provider news

Freedom Health • Optimum HealthCare • Provider News • Spring 2018

Credentialing Corner

The plan accepts CAQH Proview Credentialing applications.

Please continue to keep your credentialing application information and attached documentation current in the CAQH Proview data base. The following items should be current:

- **State Medical License(s) expiration date(s)**
- **DEA Certificate**
- **Valid Insurance Information**
- **Questionnaire responses and explanations as required**

For Providers Not Part of CAQH Proview:

The plan sends notification and re-credentialing applications by mail four months in advance of a providers credentialing expiration date. The notification cover letter specifies the steps and documents needed for re-credentialing, as well as the deadline for the submission of all current information.

Active provider status is dependent upon completion of the re-credentialing process prior to the three-year expiration date.

Thank you for your timely submission!

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CULTURAL COMPETENCY

Federal regulation requires that all physicians deliver healthcare services in a culturally competent manner. The Health Plan expects its network physicians to provide information and services to members in a manner that is respectful and responsive to unique cultural and linguistic needs. Physicians must also assure that individuals with disabilities are furnished effective communication when making treatment option decisions.

Should you notice any potential cultural or linguistic barriers when communicating with your patients, let the Health Plan know. The Health Plan's Member Services department is available to arrange free language interpreter services for its non-English speaking members. You may also contact Member Services to obtain information on our teletypewriter TTY/TDD connections.

- Allowing extra time with patients for whom English is a second language.
- Posting signs and providing educational materials with easy-to-read text, written in common languages encountered in your service area.
- Using nonverbal methods of communication (e.g., pictographic symbols) with patients who cannot speak English or whose primary language may not be English.
- Speaking slowly and clearly, using terms the patient will understand.
- Accommodating and respecting patients' unique values, beliefs and lifestyle choices when customizing treatment plans.
- Being aware that direct or prolonged eye contact is considered disrespectful or aggressive in some cultures.
- Being aware that personal space requirements vary by culture.

These thoughtful approaches proposed by cultural competency standards allow the Plan and the providers who care for our members to:

- Improve health outcomes;
- Enhance the quality of services;
- Respond appropriately to demographic changes;
- Eliminate disparities in health status for people of diverse backgrounds;
- Decrease liability/malpractice claims; and
- Increase member and provider satisfaction.

Additional Tools/ Resources to Assess Cultural Competency:

The Bureau of Primary Health Care (BPHC), the Health Resources and Services Administration (HRSA), and the U.S. Department of Health and Human Services (DHHS), in conjunction with Georgetown University, have created a tool for providers to assess their practice for cultural competency. The self-assessment tool benefits practitioners by enhancing awareness, knowledge and skills of cultural competency, and by informing practitioners of opportunities for improvement both at the individual and organizational levels.

You can download the tool at https://nccc.georgetown.edu/assessments/

There are also many other free resources online which offer accredited continuing education programs on cultural competent practices. There are also additional PDF's and assessments available that are specific to age, environment or needs. The following sites identify needs and opportunities in your practice, as well as how to implement cultural and linguistic appropriate services.

- Office of Minority Health website featuring Communication Tools and Education Resources: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6
- Health Resources and Services Administration (HRSA) of the U.S. Department of Health & Human Services website for Culture, Language and Health Literacy: https://www.hrsa.gov/cultural-competence/index.html
- Providers may request a hard copy of the Cultural Competency Plan from the Plan at no charge to the provider.

