

Provider Edition

FHCP

News



Fall 2025

Important Reminder for Medical Services that Require Prior Authorization



Florida Health Care Plans (FHCP) wants to ensure your patients receive the care they need, and we are asking for your assistance. Please review the guidelines below regarding requests for medical services that require authorization to ensure your patients receive necessary care and avoid financial responsibility or delay in care.

Medical Services Routine Requests:

Non-urgent and elective medical services should not be scheduled until approvals are received to avoid financial responsibility for provider offices or patients.

Please submit requests to FHCP's Central Referrals Department, along with documentation supporting requests, as soon as possible as determinations *may* take up to 7 calendar days for Medicare and up to 14 calendar days for all other lines of business.

Medical Services Urgent Requests:

Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function are considered urgent requests and physician offices should call FHCP Central Referrals Department at **(386) 238-3230** to discuss urgent cases with a clinician; this is in addition to sending the required faxed request.

Clinical Documentation:

As a reminder, when submitting requests for prior authorization, clinical documentation including any pertinent studies must be sent along with the request.

For questions or concerns please contact Florida Health Care Plans' Central Referral Department **(386) 238-3230**.



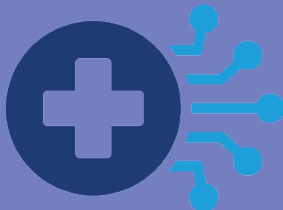
Member's Rights and Responsibilities

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

Click [here](#), and select 'Rights & Responsibilities (English)' or 'Rights & Responsibilities (Spanish)'.

Hard copies are available upon request by contacting Roberta Hemphill at [\(386\) 615-5018](tel:3866155018).

New Year Benefit Changes



Just a friendly reminder that, effective January 1, 2026, many patients will 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 that correct member payment responsibilities are collected. You may check eligibility and benefits at no charge via the **FHCP Provider Portal**.

We are looking forward to working with you in 2026 to keep our members happy and healthy in the New Year!

REGULATORY REQUIREMENT:

PROVIDER DIRECTORY VALIDATION

Federal legislation (*Consolidated Appropriations Act, 2021 – Title I – No Surprises Act – Section 116*) requires providers and health care facilities to validate and update (if necessary) their information every 90 days to remain in printed and online provider directories for Commercial and Affordable Care Act health plans. Failure to comply with the No Surprises Act may result in your removal from the Florida Health Care Plans Provider Directories.

In 2024, FHCP partnered with Quest Analytics' BetterDoctor to provide a quick and efficient way to attest provider directory information on a quarterly basis, utilizing a convenient online portal. You will receive friendly reminders from BetterDoctor to log into your portal for timely attestation. If you have not attested utilizing the BetterDoctor portal, please contact [**support@betterdoctor.com**](mailto:support@betterdoctor.com) for access. If you're part of a larger provider group or health system, you may be eligible to attest via rosters instead of through the online portal. For more details about submitting a roster, please contact [**rosters@questanalytics.com**](mailto:rosters@questanalytics.com).

As always, any time there are changes to your practice information, you should notify us by sending an email to Provider Services at: [**fhcpnetworkproviderservices@fhcp.com**](mailto:fhcpnetworkproviderservices@fhcp.com)

FHCP Provider Network Availability & Access Standards

Consumers value timely access to medical care. To ensure our members have adequate access; FHCP monitors primary care, behavioral health, high-volume and high-impact practitioners on an annual basis. The specialties noted above are monitored using CMS and NCQA standards. FHCP will review these specialties for the following criteria and initiate actions as needed to improve them.

- Geographic availability from the practitioner's office to members' place of residence.
- Access to new and established patients when requesting appointment times for routine and urgent care services.

- Access for members when contacting their primary care office after hours.

Additional information regarding these standards can be found in the Provider Resource Guide. Please use the link below to access the Provider Resource Guide online. We thank you for your continual care and support of our FHCP Members. You are greatly appreciated!



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 at [\(877\) 615-4022](tel:(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](tel:(844)219-6137) TTY: [\(800\) 955-8770](tel:(800)955-8770) Fax: (386) 676-7149

Email: rights@fhcp.com

You can file a 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 [here](#), 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](tel:(800)368-1019), [\(800\) 537-7697](tel:(800)537-7697) (TDD)

Complaint forms are available by clicking [here](#).

Case Management Services



Case Management Services

Florida Health Care Plans, in conjunction with our external partner ActiveHealth Management, provide virtual Case Management (CM) services to our members who need assistance navigating the healthcare system, coordinating care or managing their health conditions. The CM team works alongside the member's physician in a therapeutic relationship to ensure medication compliance and adherence with treatment plans.

FHCP utilizes a novel hybrid-model in which staff from ActiveHealth work alongside a smaller, internal team from FHCP. The teams work closely together and are aligned with the goal of serving our members.

