



**Florida
Health Care
Plans®**



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FLORIDA HEALTH CARE PLANS NEWSLETTER

F O R P R O V I D E R S





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INSIDE THIS ISSUE

We Are Listening!

Each year, FHCP gains provider insight on it's performance through an annual survey. To learn how to view this year's results, see page 5.



PHARMACY NEWS!

RSV Vaccination in Adults

See page 6.



FHCP WILL BE

C L O S E D

- November 23rd & 24th—Thanksgiving
- December 25th & 26th—Christmas
- January 1st—New Years Day



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CASE MANAGEMENT

COORDINATION OF CARE PROGRAMS

The 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 In Home Provider Programs 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 are of no cost to members. The Case Management Coordination of Care department aims to optimize health, stabilize and/or prevent progression of chronic illness, while encouraging self-awareness and self-management of health conditions. The programs promote early evaluation of healthcare risks to avoid poor health outcomes, return to stabilized health states or the maximum potential, and improve quality of life in accordance with their medical conditions. Plans of care are designed for the individual needs of the member and include end of life planning and compassion for those with limited life expectancy.



For additional Information about Case Management Coordination of Care programs, please visit <https://www.fhcp.com/about-your-care/case-management-coordination-of-care/>

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 "For Providers"

Email: cmanagement@fhcp.com

Internal: E.H.R. Task or complete a referral form; available through the Provider Resource Guide

Monday - Friday 08:00 AM to 5:00 PM

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Criteria for CM services may include members who require any of the following:

- Healthcare related advocacy across the continuum
- Member education
- Assistance with monitoring and treatment of chronic conditions
- Acute health events and post acute follow up needs
- Assistance with obtaining needed community resources
- Assistance with barriers related to social determinants of health
- Assistance with behavioral health needs
- Assistance for home bound members needing access to in home provider care
- Assistance closing gaps in care
- Assistance 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 may be referred by:

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

ASSISTANCE AVAILABLE FOR PATIENTS TURNING 65!

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FHCP Medicare Plans Available in Volusia, Flagler, Brevard, Seminole & St. John Counties.

As the doctor and trusted advisor, you and your staff play a very special role in patient education as they near age 65. As they age, their available health plan options change. Starting the conversation early with the patient in the months leading up to their 65th birthday is key. It is important to let them know that FHCP offers Medicare Advantage plan options that are affordable and were designed with their care in mind.

FHCP can provide a supply of brochures that list the FHCP Medicare Plans that are available in your county that can be displayed in your patient waiting room or can be handed out to your aging in patients at check in. There is contact information to FHCP's Sales Center where they can speak to a Medicare Specialist that can answer their questions and review coverage options.



FHCP
Medicare

C O N T A C T

Lindsey Preston via email at lpreston@fhcp.com to order a supply of brochures.



New Year Benefit Changes

Just a friendly reminder that effective January 1, 2024, 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 2024 to keep our members happy and healthy in the New Year!

NEWS FROM QUALITY MANAGEMENT

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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. 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. 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

HEDIS®/Star Provider Guide:

The 2023 version is now available at www.fhcp.com/documents/files/resources-education-and-support/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.

REGULATORY REQUIREMENT: PROVIDER DIRECTORY VALIDATION



AND THE SURVEY SAYS...

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We Are Listening!

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 of commercial and Affordable Care Act health plans.

FHCP has been surveying your offices to validate your practice information for compliance. Please review your practice's current FHCP Directory Information on the form you receive (d) on the survey form. Please sign and fax your completed survey to 386.676.7167 to FHCP.

If no changes are needed, please indicate N/A (not applicable) for each question.

Any time changes to your practice information are needed, you may notify us by sending an email to Provider Services at: fhcpnetworkproviderservices@fhcp.com.

Thank you in advance for your prompt response!

THIS SURVEY MUST BE COMPLETED EVERY 90 DAYS TO COMPLY WITH FEDERAL LAW

Each year, FHCP surveys its providers in an effort to gain insight as to how FHCP is performing from the provider perspective. In 2023, we surveyed 1018 Providers. A total of 207 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 2023 Provider Survey Executive Summary, supporting charts and data tables and can be reviewed by accessing the FHCP Provider Portal and on our website.



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PHARMACY NEWS

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RSV Vaccination in Adults

ACIP Shared Decision Recommendation and Clinical Considerations

- Shared Decision-Making: consider patient risk for severe disease and serious adverse events from clinical trial¹
 - Patients aged ≥ 60 years eligible for consideration
 - Benefit vs risk may be greater in patients with risk factors for severe disease²
 - Arexvy efficacy in preventing symptomatic RSV: 82.6%:
 - 7 cases (n = 12,467) vs 40 cases in placebo (n = 12,499)
 - Arexvy efficacy in preventing severe RSV (see definition below): 94.1%
 - Serious Adverse Events observed in Arexvy clinical trials (N = 17,922)
 - 1 case Guillain-Barre³
 - 2 cases Acute Disseminated Encephalomyelitis³
 - 10 cases atrial fibrillation (vs 4 cases placebo)³



