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MEMBER RESOURCE

Guide

Your guide to navigating important information and resources to get the most out of the benefits, services and programs offered in your FHCP plans.



**Florida
Health Care
Plans®**



An Independent Licensee of the Blue Cross and Blue Shield Association



Thank You

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 50 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:

877-615-4022 (TTY: 800-955-8770)

fhcp.com

8:00 AM – 5:00 PM, Monday - Friday. Closed for all major holidays.

Medicare Members:

833-866-6559 (TTY: 800-955-8770)

fhcpMedicare.com

8:00 AM – 8:00 PM, seven days a week from October 1st through March 31st, except for Thanksgiving and Christmas. From April 1st through September 30th, our hours are 8:00 AM – 8:00 PM, Monday – Friday, except for major holidays.

*Thank you for trusting the FHCP Team
with your healthcare needs!*




















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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: MyChart. Your secure online health connection.	6
	Section 4: Your Important Health Documents	7
	Section 5: Where to Go for Care	9
	Section 6: Pharmacy	14
	Section 7: Health, Wellness, and Disease Management	15
	Section 8: How We Manage Your Care	18
	Section 9: Case Management	20
	Section 10: How Claims are Paid	21
	Section 11: Complaints, Grievances, and Appeals	22
	Section 12: Quality Improvement and Patient Safety	23
	Section 13: FHCP Members' Rights & Responsibilities	25
	Section 14: CDC Recommended Immunization Schedules	27
	Section 15: About Florida Health Care Plans	30



IMPORTANT **CONTACT INFORMATION**

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

Commercial Members:

877-615-4022 (TTY: 800-955-8770)

8:00 AM – 5:00 PM, Monday – Friday. Closed for all major holidays.

Medicare Members:

833-866-6559 (TTY: 800-955-8770)

8:00 AM – 8:00 PM, seven days a week from October 1st through March 31st, except for Thanksgiving and Christmas. From April 1st through September 30th, our hours are 8:00 AM – 8:00 PM, Monday – Friday, except for major holidays.

General Inquiries	800-352-9824 (TTY: 800-955-8770)
Enrollment and Eligibility	800-352-9824, Ext. 7176
Referrals (Prior Authorizations).....	800-352-9824, Ext. 3230
Coinsurance Estimator Center	800-352-9824, Ext. 5068
24-Hour Nurse Advice Line	866-548-0727
Central Scheduling.....	855-210-2648
Diabetes/Health Education.....	877-229-4518
Mail Order Pharmacy	800-232-0216
Claims.....	800-352-9824, Ext. 5010
Cashier	800-352-9824, Ext. 7109
Member Portal Support:.....	877-615-4022 option #6 (TTY: 800-955-8770)
New Sales/Health Plan Info.....	800-232-0578
Utilization Review (Concurrent Review)	866-676-7187
Case Management (Services Provided by Active Health).....	855-233-7401

US Mail:

FHCP Member Services

PO Box 9910

Daytona Beach, FL 32120-9910

Email: memberservices@fhcp.com

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 or
fhcpmedicare.com/member-portal.

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**.

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**, with a comprehensive library to help you make better health and lifestyle choices.





Welcome to MyChart, your secure online health connection.

MyChart provides you with online access to your medical record. It can help you participate in your healthcare and communicate with your providers.

With MyChart, you can:

View all of your health information in one place. See your medications, test results, appointments, and more all in one place, even if you've been seen at multiple healthcare organizations.

Quickly schedule appointments and find care. Make appointments at your convenience.

Connect with a doctor no matter where you are. Send a message, or arrange to follow up in person, depending on the level of care you need.

Take care of your children and other family members. Stay on top of everyone's appointments and check in on family members who need extra help, all from your account.

This guide provides an overview of many of MyChart's features and how to use them.

Access MyChart

- On your computer, go to mychart.fhcp.com
- On your mobile device, download the MyChart app

Sign up for a MyChart account

To sign up for MyChart, you must be at least 18 years old. There are several different methods of MyChart signup that might be used by different departments across the organization:

- Clinic staff might sign you up directly while you're at the front desk or in the exam room.
- You might receive a MyChart activation code on your After Visit Summary.
- You might receive an email with an activation code when you come in for a visit.

