MEMBER RESOURCE GUIDE 2023

Your guide to navigating important information and resources to get the most out of the benefits and programs offered in your FHCP plans.
for choosing to be a member of Florida Health Care Plans (FHCP). We value the trust you have placed in us and will do our best to provide the care and service you deserve.

For more than 49 years, FHCP has been offering high-quality insurance plans, and delivering convenient, comprehensive health care to our members. Our highly skilled, compassionate team of professionals is here to provide you and your family with the care you need.

Please keep this Member Resource Guide in a convenient place; if you need additional copies or have questions, please contact FHCP Member Services:

**Commercial Members:**
386-615-4022 or 1-877-615-4022 (TTY: 1-800-955-8770)
fhcp.com

**Medicare Members:**
386-615-5051 or 1-833-866-6559 (TTY: 1-800-955-8770)
fhcpMedicare.com

Thank you for trusting your health care to the FHCP team!

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.
# TABLE OF CONTENTS

A Message from FHCP (Intro) .................................................. 2

Table of Contents ............................................................... 3

**Section 1:** Important Contact Information ............................ 4

**Section 2:** Online Tools & Portals ..................................... 5

**Section 3:** Your Important Health Documents ...................... 7

**Section 4:** Where to Go for Care ....................................... 9

**Section 5:** Pharmacy .......................................................... 13

**Section 6:** Health, Wellness, and Disease Management .......... 14

**Section 7:** How We Manage Your Care .............................. 18

**Section 8:** Case Management .......................................... 20

**Section 9:** How Claims are Paid ....................................... 21

**Section 10:** Complaints, Grievances, and Appeals ................. 22

**Section 11:** Quality Improvement and Patient Safety ............... 23

**Section 12:** FHCP Members’ Rights & Responsibilities .......... 25

**Section 13:** CDC Recommended Immunization Schedules ...... 27

Want to Know More About Florida Health Care Plans? ............ 30
IMPORTANT
CONTACT INFORMATION
For questions about benefits and other services, please contact us:

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:
386-615-5051 or 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.

General Inquiries .........................386-676-7100 or 1-800-352-9824
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 Info ..........386-676-7110 or 1-800-232-0578
Utilization Review ....................386-676-7187 or 1-866-676-7187

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 providers 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 & PORTALS

Take control of your health with our online tools provided exclusively to Florida Health Care Plans Members!

**Member Portal**

Each FHCP member and FHCP Medicare member has convenient online access to a personal Member Portal account: [fhcp.com/member-login/](http://fhcp.com/member-login/) or [fhcpMedicare.com/member-login](http://fhcpMedicare.com/member-login). Use your Member Portal anytime to securely:

- Print a temporary FHCP Member ID Card
- Choose or change your PCP
- Review your FHCP benefit plan book
- Review your claims
- Review your FHCP enrollment information
- Refill a prescription
- Contact FHCP Member Services

Also located in your Member Portal are valuable tools to help you better manage your health care, including **Welcome to Wellness** and **FollowMyHealth**.

**Health Education and Wellness**

Members are encouraged to explore the **My Health** tab with access to **Welcome To Wellness**, which provides a variety of self-management programs for better nutrition, health and well-being, a user-friendly **Health Assessment**, and a comprehensive library to help you make better health and lifestyle choices.
**Patient Portal**

**FollowMyHealth** gives each FHCP member and FHCP Medicare member convenient online access to their private medical information.

Members who see FHCP staff providers in FHCP Care Centers can:

- View lab and test results
- Request, reschedule, view, or cancel appointments
- Receive appointment reminders
- Request prescription renewals
- Send secure messages to your provider
- Review personal information including medications, allergies, and medical history

Members who see contracted, in-network providers can:

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

Download **FollowMyHealth** from the App Store or Google Play to your tablet or smartphone and create an account. Using a computer, go to [fhcp.followmyhealth.com](http://fhcp.followmyhealth.com).
YOUR IMPORTANT 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 or fhcpMedicare.com.

New Member Packet (mailed):
- Welcome Letter
- Membership ID Card

Online via FHCP Member Portal:
- 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 it securely to toc@fhcp.com. (See Page 18 for more information about Transition of Care.)