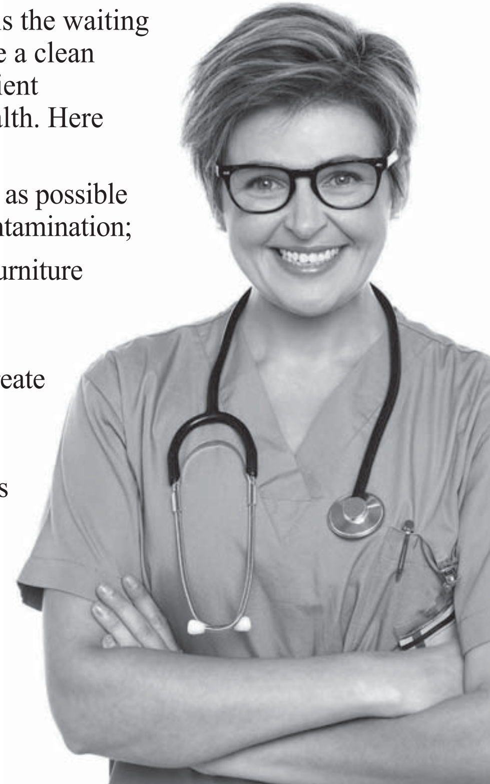
Office Cleanliness

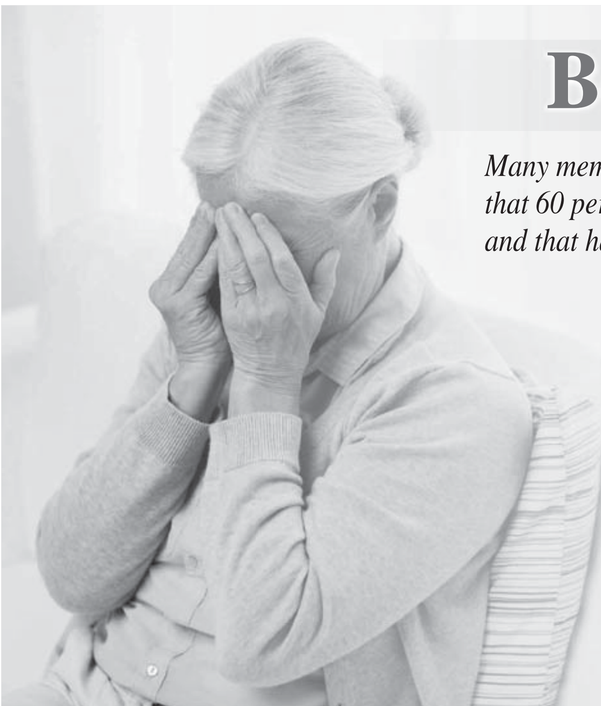
If your office may be thinking of things to improve upon in 2018, please take into consideration that **an office that is not clean** may be sending the wrong message to a patient. This is a very simple adjustment that can greatly influence patients' overall satisfaction.

Patients tend to complain most about things that they can relate to or understand. Oftentimes, things like wait time, rude office staff and office cleanliness are reported more than a physician's medical decisions or competency. These are the things patients remember and have a large outcome on patient satisfaction. Annually, the Health Plan conducts a Member Satisfaction Survey in order to determine satisfaction with the Plan and their providers. The Plan analyzes those responses at the end of the year. Last year, there were two questions that had a statistically significant influence on member satisfaction. They were Overall Satisfaction with the Health Plan and Doctor's Office Cleanliness. These questions have continued to resurface as items that have a statistically significant influence on member satisfaction.

A large amount of how patients perceive their quality of care is based on the cleanliness of their physician's office. A patient's first impression on a medical practice is the waiting room area. It is important to create a clean environment in order to affect patient outcomes and promote patient health. Here are some things you can do:

- Keep the office area as germ-free as possible to prevent infection and cross contamination;
- Get new furniture if your office furniture needs updating;
- Add a small amount of updated magazines which can also help create a fresh, minimalist environment;
- Keep the waiting room tidy by picking up coffee cups and tissues that may have been left behind; and
- Soothing décor, soft lighting and a friendly and comforting office staff can create an overall satisfying experience as well at a medical office practice.





Behavioral Health Vendor

Many members with depression are managed at the Primary Care level. It is estimated that 60 percent of mental health problems seen in primary care are depressive disorders and that half of patients seen have psychiatric symptoms. Depression is treatable.

Mental and Behavioral Health Services

As the Plans' provider, Beacon Health Options does not provide direct care as a managed behavioral health care organization. It does manage a network of:

- Psychiatrists
- Doctorate prepared licensed psychologists
- Master's prepared licensed clinicians
- Day treatment programs
- Inpatient treatment programs
- Residential programs

Continued on pg. 6

The Importance
of Communication as a Health Care Provider

COMMUNICATION WITH PATIENTS

An effective doctor-patient relationship is important and can only exist if there is trust and good communication. It is well known that when patients feel they can openly talk to their doctor, they will experience improved health results and overall well-being.