- You might be able to use self-signup online to create a MyChart account by matching your information against what is on file in your medical record.

Activate your account using Self-Signup if you don't already have one

If you don't have an activation code, you can request one online. To request an activation code online:

1. On the MyChart login screen on the MyChart website or mobile app, click **Sign Up**.
2. Click **Sign Up with your information**.
3. Using the Online Self-Signup, complete the necessary demographic information.
4. You will then be prompted to create a username and password.

Use your activation code to sign up

1. From the MyChart login screen on the MyChart website or MyChart mobile app, select **Sign Up**.
2. Enter your activation code, zip code, and your date of birth. Select **Next**.
3. On the next page, choose the following:
 - a. MyChart username. Choose something that others wouldn't be likely to guess but is easy for you to remember.
 - b. Password. Choose a unique combination of numbers and letters, using both uppercase and lowercase letters. Your password must be different from your MyChart username. Choose a password that you don't use for other websites.
 - c. On the next screen, choose whether you want to receive a notification message in your personal email when there is new information available in your MyChart account. If you opt to receive email alerts, enter your email address.

For more information and help resources visit www.fhcp.com/individuals-families/faqs/mychart-faqs/



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](https://fhcpmedicare.com).

New Member Packet (mailed):

- Welcome Documents
- 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 20](#) 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**, or for ID Card requests, please email memberengagement@fhcp.com.

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 **877-615-4022** or FHCP Medicare Member Services at **833-866-6559** (TTY: 800-955-8770).

ADVANCE HEALTHCARE DIRECTIVES

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.



WHERE TO GO FOR CARE

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, visit fhcp.com/our-provider-network/printable-provider-directories/.
- To obtain a printed copy of the Provider Directory contact Member Services at **877-615-4022** (TTY: 800-955-8770).

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" under Important Documents & Information About Your Plan on fhcpMedicare.com.
- To obtain a printed copy of the Provider Directory contact Member Services at **833-866-6559** (TTY: 800-955-8770).



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:

- Sports Medicine
- Dermatology
- Optometry
- Chiropractic Medicine
- Obstetrics/Gynecology
- Podiatry



Vaccines

As a valued member, we want to remind you that staying up-to-date on your vaccinations is crucial for maintaining good health. To make it convenient for you, you can visit any Extended Hours Care Center (EHCC) or pharmacy to receive your vaccines. Additionally, you can also schedule an appointment with your Primary Care Provider for vaccination services. We're pleased to inform you that if you receive your vaccines at an FHCP facility, your cost share will be \$0.



If you prefer to visit a non-preferred network pharmacy, you can still receive your vaccines, but please note that a copay or coinsurance will apply. We encourage you to take advantage of this convenient and cost-effective option to protect yourself and your loved ones from preventable diseases.





FLORIDA HEALTH CARE PLANS

EXTENDED HOURS CARE CENTERS

Walk-ins are welcome. Please call FHCP Central Scheduling toll free at **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
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
Sat 8 AM - Noon

FHCP - DeLand

937 N. Spring Garden Ave.
DeLand, FL
386-736-1948
M - F 7 AM - 7 PM
Closed Saturday

FHCP - Daytona Beach

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

FHCP - Edgewater

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

FHCP - Orange City

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

For a complete list of all Urgent Care Centers in network, please visit fhcp.com/urgent-care-centers

**Members wishing to utilize their WorkForce Wellness co-pay, visit [WorkForce Wellness Extended Hours Care Centers](http://WorkForceWellnessExtendedHoursCareCenters) for a location near you.*

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

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:

- Sore throat
- Cough
- Moderate fever
- 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.





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.

In addition, Doctor on Demand mental health providers offer virtual therapy and counseling and can treat common conditions such as anxiety and depression.



For more information, check your plan documents or call Member Services at **877-615-4022**. Medicare Members call **833-866-6559** (TTY: 800-955-8770).

