

FLORIDA HEALTH CARE PLANS NEWSLETTER



FOR PROVIDERS

WHAT'S NEW?



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**FHCP has an
Organizational
NPS of 66!**

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NPS stands for Net Promoter Score. It's a customer satisfaction benchmark that measures customer loyalty.



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We are Listening

In 2021, we surveyed 1921 Providers. A total of 384 Providers completed and returned the survey. See page 10 for more details!

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FHCP will be closed on:

- Thursday, November 25th—26th
- Friday, December 24th
- Friday, December 31st

New Year Benefit Changes

Just a friendly reminder that effective January 1, 2022, many patients change benefit plans/products and even insurance companies. Therefore, we highly encourage providers and their staff to check eligibility and benefits prior to rendering services to ensure accurate insurance information is on file and correct member payment responsibilities are collected. You may check eligibility and benefits at no charge via the FHCP Provider Portal.

<https://www.fhcp.com/provider-login/>

We are looking forward to working with you in 2022 to keep our members happy and healthy in the New Year!



Member Rights and Responsibilities

FHCP's Member Rights and Responsibilities are available for review on our website. Go to:

<https://www.fhcp.com/about-your-care/your-rights-privacy-and-protection/>

and click "Your Rights, Privacy, and Protection." Hard copies are available upon request by contacting Roberta Hemphill at (386) 615-5018.

Florida Health Care Plans has an Organizational NPS of 66!

What is Net Promoter Score (NPS)?

NPS stands for Net Promoter Score. It's a customer satisfaction benchmark that measures customer loyalty. The Organizational NPS is measured by one simple survey question, "On a scale of 1 to 10, how likely is it that you would recommend Florida Health Care Plans to a friend or colleague?"

DETRACTORS

PASSIVES

PROMOTERS

0123456
78
910

Net Promoter Score =
 % Promoters -
 % Detractors

The responses to this quarter are categorized into these groups:

Detractors	Passives	Promoters
<ul style="list-style-type: none"> Actively unhappy customers who may even be angry about their interactions Patients in this category may avoid interactions in the future and encourage others to do the same 	<ul style="list-style-type: none"> Relatively happy but with the right amount of sweet talk, they could leave your company for the arms of a competitor Are left out of NPS calculations 	<ul style="list-style-type: none"> Repeat patients who are most likely to recommend you to friends and family Fuel viral growth through word of mouth Your biggest fans

Currently in 2021, we have received 2,292 responses to the FHCP Organizational NPS question. An email campaign is sent annually to active FHCP members with valid email addresses. The survey is open from July 15th to August 31st. This data is reviewed by the FHCP Member Engagement Department to create a strategy to win back our detractors, increase member satisfaction, and educate FHCP members.



If you are interested in finding out more information, feel free to contact:

Nicole Maikisch, MHA
 FHCP Member Engagement Supervisor at
nmaikisch@fhcp.com.

From The Director's Corner

Community transmission of COVID-19 was first detected in the United States in February 2020. By mid-March, all 50 states, the District of Columbia and four US territories had reported cases of COVID-19. What followed was a time of uncertainty and concern among health care providers as an unprecedented demand for services tested the limits of our healthcare delivery system. Not since the early years of the AIDS epidemic had frontline caregivers experienced such anxiety, stress and frustration. As was the case decades ago when facing a new and poorly understood challenge, those dedicated to caring for our communities answered the call with skill and resilience. Hospitalized patients received compassionate care, ambulatory patients found the care they required, and the community at large began to feel hopeful that life at some point would return to normal.



This heroic response to an epic challenge, however, was not accomplished without cost. According to Medscape's 2021 Physician Burnout Report published in January, sixty nine percent of physicians said they were somewhat or very happy in 2020 before the pandemic started. This figure fell to forty nine percent during the pandemic. In addition, forty two percent of physicians reported feeling burned out last year. This heavy toll was not limited to physicians, of course, as all health care workers faced exhaustion, personal risk of infection, fear of transmission to family members and the illness or death of friends and colleagues.