All Case Managers are experienced Registered Nurses (RNs) who help members meet their healthcare related goals by providing education about their health conditions or treatment plans, health coaching, linking members with available resources and empowering members to better manage their health.

CM managers evaluate members' health conditions, social determinants of health and potential barriers to care. The following services or resources are provided by the CM RNs:

- Personal 1:1 virtual care to assist in management of new and chronic illness
- Function as a healthcare coach

- Provide advocacy when coming home from the hospital or skilled facility
- Help coordinate care with multiple physicians
- Link members to available services based on their health plan criteria
- Coordinate with network providers to evaluate members' health care needs including in-home medical management
- Link members to available community services, programs, or resources for a range of social and financial needs.

Referrals

Case management is a free and voluntary program. Although any member can be referred, those with the following diagnoses may particularly benefit from CM services.

- Catastrophic diagnoses (life threatening or life-long disability)
- Transplant cases
- Chronic diseases
- Complex disease or injury
- Those needing prolonged rehabilitation care or behavioral health diagnosis complicated by comorbid substance use or extenuating socioeconomic factors
- Members who may have social or financial concerns can be referred to our community resource coordinators (CRC) who will provide individualized assessments and connect members with appropriate resources.

Identification of Suitable Members

There are several means by which members can be identified for CM services including: practitioner referral, medical management programs (central referrals and utilization review), discharge planning (internal and external sources), self-referral, caregiver referral, claims data, new member needs forms and health risk assessment forms.

How to Refer

If you have a patient who you feel would benefit from Case Management services, please contact FHCP's dedicated team at ActiveHealth Management directly.

You can either:

- Call **(855) 233-7401**, hours of Operation: Monday - Friday 8 AM to 8 PM ET
- Email **FLHealthCarePlan@activehealth.com** and indicate "Urgent" in the subject line. Please include the member's name, MRN, brief history of present illness and CM need.
- Both the telephone line and email inbox are secure and monitored by clinical staff.



Provider Communication Tools

Clear, effective communication with your patients builds trust, eases anxiety, encourages shared decision-making, and leads to better outcomes and greater satisfaction.

The pocket guide below, created by the American Academy of Family Physicians, provides easy-to-use tools to implement five strategies for improving patient interactions.

For more information, the full article can be found [here](#).

POCKET GUIDE TO PATIENT COMMUNICATION

Patient interaction	Key phrases	Additional skills
Beginning the encounter	"Hi, I am Dr. X, one of the family physicians here. How would you like me to call you?" "It's nice to meet you." "Who do you have with you today?"	Brief small talk Nonverbal communication
Establishing the agenda	"How can I help you today?" "Is there something else?" "Why don't we schedule another visit in a few weeks to address the remainder of these concerns?"	Active listening
Collecting the history	"Tell me more about ..." "What else have you noticed?" "In reviewing your history, I noticed ..." "It seems like that would be frustrating."	Open-ended questions Reflective statements
Explanation	"What is your biggest concern?" "I know we just went over a lot of information, so if you wouldn't mind, can you tell me what the next steps are, so I know I didn't miss anything?"	Teach-back
Ending the encounter	"Are you comfortable with this plan?" "What questions do you have?" "Thank you so much for coming to see me today."	Visit summary

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

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.

Office Visits: One of the initiatives Quality Management has in place consists of staff PCP office visits. The goal of these visits 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 health care. One of the resources that FHCP has in place to achieve these goals is the Gap Report. 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. 4104

HEDIS®/Star Provider Guide:

The 2025 version is now available [here](#).

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.



FHCP Provider Resource Guide

All Providers have 24/7 access to the FHCP Provider Resource Guide directly through the FHCP website using this link:

Check out our Provider Resource Guide by clicking [HERE](#) (fhcp.com/for-providers/) and choosing “Medication Education, Resources, & Support.” We update this guide monthly and will send you summaries to keep you informed about any changes.

This guide is a valuable tool that includes:

- Sample Member Cards
- An Administrative Staff Directory
- Information on the Drug Formulary and Pharmacy Locations
- Admission and Referral forms
- Key FHCP Policies and Procedures for Providers

We designed the Resource Guide to enhance your partnership with Florida Health Care Plans and to support you in serving our members more efficiently.

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

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 2025, we surveyed 669 Providers. A total of 147 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 for 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 2025 Provider Survey Executive Summary, supporting charts, and data tables can be reviewed by accessing the FHCP Provider Portal and on our website.

QUESTIONS?

CONTACT THE FHCP PROVIDER RELATIONS TEAM!

ProviderRelations@fhcp.com

[\(386\) 615-5096](tel:(386)615-5096)



Copyright © 2025 Florida Health Care Plans, All rights reserved.

Our mailing address is:

2450 Mason Ave Daytona Beach, FL 32114

[Unsubscribe](#)



Secured by [Paubox](#) - HITRUST certified