To request a hard copy of any of these documents, please contact FHCP Member Services.

Access your Member ID Card from the Member Portal. Please keep this card with you for easy access to:
- Doctor/Provider’s Office
- Health Care Facility
- Hospital
- Other Health Care Provider

Your Member ID Card helps the medical and pharmacy staff quickly identify your insurance coverage to provide care and service.

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 at 386-615-4022 or 1-877-615-4022 (TTY: 1-800-955-8770).
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

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.
Selecting a Primary Care Provider

Your Primary Care Provider’s (PCP) office is your medical home and the first place to call with health care needs and questions. When urgent medical needs arise, visiting FHCP’s Extended Hours Care Centers save you time and money! Care is also available virtually via Doctor on Demand. For maximum coverage and the lowest out-of-pocket expense, select a primary care provider (PCP) from the FHCP Provider Directory. Your PCP, usually a provider specializing in Family Medicine, Internal Medicine, or Pediatrics, provides general acute, chronic, and preventive care services. They also coordinate other health care services you may need and refer you to a specialist(s) when necessary.

The FHCP Provider Directory contains information that will guide you in making the best selection. Included in the directory are each provider’s specialty, address, telephone number, board certification status, and 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 fhcp.com/individuals-families/find-a-doctor/. 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 a printable directory of FHCP Medicare providers, click on “Learn More” 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 provider(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 specialists 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 Primary Care Provider first for assistance.

Examples of acute symptoms:
- Cough
- Sprains
- Headache
- Sore throat
- Moderate fever
- Cough
- Sprains
- Headache

**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.

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**FHCP’S EXTENDED HOURS CARE CENTERS**
Walk-ins are welcome. Please call FHCP Central Scheduling at **386-676-7198** or toll free at **1-855-210-2648** between the hours of 7 AM - 7 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.

**FHCP - Ormond Beach**
461 S. Nova Rd.
Ormond Beach, FL 32174
386-671-4337
M - F 7 AM - 7 PM
Sat 8 AM - Noon

**FHCP - Port Orange**
740 Dunlawton Ave.
Port Orange, FL
386-763-1000
M - F 7 AM - 7 PM

**FHCP - Edgewater**
239 N. Ridgewood Ave.
Edgewater, FL 32132
386-427-4868
M - F 7 AM - 7 PM
Sat 8 AM - Noon

**FHCP - Daytona Beach**
350 N. Clyde Morris Blvd.
Daytona Beach, FL 32114
386-238-3221
M - F 7 AM - 7 PM
Sat 8 AM - Noon

**Advanced Urgent Care Port Orange**
1690 Dunlawton Ave.
Port Orange, FL 32127
386-271-2273
M - F 7 AM - 10 PM
Sat & Sun 9 AM - 7 PM

**FHCP - Deland**
937 N. Spring Garden Ave.
Deland, FL 32720
386-376-1948
M - F 7 AM - 7 PM
Sat 8 AM - Noon

**FHCP - Orange City**
2777 Enterprise Rd.
Orange City, FL 32763
386-774-2550
M - F 7 AM - 7 PM
Sat 8 AM - Noon

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For a complete list of all Urgent Care Centers in network, please visit [fhcp.com/urgent-care-centers](http://fhcp.com/urgent-care-centers).

*Members wishing to utilize their WorkForce Wellness co-pay, visit WorkForce Wellness Extended Hours Care Centers for a location near you.*
Doctor On Demand – Video Visits with a Provider

Doctor On Demand provides video visits with board certified providers, licensed psychologists, and psychiatrists 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, it is convenient if you are considering a non-emergency ER or urgent care visit, when your primary care provider is not available, or when you are traveling.

Doctor On Demand also offers convenient behavioral health visits, and you can schedule recurring appointments with the same provider.

For more information, check your plan documents or call Member Services at 386-615-5051 or 1-833-866-6559.

Go to doctorondemand.com/fhcp or doctorondemand.com/fhcpMedicare 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 the 24-Hour Nurseline **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.
What Makes FHCP Pharmacies Different?

Our local FHCP Pharmacies are conveniently located in your community to provide you with a hassle-free, pharmacy experience. Your pharmacist is your partner, striving to understand the unique needs of each individual. We pride ourselves on offering what few can brag about, hometown service.