Just as the severity of the COVID pandemic seemed to be subsiding, the Delta variant brought a spike in cases even greater than previously seen. The resulting strain on our healthcare resources has tested the resilience of even the most experienced and skilled among us. We've all seen coworkers struggle while confronting the burden of this disease. A burden which, no doubt, would have been lightened significantly with universal acceptance of the COVID-19 vaccine. The vaccine has proven to be safe and extremely effective at preventing severe disease, hospitalization, and death. I encourage vaccination for all who are eligible and remain unvaccinated.

Medicine is a caring profession. By recognizing the need to care for ourselves and our coworkers as well as our patients we will meet this challenge and maintain our resolve. Look for opportunities to provide a word of encouragement, a helping hand, or an expression of gratitude. By coming together as colleagues in support of one another we will, as we have in the past, guide our communities through a time of fear and uncertainty and arrive in a place of healing and hope.

Edwin E. Prevatte, MD FAAFP
Medical Director, Multi-specialty Group Practice

Get Vaccinated, SAVE LIVES!

Did you know? Florida Health Care Plans has the Moderna COVID-19 Vaccine available for anyone in the community! We want to make sure that you, your family, and our community are protected. Please visit www.fhcp.com/covid-19/covid-19-vaccine/ to schedule an appointment TODAY!





24 Hour Nurse Hotline!



FHCP contracts with Carenet Healthcare Services to provide a nurse advice line 24 hours a day, 365 days a year. Members can call a toll free number (1-866-548-0727) to speak with an experienced, bilingual Registered nurse.

Using evidence based guidelines, the nurses provide triage for current symptoms, assist members to better understand diagnoses and prescribed medications, and advise them where and when to go for more help.

If you are a staff PCP, a triage report of your member's call to the Nurse Line will be sent to your task list. The report will also be placed in the patient information section of the EHR. Network contracted providers will receive a triage report via fax.

We encourage you to let our members know about this valuable service. For questions concerning this service, email Quality Management at QualityManagement@fhcp.com.



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FHCP Provider Portal

We highly recommend
registering for the

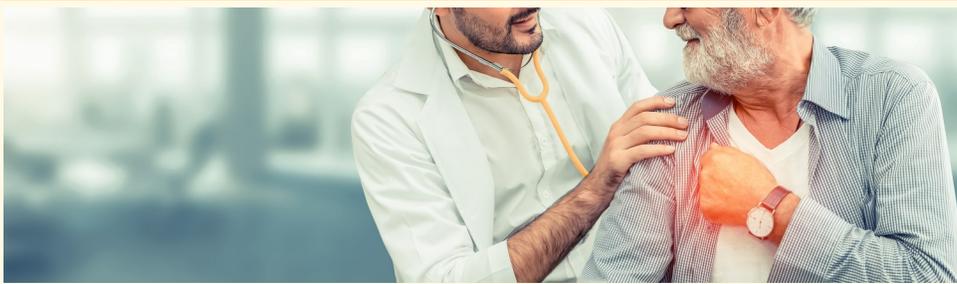
FHCP Provider Portal

In order to gain access to vital
information such as:

- Patient Demographics
- Real time Eligibility & Benefits with accumulation
- Claims Status & Details
- Authorization Status
- Formularies
- RX History
- PCP Panel Reports
- Commonly used forms



Case Management Coordination of Care Programs



The CM Coordination of Care services are designed to address the needs of plan members requiring high intensity services through interventions in the following programs: Chronic Complex Care, Transplant Case Management, Case Management Services that include Transition of Care, In-Home Provider Programs, Interactive Health at Home Remote Monitoring, and the Community Resource Program. Behavioral Health Complex Care is performed by FHCP Behavioral Health Department. Case Managers collaborate extensively with the member's physicians and their health care team to assist with acute crisis or chronic condition (s) including but not limited to coronary artery disease (CAD), congestive heart failure (CHF), stroke, chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), diabetes, depression (or other behavioral health diagnosis), and organ transplants. The Case Management services utilize plan services and benefits, community resources, and navigation across the healthcare continuum. The Programs promote early evaluation of healthcare risks to improve health outcomes, return to stabilized health states or the maximum potential, and improve quality of life in accordance with their medical conditions or includes end of life planning and compassion for those with limited life expectancy.

