctor.
HIV and other STIs	Discuss with the doctor based on behavioral risks.
Diet / Physical Activity / Emotional Well-Being Counseling	Every visit.
Tobacco / Alcohol / Substance Abuse / Depression / Pregnancy	Screening / Counseling every visit beginning age 11. Depression screening beginning age 12. Talk to your doctor about any specific concerns.

Be sure to review your plan benefits to determine your cost / co-pay for any service listed here.

These guidelines are recommendations from the organizations listed below and were not developed by FHCP:

U.S. Preventive Services Task Force, January 2020: <https://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>

*American Cancer Society: <https://www.cancer.org/>; www.ahrq.gov/; www.cdc.gov/; www.aap.org

FOR IMMUNIZATIONS PLEASE GO TO: CDC 2020 Immunization Schedules for children/adults: <https://www.cdc.gov/vaccines/schedules/index.html>

Preventive Care Guidelines for ages 65+

Schedule an Annual Wellness Visit or your Welcome to Medicare Preventive Visit with your doctor to discuss preventive screenings and the flu vaccine. **Before you go, make sure that your Medicare plan benefits cover these services. Also, the recommended frequency for a procedure shown on this list may not match Medicare's frequency for coverage**

Routine Health Guide

Annual Wellness Visit and Routine Checkup	Annually
Welcome to Medicare Preventive Visit	Once per lifetime, within 12 months of first having Medicare Part B coverage
Obesity Screening: Diet/Physical Activity/BMI CounselingA	Annually
Vision Exam and Glaucoma Screening	Annually

Recommended Diagnostic Checkups, Screenings and Other Services

Abdominal Aortic Aneurysm (AAA) Check	One-time screening in a lifetime: Discuss with your doctor
Lung Cancer Screening and Counseling	Annually for ages 55–77; with a 30-pack per year smoker history, current smoker or those who have quit smoking within the past 15 years
High Blood Pressure (hypertension)	Annually
Diabetic Screening, Blood Sugar, Hemoglobin A1C, Retinal Eye Exam, Kidney Function, Blood Pressure	Annually or every six months, if diagnosed with pre-diabetes
Osteoporosis	Every 24 months or more often if medically necessary, discuss with your doctor
Colorectal Cancer Screening and Counseling	Ages 50–75; Screening Colonoscopy every 10 years, FOBT (Fecal occult blood test) every year or FIT-DNA every 3 years, CT colonography every 5 years or Sigmoidoscopy every 5 years
HIV and other Sexually Transmitted Infections (STIs) Screening & Counseling	Annually; discuss with your doctor
Cholesterol Screening	Once every 2 years; more frequently if at risk; discuss with your doctor.
Prostate Cancer Screening (Men only)	Discuss with your doctor
Mammogram (Women only)	Once every 2 years; more frequently if at risk; discuss with your doctor
Pap Test/Pelvic Exam (Women only)	Discuss with your doctor
Skin Cancer Screening. Early detection of cutaneous melanoma, basal cell cancer, or squamous cell skin cancer in the adult general population.	Discuss with your doctor
Hearing Test	Discuss with your doctor

Guidance

Screen/Counseling: Depression, Obesity, Tobacco, Alcohol and Substance Abuse	Every visit, or as indicated by your doctor
Fall Risk/Unintentional Injury/Domestic Violence Prevention/Urinary Problems	Every visit, or as indicated by your doctor
Medication List (including over-the-counter & vitamins) for potential interactions	Every visit, or as indicated by your doctor
Advance Directives: Living Will	Annually, discuss with your doctor

Immunizations (Routine Recommendations)

Tetanus, Diphtheria, Pertussis (Td/Tdap)	Tdap vaccine once, then a Td booster every 10 years
Flu (Influenza)	Annually
Pneumococcal – PCV13 and PPSV23	Ages 65+: 1-2 doses; discuss with your doctor
Shingles (Zoster)	Ages 60+: 1 dose
Hepatitis B, Hepatitis C Virus (HCV) Infection Screening and Varicella (Chickenpox)	Discuss with your doctor

We're here to help:

Call the number on the back of your ID card to speak to a Member Services representative.

To find an FHCP Welcome Center near you, visit fhcpmedicare.com or call 1-855-462-3427.

The guidelines above are recommendations by the organizations listed below and were not developed by FHCP Medicare.

Sources: www.ahrq.gov; www.medicare.gov; www.cdc.gov; www.uspreventiveservicestaskforce.org

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We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-866-6559 (TTY: 1-877-967-7373). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-833-866-6559 (TTY: 1-800-955-8770)



Case Management Coordination of Care

Support FHCP's mission to improve the health and quality of care for our members.

The Coordination of Care Program is a free and voluntary program offered to our members who need assistance coordinating their healthcare or understanding how to manage their health.

The Case Management Coordination of Care Program is designed to address the needs of all members by helping to navigate the health care system, functioning as a health coach, connecting members with community resources, and implementing measures to improve the quality of life and disease-specific outcomes. The case management process is characterized by advocacy, communication, and resources management. We are dedicated to assisting members and their families who are facing illness or injury.