Delivered to Your Door

FHCP Pharmacy Mail Order offers free delivery on most maintenance medications and is delivered right to your doorstep. There is no additional charge for members to order a 90-day supply of maintenance medications for the on-going health conditions such as asthma, diabetes, and high blood pressure. For more information about Mail Order, please visit fhcp.com/mail-order/.

MyFHCP Rx App

Your Pharmacy at your fingertips! Download the app from The App Store or Google Play and create your account to take full advantage of a variety of features that help you save time and stay on top of your health.

- Refill from your prescription list
- Transfer prescriptions from other pharmacies
- Refill by typing Rx number
- Find a Florida Health Care Plans pharmacy near you

For more information on generic drug savings, vaccines, medical supplies and more, please visit our website at fhcp.com/providers/pharmacy/.
FHCP’s focus is helping our members get healthy, stay healthy, and manage existing chronic diseases. Using a 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
- Weight Loss with Diabetes

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

- Eat Right Move Right
- Healthy Heart Nutrition
- Nutrition Game Plan for Diabetes
- Diabetes Prevention
- Diabetes Education
- Diabetes Recognized Self Management Education
  - Improving Kidney Health through Nutrition
  - Plant-Based Diet
- 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/preventative-care/](http://fhcp.com/preventative-care/) for detailed information about FHCP’s Population Health Management programs, including how to enroll or opt-out.

FHCP 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 participate in.

**Diabetes Education Program**

Recognized by the American Diabetes Association (ADA), and conducted by FHCP Registered Nurses, Registered Dietitians, and Certified Diabetes Care and Education Specialists (CDCES), this free 4-part 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 provider.
Diabetes Education Program (cont.)
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.

Diabetes Prevention Program
This free, two-hour class is designed to help members identify risk factors associated with developing diabetes. It includes information about nutrition, exercise, and behavioral strategies for prevention.

Nutrition Game Plan for Diabetes
This two-hour session is recommended for members with diabetes who have completed the 4-part 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.

Weight Management - “Eat Right, Move Right”
This 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 provider.

Hypertension (high blood pressure)
FHCP offers a two-hour hypertension self-management class taught by Registered Dietitians. This free class focuses on the DASH, Mediterranean Diet, and low sodium education.

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 provider.

For more information about the Diabetes Education Programs including how to enroll or opt-out, call the FHCP Diabetes/Health Education Department at 386-676-7133 or 1-877-229-4518.
**Preferred Fitness / Gym Access**

This free fitness program is provided to FHCP Medicare members, employer groups who elect this coverage, and members who enroll in individual plans with gym access. Eligible members have access to a variety of health and fitness facilities in Volusia, Flagler, Brevard, St. Johns, and Seminole counties. With the Preferred Fitness, eligible members have access to the basic membership at participating facilities at no cost.

For a current list of facilities, visit [fhcp.com/fitness-partners](http://fhcp.com/fitness-partners) or contact the Health Promotion and Wellness Department at 386-676-7100.

**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](http://tobaccofreeflorida.com).

**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 386-615-4022/1-877-615-4022.

**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 Services 386-615-4022/1-877-615-4022.
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 terminating 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 386-615-4022/877-615-4022. 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 provider’s “order” or a member request that facilitates a recommendation that a member see another provider (example: a specialist) for consultation or health care services that the referring provider 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 provider 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 a specific medical service 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 provider to FHCP Central Referral 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/member-login or FHCP Medicare Member portal at fhcpMedicare.com/member-login. 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.
Coordination of Care 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 providers, 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, including in-home medical management and community resource coordination. A Case Manager will help you determine which programs are right for you.

Using Case Management services is voluntary, and you may opt in or out at any time. For information on how to access Case Management programs, we welcome you to contact us directly, or speak with your provider 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 or by email cmanagement@fhcp.com.

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 and transition providers to the FHCP network, where 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
When you utilize 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 providers 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, 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 are 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
COMPLAINTS, GRIEVANCES, & APPEALS

We are dedicated to providing our members with access to quality health care 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 are 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 provider’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..................................72 hours or less
  (end of service or urgent pre-authorization)

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 386-676-7187.
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 measures of health care. 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.