Details for the CMCOC Program can be found at:

<https://www.fhcp.com/about-your-care/case-management-coordination-of-care/>

In the FHCP Provider Resource Guide on page 5,9, 45-47, 59, or under the section for Referrals, Prior Authorizations, and Orders.

There are various methods to refer a member to the Case Management Coordination of Care or Community Resources services:

Telephone Contact: Toll Free (855) 205 -7293 or (386) 238 -3284

Fax: (386) 238-3271

Website: www.fhcp.com

Internal: E.H.R. Task or Referral form available through the Provider Resource Guide

Monday - Friday 8:00 AM to 5:00 PM

Criteria for Consideration for this program may include members who require any of the following:

- Healthcare related advocacy across the continuum
- Member education
- Assistance with monitoring and treatment
- Assistance with obtaining needed community resources
- Assistance with barriers related to social determinations of health
- Assistance with behavioral health needs
- Assistance with an in-home provider service for members with difficulty leaving the home to prevent gaps in care or assist with transition of care from inpatient setting to home
- Any clinical situation requiring care coordination to enhance continuity of care and quality of life

Members can be referred by:

- Practitioners
- Member or Caregiver
- Discharge Planners
- Medical Management Programs
- Proactive Data Claims Review



Pharmacy News/ Updates



The FHCP Pharmacy and Therapeutic (P&T) Committee reviews the complete formulary annually by drug class. The drug classes are divided into four sections for each quarterly Committee meeting. This update is the result of the June 8th P&T Committee and monthly formulary updates from the Centers for Medicare and Medicaid Services (CMS).

Long-acting ARBs on FHCP formulary in Tier 1

FHCP has olmesartan (Gx Benicar) and telmisartan (Gx Micardis) in Tier 1 for all formularies. Over 70% of all FHCP ARB prescriptions are for losartan which was the first in the class to become generically available but is a shorter acting ARB and requires twice daily dosing in some patients. If a patient using losartan requires better blood pressure control, a longer acting ARB may be a consideration. Head-to-head studies have shown that losartan is less effective than olmesartan and telmisartan with regards to blood pressure reduction. Losartan is a bit unique in that it is a mild uricosuric and may be useful in some patients with gout.

Farxiga Dosing

Farxiga (dapagliflozin) now has 3 indications and dosing/recommendations for renal insufficiency are not identical. Often patients may have two or more indications. Use in dialysis is contraindicated and change in eGFR doesn't require a dosing adjustment.

Indication	Recommended Dose	Renal insufficiency considerations
Type 2 DM	5mg/day start 10mg/day max	If goal is only to improve glycemic control do not initiate if eGFR <45mL/min
HF (reduced EF)	10mg/day	Do not initiate if eGFR <25mL/min
CKD	10mg/day	Do not initiate if eGFR <25mL/min, however patients may continue 10mg/day to reduce risk of eGFR decline, CV death, and acute HF

Continued on Next Page



Formulary Changes

Medicare

Drug	Tier	Restrictions
Prednisone 10mg Tablets (6-day & 12-day dose packs)	Tier 2	DL
Prednisone 5mg Tablets (6-day & 12-day dose packs)	Tier 2	DL
Rufinamide 200mg Tablets & 400mg Tablets	Tier 2	PA
Clobetasol Propionate 0.05% Foam	Tier 2	QL
Xcopri 100mg & 150mg (250mg daily dose) Tablets Dose Pack	Tier 5	PA,DL
Xpovio 50mg (100mg once weekly) Tablets Dose Pack	Tier 5	PA, LA, DL
Xpovio 40mg (40mg once weekly) Tablets Dose Pack	Tier 5	PA, LA, DL
Xpovio 40mg (40mg twice weekly) Tablets Dose Pack	Tier 5	PA, LA, DL
Xpovio 60mg (60mg once weekly) Tablets Dose Pack	Tier 5	PA, LA, DL
Xpovio 40mg (80mg once weekly) Tablets Dose Pack	Tier 5	PA, LA, DL
Norethindrone-Ethinyl Estradiol-FE 1mg/20mcg Tablets	Tier 2	
Fotivda 0.89 Capsules & 1.34mg Capsules	Tier 5	PA
Humira Pen-Pediatric UC Starter Kit 80mg/0.8mL	Tier 5	PA
Xtandi 40mg Tablets & 80mg Tablets	Tier 5	PA,QL
Aptivus 100mg/mL Oral Solution	Removed	
Guanidine 125mg Tablets	Removed	
Maprotiline 25mg, 50mg, & 75mg Tablets	Removed	
Phospholine Iodide 0.125% Ophthalmic Solution	Removed	
Prednicarbate 0.1% Cream	Removed	

