

FLORIDA HEALTH CARE PLANS
**MEMBER
RESOURCE
GUIDE**

2 0 2 4

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:

386-615-4022 or **1-877-615-4022** (TTY: 1-800-955-8770)

fhcp.com

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

Medicare Members:

386-615-5051 or **1-833-866-6559** (TTY: 1-800-955-8770)

fhcpMedicare.com

8:00 AM – 8:00 PM, 7-days a week from October 1st – March 31st, except for Thanksgiving and Christmas. From April 1st – September 30th, our hours are 8:00 AM – 8:00 PM, Monday – Friday.

thank you for trusting your
health care to the **FHCP** team!

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
<u>Section 1:</u> Important Contact Information	4
<u>Section 2:</u> Online Tools & Portals	5
<u>Section 3:</u> Your Important Health Documents	7
<u>Section 4:</u> Where to Go for Care.	9
<u>Section 5:</u> Pharmacy	13
<u>Section 6:</u> Health, Wellness, and Disease Management.	14
<u>Section 7:</u> How We Manage Your Care	18
<u>Section 8:</u> Case Management	20
<u>Section 9:</u> How Claims are Paid.	21
<u>Section 10:</u> Complaints, Grievances, and Appeals	22
<u>Section 11:</u> Quality Improvement and Patient Safety	23
<u>Section 12:</u> FHCP Members' Rights & Responsibilities	25
<u>Section 13:</u> CDC Recommended Immunization Schedules	27
Want to Know More About Florida Health Care Plans?	30

IMPORTANT CONTACT INFORMATION

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

Commercial Members:

386-615-4022 or **1-877-615-4022** (TTY: 1-800-955-8770),
8:00 AM – 5:00 PM, Monday – Friday. Closed for all major holidays.

Medicare Members:

386-615-5051 or **1-833-866-6559** (TTY: 1-800-955-8770),
8:00 AM – 8:00 PM, 7-days a week from October 1st – March 31st, except
for Thanksgiving and Christmas. From April 1st – September 30th, our hours
are 8:00 AM – 8:00 PM, Monday – Friday.

General Inquiries	386-676-7100 or 1-800-352-9824
Hearing Impaired.....	1-800-955-8770
Enrollment and Eligibility	386-676-7176 or 1-800-352-9824, Ext. 7176
Referrals	386-238-3230 or 1-800-352-9824, Ext. 3230
Coinsurance Estimator Center	386-615-5068 or 1-800-352-9824, Ext. 5068
24-Hour Nurse Advice Line	1-866-548-0727
Central Scheduling.....	386-676-7198 or 1-855-210-2648
Coordination of Care	386-238-3284 or 1-855-205-7293
Transition of Care.....	386-615-5017 or 1-855-205-7293
Diabetes/Health Education.....	386-676-7133 or 1-877-229-4518
Quality Management.....	386-676-7100 or 1-800-352-9824, Ext. 7242
Mail Order Pharmacy	386-676-7126 or 1-800-232-0216
Claims.....	386-615-5010 or 1-800-352-9824, Ext. 5010
Cashier	386-676-7109 or 1-800-352-9824, Ext. 7109
Member Portal Support:.....	1-877-615-4022 or 386-615-4022 (TTY: 1-800-955-8770)
New Sales/Health Plan Info.....	386-676-7110 or 1-800-232-0578
Utilization Review.....	386-676-7187 or 1-866-676-7187

Email: memberservices@fhcp.com

US Mail:

FHCP Member Services
PO Box 9910
Daytona Beach, FL 32120-9910

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** and **FollowMyHealth**.

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, and a list of all the FHCP preferred gyms available to members.



Patient Portal

FollowMyHealth gives each FHCP member and FHCP Medicare member convenient online access to their private medical information.

Members who see FHCP staff providers in FHCP Care Centers can:

- View lab and test results
- Request, reschedule, view, or cancel appointments
- Receive appointment reminders
- Request prescription renewals
- Send secure messages to your provider
- Review personal information including, medications, allergies, and medical history

Members who see contracted, in-network providers can:

- View lab and other test results
- Review personal health information and medical history

Download **FollowMyHealth** from the App Store or Google Play to your tablet or smartphone and create an account. Using a computer, go to fhcp.followmyhealth.com.



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.