- **Provider-Patient Communication** - You should feel comfortable talking with your provider 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 provider 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 provider 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 providers representing various specialties. The most current FHCP formularies are available at 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.

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.
A Member has the Right:

- To be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- To a prompt and reasonable response to questions and requests.
- To know who is providing medical services and who is responsible for his or her care.
- To know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- To bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider’s office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her 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.
- To know what rules and regulations apply to his or her conduct.
- To be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- To refuse any treatment, except as otherwise provided by law.
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- To impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- To treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- To know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in experimental research.
- To express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- To file an appeal. Contact Member Services Department for information about the appeals process.
  - Commercial members: 1-877-615-4022
  - Medicare members: 1-833-866-6559
- 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.
A Member is Responsible:

- For providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- For reporting unexpected changes in his or her condition to the health care provider.
- For reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- For following the treatment plan recommended by the health care provider.
- For keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- For his or her actions if he or she refuses treatment or does not follow the health care provider’s instructions.
- For assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- For following health care facility rules and regulations affecting patient care and conduct.
- For promptly responding to FHCP’s request for information regarding you and/or your dependents in relation to covered services.
- For demonstrating respect and consideration towards medical personnel and other members.
- For knowing your medicines and taking them according to the instructions provided.
- For presenting your FHCP membership identification card each time you drop off and pick up a prescription.
- For receiving all of your health care through FHCP with the exception of emergency care. (Members with POS or Triple Option Plan should review your “Summary of Benefits and Coverage” sheet.)
- For using emergency room facilities only for medical emergencies and serious accidents.
- For reporting emergency treatment to FHCP Member Services.
  - **Commercial members: 1-877-615-4022**
  - **Medicare members: 1-833-866-6559**
How to use the adult immunization schedule

1. Determine recommended vaccinations by age (Table 1)
2. Assess need for additional recommended vaccinations by medical condition or other indication (Table 2)
3. Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)
4. Review contraindications and precautions for vaccine types (Appendix)

Vaccines in the Adult Immunization Schedule*

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Abbreviation(s)</th>
<th>Trade name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemophilus influenzae type b vaccine</td>
<td>Hib</td>
<td>ActHIB®</td>
</tr>
<tr>
<td>Hepatitis A vaccine</td>
<td>HepA</td>
<td>Havrix®</td>
</tr>
<tr>
<td>Hepatitis A and hepatitis B vaccine</td>
<td>HepA-HepB</td>
<td>Twinrix®</td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>HepB</td>
<td>Engerix®B</td>
</tr>
<tr>
<td>Human papillomavirus vaccine</td>
<td>HPV</td>
<td>Gardasil®9</td>
</tr>
<tr>
<td>Influenza vaccine (inactivated)</td>
<td>IV4</td>
<td>Many brands</td>
</tr>
<tr>
<td>Influenza vaccine (live, attenuated)</td>
<td>LAIV4</td>
<td>Flumist® Quadrivalent</td>
</tr>
<tr>
<td>Influenza vaccine (recombinant)</td>
<td>RV4</td>
<td>Flublok® Quadrivalent</td>
</tr>
<tr>
<td>Measles, mumps, and rubella vaccine</td>
<td>MMR</td>
<td>M-M-R®III</td>
</tr>
<tr>
<td>Meningococcal serogroups A, C, W, Y vaccine</td>
<td>MenACWY-D</td>
<td>Menactra®</td>
</tr>
<tr>
<td>MenACWY-CRM</td>
<td>Menveo®</td>
<td></td>
</tr>
<tr>
<td>MenACWY-TT</td>
<td>MenQuad®</td>
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</tr>
<tr>
<td>Meningococcal serogroup B vaccine</td>
<td>MenB-4C</td>
<td>Bexsero®</td>
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<tr>
<td>MenB-FHbp</td>
<td>Trumenba®</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal 15-valent conjugate vaccine</td>
<td>PCV15</td>
<td>Vaxneuvance™</td>
</tr>
<tr>
<td>Pneumococcal 20-valent conjugate vaccine</td>
<td>PCV20</td>
<td>Prevnar 20™</td>
</tr>
<tr>
<td>Pneumococcal 23-valent polysaccharide vaccine</td>
<td>PPSV23</td>
<td>Pneumovax 23®</td>
</tr>
<tr>
<td>Tetanus and diphtheria toxoids</td>
<td>Td</td>
<td>Tetras®</td>
</tr>
<tr>
<td>Tetanus and diphtheria toxoids and acellular pertussis vaccine</td>
<td>Tdap</td>
<td>Adacel®</td>
</tr>
<tr>
<td>Varicella vaccine</td>
<td>VAR</td>
<td>Varivax®</td>
</tr>
<tr>
<td>Zoster vaccine, recombinant</td>
<td>RZV</td>
<td>Shingrix</td>
</tr>
</tbody>
</table>