Commercial/ACA

Drug	Tier	Restrictions
Prednisone 10mg Tablets (6-day & 12-day dose packs)	Tier 2	DL
Prednisone 5mg Tablets (6-day & 12-day dose packs)	Tier 2	DL
Rufinamide 200mg Tablets & 400mg Tablets	Tier 2	PA
Clobetasol Propionate 0.05% Foam	Tier 2	QL
Retacrit 20000 Unit/mL Injection	Tier 5	PA,DL
Lopinavir-Ritonavir 100-25mg Tablets & 200-50mg Tablets	Tier 2	
Symjepi 0.15mg/0.3mL & 0.3mg/0.3mL PFS		DL Removed
Epinephrine 0.15mg/0.3mL & 0.3mg/0.3mL Autoinjector		DL Removed
Kaletra 100-25mg, 200-50mg Tablets	Removed	
Benzel 200mg & 400mg Tablets	Removed	

The Physician Drug Guide and Formulary is available on the Provider Portal. The most current FHCP formularies including tiers, prior authorization, and any other limits that apply are available online at www.fhcp.com and can be printed upon request from FHCP Provider Services at (386)615-5096.

We Are Listening!



Each year, FHCP surveys its providers in an effort to gain insight as to how FHCP is performing from the provider perspective. In 2021, we surveyed 1921 Providers. A total of 384 Providers completed and returned the survey. Brevard, Seminole, Volusia, Flagler and St. John's Counties were represented.

Individual Provider comments included on surveys have provided useful insight as to the basis scores in various areas. Responses and recommendations based upon this input have been incorporated into the Performance Improvement Committee's corrective action plan as needed!

A copy of the 2021 Provider Survey Executive Summary, supporting charts and data tables and can be reviewed by accessing the FHCP Provider Portal and on our website.



Provider Surveys and 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



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FHCP Provider Resource Guide

All Providers can access the FHCP Provider Resource Guide at any time via FHCP’s website at the following link:

<https://www.fhcp.com/for-providers/> and select “Resources, Education & Support”

The Provider Resource Guide is updated monthly and summaries are sent to notify all FHCP Participating Providers as revisions are made.

The Resource Guide contains both links and content in areas such as:

- Sample Member Cards
- Administrative Staff Directory
- Drug Formulary and Pharmacy Locations
- Admission and Referral forms
- FHCP Policies and Procedures applicable to Provider Practices

We hope the information provided in the Resource Guide will help you better manage your relationship with Florida Health Care Plans and our members.

Stay Connected with FHCP!

There are many outlets to stay connected with FHCP! We encourage Provider engagement as FHCP utilizes multiple social media platforms to reach its audience.

So, STAY connected!



FHCP’s Case Management Processes	Obtaining FHCP UM Criteria
Member Rights and Responsibilities	FHCP Formulary Information
Preventative Care Initiatives	Provider Survey Results
Contacting FHCP Utilization staff	FHCP Network Access Standards





REMINDER:

FHCP Provider Network Availability & Access Standards

Consumers value timely access to medical care. Florida Health Care Plans (FHCP) monitors primary care, and specialty care practitioner geographic availability and member access to routine and urgent appointments as well as after-hours access accessibility against specific standards. Please review the standards available in the Provider Resource Guide so that we can ensure FHCP members are able to respond that they are getting the care expected. Please use this link to the Provider Resource guide. <https://www.fhcp.com/documents/content/FHCP-Provider-Resource-Guide.pdf> Your continued support and care of FHCP members is greatly appreciated.



