

*Provider* Edition

**FHCP**

*News*



**Fall 2024**

**Important Reminder - For Medical Services that Require Prior Authorization**



**Florida Health Care Plans (FHCP) wants to ensure your patients receive the care they need, and we are asking for your assistance.**

**Please review the guidelines below regarding requests for medical services that require authorization to ensure your patients receive necessary care and avoid financial responsibility.**

#### **Prior Authorization and 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 for services that require Prior Authorization only, 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**

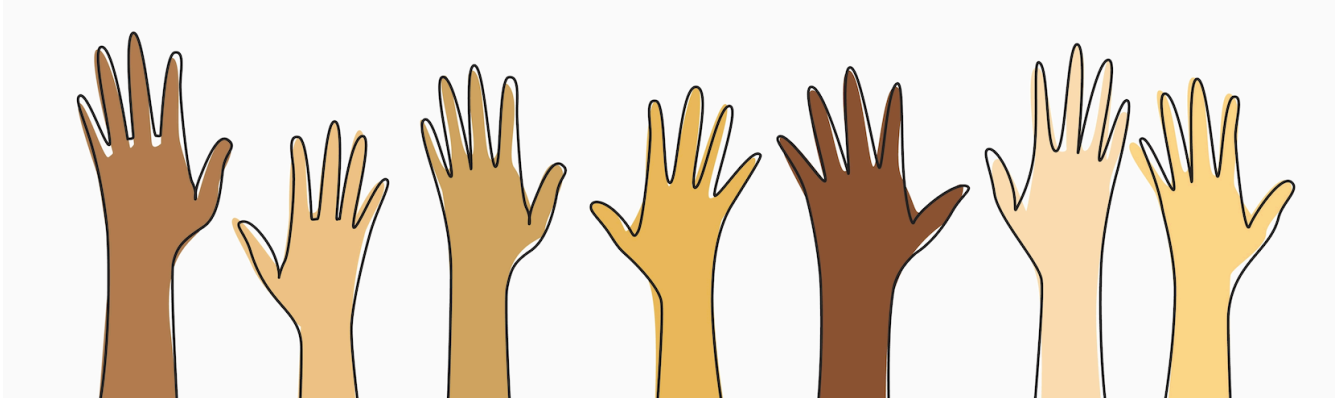
**Defined as "Serious jeopardy to life, health, maximum function, or the ability to maintain maximum function"** are considered urgent requests and physician offices should call the FHCP Central Referrals Department at 386.238.3230 to discuss urgent cases with a clinician, rather than faxing the requests. Reminder, submitting a request as "Urgent" does not guarantee an expedited response if the criterion for an urgent request is not

met. FHCP has the right to reclassify the request from Urgent to Routine.

Contact Florida Health Care Plans' Central Referral Department at [\(386\) 238-3230](tel:3862383230) for questions or concerns!

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## Discrimination Is Against the Law



Florida Health Care Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Florida Health Care Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **Florida Health Care Plans:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- **Provides free language services to people whose primary language is not English, such as:**
  - Qualified Interpreters
  - Information written in other languages

### **If you need these services, contact:**

- Florida Health Care Plans: (877) 615-4022

If you believe that Florida Health Care Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Florida Health Care Plans**

**Civil Rights Coordinator**

**PO Box 9910**

**Daytona Beach, FL 32120-0910**

**Phone: [\(844\) 219.6137](tel:8442196137) TTY: [\(800\) 955-8770](tel:8009558770) Fax: [\(386\) 676-7149](tel:3866767149)**

**Email: [rights@fhcp.com](mailto: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 by clicking [here](#) or by mail or phone at:

**U.S. Department of Health and Human Services**

**200 Independence Avenue, SW**

**Room 509F, HHH Building**

**Washington, D.C. 20201**

**(800) 368-1019, (800) 537-7697 (TDD)**

Complaint forms are available [here](#).

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# ***FHCP Provider Resource Guide***

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

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

**This guide is a valuable tool that includes:**

- Sample Member Cards

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

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

<b>FHCP's Case Management Processes</b>	<b>Obtaining FHCP UM Criteria</b>
<b>Member Rights and Responsibilities</b>	<b>FHCP Formulary Information</b>
<b>Preventative Care Initiatives</b>	<b>Provider Survey Results</b>
<b>Contacting FHCP Utilization staff</b>	<b>FHCP Network Access Standards</b>

# 24 Hour Nurse Hotline



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](tel: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, contact Catie Rosekelly at [crosekelly@fhcp.com](mailto:crosekelly@fhcp.com).