*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.

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.

Helpful information
- Complete Advisory Committee on Immunization Practices (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
- Travel vaccine recommendations: www.cdc.gov/travel
- Recommended Child and Adolescent Immunization Schedule, United States, 2022: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

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

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 Associates (www.aapa.org), and Society for Healthcare Epidemiology of America (www.shea-online.org).

UNITED STATES
2022
Recommended Adult Immunization Schedule for ages 19 years or older
# 2022 Recommended Immunizations for Children from Birth Through 6 Years Old

<table>
<thead>
<tr>
<th>Age Range</th>
<th>HepB</th>
<th>RV</th>
<th>DTaP</th>
<th>Hib</th>
<th>PCV13</th>
<th>IPV</th>
<th>MMR</th>
<th>Varicella</th>
<th>HepA§</th>
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</thead>
<tbody>
<tr>
<td>Birth (0-1 month)</td>
<td>HepB</td>
<td>RV</td>
<td>DTaP</td>
<td>Hib</td>
<td>PCV13</td>
<td>IPV</td>
<td>MMR</td>
<td>Varicella</td>
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<td>1 month</td>
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<td>19-23 months</td>
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<td>2-3 years</td>
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<tr>
<td>4-6 years</td>
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</tbody>
</table>

**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.

**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.

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

**COVID-19 VACCINATION IS RECOMMENDED FOR AGES 6 MONTHS AND OLDER.**

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.
### 2022 Recommended Immunizations for Children 7–18 Years Old

#### More Information:
- **Flu Influenza:** Everyone 6 months and older should get a flu vaccine every year if they do not have contraindications.
- **Tdap (Tetanus, diphtheria, pertussis):** All 11- through 12-year-olds should get one shot of Tdap.
- **HPV (Human papillomavirus):** A 2-shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.
- **Dengue:** Ages 10 years and older at increased risk should receive a serogroup B meningococcal (MenB) vaccine. Ages 16–18 years old who are not at increased risk may be vaccinated with a MenB vaccine.
- **MMR (Measles, mumps, rubella):** Ages 9-16 years old who live in dengue endemic areas AND have laboratory confirmation of previous dengue infection.

#### Immunization Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>Flu Influenza</th>
<th>Tdap</th>
<th>HPV Human papillomavirus</th>
<th>Meningococcal MenACWY</th>
<th>Meningococcal MenB</th>
<th>Pneumococcal</th>
<th>Dengue</th>
<th>Hepatitis B</th>
<th>Hepatitis A</th>
<th>Polio</th>
<th>MMR Measles, mumps, rubella</th>
<th>Chickenpox Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-8 Years</td>
<td></td>
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<td>9-10 Years</td>
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<td>11-12 Years</td>
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<tr>
<td>13-15 Years</td>
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<tr>
<td>16-18 Years</td>
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</tbody>
</table>

**COVID-19 vaccination is recommended for ages 6 months and older.**
Talk to your child’s doctor or nurse about the vaccines recommended for their age.

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 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.

This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.
Florida Health Care Plans (FHCP) is a trusted name in providing high-quality health care 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.

**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.

**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 Provider for 31 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 2022  
  Source: The Daytona Beach News-Journal
- Voted Best Health Plan for 10+ years by Hometown News Readers’ Choice Poll 2022  
  Source: Hometown News
- Awarded Healthiest Company Award, Gold Status by the First Coast Worksite Wellness Council
- 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)
Thank you for Choosing Florida Health Care Plans.