COVID-19 Resources/Updates

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](#)

Utilization Management Reminders

All initial requests and referrals that require prior authorization are managed by the Central Referrals Department or Case Management Utilization Review Department. Initial requests for services, prior authorization, medications and items are reviewed utilizing available pertinent documentation. Determinations are based on evidence based medical necessity criteria and member benefits. FHCP uses MCG guidelines, CMS (LCD and NCD) Guidelines, and Blue Cross Blue Shield of Florida Medical Policy Guidelines to assure the consistency with which medical necessity decisions are made.

PRE-SERVICE AUTHORIZATION Requests: Please Fax requests for inpatient notification of admissions to the FHCP Utilization Review Department at (386) 238-3253. Please allow up to 14 days for your request to be reviewed and returned with a

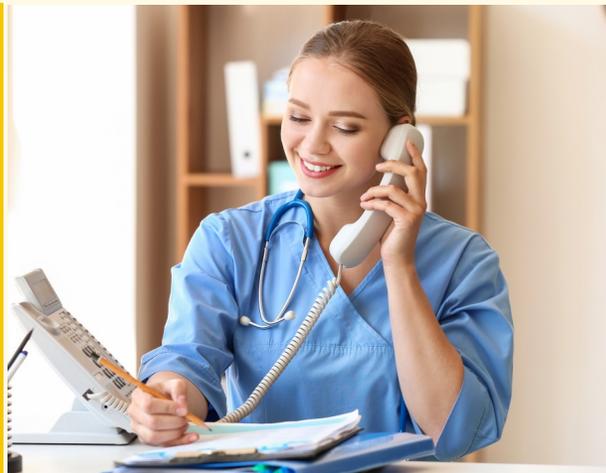
decision. A Referring Provider may discuss a request with a Utilization Management Physician or request guidelines utilized to make the decision by calling: Central Referrals Department (386) 238-3230 or (800) 352-9824 and ask for extension 3230.

INPATIENT Requests: Please Fax requests for inpatient notification of admissions to the FHCP Utilization Review Department at (386)615-4058.

Concurrent Care (inpatient hospital, skilled nursing facility or home health care) are managed by the Case Management Utilization Review Department. A Referring Provider may discuss a request with a Utilization Management Physician or request guidelines utilized to make a decision by calling: Case Management Department at (386) 676-7187 or (866) 676-7187.

APPEALS:

- **Pre-service** (time frames differ dependent on plan type and/or service)
- **Standard appeals:** Please Fax requests for Standard Appeals to the FHCP Member Services Department at (386) 676-7149. All Standard appeals must be written.
- **Expedited appeals:** (time frames differ dependent on plan type and/or service) Please call **and** fax FHCP Member Services Department (386) 615-4022 or (866) 615-4022. The fax number is (386) 676-7149.



Post service: Member or Provider reconsideration request of post-service claims are processed by the FHCP Medical Claims Department. If the Claims Department cannot fully find in favor of the Provider or Member's reconsideration request, the member or provider will be notified, and they may then submit an appeal request processed through FHCP Member Services Department. If necessary, a like Specialist Review is provided to make medical necessity decisions.

The telephone number for the FHCP Member Services Department is (386) 615-4022 or (866) 615-4022. The fax number is (386) 676-7149.

All UM decision making is based only on appropriate care and coverage. FHCP does not reward staff for making adverse determinations, and they do not use financial incentives that reward underutilization.

For more information about the Referral Process, Claims or Utilization Management Process, go to the FHCP Website, www.fhcp.com, and click on the Providers tab, then click on Provider Services to find the FHCP Provider Resource Guide. Provider Referral Guides and other pertinent documents are also available at this site.

News From Quality Management

HEDIS® (Healthcare Effectiveness Data and Information Set) is a performance measurement tool developed by the National Committee for Quality Assurance (NCQA). HEDIS consists of nationally recognized clinical quality measures, and is an important factor in our accreditation. The Quality Management Department at FHCP works with the entire health plan to increase our rates in quality measures in order to promote excellent health outcomes for our members.