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 18 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 **386-615-4022** or **1-877-615-4022** or FHCP Medicare Member Services at **386-615-5051** or **1-833-866-6559** (TTY: 1-800-955-8770)

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, please visit the Document Center on fhcp.com.

To obtain a printed copy of the Provider Directory contact Member Services at **386-615-4022** or **1-877-615-4022** (TTY: 1-800-955-8770).

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" on fhcpMedicare.com.

To obtain a printed copy of the Provider Directory contact Member Services at **386-615-5051** or **1-833-866-6559** (TTY: 1-800-955-8770).

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:

- Gastroenterology (colonoscopy screening)
- Dermatology
- Optometry
- Chiropractic Medicine
- Obstetrics/Gynecology
- Podiatry

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

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:
- Cough
 - Sore throat
 - 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.

FHCP'S EXTENDED HOURS CARE CENTERS*

Walk-ins are welcome. Please call FHCP Central Scheduling at **386-676-7198** or toll free at **1-855-210-2648** 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 32174
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

FHCP - Edgewater
239 N. Ridgewood Ave.
Edgewater, FL 32132
386-427-4868
M - F 7 AM - 7 PM
Sat 8 AM - Noon

FHCP - Daytona Beach
350 N. Clyde Morris Blvd.
Daytona Beach, FL 32114
386-238-3221
M - F 7 AM - 7 PM
Sat 8 AM - Noon

**Advanced Urgent Care
Port Orange**
1690 Dunlawton Ave.
Port Orange, FL 32127
386-271-2273
M - F 7 AM - 10 PM
Sat & Sun 9 AM - 7 PM

FHCP - DeLand
937 N. Spring Garden Ave.
Deland, FL 32720
386-736-1948
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

FHCP - Orange City
2777 Enterprise Rd.
Orange City, FL 32763
386-774-2550
M - F 7 AM - 7 PM
Sat 8 AM - Noon

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

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.

Doctor On Demand also offers convenient behavioral health visits, and you can schedule recurring appointments with the same provider.

For more information, check your plan documents or call Member Services at **386-615-4022** or **1-877-615-4022**.

Medicare Members call **386-615-5051** or **1-833-866-6559** (TTY: 1-800-955-8770).

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 Nurseline **1-866-548-0727** 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 a 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
- Antidepressant Medication Management
- Emergency Room Utilization
- Weight Loss with Diabetes

In addition to the above programs, other PHM services/programs may also be available, such as:

- 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
- Community Resource Coordinators
- In-home visits with a mid-level practitioner after a hospitalization
- Mobile lab and radiology services
- Self-management tools in the FHCP Member Portal

Please visit fhcp.com/preventative-care/ for detailed 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 all pertinent topics to empower members to self-manage diabetes and actively participate in their plan of care with their providers.

(cont.)

The topics include: diabetes overview, complications, signs and symptoms of high and low blood sugar, lifestyle modifications, medications, nutrition, monitoring guidelines (HgbA1C, 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. Pertinent self-management topics to 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.

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 **386-676-7133** or **1-877-229-4518**.



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.

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 1-877-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.

Acute Low Back and Neck Pain

This physical therapy program helps members manage acute or chronic low back or neck pain. Open to all members age 17 and up, members can contact Ability Health Services (all locations) or Palm Coast Sports Medicine directly. Co-pay/co-insurance and policy limits apply. For more information or to obtain a list of facilities, call FHCP Member Services **386-615-4022/1-877-615-4022**.

Osteoporosis

This program is for members who are at risk for or have been diagnosed with Osteoporosis or Osteopenia. Therapists at Ability Health Services will perform an evaluation and physical assessment to determine strength, endurance and activity level. Members can call Ability directly; no referral is needed. Co-pay/co-insurance and policy limits may apply. For more information or to obtain a list of facilities, call FHCP Member Services **386-615-4022/1-877-615-4022**.

HOW WE MANAGE YOUR CARE

Utilization Management (UM) is a process that helps decide if certain outpatient care services, inpatient hospital stays, or procedures are medically needed and 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

FHCP UM employs registered Nurses to practice with professionalism in collaboration with community providers to efficiently utilize resources and set benchmarks for superior member outcomes in our service area. UM reviews inpatient and other care settings for quality and appropriateness, as well as assisting with discharge planning and communication with further care teams. A team of specialists ensure requests are properly handled and authorization information communicated to providers.