We expect our providers to be prepared for patient visits and encourage them to ask questions. The Health Plan continually reminds members to be prepared for appointments by arriving on time, bringing updated medication lists and asking questions about their health care. However, patients oftentimes feel that they are bothering their provider or that their doctor is too busy to answer questions. While this may be true, it is important to always take the time to talk with your patients. This includes maintaining eye contact and exhibiting good listening skills.

Educate your patients on their health conditions. Teach them which changes in their health condition need to be reported to you and how quickly to call. Your patients should know if their symptoms can be addressed in an office visit or when emergency treatment may be necessary.

During each visit with a patient, verify their current medication list, including supplements. Ask if the patient is taking all of their medications as directed. It is surprising how many patients stop taking their medications for various reasons. This is especially pertinent when a patient transitions between facilities, has been seen in the ER or by different providers and specialists.

It is also important to review any new lab results and discharge reports. Any changes should be updated in the patient's care plan. Lastly, make sure patients have your contact information before leaving the appointment. They should know when to contact your office if questions come up after their visit or how to explain the urgency of their request. Printed patient education material or instructions are also helpful to send home with the patient.

COMMUNICATION WITH OTHER PROVIDERS (PCP to Specialists):

Successful coordination of care requires open communication with other providers. This involves other PCPs, hospital and ER doctors, and specialists. It could also include Health Plan team members.

When patients transition between facilities or other providers, it is difficult to ensure continuity of care. By working together as a *provider team,* the patient is more likely to receive the best health care possible.

The Health Plan considers a PCP the medical home and any pertinent changes in the patient's care plan should be communicated and accessible to PCPs, especially upon post-care transition. This would include any changes in health status, diagnoses, medications, lab or test results, and those noted on a discharge report.

Since a follow-up visit is scheduled with a PCP following a care transition, communication of the patient discharge summary or discharge instructions is necessary to update and to maintain the patient's health care plan, as well as continue meaningful communication with the patient about their health care.

Authorization Review & Determination

In this issue, we would like to address one of the biggest requests we received from our providers – tell me more about Medicare and Medicaid guidelines that influence an authorization review and determination.

The Utilization Management (UM) department, including clinical staff, is available for all pre-certification requests and questions, 7 days a week from 8:00 a.m. to 5:00 p.m. (limited staff on holidays). Our staff is also available after routine business hours to arrange hospital admissions or emergent needs.

The UM Department uses the following criteria when making a determination:

Medicare Criteria:

- Medicare National and Local Coverage Guidelines
- State Statutes, Laws and Regulations
- InterQual Criteria
- Hayes Medical Technology
- Policy/Benefit Coverage
- Medical Director professional judgment based on review of literature, evidence-based guidelines, & other Managed Care Organizations

Medicaid Criteria:

- Agency for Healthcare Administration (AHCA)
- Medicaid Coverage and Limitation Guidelines
- State Statutes, Laws and Regulations
- InterQual Criteria
- Hayes Medical Technology
- Policy/Benefit Coverage
- Medical Director professional judgment based on review of literature, evidence-based guidelines, other Managed Care Organizations, etc.
- Medicare National & Local Coverage Guidelines if Medicaid Guidelines or InterQual Criteria is not available

What are the Guidelines?

We at Freedom Health/Optimum Healthcare appreciate the time you took to participate in our Provider Survey last year. Your feedback has continued to offer us with important insights into what we as a Health Plan can do to help all of our Providers.

Timeframes:

For **standard requests,** the Health Plan processes authorization requests as quickly as possible. Many of our requests are completed on the same day received, and our average turnaround time for all requests for service is less than 2 days. We urge our providers to include all necessary medical records when submitting a request in order to avoid unnecessary delays.

Standard requests may be submitted by
Fax: 866-608-9860 or 888-202-1940

For **expedited requests,** the review must be completed, including a notification to the member, within 72 hours from the time received at the Health Plan. Please note that a request can only be expedited if it is felt that waiting up to the standard time for a decision would place the patient's life, health or ability to regain maximum function in serious jeopardy.