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 Nurse Advice Line **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.

PHARMACY

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.

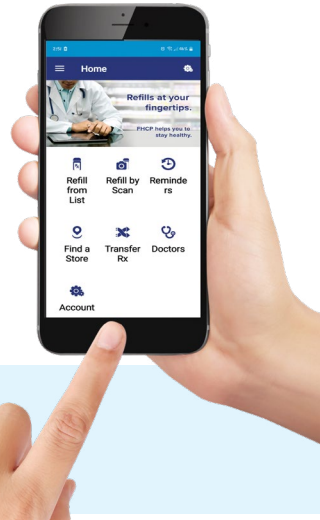
For more information about Mail Order, please visit fhcp.com/mail-order/.

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
- Set refill and medication reminders
- Find an FHCP Pharmacy near you

For more information on generic drug savings, vaccines, medical supplies and more, please visit our website at fhcp.com/providers/pharmacy.





HEALTH & WELLNESS

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
- Diabetes Self-Management Education and Support
- Diabetes Education: Long-Term Strategies
- Diabetes Prevention
- Successful Strategies for a Healthy Weight
- Heart Smart: Prevention and Management
- Manage Your Blood Pressure Better
- Nutrition Education and Counseling
- Optimized Kidney Health Through Nutrition
- Diabetes and Pregnancy
- Community Resources Coordination
- Mobile lab and radiology services (limitations apply)
- Self-management tools in the FHCP Member Portal

Please visit fhcp.com/preventative-care for more 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 Self-Management Education and Support (DSMES)

Our DSMES program is recognized by the American Diabetes Association (ADA) for quality comprehensive education. This program is taught by FHCP Registered Nurses, Registered Dietitian Nutritionists and Certified Diabetes Care and Education Specialists (CDCES). Members with a diagnosis of diabetes may self-refer or be referred to the program by any of their health care providers. The program covers a variety of topics to empower members to self-manage diabetes and actively participate in their plan of care with their providers: diabetes overview, complications, signs and symptoms of high and low blood sugar, lifestyle modifications, medications, nutrition, monitoring guidelines (HbA1c, blood glucose meters, blood pressure, weight), and foot, skin, and dental care. Individual appointments are available for members wanting a personalized approach.

Professional organizations recommend at least four critical times to engage in DSMES:

- At initial diagnosis
- Yearly, or when not meeting your treatment goals
- When complicating factors develop
- When transitions in life and care occur

Diabetes Prevention

Prediabetes education focuses on behavior change steps to reduce your risk of developing type 2 diabetes. Lifestyle changes that include healthier eating habits and increased physical activity are discussed along with strategies for implementation.

Diabetes Education: Long-Term Strategies

Diabetes requires life-long self-management skills and experts recommend ongoing support and education at least yearly. This follow up session to our comprehensive Diabetes Self-Management Education and Support (DSMES) class series is facilitated by one of our FHCP Registered Dietitian Nutritionists. Self-management topics which help members maintain focus on habits to manage diabetes long-term will be reviewed and questions addressed.

Successful Strategies for a Healthy Weight

This weight management and diabetes prevention class series for adults helps individuals better understand, prevent, treat, and improve weight-related concerns through education and counseling. The overall goal is to promote lifestyle change for weight loss, long-term weight management, and chronic disease prevention/management. Members may self-refer or be referred by any of their health care providers.

Manage Your Blood Pressure Better

This class covers healthy eating and lifestyle change recommendations to empower you to improve your blood pressure.

Heart Smart: Prevention and Management

This session covers nutrition and lifestyle recommendations for improving cholesterol and triglyceride levels and high blood pressure for preventing and managing heart disease.

Optimized Kidney Health Through Nutrition

This session covers nutrition and lifestyle recommendations for improving kidney health. It addresses the 5 stages of kidney disease and provides information on how to manage Chronic Kidney Disease (CKD) through nutrition.

Diabetes and Pregnancy

This class is designed to help women when pregnancy is complicated by diabetes. Whether it is Gestational Diabetes or Pre-existing Type 1 or Type 2 diabetes, the members will receive individually calculated meal plans and individual appointments with Registered Dietitians and Registered Nurses.

