

What's Up Doc?



FHCP Provider Newsletter

Volume 14 Issue 5

Holiday 2008

Welcome all New Providers!

Joshua R. Eisenhut, M.D., Family Medicine/Halifax Family Practice Ctr.-DB
 Delicia Haynes, M.D., Family Medicine/Halifax Family Practice Ctr.-DB
 Amaryllis Sanchez-Wohlever, M.D., Family Medicine/Halifax Family Practice Ctr.-DB
 Loredo M. Lawsin, M.D., Critical Care Medicine/Halifax Health-DB
 Anand A. Patel, M.D., Pain Management/Advanced Pain Management-OB
 Heather Skelton, ARNP-C, Pain Management/Advanced Pain Management-OB
 Natasha H. Tulshi, ARNP-C, Cardiology/Florida Cardiopulmonary Center-OC
 Jacinta F. Feldman, CNM, OB/GYN/Women's Health Resource Center-OC
 Timothy R. Hastings, M.D., Orthopaedic Surg./Jacksonville Orthopaedic Ins.-Jacksonville
 Mallareddy Maddula, M.D., Nephrology/Kidney & Hypertension Associates-New Smyrna
 John B. Milton, M.D., Emergency Medicine/PrimeCare at Twin Lakes-DB

Safety tips for the Holiday Season

Here are some nationally recognized crime prevention tips that you may find helpful:

Be aware of your surroundings.

Park in well lit areas.

Make sure your vehicle is locked and valuables are out of sight.

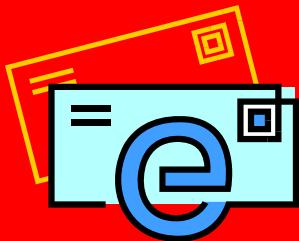
Have your keys in hand when entering your vehicle.

**If you see something, "Say Something."
(suspicious activity, persons, or vehicles)**

Ask for an escort from Security or Law Enforcement if you feel uncomfortable.

FYI! Interpreter Services

FHCP makes interpreter services available, as needed, for all members during their enrollment. These services include interpreter services for the Deaf and Hard of Hearing as well as Non-English Language interpretation. If your office is in need of these services for an FHCP member, please contact Carol Cooper, LPN, in Provider Relations at 386/615-4001. FHCP must have at least 24 hour notice for this request. Thank You!



*Do you have
E-mail?
Would you
like to save
paper?*

Just send us your e-mail address and you can!

Our newsletter, as you have probably noticed has been changed to an electronic format. This is to better serve you and our environment. If you have an e-mail address and would like to receive your next newsletter by electronic mail, please send a copy of your e-mail address to:

Elaine Bruner
ebruner@fhcp.com

Newsletter Articles



If you have any information or articles that you would like to see in the Provider Newsletter please send them to:

Florida Health
Care Plans
Elaine Bruner
Provider Services
1340 Ridgewood Ave.
Holly Hill, FL 32117
ebruner@fhcp.com

Call-386/676-7156
or
Fax-386/676-7148

Credentialing Procedures for Health Practitioners

Now that the New Year is approaching, we would like to remind you that all licensed independent practitioners that join your practice must be credentialed by FHCP. This includes any individual who is permitted by law to provide patient care services without direct supervision of an M.D. or D.O.

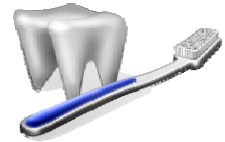
FHCP is accredited by URAC. FHCP is required by both URAC and the Florida State Agency of Healthcare Administration to credential any licensed independent practitioner (PA-C, ARNP, CRNA and CNM) that would be providing services to FHCP members in your office.

Note: When a practitioner is no longer associated with your practice, let me know so I can remove them from your contract. Contact Robin Robson, Network Provider Contract Coordinator at 386-676-7100 x7616, rrobson@fhcp.com, or 1340 Ridgewood Avenue, Holly Hill, FL 32117 for any additions or changes.

Thank you for your help keeping track of the comings and goings of practitioners to Florida Health Care Plans. I look forward to working with each of you in the coming year.

Robin Robson, Network Provider Contract Coordinator

Dental Health



Dental care is a very important integral part of overall health. Florida Health Care has established two dental offices staffed with a great team of Dentists & Dental Hygienists to take care of their members and their family and friends.

Dental Plans:

Our Dental offices participate in the Florida Health Care Dental Network. Our preventive services are covered under Florida Health Care's Dental Rider. Our offices are also preferred providers with Dental Plans covered by Blue Cross Blue Shield, Deltacare, Guardian, Maverist & and MetLife. We also accept self-pay patients. Please call our offices to confirm your insurance.

Locations:

Offices are conveniently located in the Preferred Medical Center buildings in Daytona Beach and Orange City.