Trial Definition of Severe RSV²

- Episode that “prevents normal, everyday activities”
- Two lower respiratory signs OR determined as “severe” by investigators PLUS positive RSV-swab

Risk Factors for Severe RSV³

- Immunocompromised (moderate to severe)
- Institutionalized older adults
- Older adults with chronic pulmonary disease or functional disability
- Cardiopulmonary disease (e.g. CHF)

Limitations of Clinical Trial Data and Number Needed to Vaccinate

- Primary endpoint: RSV-related lower respiratory tract disease confirmed by RT-PCR²
 - **Underpowered** in high risk population to estimate efficacy against hospitalization, severe RSV illness requiring respiratory support, or death.
- **Number Needed to Vaccinate (NNV)**
 - One-Year Timeframe (patients aged ≥ 60): **NNV = 27,284** to prevent 1 death and **NNV = 1,348** to prevent 1 hospitalization⁴
 - Two-Year Timeframe (patients aged 60 – 64): **NNV = 28,919** to prevent 1 death and **NNV = 1,128** to prevent 1 hospitalization⁵
 - Two-Year Timeframe (patients aged ≥ 65): **NNV = 8,503** to prevent 1 death and **NNV = 435** to prevent 1 hospitalization⁵
- No data available at time of approval to support efficacy after 2-3 years

1. ACIP granted shared clinical decision-making. This is not the same recommendation as a routine vaccination such as influenza.
2. Papi A, Ison MG, Langley JM, et al. Respiratory Syncytial Virus Prefusion F Protein Vaccine in Older Adults. *N Engl J Med.* 2023;388(7):595-608. doi:10.1056/NEJMoa2209604
3. Melgar M, Britton A, Roper LE, et al. Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the ACIP — United States, 2023. *MMWR Morb Mortal Wkly Rep* 2023;72:793–801. DOI: <http://dx.doi.org/10.15585/mmwr.mm7229a4>
4. Michael Melgar, MD. “Evidence to Recommendations Framework: Respiratory Syncytial Virus in Adults.” ACIP. Meeting date 2/23/23.
5. David W. Hutton PhD, MS.. “Economic Analysis of RSV Vaccination in Older Adults.” University of Michigan. ACIP Presentation. 6/21/23

Formulary Update

Hadlima (adalimumab) has been added to the formulary effective 09/01/2023. Hadlima is a biosimilar to Humira and has a significantly lower cost than its reference drug Humira. It is available for all lines of business as a Tier 5 Specialty Drug that requires a prior authorization.

FHCP PROVIDER NETWORK

AVAILABILITY & ACCESS STANDARDS

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Consumers value adequate availability and timely access to medical care. To ensure our Members have both availability and access, FHCP monitors same on at least an annual basis.

FHCP does so by monitoring the number of

in-network providers open to new patients as well as the geographic availability of providers to ensure appropriate specialty types are located within acceptable distances from FHCP Members' place of residence within our service area. Such standards are established by both CMS as well as NCQA. In addition, FHCP also monitors FHCP Member access to routine and urgent appointments as well as after-hours access accessibility against specific standards for primary care, behavioral health, and high volume/high impact specialty practitioners. Please review the standards available in the Provider Resource Guide so that we can ensure Members are getting the care they need and expect. Please use [this link](#) to the Provider Resource guide. Your continued support and care of FHCP Members is greatly appreciated.



FHCP Provider Resource Guide

The Provider Resource Guide can be accessed electronically by selecting the dropdown heading of [Resources, Education and Support](#) on the For Providers page at fhcp.com

The Provider Resource Guide is reviewed by Florida Health Care Plans regularly. When revisions are necessary, the Provider Services Department will send a network announcement, by fax or email, outlining the changes.

Below is a sampling of some of the topics found in the Provider Resource Guide:

- Examples of Member Cards
- List of departments with contact numbers
- How to access the FHCP Provider Portal
- How to join the Network
- Provider Billing Guidelines
- Formulary links and information



For questions regarding the Provider Resource Guide please contact a member of the Florida Health Care Plans Provider Relations team at 386.615.5096 or by email ProviderRelations@fhcp.com

24 HOUR NURSE HOTLINE!

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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. FHCP's Health Promotion & Wellness team also monitors the daily call records for any opportunities for better member education about where they can go for care.

We encourage you to let our members know about this valuable service. For questions about the Nurse line, email Catie Rosekelly at crosekelly@fhcp.com.

Member's 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.



DISCRIMINATION IS AGAINST THE LAW

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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 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 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>



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IMPORTANT REMINDER

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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.

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 14 calendar days.

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, rather than faxing the requests.

C O N T A C T

Florida Health Care Plans’ Central Referral Department at 386.238.3230 for questions or concerns!



WE DID IT! THANK YOU!

Florida Health Care Plans takes home two awards at the annual Daytona Beach News-Journal 2023 Community Choice Awards! FHCP was voted the Best Health Care Provider for the 32nd consecutive year, as well as the Best Pharmacy for the 5th consecutive year! We appreciate YOUR continued support throughout the years!