Nutrition Education and Counseling

Our FHCP Registered Dietitian Nutritionists are available for individual nutrition education and counseling for various conditions and situations where diet changes will be beneficial for members such as high blood pressure, vegetarianism/plant-based eating, chronic kidney disease, gestational diabetes, nutrition during pregnancy, food allergies/intolerances, gastrointestinal conditions, fatty liver, and any other nutrition concerns.

These programs are offered at several FHCP facilities at no cost. Members may self-refer or be referred to the programs 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 **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. To use your gym benefit, bring your FHCP member card to the participating facilities when you first sign-up.



For a current list of facilities, visit fhcp.com/preferred-fitness/ or contact the Health Promotion and Wellness Department at preferredfitness@fhcp.com.

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 **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.



HOW WE

MANAGE YOUR CARE

Utilization Management (UM) is a process that helps ensure that eligible members receive appropriate high quality clinical care and services, in the right setting and in a cost-effective manner.

We use a series of nationally recognized clinical guidelines to ensure that decisions are made consistently. UM helps decide if certain outpatient care services, inpatient hospital stays, supplies, medications, or procedures are medically needed, safe and are covered by the plan. We make this decision based on what is right for each member and on the type of care and service.

UM purpose

The purpose of UM is to promote fair, impartial, and consistent decisions based on medical necessity, appropriateness, and benefits coverage. We employ highly skilled nurses and physicians who objectively and consistently monitor and evaluate the delivery of high quality and cost-effective services. Decisions are made using evidence-based, nationally recognized guidelines and take into account whether the service is medically necessary, appropriate, and covered by the plan.

We use standards of care taken from:

- National coverage guidelines/criteria
- Medical policies
- Plan health benefits

You should know:

- Employees, consultants, or other providers are not rewarded or offered money or other incentives to deny care or services.
- 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 UM division by calling the departments below.

For outpatient services & supplies, provider office visits, surgeries, imaging, and medication:

Central Referrals (Prior Authorization) Department: 386-238-3230

For hospital stay, inpatient or skilled nursing facility rehabilitation stay, or behavioral health facility treatment:

Utilization Review (UR) Department: 386-676-7187

Translation services are available to our non-English speaking members when you call FHCP Member Services at **877-615-4022**.

Medicare Members call **833-866-6559**.

For those with hearing impairment or speech loss, please call TTY: **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 formal recommendation made by one healthcare professional to another. The referral process typically begins when a patient is seen by a primary care provider (PCP), who assesses the patient and refers them to a specialist for further care. For example, a PCP may refer a patient to a cardiologist for a heart condition or to an oncologist for cancer.

The referral process can be started by the PCP or the patient. Providers can place a referral electronically, by telephone, or in writing by fax or regular mail. A member can request a referral by calling their PCP or FHCP Member Services.

Prior Authorization is the process of reviewing a request for a specific medical service or drug so that the health plan can ensure that the care is medically necessary, safe, cost-effective, and covered by the benefit plan.

Most services at FHCP do not require prior authorization, and those that do 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 the FHCP Medicare Member portal at fhcpmedicare.com/member-portal.



If prior authorization is needed, your provider will submit the request to the FHCP Prior Authorization/Central Referral Department. 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.

Please contact Prior Authorizations/Referrals at **800-352-9824, Ext. 3230** with any questions regarding referrals and prior authorizations. Hours of operation are Monday - Friday, 8:00 AM - 5:00 PM.



CASE MANAGEMENT

Case Management is a free and voluntary program offered to members who may need assistance navigating the healthcare system, coordinating care or managing their health conditions. FHCP partners with ActiveHealth Management, a nationally accredited company, to provide virtual case management services. 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 community resources and empowering members to better manage their health. Case managers evaluate member's health conditions, social factors that can impact health and any barriers to care. The case management team works alongside physicians to help members follow their treatment plans.