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## CULTURALLY COMPETENT CARE

Culturally competent care centers on understanding personal cultural views, respecting differences, knowledge of diverse practices, and cross-cultural abilities, aiming to integrate these into healthcare to ensure quality care for all patients regardless of background. This approach includes utilizing interpreter services, diversifying staff, cultural training, and ensuring healthcare accessibility and relevance by addressing cultural, social, and linguistic needs. Florida Health Care Plans highlights the importance of cultural competency training for health professionals to meet their members' diverse cultural needs effectively.

Please click on one of the links below to learn more:

- [Physician Guide to Culturally Competent Care](#)
- [Behavioral Health Guide to Culturally Competent Care](#)

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## New Year Benefit Changes

Just a friendly reminder that effective January 1, 2025, many patients change benefit plans/products and even insurance companies. Therefore,

we highly encourage providers and their staff to check eligibility and benefits before 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](#).

We are looking forward to working with you in 2025 to keep our members happy and healthy in the New Year!

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## REGULATORY REQUIREMENT: PROVIDER DIRECTORY VALIDATION

Federal legislation (Consolidated Appropriations Act, 2021 – Title I – No Surprises Act – Section 116) requires providers and healthcare 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 partnered with Quest Analytics' BetterDoctor to collect your quarterly provider directory data attestations. BetterDoctor began its campaign earlier this year reaching out to you concerning attesting to your directory information via their online portal. If you're part of a larger provider group or health system, you may be eligible to attest by roster instead of the portal. For more details about submitting a roster, please contact [rosters@questanalytics.com](mailto:rosters@questanalytics.com).

We appreciate you attesting in a timely fashion when you receive requests from BetterDoctor to ensure our health plan members can identify and make appointments with in-network providers.

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

**Thank you in advance for your prompt response!**

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# FHCP Provider Network Availability & Access Standards

Consumers value adequate availability and timely access to medical care. To ensure our Members have both availability and access, FHCP monitors the 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 click [here](#) to access the Provider Resource guide. Your continued support and care of FHCP Members is greatly appreciated.

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## Assistance Available for Patients Turning 65!





## **FHCP Medicare Plans Available in Volusia, Flagler, Brevard, Seminole & St. Johns 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 supply 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 patients at check-in. There is contact information for FHCP's Sales Center where they can speak to a Medicare Specialist who can answer their questions and review coverage options.

Please contact Lindsey Preston via email at [lpreston@fhcp.com](mailto:lpreston@fhcp.com) to order a supply of brochures.

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# *Member's Rights and Responsibilities*

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

Click [HERE](#) and click "**Your Rights, Privacy, and Protection.**" Hard copies are available upon request by contacting Roberta Hemphill at [\(386\) 615-5018](tel:3866155018).

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# Use of Provider Performance Data

FHCP is committed to supplying members with data to facilitate their ability to make informed decisions regarding the use of practitioners, providers, and services covered by FHCP. Therefore, providers must 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

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## News From Quality Management

HEDIS® (Healthcare Effectiveness Data and Information Set) is a performance measurement tool developed by the National Committee for Quality Assurance (NCQA). HEDIS consists of nationally recognized clinical quality measures and is an important factor in our accreditation. The Quality Management Department at FHCP works with the entire health plan to increase our rates in quality measures to promote excellent health outcomes for our members.

**Office Visits:** One of the initiatives Quality Management has in place consists of staff PCP office visits. The goal of these visits is to serve as an opportunity to answer questions and provide assistance with meeting quality measure goals. We would like to extend a special “Thank You” to all the physicians and staff for taking part in this important initiative. We hope that you find the visits helpful and informative.

**Gap Report:** FHCP’s goal is to achieve the highest NCQA standing and 5-star rating, and to provide the highest quality health care. One of the resources that FHCP has in place to achieve these goals is the Gap Report. 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](tel:3866767100), Ext. 4185.

**HEDIS®/Star Provider Guide:**

The 2024 version is now available, click [here](#) to view it.

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.

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# Case Management Coordination of Care Programs

The Coordination of Care services is 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.

FHCP now partners with an accredited case management provider, Active Health, to address the most complex members requiring assistance with disease management and chronic conditions.

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 conditions(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 and stabilize and/or prevent the 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 the quality of life for 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 the [Provider Resource Guide](#) or section for Referrals, Authorizations, and Orders.

**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 the transition of care from an 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

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](tel:855-205-7293) or [386-238-3284](tel:386-238-3284) Fax: [386-238-3271](tel:386-238-3271)

Website: [fhcp.com](http://fhcp.com) "For Providers"

Email: [cmanagement@fhcp.com](mailto: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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**QUESTIONS?**  
**CONTACT THE FHCP PROVIDER  
RELATIONS TEAM!**

[ProviderRelations@fhcp.com](mailto:ProviderRelations@fhcp.com)

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



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Our mailing address is:

2450 Mason Ave Daytona Beach, FL 32114

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