FLORIDA HEALTH CARE PLANS VOLUME 29 ISSUE 3 SUMMER 2023

Florida Health Care Plans®

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FLORIDA HEALTH CARE PLANS NEWSLETTER

FOR PROVIDERS

INSIDE THIS ISSUE

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NEED HELP?

Need to send an Authorization Request?

To learn more about the process on submitting authorization requests, visit page 4.

HAVE QUESTIONS?

The Provider Relations Team is here to help!

See page 3 for additional details.

FHCP WILL BE

C L O S E D

- July 4th—Independence Day
- September 4th—Labor Day

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ASSISTANCE AVAILABLE FOR PATIENTS TURNING 65!

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.

Is your NPI Information up to date?

The Centers for Medicare and Medicaid Services (CMS) utilizes the information, such as practice address, that appears in your NPI record. We are asking that you check your NPI at NPPES.CMS.HHS.GOV to ensure that your current practice information is reflected.

The NPI number is used to identify health care providers in standard transactions such as health care claims. It is important to keep all information, such as a change of address, with NPPES current. You're required to update your NPI information, online or by mail, within 30 days of the effective change.

FHCP PROVIDER RELATIONS

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- Need help locating the right department?
- Need help navigating the FHCP Provider Portal?
- Need help finding a local in-network specialist and if a prior authorization is necessary?
- Have any questions regarding your contract?

CONTACT US

HAVE YOU HEARD?

Katherine Sonn
Brevard County
321.567.7755
ksonn@fhcp.com

Josy Cross
Seminole County
407.548.6529
mcross@fhcp.com

Our Provider Relations Coordinators are ***NOW AVAILABLE*** *by phone, email or in person!*

Jennifer Tarbert
Flagler &
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NEED TO SEND FHCP AN AUTHORIZATION REQUEST?

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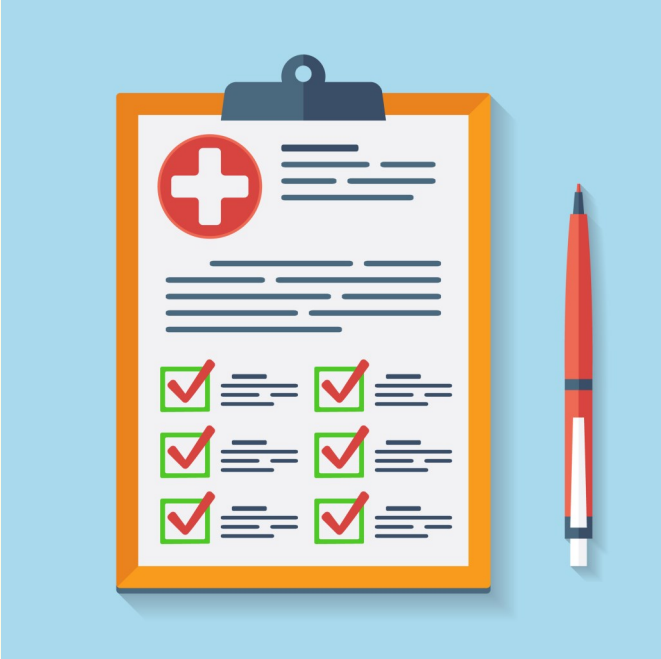
Providers needing to submit authorization requests for services may find the current forms online at fhcp.com under the For Provider tabs, under the Referrals, Authorizations & Orders heading.



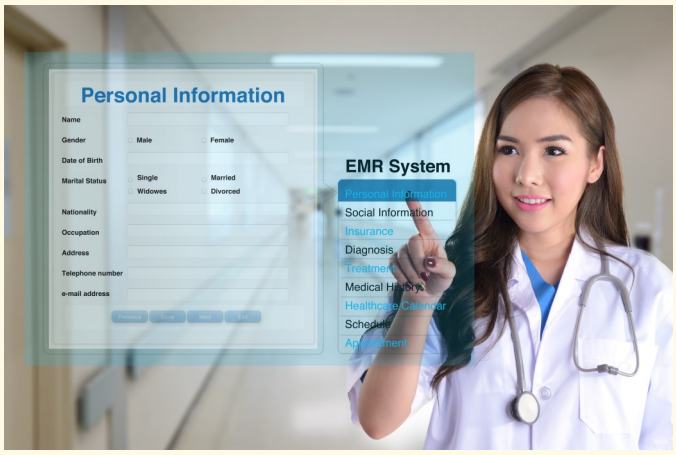
Completed request forms with clinical documentation should be faxed to Florida Health Care Plans (FHCP) Central Referral Department at 386.238.3253 or 855.442.8398.

Requests for prior authorization require clinical documentation to support the medical necessity of the service. Missing clinical documentation on requests may delay case determinations.

If you have an urgent medical request, i.e., serious jeopardy to life, health, or maximum function, please call the Central Referral Department at 386.238.3230 and ask to speak to a nurse about the case.