Quarterly Office Visits: One of the initiatives Quality Management has in place consists of quarterly staff PCP office visits. This year, staff from Quality Management conducted visits via Zoom with our staff providers. They were joined by a LCSW who focused on behavioral health measures. Coming up in the fall, a team from Value Stream Intelligence (VSI) will join in to promote the newly designed VSI Report Portal. The goal of these visits



HEDIS®/Star Provider Guide:

The 2021 version is now available at <https://www.fhcp.com/documents/content/resources%20&%20education/HEDIS.Star-Provider-Guide.pdf>

This summary guide is a handy reference source for HEDIS and Star quality measures. Included are our NCQA sensitive quality measures, concise definitions, and tips for improving compliance.

is to serve as an opportunity to answer questions and provide assistance with meeting quality measure goals. We would like to extend a special “Thank You” to all the physicians and staff for taking part in this important initiative. We hope that you find the visits helpful and informative.

Gap Report: FHCP’s goal is to achieve the highest NCQA standing and 5-Star rating, and to provide the highest quality of health care. One of the resources that FHCP has in place to achieve these goals is the Gap Report. This report is produced daily, monthly, or quarterly and identifies “care gaps” for patients with upcoming visits. Gaps can be addressed during a patient visit or office outreach. If the need 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.

If you have any questions concerning the Gap Report please contact Quality Management at (386) 676-7100, Ext. 4185.

Use of Provider Performance Data

FHCP is committed to supplying members with data to facilitate their ability to make informed decisions regarding use of practitioners, providers and services covered by FHCP. Therefore, it is important that providers be aware and supportive of this initiative for transparency in health care. Please be advised that FHCP may make the following practitioners/provider performance data available:

- Quality improvement activities
- Public reporting to consumers
- Preferred status designation in the network (tiering) for narrow networks
- Cost sharing for using preferred providers

November is National Diabetes Month

Did you know the first insulin injection was administered almost 100 years ago?

On January 23, 1922, 14-year-old Leonard Thompson became the first person to ever receive an insulin injection as treatment as he lay dying from diabetes in a Toronto hospital. Within 24 hours, Leonard's dangerously high blood glucose levels dropped to near-normal levels. The news of insulin's success quickly spread worldwide.

World Diabetes Day is November 14, 2021, and the theme this year is **Access to Diabetes Care**. Millions of people with diabetes around the world do not have access to adequate care for their disease. As you are aware, diabetics require ongoing care and support to manage their condition and avoid complications.

Diabetes Focused Visits follow a patient centered approach. This meeting between the patient and Primary Care Physician (PCP) focuses strictly on diabetes. Glucometer readings are checked and discussed, labs are ordered, and medications are adjusted. An appointment with a Diabetes Educator or other specialist can be scheduled. Follow-up appointments with the provider should occur monthly if A1c is 9 or higher, every 3 months if A1c is 8 to 9, or every 6 months if A1c is 7 or less.

Be sure to doublecheck if your patients had the following:

- Retinal exam
- Visit with the dietitian
- Foot exam with the podiatrist
- Medication adjustment within the last 6 months as appropriate
- Labs completed within the last 3 months for an A1c of 9 or higher
- Glucometer readings discussion



If your patient had all of these checked off this year, you rock!!

For the latest information on HEDIS® quality measure CDC (*Comprehensive Diabetes Care*), please visit our 2021 HEDIS/Star Provider Guide on fhcp.com, under Providers/Resources, Education & Support. **Direct link:** <https://www.fhcp.com/documents/content/resources%20&%20education/HEDIS.Star-Provider-Guide.pdf>



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:
 - ◊ Qualified sign language interpreters
 - ◊ 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:
 - ◊ Qualified Interpreters
 - ◊ Information written in other languages

If you need these services, contact:

- Florida Health Care Plans : (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: (844) 219.6137 TTY: (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
(800) 368-1019, (800) 537-7697 (TDD)**

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