We look at standards of care taken from:

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

You should know:

- Employees, consultants, or other providers are not rewarded or offered money or other incentives to deny care or service.
- 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 department by calling 386-676-7187. Translation services are available to our non-English speaking members when you call FHCP Member Services **386-615-4022/877-615-4022**. Medicare Members call **386-615-5051/ 1-833-866-6559**. For those with hearing impairment or speech loss, call TTY: 1-800-955-8770.



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 provider's "order" or a member request that facilitates a recommendation that a member see another provider (example: a specialist) for consultation or health care services that the referring provider believes is necessary but is not prepared or qualified to provide (example: Your PCP thinks you need to see a cardiologist. This referral/order goes directly to the in-network cardiologist for an appointment and does not come to FHCP). A referral may be submitted by your provider electronically, by telephone, or in writing by fax or regular mail. A member can request a referral by calling his/her PCP or FHCP Member Services.

Prior Authorization is the process of reviewing a request for a specific medical service to ensure that the services are both medically necessary and covered by the benefit plan. A request for services in need of prior authorization will be submitted from your provider to FHCP Central Referral Department. Most services at FHCP do not require prior authorization, and those that do require prior authorization 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 FHCP Medicare Member portal at fhcpmedicare.com/member-portal/. 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.

Contact **Referrals** at **386-238-3230** or **1-800-352-9824, Ext. 3230** with questions regarding referrals and prior authorizations. The hours of operation are Monday - Friday, 8:00 AM - 5:00 PM.



CASE MANAGEMENT

Coordination of Care is a free program offered to members who may benefit from assistance with coordinating their medical, psychosocial, and financial needs. Working with members and their providers, Case Managers can provide the education and resources needed for members to better understand and comply with their plans of care.

Other programs are available to meet your health care needs, including in-home medical management and community resource coordination. A Case Manager will help you determine which programs are right for you.

Using Case Management services is voluntary, and you may opt in or out at any time. For information on how to access Case Management programs, we welcome you to contact us directly, or speak with your provider if you feel you may benefit from our services.

The FHCP Case Management Department can be reached at 386-238-3284 or toll free at 1-855-205-7293 or by email cmanagement@fhcp.com.

Transition of Care is a free service to assist with continuation of your current care for medical and behavioral conditions. A Case Manager will work with you to ensure that your care continues uninterrupted. They 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.

Your FHCP Transition of Care Team is here to guide you through a smooth transition into Florida Health Care Plans. Please fill out the form in your member packet and send it to:

FHCP Coordination of Care
PO Box 9910
Daytona Beach, FL 32120-9910



HOW CLAIMS ARE PAID

When you utilize providers in our 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. Please submit the following documents to receive reimbursement:

- The original paid receipt
- An itemized bill that includes:
 1. List of the services you received - in the United States (US), these may be called CPT codes.
 2. The reason(s) you were seen - in the US, these are ICD-10 codes.
 3. The exact amount of charges.
 4. The provider's National Provider Identifier (NPI). This is only used in the US.
 5. The name of the location where you received the services.
 6. Medical records translated into English, if traveling outside of the US and services are received in a language other than English.

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 with a complaint 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 **386-615-4022/877-615-4022**.

FHCP Medicare Member Services **386-615-5051/ 1-833-866-6559**.

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, call 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 and 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 and 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 **386-615-4022** or **1-877-615-4022**. Medicare Members call **386-615-5051** or **1-833-866-6559** (TTY: 1-800-955-8770).

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 be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- To a prompt and reasonable response to questions and requests.
- To know who is providing medical services and who is responsible for his or her care.
- To know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- To bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her 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.
- To know what rules and regulations apply to his or her conduct.
- To be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- To refuse any treatment, except as otherwise provided by law.
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- To impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- To treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- To know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- To express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- 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 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.