If you feel you would benefit from case management, please call FHCP's dedicated team at ActiveHealth Management at **855-233-7401**, Monday – Friday 8:00am-8:00pm. All calls are answered by nurses.

Transition of Care/Continuation of Care is a free service to assist new members receive continuing care for their medical and behavioral conditions. The care team 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.

The forms in your member packet will allow the team to identify your needs and guide you to the correct services.



HOW CLAIMS ARE PAID

When you utilize providers in your 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.

To request reimbursement for medical services or prescription drugs you paid out-of-pocket, submit the appropriate Member Reimbursement form with the required information and supporting documentation. Forms may be requested by contacting Member Services or accessed from our website:

FHCP Medicare

www.fhcpmedicare.com/documents/medicare/2026/MedClaimform_E.pdf

www.fhcpmedicare.com/documents/medicare/2026/RxClaimform_E.pdf

FHCP (Large Group, Small Group, and Individual Plans)

www.fhcp.com/documents/files/forms/Member-Reimbursement-Medical-Claim.pdf

www.fhcp.com/documents/files/forms/Member-Reimbursement-Pharmacy-Claim.pdf

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, 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 Grievances and Appeals, contact Member Services at **877-615-4022** or FHCP Medicare Member Services at **833-866-6559**.





QUALITY IMPROVEMENT AND PATIENT SAFETY

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, contact 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

FHCP's Pharmacy and Therapeutics (P&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&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 Member Services at **877-615-4022**. Medicare Members call **833-866-6559** (TTY: 800-955-8770).

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.



FLORIDA HEALTH CARE PLANS

MEMBERS' RIGHTS

A Member has the Right:

- To a reasonable response to your requests and need for treatment or service within FHCP's capacity, and applicable laws and regulations.
- To be informed about, consent to, or refuse recommended treatment.
- To present grievances without compromise to future health care, if you feel these rights have not been provided.
- 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 be considered as an individual with personal values and belief systems, and to be treated with compassion, dignity, respect, reasonable protection from harm, and appropriate privacy.
- To receive quality health care regardless of race, ethnicity, national origin, religion, sex, age, mental or physical disability, medical condition (including conditions arising out of acts of domestic violence), sexual orientation, sexual identity, claims experience, medical history, evidence of insurability, genetic information, or source of payment.
- To be informed about your diagnoses, treatments, and prognoses. When concern for your health makes it inadvisable to give such information to you, such information will be made available to an individual designated by you or to a legally authorized representative.
- To be assured of confidential treatment and disclosure of records and to be afforded an opportunity to approve or refuse the release of such information, except when release is required by law.
- To be informed of what support services are available at no charge to you, including but not limited to, interpreter services in the language of your choice.
- To refuse treatment to the extent permitted by law and be informed of the consequences of your refusal. When refusal of treatment by the member or the member's legally

- authorized representative prevents the provision of appropriate care in accordance with ethical and professional standards, the relationship with the member may be terminated with reasonable notice.
- To participate in decisions involving your health care, including ethical issues and cultural and spiritual beliefs, unless concern for your health makes this participation detrimental to you.
- To information about FHCP, its providers, practitioners and your member rights and responsibilities.
- To participate in discussions involving medically necessary treatment options regardless of cost and/or benefit coverage.
- To refuse to participate in experimental research.
- To know the name of the physician coordinating your health care and to request a change of your primary care provider.
- 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.
- To make recommendations regarding the organization's member rights and responsibilities policy.
- To bring any person of your choosing to the patient accessible areas of the healthcare facility or provider's office to accompany you while receiving outpatient treatment or consulting with your 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.