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Amelia Groman, MS, RD, CNSC
Bariatrics Nutrition Specialist

According to the CDC, approximately 1 in 10 Americans have diabetes. Type 2 diabetes makes up the vast majority of these cases.¹ The nationwide costs associated with diabetes are well studied and growing. Metabolic and bariatric surgery (MBS) can be an effective and long lasting treatment for patients with diabetes.



Current universally accepted guidelines recommend that patients with a BMI ≥ 40 kg/m² or patients with a BMI ≥ 35 kg/m² with comorbid conditions such as diabetes be recommended for MBS. At the end of 2022, American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) released

updated guidelines that suggest patients with class I obesity (BMI 30-34.9 kg/m²) and type 2 diabetes be considered for MBS.² This reduced BMI threshold highlights the importance of treating patients struggling with obesity and diabetes.

Studies have shown that MBS is superior to medical management at 5 years post-operatively in treating diabetes. Improvements are often seen quickly after surgery, even within a few days. Patients are excited to see reduced blood sugar and hemoglobin A_{1c} levels, less medications, and even improvements in related health issues such as vascular conditions.³

If you have a patient or someone in your personal life struggling with weight and/or diabetes, know that East Coast Bariatrics is a trusted resource in Daytona Beach. Our experienced team is ready to help patients throughout their journey to better health.

The staff at East Coast Bariatrics can be reached through our main line at 386.238.3205. You may also visit our website at www.eastcoastbariatrics.com for more information.

1. Centers for Disease Control and Prevention. By the Numbers: Diabetes in America. <https://www.cdc.gov/diabetes/health-equity/diabetes-by-the-numbers.html>. Updated October 25, 2022. Accessed August 29, 2023.
2. Eisenberg D, Shikora SA, Aarts E, et al. 2022 ASMBS and IFSO: Indications for Metabolic and Bariatric Surgery. *Surgery for Obesity and Related Diseases*. 2022;18(12):1345-1356. doi: 10.1016/j.soard.2022.08.013
3. American Society for Metabolic and Bariatric Surgery. Surgery for Diabetes. <https://asmbs.org/patients/surgery-for-diabetes>. Updated July 2021. Accessed August 29, 2023.

American Diabetes Month FHCP Diabetes/Health Education

November is American Diabetes Month®. While persons with diabetes (PWD) and health care professionals providing diabetes care focus on this nearly every day, this is a time to bring awareness of what life is like with diabetes and the ways to manage it. Experts recommend that diabetes care be personalized for each patient, however, every year the American Diabetes Association publishes the [Standards of Medical Care in Diabetes](#) to provide evidence-based recommendations for best patient outcomes. This brief article will highlight a few of these recommendations with a goal to provide you with some practical information to implement in your practice.



Person-Centered Collaborative Care (Standard 4.1)

How we communicate and the language that we use when providing care to PWD makes an impact on health outcomes. [Here are five fundamental consensus recommendations:](#)

Use language:

- that is neutral, non-judgmental, and based on facts, actions, or physiology/biology
- free from stigma
- that is strength-based, respectful, and inclusive and that imparts hope
- that fosters collaboration between PWD and health care professionals
- that is person-centered

Some specific [examples](#) include, avoiding the use of:

- diabetic as an adjective or noun; instead, use diabetes education or person with diabetes
- control as an adjective or verb; instead, use manage or glycemic targets/goals

Diabetes Self-Management Education and Support (DSMES) (Standards 5.1 & 5.2)

All persons with diabetes should engage in DSMES and these are the four critical times to evaluate the need:

- At diagnosis
- Annually and/or when not meeting treatment targets
- When complicating factors develop
- When transitions in life and care occur

The FHCP Diabetes/Health Education department offers a [comprehensive DSMES program](#), [follow up after completion of this program](#), and [ongoing individual appointments](#) for continued support and management. While referrals are not required for these services, patients are more likely to engage in DSMES if their provider refers.

Glycemic Assessment (Standards 6.1 & 6.2)

- Assess at least twice per year (every 6 months) if meeting treatment goals/glycemic targets
- Assess at least quarterly (every 3 months) if treatment changed and/or not meeting treatment goals/glycemic targets

The most common assessment of glycemic status is the A1c. More in-depth assessment can be obtained with Continuous Glucose Monitoring (CGM) Time in Range (TIR) and Glycemic Management Indicator (GMI).

Glycemic Targets for **most non-pregnant adults:**

- A1c less than 7% without significant hypoglycemia
- CGM Time in Range greater than 70%, time below range less than 4%

In alignment with the aim of person-centered care, it is advised to individualize the targets in collaboration with your patients. You may mutually agree on more, or less, aggressive targets based on factors such as age, hypoglycemia risk, other medical conditions, and patient abilities.

In summary, 1) language matters, 2) refer for DSMES at least annually, and 3) meet with persons with diabetes every 3-6 months.

The FHCP Diabetes/Health Education department has updated their class and program titles and descriptions – [check them out here](#). Please contact us with questions: 386.676.7133.



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