Rev. 2023 11 01
Source: Florida Statute 381.026



FLORIDA HEALTH CARE PLANS MEMBERS' RESPONSIBILITIES

A Member is Responsible:

- For providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- For reporting unexpected changes in his or her condition to the health care provider.
- For reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- For following the treatment plan recommended by the health care provider.
- For keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- For his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- For assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- For following health care facility rules and regulations affecting patient care and conduct.
- For promptly responding to FHCP's request for information regarding you and/or your dependents in relation to covered services.
- For demonstrating respect and consideration towards medical personnel and other members.
- For knowing your medicines and taking them according to the instructions provided.
- For presenting your FHCP membership identification card each time you drop off and pick up a prescription.
- For receiving all of your health care through FHCP with the exception of emergency care.
- (Members with POS or Triple Option Plan should review your "Summary of Benefits and Coverage" sheet).
- For using emergency room facilities only for medical emergencies and serious accident.
- For reporting emergency treatment to FHCP Member Services:
 - Commercial members: 1-877-615-4022
 - Medicare members: 1-833-866-6559

ADULT RECOMMENDED IMMUNIZATION SCHEDULE

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated (2023-2024 Formula) vaccine (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
Measles, mumps, rubella (MMR)	1 dose Tdap, then Td or Tdap booster every 10 years			
Varicella (VAR)	2 doses (if born in 1980 or later)			
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)			
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition			
Pneumococcal (PCV15, PCV20, PPSV23)	27 through 45 years			
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Mpox				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity
 Recommended vaccination for adults with an additional risk factor or another indication
 Recommended vaccination based on shared clinical decision-making
 No recommendation/Not applicable

0-6 YR OLD RECOMMENDED IMMUNIZATION SCHEDULE

2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
HepB Hepatitis B	HepB	HepB				HepB					
RV* Rotavirus		RV	RV	RV	RV*						
DTaP Diphtheria, Pertussis, & Tetanus		DTaP	DTaP	DTaP	DTaP			DTaP			DTaP
Hib* Haemophilus influenzae type b		Hib	Hib	Hib	Hib*			Hib			
PCV13, PCV15 Pneumococcal disease		PCV	PCV	PCV	PCV			PCV			
IPV Polio		IPV	IPV	IPV	IPV			IPV			IPV
COVID-19** Coronavirus disease 2019								COVID-19**			
Flu† Influenza									Flu (One or Two Doses Yearly)†		
MMR Measles, Mumps, & Rubella											MMR
Varicella Chickenpox											Varicella
HepA† Hepatitis A						HepA†			HepA†		

FOOTNOTES

RV* Administering a third dose at age 6 months depends on the brand of Hib or rotavirus vaccine used for previous dose.

COVID-19** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu† Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HepA† Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection (e.g., sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or Visit: cdc.gov/vaccines/parents



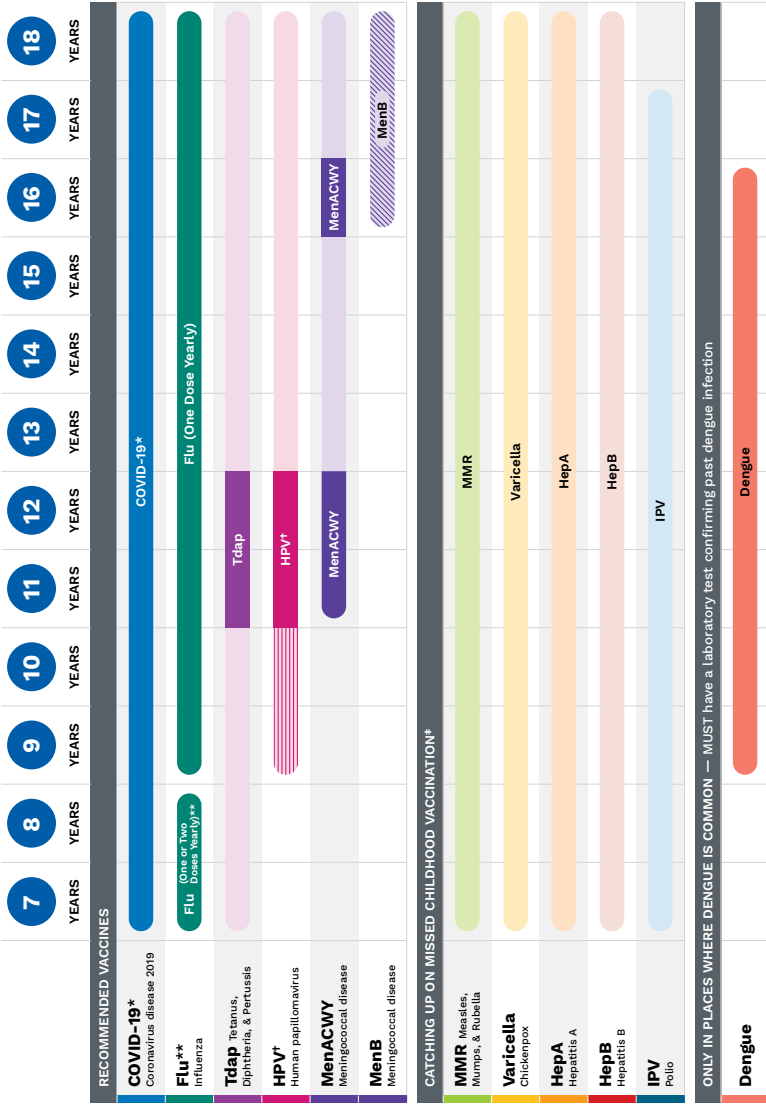
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