**Florida
Health Care
Plans®**



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RR001 Rev. 23 - FHCP Mbr R&R(E) - 2019 - 10124 - ALL 0419R1



FLORIDA HEALTH CARE PLANS

MEMBERS' RESPONSIBILITIES

A Member has the Responsibility:

- To provide accurate and complete information about your present complaints, past illnesses, medications, and unexpected changes in your condition.
- To understand, ask questions, and follow recommended treatment plan(s) to the best of your ability.
- To promptly respond to FHCP's request for information regarding you and/or your dependents in relation to covered services.
- To demonstrate respect and consideration towards medical personnel and other members.
- To understand your health problems and to participate in developing mutually agreed upon goals to the best of your ability.
- To know your medicines and take them according to the instructions provided.
- To keep appointments reliably and arrive on time or notify the provider, 24 hours in advance, if you are unable to keep an appointment.
- To follow safety rules and posted signs.
- To receive all of your health care through FHCP with the exception of emergency care. (Members with a Point of Service or Triple Option Plan should review your "Summary of Benefits and Coverage" Sheet).
- To understand that you are responsible for your actions and consequences, if you refuse treatment or do not follow provider's instructions.
- To report emergency treatment to FHCP Member Services.
 - Commercial members: **1-877-615-4022**
 - Medicare members: **1-833-866-6559**
- To present your FHCP membership identification card each time you drop off and pick up a prescription.
- To use the emergency room facilities only for medical emergencies and serious accidents.
- To be financially responsible for any co-payments, coinsurance, and/or deductibles and to provide current information concerning your FHCP membership status to the provider.



ADULTS AGED 19+ RECOMMENDED IMMUNIZATION SCHEDULE

To locate a provider, see [page 9](#).

You need vaccines throughout your life!
2025 Recommended Immunizations for Adults Aged 19 Years and Older



Want to learn more?
Scan the QR code or find out which
vaccine you need. Or visit:
www2.cdc.gov/nip/adultimmsched/

VACCINE	19–26 YEARS	27–49 YEARS	50–64 YEARS	65+ YEARS
COVID-19	Aged 64 and younger: At least 1 dose of the current COVID-19 vaccine.			65+ At least 2 doses.
Influenza/Flu		Every Year		
RSV		If pregnant during RSV season	If aged 60 through 74 years	If aged 75 years or older
Tdap/Td		Tdap every pregnancy, Td/Tdap every 10 years for all adults.		
MMR		If aged 68 years or younger		
Chickenpox		If U.S. born and aged 45 years or younger		
Shingles				
HPV		Aged 27–45 years		
Pneumococcal				
Hepatitis A				
Hepatitis B		Through 59 years		
Meningococcal				
Hib				
Mpox				

Staying **up to date** on your vaccines is one of the best things you can do to protect your health.

If you are pregnant or have a medical condition that puts you at higher risk for infections, talk to your health care provider about which vaccines are right for you.

- KEY**
- ALL adults in age group should get the vaccine.
 - SOME adults in age group should get the vaccine.
 - Adults should talk to their health care provider to decide if this vaccine is right for them.



FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: www2.cdc.gov/nip/adultimmsched/



0-6 YEARS OLD RECOMMENDED IMMUNIZATION SCHEDULE

To locate a provider, see [page 9](#).

Your child needs vaccines as they grow!
2025 Recommended Immunizations for Birth Through 6 Years Old



Want to learn more?
Scan this QR code to find out which
vaccines your child might need. Or visit
www2.cdc.gov/vaccines/childquiz/

VACCINE OR PREVENTIVE ANTIBODY	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	20-23 MONTHS	2-3 YEARS	4-6 YEARS
RSV antibody		Depends on mother's RSV vaccine status						Depends on child's health status					
Hepatitis B		Dose 1	Dose 2					Dose 3					
Rotavirus			Dose 1	Dose 2	Dose 3								
DTaP			Dose 1	Dose 2	Dose 3					Dose 4			Dose 5
Hib			Dose 1	Dose 2	Dose 3			Dose 4					
Pneumococcal			Dose 1	Dose 2	Dose 3			Dose 4					
Polio			Dose 1	Dose 2				Dose 3					Dose 4
COVID-19													
Influenza/Flu								Every year. Two doses for some children					
MMR								Dose 1					Dose 2
Chickenpox								Dose 1					Dose 2
Hepatitis A											2 doses separated by 6 months		

KEY

ALL children should be immunized
at this age

SOME children should get this
vaccine as a preventive
antibody at this age

Parents/caregivers should talk to their
health care provider to decide if this
vaccine is right for their child

Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection.
2. Your child is traveling outside the United States. Visit www.cdc.gov/travel/ for more information.
3. Your child misses a vaccine recommended for their age.