Scott Grande, D.M.D
Michael Tidwell, D.M.D
Preferred Medical Center.
350 N. Clyde Morris Blvd.
Daytona Beach, FL 32114

Phone: 386-238-3280
386-238-3281

Hours: Monday-Friday: 8am-5pm.

Vamsi Kallepalli, D.M.D
Preferred Medical Center.
2777 Enterprise Road.
Suite # 6
Orange City, FL 32763

Phone: 386-481-6881

Hours: Monday-Thursday: 8am-5pm.

Go Green!



**Save Energy,
Save Money
Recycle,
Reduce, and
Reuse**

**Green tips for
work and at
home:
*Use the stairs!***

**Your brain gets
exercise all day;
why not exercise
your body? Get
your heart
pumping by
taking the stairs
instead of the
elevator. It's
good for your
health and it
saves electricity
and money.**



News from Ultrasound

The Florida Health Care Plans Ultrasound Department is currently performing **EXTREMITY ARTERIAL STUDIES/ANKLE-BRACHIAL INDEX (ABI) with DUPLEX** if needed. Our vascular labs are accredited by the American College of Radiology and are staffed by only experienced, Registered Vascular Technologists. Our two convenient locations include:

Preferred Medical Center–Daytona Beach 350 N. Clyde Morris Blvd., Suite 5 Daytona Beach, FL 32114	Preferred Medical Center–Orange City 2777 Enterprise Road Orange City, FL 32763
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Appointments for both facilities are scheduled through our main office in Daytona
1-800-321-1227 Ext. 3303 or 386-238-3200 Ext. 3303.

Palm Coast FHCP After hours and Walk-In Clinic

NO APPOINTMENT NECESSARY!

***Dr. Intihar-Monday and Wednesday
(Children Ages 10 yrs and older)***

***Dr. Baldassarri-Tuesday and Thursday
(Children Ages 1 yr and older)***

Preferred Medical Center-Palm Coast
309 Palm Coast Parkway, Ste. #1, Palm Coast, FL 32137
Telephone: 386/445-7073 - Fax: 386/447-7092
Practice Manager: Sally Hess



East Coast Bariatrics is a comprehensive support program for the surgical treatment of patients with clinically severe obesity. We believe our program is distinctively unique in our community. Our multidisciplinary team of professionals includes physicians, nurses, dietitians, psychiatrists, exercise physiologists and spiritual counsel. Each member of our team is dedicated to helping patients improve their medical risk factors and reduce their weight through a comprehensive approach to weight management that includes Laparoscopic Roux-en-Y Gastric Bypass, Laparoscopic Adjustable Gastric Banding and Laparoscopic Sleeve Gastrectomy.

Our emphasis is to work together with each patient individually and emphasize that weight loss surgery itself is but one tool in an overall life changing decision towards restored health. A physician referral is not required to start the process towards surgery and a new beginning. To see if you are a candidate for weight loss surgery or to find out about our free public information sessions please call our office at 386.238.3205.

New Hours for Ormond Preferred Medical Center

Our new office hours will be 7:00-5:00 M-F. The first appointment of the day will be 7:15 and the last appointment of the day will be 4:30.



Medicare Health Support Program *(MHS)*

The FHCP Medicare Health Support Program is a collaborative effort between physicians and FHCP's Medicare Health Plan with the purpose of identifying those enrollees with multiple or significant chronic conditions that may benefit from further disease specific education and/or coordination of care. Currently, FHCP's MHS program is focused on those enrollee's that have been identified with one or more of the following conditions, for at least one year, and has required at least two ER visits and/or one acute inpatient stay within the past 6 months, related to the condition(s):

Heart Failure, CAD, COPD, DM, and CKD (stage 3 or 4).

Participation in our MHS program is voluntary. Once identified, both the potential participant and their PCP will be notified. Members, who agree to participate, will be assigned a RN Case Manager who will work closely with both the member and their physician(s) in the establishment, implementation, on-going monitoring and evaluation of an individualized plan of care that we anticipate will promote member understanding of and adherence to recommended treatment plans. Our goal is to reduce health risks, improve quality of life, and provide savings to the member.

As your patients enroll in MHS, you will receive the written Plan of Care (POC), for review, additional input and signature. The initial POC will include the members completed health questionnaire, a self reported medication list and any recommendations or interventions, implemented by the RN Case Manager under your direction and approval, as applicable.

In addition, to the POC, you will periodically receive a survey that allows for your overall assessment of the MHS program and its impact on your patients and practice. Both, the signed POC and the survey should be returned to the Case Management Department.

FHCP believes that working together with our physicians we can successfully meet Medicare requirements while improving the care of our members.

If you or your staff has any questions concerning this, please call FHCP Case Management Department at 676-7100, ext. 7187.