7-18 YR OLD RECOMMENDED IMMUNIZATION SCHEDULE

2023 Recommended Immunizations for Children 7–18 Years Old

KEY

- Indicates when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.
- Indicates the vaccine series can begin at this age.
- Indicates the vaccine **should** be given if a child is catching up on missed vaccines. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.
- Indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.



FOOTNOTES

COVID-19* Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu** Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HPV† Ages 11 through 12 years old should get a 2-shot series separated by 6 to 12 months. The series can begin at 9 years old. A 3-shot series is recommended for those with weakened immune systems and those who start the series after their 15th birthday.

*Originally recommended age ranges for missed childhood vaccinations: 2-dose series of **MMR** at 12–15 months and 4–6 years; 2-dose series of **Varicella** at 12–15 months and 4–6 years; 2-dose series of **HepA** (minimum interval, 6 months) at age 12–23 months; 3-dose series of **HepB** at birth, 1–2 months, and 6–18 months; and 4-dose series of **Polio** at 2 months, 4 months, 6–18 months, and 4–6 years.

ADDITIONAL INFORMATION

- If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.
- If your child has any medical conditions that put them at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.

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

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

AACFP
AMERICAN ACADEMY OF PEDIATRICS

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

WANT TO KNOW MORE ABOUT FLORIDA HEALTH CARE PLANS?

Florida Health Care Plans (FHCP) is a trusted name in providing high-quality health care in Volusia, Flagler, Seminole, Brevard and St. Johns counties. Our core business is caring for our community's health as a Health Maintenance Organization (HMO). As an HMO plan member, you agree to obtain all of your medical care and services through our comprehensive HMO contracted network which has over 9,000 providers.

MISSION STATEMENT

To provide Florida Health Care Plans' members with health care and related services through dedicated employees and service partners who manage both the quality and cost of health care.

VISION STATEMENT

To set the standard of managed health care in our community. Florida Health Care Plans strives to be acknowledged as a health care leader, pioneer, and advocate by our members, employees, and service partners.


LOCALLY TRUSTED. NATIONALLY RECOGNIZED.




It is one thing to join a trusted local health care resource, but it's quite another to be a member of a locally-based health care organization that has earned the level of national respect that FHCP enjoys. It's the best of both worlds, with exceptional plans and services.

 Voted Best Health Plan for 32 years by the Daytona Beach News-Journal's 2023 Community's Choice Poll

Source: [The Daytona Beach News-Journal](#)


 Voted Best Pharmacy for 5 years in a row by the Daytona Beach News-Journal's 2023 Community's Choice Poll

Source: [The Daytona Beach News-Journal](#)

 Voted Best Health Plan for 11+ years by Hometown News 2023 Readers' Choice Poll

Source: [Hometown News](#)

 Awarded Healthiest Company Award, Platinum Status by the First Coast Worksite Wellness Council 2023

 Awarded an accreditation status of Accredited by The National Committee for Quality Assurance for service and clinical quality that meet the basic requirements of NCOA's rigorous standards for consumer protection and quality improvement. (www.ncqa.org)

Notes

HMO coverage is offered by Florida Blue Medicare, Inc., DBA FHCP Medicare, an Independent Licensee of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Visit fhcpmedicare.com/ndnotice_ENG for information on our free language assistance services.

Thank you for Choosing Florida Health Care Plans.



**Florida
Health Care
Plans**



An Independent Licensee of the Blue Cross and Blue Shield Association