Services and Resources that may be recommended include:

- Health Coaching
- Medication Review by a Pharmacist
- Connecting Community Partners and Resources
- Educational Materials and Resources
- Member Wellness Classes
- Support Groups
- Long Term Care Resources
- Interactive Health at Home Remote monitoring

For more information, please contact:

Case Management Coordination of Care Department

Monday-Friday – 8:00 a.m. to 5:00 p.m. local time

Phone: 386-238-3284 | Toll Free: 855-205-7293 | Fax: 386-238-3284

TTY: 1-800-955-8770 | Email: cmanagement@fhcp.com



Proudly serving all of Volusia, St. Johns, Flagler, Seminole and Brevard Counties.



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Health Care
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Community Resource Program

CASE MANAGEMENT

Coordination of Care Department



**Florida
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An Independent Licensee of the Blue Cross and Blue Shield Association

FHCP's mission is to improve the health and quality of care for our members.

FHCP recognizes that our members may have social or financial concerns that prevent access to health care. In order to address barriers, Community Resource Coordinators are available to members at no cost.



Community Resource Coordinators provide individualized assessments and link members with resources they may include:

- Federal, State, and County agencies
- Prescription Assistance Programs/ Foundations
- Food pantries
- Legal Services
- Veteran's Services
- Transportation services
- Housing options
- Assisted Living & Nursing Home choices
- Support groups

Frequently Used Resources:

- Domestic Abuse Hotline: (Spousal/domestic partner abuse) 1-800-500-1119
- Social Security Administration: 1-800-772-1213
- Veterans Administration: 1-800-827-1000
- Florida Department of Children & Families: 1-866-762-2237
- United Way First Call for Help: dial 211
- Florida Elder Helpline: 1-800-963-5337
- FHCP Member Services
Commercial: 1-877-615-4022
Medicare: 1-833-866-6559

If there are concerns about abuse, neglect, or exploitation, call:
Florida Abuse Hotline 1-800-962-2873
(Children, Elderly, or Disabled)

Community Resource Coordinators (CRCs) work with providers, members and caregivers on a case by case basis to find resources that support members' health goals. If you need assistance, contact information is below:

Case Management Coordination of Care
Monday – Friday 8:00 am to 5:00 pm
Phone: 386-238-3284 • Toll Free: 855-205-7293
Fax: 386-238-3271 • TTY: 1-800-955-8770
Email: cmanagement@fhcp.com
Web: www.fhcp.com



For more information or to
schedule an appointment please call

386-238-3284



FHCP.COM

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HMO coverage is offered by Florida Blue Medicare, Inc., DBA FHCP Medicare, an Independent Licensee of the Blue Cross and Blue Shield Association. FHCP Medicare is administered by Florida Health Care Plan, Inc.

Section 1557 Notification: Discrimination is Against the Law

FHCP Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FHCP Medicare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

FHCP Medicare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified Interpreters
 - o Information written in other languages

If you need these services, contact:

FHCP Medicare: 1-833-866-6559

If you believe that FHCP Medicare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

FHCP Medicare
Civil Rights Coordinator
PO Box 9910,
Daytona Beach, FL 32120-0910.
Phone: 1-844-219-6137,
TTY: 1-800-955-8770
Fax: 386-676-7149,
Email: rights@fhcp.com.

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



An Independent Licensee of the Blue Cross and Blue Shield Association

Discrimination is Against the Law

Florida Health Care Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Florida Health Care Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Health Care Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified Interpreters
 - o Information written in other languages

If you need these services, contact:

- Florida Health Care Plans : 1-877-615-4022

If you believe that Florida Health Care Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Health Care Plans
Civil Rights Coordinator
PO Box 9910,
Daytona Beach, FL 32120-0910.
Phone: 1-844-219-6137,
TTY: 1-800-955-8770
Fax: 386-676-7149,
Email: rights@fhcp.com.

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-833-866-6559. (TTY: 1-800-955-8770)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-866-6559 (TTY: 1-800-955-8770).**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-833-866-6559 (TTY: 1-800-955-8770).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-833-866-6559 (TTY: 1-800-955-8770).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-833-866-6559 (TTY: 1-800-955-8770).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-833-866-6559 (TTY：1-800-955-8770)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-833-866-6559 (ATS : 1-800-955-8770).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-833-866-6559 (TTY: 1-800-955-8770).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-866-6559 (телетайп: 1-800-955-8770).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-833-866-6559 (رقم هاتف الصم والبكم: 1-800-955-8770).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-833-866-6559 (TTY: 1-800-955-8770).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-866-6559 (TTY: 1-800-955-8770).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-833-866-6559 (TTY: 1-800-955-8770)번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-833-866-6559 (TTY: 1-800-955-8770).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-833-866-6559 (TTY: 1-800-955-8770).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-833-866-6559 (TTY: 1-800-955-8770).

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-615-4022. (TTY: 1-800-955-8770)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-615-4022 (TTY: 1-800-955-8770).

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ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-615-4022 (رقم هاتف الصم والبكم: 1-800-955-8770).

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Florida Health Care Plan, Inc. d/b/a Florida Health Care Plans ("FHCP") offers health insurance coverage products. FHCP is an affiliate of Blue Cross and Blue Shield of Florida, Inc. d/b/a Florida Blue. Both companies are Independent Licensees of the Blue Cross and Blue Shield Association.