**All FHCP
Facilities will
be closed
Thursday and
Friday,
December, 25
and 26th ***



**and
Thursday,
January 1.**

***All FHCP
Pharmacies
will be open
on Friday,
December
26th.**



**Have a safe
and Happy
Holiday
Season!**



Florida Health Care Plans

1340 Ridgewood Avenue
Holly Hill, Florida 32117
www.fhcp.com

Date: November 21, 2008
To: All FHCP Network Providers
Cc: Wendy Myers, M.D., CMO
From: Sherrie D. Hutchinson, MSHA
RE: 2009 Changes to FHCP Medicare Member Benefits

FHCP Medicare members will experience significant changes to their FHCP Medicare Benefit Plans effective January 1, 2009.

FHCP will be implementing co-insurance of 10% for many services. Please see the attached "Important Items" explanation. The 10% coinsurance will be based upon the following:

- Participating fee-for-service provider co-insurance will be based upon your FHCP contractual rate.
- Participating capitated provider co-insurance will be calculated based upon the value of your services as specified in your FHCP contract.
- Non-participating providers' co-insurance will be based upon 100% of the Medicare fee schedule.

FHCP will begin issuing remittance advices for all services rendered to our Medicare members by all providers (including services in FHCP clinics and capitated providers) for claims processed on or after January 1, 2009. We will also be sending Explanation of Benefit (EOB) notices to our members to help them understand their financial obligation related to their claims.

FHCP has established a Co-Insurance Estimator Center (CEC) that is available to answer member and provider calls regarding co-insurance estimates for services. The CEC can be reached via email at CEC@fhcp.com. They can also be called directly at 386-615-5068 or toll-free at 800-352-9824, ext 5068.

Thank you for your continuing participation as a FHCP provider. Should you have any questions regarding the attached, please feel free to contact me at 386-615-4020.

Here are some **IMPORTANT ITEMS TO REMEMBER** for 2009 in relation to the FHCP Medicare Advantage Plans:

Office Visits:

Some things stay the same: If there is an EM code on your claim with a place of service of “11”, then a PCP or Specialty Co-pay will be applied to the visit, just like it has been in 2008. If you administer Part B drugs incident to the EM code, there is still no change from 2008. A co-pay will be applied to the visit, and 20% co-insurance will be applied for the drugs.

Some things will change: However, if there is no EM code on your claim with a place of service “11” for the visit (i.e. an office surgery, procedure, diagnostic imaging or other test is performed), then a 10% co-insurance will be applied to the claim. If you administer a Part B drug, and also do a procedure, but have no EM code on the claim, the claim will be adjudicated with a 10% co-insurance for each procedure/test claim line, and 20% for each drug code.

Please note that all services by Mental Health and Podiatry providers will have a co-insurance applied, regardless of the presence of an EM code.

Other Service Locations:

With a few exceptions, most services performed in places of service other than the physician’s office “11” by all providers will uniformly have a 10% co-insurance applied. Part B drugs will continue to have the 20% co-insurance, and DME will continue to have a 15% co-insurance in all places of service.

Outpatient Laboratory Testing:

One of the exceptions to the 10% co-insurance relates to labs drawn at a FHCP facility or LabCorp Service Center. Labs drawn at these locations will have no co-insurance applied. All other labs drawn in a physician office, hospital, or non-participating inpatient, hospital or freestanding lab will have the standard 10% co-insurance applied to the claim.

Inpatient Care:

As noted above, co-insurance will be calculated as 10% of the provider’s contract rate for all inpatient services (both professional and facility). However, inpatient co-insurance from all provider claims will be combined to calculate a maximum annual out-of-pocket limit for the Medicare member of \$2,000 per year. Once the member reaches this inpatient maximum out of pocket limit, either through the co-insurance calculated for the facility and/or professional, no additional out-of-pocket expense will be applied for inpatient services for the rest of the year.

Annual Maximum Out of Pocket:

The only maximum out-of-pocket is the \$2,000 limit on inpatient services noted above. There is no other maximum out-of-pocket limit. In other words, the member will be responsible for all other co-pays and co-insurance for the entire year.

Prescription Drug Coverage:

FHCP has compiled a list of “preferred generic” drugs for which our members will only be charged a maximum of \$4.00 per 31 day supply.

FHCP Medicare Advantage (MA) CAHPS Survey Rates and Comparisons

- Flu Vaccination
- Pneumonia Vaccination
- Advising Smokers to Quit

Member Question: "Did you get a flu shot last year, that is, anytime September to December"?

2008 FHCP Rate	76%
National Rate 2008	71%
State of Florida Rate 2008	62%
2007 FHCP Rate	70%

Member Question: "Have you ever had a pneumonia shot"?

2008 FHCP Rate	84%
National Rate 2008	68%
State of Florida Rate 2008	61%
2007 FHCP Rate	75%

Rate of smokers receiving advice to quit.

2008 FHCP Rate	88%
2007 FHCP Rate	70%

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is conducted annually by the Centers for Medicare & Medicaid Services (CMS) to assess the experience of the beneficiaries in the MA plan.



From Everyone at Florida Health Care Plans