For routine medical requests, decisions will be made within 14 calendar days of receipt.

Procedures that require authorization, should not be scheduled until a determination is made and an authorization number is provided.



More information regarding services that require prior authorization can be found in each county's referral guidelines under the Referrals, Authorizations & Orders heading. For assistance regarding the Referral Guidelines please contact Provider Relations at 386.615.5018 or Providerrelations@fhcp.com.

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NATIONAL CHILDHOOD OBESITY AWARENESS MONTH

According to the CDC, approximately 1 out of every 5 children in the United States are considered obese. Additionally, obesity during the childhood and adolescent years is associated with an increased risk of obesity in adulthood.[1] The health and financial burdens of living with obesity are growing. It is our duty as healthcare providers to care for and help treat patients with obesity, including our children.

Many of our patients at East Coast Bariatrics will share their struggles with weight started during childhood, often referring to how their parents ate and what types of foods were served in the home. Physical activity, sleep patterns, time spent looking at screens, and other factors that influence weight can also have strong ties to how a patient was raised as a child. It is clear that children are listening, observing, and learning behaviors at home that can set the trajectory for their future health status.

Modeling healthy behaviors for our children includes choosing nutritious foods, incorporating regular physical activity, and prioritizing sleep and relaxation. It is important to include the whole family in dietary changes or exercise if possible so as not to single out one child who may be struggling with his or her weight. Focusing on strength, energy levels, and overall health rather than a specific number on the scale is helpful too, as many childhood obesity guidelines emphasize weight maintenance rather than weight loss.

Our patients will often bring their significant others, children, and other family members into the office during their journey. The education we provide our patients with extends into their homes and can help our youth. Healthy living and self-care starts with the family unit!

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.

East Coast Bariatrics

1. Centers for Disease Control and Prevention. Preventing Childhood Obesity: 4 Things Families Can Do. https://www.cdc.gov/nccdphp/dnpao/features/childhood-obesity/index.html. Updated August 29, 2022. Accessed May 16, 2023.

NATIONAL CHOLESTEROL EDUCATION MONTH

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September is National Cholesterol Education Month as well as National Fruits and Veggies Month. Each person has their own definition of what healthy eating means to them. Diet can play a significant role in preventing and managing chronic conditions such as obesity, diabetes, hypertension, hyperlipidemia, kidney disease, and celiac disease (gluten intolerance). Education and counseling on behavior change for food and lifestyle choices can complement the medical treatment plans that you have developed with your patients. Nutrition and diabetes professionals work with people to individualize approaches for healthier habits that they are willing, able, and confident to implement for improved health. Many disease management lifestyle approaches emphasize the importance of consuming more plant-based foods, especially, non-starchy vegetables. Most Americans struggle to reach minimum daily recommendations. The American Diabetes Association recommends at least three to five servings of vegetables daily. A relatively simple way for people to reach this goal is to fill at least half their plate with non-starchy vegetables for two meals per day. Increasing consumption of vegetables will likely lead to a reduction of nutrient-poor choices contributing to chronic disease.

Chronic diseases may be prevented through nutrition, exercise, and lifestyle changes. The Diabetes and Health Education department will give members the tools they need and there are **no co-pays** for our FHCP members.

Additional resources:

- https://www.lipid.org/clmt
- https://www.eatingwell.com/article/15316/how-to-eat-more-vegetables/

Please consider referring your patients to the Diabetes and Health Education Department for support in making diet and lifestyle changes for improving their health. We can help simplify the complexity.

- Enter a referral order in the electronic health record
- Fax us a referral order to 386.238.3228
- Call us at 386.676.7133

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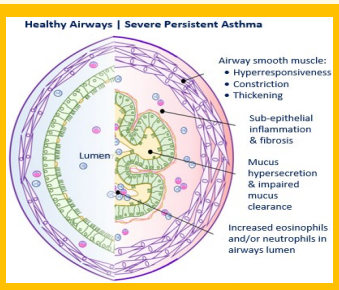

Asthma Signs & Symptoms:
Wheezing
(high-pitched whistling sound)
shortness of breath or
difficulty breathing
chest tightness
dyspnea
coughing
can vary over time and in intensity
can be worse at night
Variable expiratory airflow limitation
Underlying inflammation
Bronchial hyperresponsiveness

Comorbid Conditions:
(often contribute to the severity of asthma)
Morbid /Severe Obesity
Psychiatric disorders
Gastroesophageal reflux
Chronic rhinosinusitis
Obstructive sleep apnea

Testing and labs:
(not required but useful)
Spirometry
Pulmonary function tests
Lab/immunologic testing:
CBC with WBC differential
Total serum immunoglobin E
Allergen-specific immunoassays
Chest x-ray