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

FOR MORE INFORMATION

Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: www2.cdc.gov/vaccines/childquiz/





7-18 YEARS OLD RECOMMENDED IMMUNIZATION SCHEDULE

To locate a provider, see [page 9](#).

Older children and teens need vaccines too!
2025 Recommended Immunizations for Children 7–18 Years Old



Want to learn more?
Scan this QR code to find out which
vaccines your child might need. Or visit
www2.cdc.gov/vaccines/childquiz/

RECOMMENDED VACCINES	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	13 YEARS	14 YEARS	15 YEARS	16 YEARS	17 YEARS	18 YEARS
HPV			●	●	●	●						
Tdap					●	●						
Meningococcal ACWY					●	●				●		
Meningococcal B										●	●	
Influenza/Flu		●	●	●	●	●	●	●	●	●	●	●
COVID-19		●	●	●	●	●	●	●	●	●	●	●
Mpox											●	●
Dengue									●			

KEY

- ALL children in age group should get the vaccine
- ALL children in age group can get the vaccine

- SOME children in age group should get the vaccine
- Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child

Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection or is pregnant.
2. Your child is traveling outside the United States. Visit wwwnc.cdc.gov/travel for more information.
3. Your child misses any vaccine recommended for their age or for babies and young children.

ONLY if living in a place where dengue is common AND has laboratory test confirming past dengue infection

Every year

Every year. Two doses for some children



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

FOR MORE INFORMATION

Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: www2.cdc.gov/vaccines/childquiz/



WANT TO KNOW MORE ABOUT FLORIDA HEALTH CARE PLANS?

Founded in 1974, Florida Health Care Plans (FHCP) is a pioneering provider of health insurance plans and comprehensive health care services available to individuals, families, employers, and Medicare-eligible individuals.

Headquartered in Daytona Beach, FHCP was the first federally qualified Health Maintenance Organization (HMO) in Florida and the second federally qualified HMO in the Nation. As a community-based healthcare provider, FHCP offers members access to primary and multispecialty care, on-site pharmacies and labs, radiology, ultrasound, and other services at its integrated care centers located throughout Brevard, Flagler, St. Johns, Seminole, and Volusia Counties.

An affiliate of Florida Blue and part of the GuideWell family of health solutions companies, FHCP carries an A+ (Superior) Financial Strength Rating from AM Best. FHCP is an independent licensee of the Blue Cross Blue Shield Association.

For additional information, visit www.FHCP.com. For the latest news and content, visit the [FHCP Newsroom](#) and follow FHCP on Facebook, LinkedIn, Instagram @floridahealthcareplans, and X (formerly Twitter) @myFHCP.



MISSION

To help people and communities achieve better health.

VISION

To lead the nation in transforming health through connected, compassionate, and technology-enabled solutions that create personalized value and empowered living.

ACCOLADES

Leading the Way in Florida with Quality Health Insurance and Integrated Care

At FHCP, we are honored to consistently be named a top health care provider in the state and strive to consistently provide outstanding service to our members and community.

AWARDS & HONORS

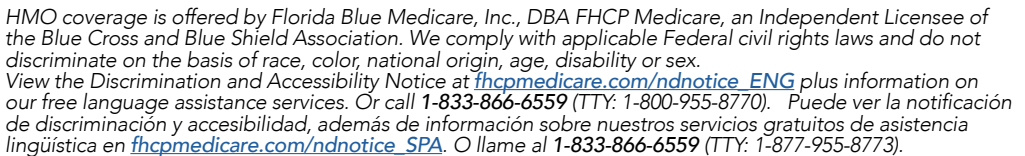
For more than 50 years, FHCP has been committed to caring for people. We are proud to consistently be recognized by area residents as the best health plan provider and best pharmacy in the regions we serve.

For more information, please visit: www.fhcp.com/about-us/accolades/





NOTES





Thank you for Choosing Florida Health Care Plans.



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