Medications to treat Asthma

Short-acting bronchodilators:
Albuterol
Ipratropium
Levalbuterol
Long-acting bronchodilators:
Formoterol
Tiotropium
Salmeterol
Umeclidinium
Inhaled steroids:
Mometasone (Asmanex)
high dose (HFA) > 400 mcg/day
high dose (DPI) > 440 mcg/day
Fluticasone
high dose-propionate > 500 mcg/day
high dose-furoate 200 mcg/day
Budesonide
high dose > 800 mcg /day
Leukotriene modifiers:
Montelukast
Zafirlukast
Theophylline:
Theophylline
Combination Inhalers:
Budesonide-Formoterol (Symbicort)
Fluticasone, Umeclidinium & Vilanterol
Fluticasone & Salmeterol

Sources: National Heart, Lung, and Blood Institute Global Initiative for Asthma (GINA), National Asthma Education and Prevention Program, HCC Coder, UpToDate, National Library of Medicine- PubMed

RISK ADJUSTMENT & CLINICAL DOCUMENTATION 7

Specificity in Diagnosing Severe Persistent Asthma

Severe persistent asthma afflicts 5 to 10 % of the asthma population but drives most of the morbidity and costs of the disease. The 2007 NAEPP guidelines include a category of patients not initially taking long-term control medications, patients who require a high dose inhaled oral glucocorticoid treatment to maintain asthma control or who never achieve control despite that one treatment.

The **American Thoracic Society's** definition of **severe persistent asthma** notes that patients who needed therapy with high-dose inhaled glucocorticoid and a second controller such as a long-acting beta-agonist (LABA) or leukotriene modifier/theophylline and/or need systemic glucocorticoids to prevent asthma from becoming uncontrolled.

Often, in patients with **severe persistent asthma**, attempts at lowering the glucocorticoid dose led to deterioration in asthma control. The more frequent and intense exacerbations indicate a greater underlying disease severity.

Severe persistent asthma patients can often be classified as such due to requiring high-dose inhaled and oral glucocorticoid treatment to maintain asthma control or a second controller such as a (LABA). Frequently, patients with **severe persistent asthma** who have their symptoms under control will deteriorate when there are attempts at lowering their glucocorticoid doses.

Specify the level of frequency:

Persistent or Intermittent: Symptoms less than 3 days/week; night flare-ups occur once a month or less.

Specify the level of severity:

Severe: Symptoms occur daily with frequent flare-ups requiring the use of rescue medications several times a day. The diagnosis of severe persistent asthma requires more documentation commensurate with its higher value.
Moderate: Symptoms occur daily with flare-ups that can last several days; night flare-ups occur more than once a week; there is decreased lung function; requires daily medications.
Mild: Symptoms occur more than 2 times/week but not daily; night flare-ups occur 3-4 times/month (1-2 for children); requires daily medication (e.g., low-dose inhaled corticosteroid medication).

Example of Severe Persistent Asthma: If a COPD patient is requiring high dose inhaled corticoid steroid (ICS)/combo products like Advair 500 and Trelegy 200, Breo 200, *which are only indicated for asthma,* consider severe persistent asthma. Guideline directed combination therapy for COPD is now moving away from ICS/LABA combos and towards LABA/LAMA (long-acting muscarinic antagonist) combinations due to the pneumonia risk: benefit with ICS.

Another scenario is the patient requiring high dose inhaled glucocorticoid plus a second controller or continuous or near continuous oral GC treatment to maintain asthma control and those who never achieve control despite that treatment.

Physician Decision Making

After evaluation, a decision will need to be made if the severe persistent asthma is Severe Persistent Asthma, uncomplicated—J45.50; or Severe Persistent Asthma, with (acute) exacerbation– J45.51; or Severe Persistent Asthma, with status asthmaticus – J45.52

CONTACT

Coding questions? Please contact Risk Adjustment Audit Staff at 386.615.5040 or email coding@fhcp.com

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QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM

WHAT IS IT AND WHY DOES IT MATTER

Qualified Medicare Beneficiary Billing (QMB) also known as Dual Enrollment, is part of the Federal Medicare Savings Program. All Certified Medicare providers are a part of the program.

QMB members are covered by both Medicare and Medicaid.

Medicare providers cannot discriminate against or refuse to provide care because the provider does not accept Medicaid, nor can they balance bill QMB members.

Providers need to bill Medicare or Medicare Advantage plan as the primary payor and Medicaid for the members cost share as the secondary payor.

QMB Members should not pay copayments, deductibles or coinsurance for Medicare covered services under Parts A & B.

For questions regarding a QMB members' eligibility, providers may call Florida Health Care Plans FHCP Benefits & Eligibility at 386.615.4024 and speak with a representative.

To learn more about the Federal program click on the link below to the CMS website.

Qualified Medicare Beneficiary (QMB) Program

C O N T A C T

Florida Health Care Plans Provider Relations team by phone at 386.615.5096 or email Providerrelations@fhcp.com for QMB contract questions.

Register today for

The FHCP Provider Portal

In order to gain access to vital information such as:

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