Expedited requests may be submitted by
Phone: 888-796-0947
or by Fax: 866-608-9860 or 888-202-1940

How to check the status of a request

- Call the UM Department during normal business hours, 8:00 a.m. to 5:00 p.m. on weekdays, to check the status of a request; or
- Access the Health Plan's Provider Portal, where you can review the status of a member's authorization request. If you have questions regarding the Provider Portal or would like access, please contact your Provider Relations representative for assistance.

The Health Plan's UM Department may be reached at: Phone: 1-888-796-0947
Fax: 1-866-608-9860 or 1-888-202-1940

Partner with Case and Disease Management Nurses

The Plan can collaborate with you to help provide each member the services they need to better manage their health or plan of care. Physicians and providers can refer a patient to one of our programs with just a phone call or written referral. Our overall goal is to support the member's success in implementing his or her plan of care. The referral form can be found on the Plan's website or in your Provider Manual.

Disease Case Managers can offer education and coaching programs for Members based on diagnoses such as Diabetes and Cardiovascular Disease. These programs are built around national evidence-based guidelines. The focus is on preventing complications and/or exacerbations, enhance self-management and reduce acute episodes.

Complex Case Managers can assist members with urgent or acute events and coordination of services. The goal is to enhance coping and problem solving capabilities, assist in appropriate self-direction, support proper and timely needed services and reduce readmissions.

Social workers support is integrated into the Case and Disease Management programs to assess psychosocial issues and to identify community or other resources in which the member might benefit.

Members enrolled into one of our Case and Disease Management programs and their physicians receive ongoing support from nurses on staff. Members may choose not to participate in the program at any time and it does not affect their benefits. We encourage providers to support Member participation in these programs as a collaborative effort to maximize health. Provider communication efforts are via a care plan developed by the nurse and/or social worker highlighting mutually agreeable goals and interventions. Updates to the care plan are provided as well when initiatives change.

Call us toll-free at 1-888-211-9913 from 8:00 a.m. to 4:30 p.m. Monday through Friday. To access the referral form on the internet visit the Plan website and follow this path: Providers -> Tools and Resources -> Case/Disease Management Referral Form

Behavioral Health Vendor...

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Referring to Beacon Health Options

You may determine that a member can benefit from services in situations such as when:

- A member demonstrates clinical depression and follow-up is indicated
- Psychotherapy might be indicated to assist a member in dealing with stressors
- An evaluation for determining if the need for psychotropic medications is indicated or if the member requires an assessment of their current psychotropic medications
- A psychiatrist can provide an evaluation during a member's acute, non-life threatening crisis
- There is a history of severe and persistent mental illness
- An eating disorder is indicated
- For evaluation and treatment of substance abuse

Communicating with the PCP

Each network psychiatrist and psychotherapist is required to seek consent to release confidential information from the member. They must obtain the patient's, or authorized legal representative's, signed and dated consent before communicating with the patient's PCP regarding their behavioral health treatment. Encourage your patient to sign a release.

Consult with a Psychiatrist Available

Consultation with a Board Certified Psychiatrist is available to answer any questions regarding a member's mental health status and appropriate use of psychotropic medications or substance abuse. The hours are 9:00am -5:00 pm weekdays. Call 1-877-241-5575. Please identify yourself as a Primary Care Provider seeking psychiatric consultation services.

Resources

Other provider resources, including a PCP Toolkit for behavioral services, are found on Beacon's website at www.beaconhealthoptions.com.

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provider news

Spring 2018

P.O. Box 151137, Tampa, FL 33684

Anthem®

A **MEMO** from Leadership

We are happy to announce that the acquisition of America's 1st Choice by Anthem, Inc. is now complete. America's 1st Choice will operate as a wholly owned subsidiary of Anthem and continue to offer Medicare Advantage plans under its Freedom Health and Optimum brands in 25 Florida counties. The company also operates America's 1st Choice of South Carolina. America's 1st Choice, Freedom and Optimum members will continue to have access to an exceptional network of providers focused on providing the highest quality care.

The exceptional care provided through the America's 1st Choice network allowed America's 1st Choice Optimum plans to receive the highest possible rating, five stars, from the Centers for Medicare Medicaid Services for its 2018 Medicare Advantage plans. America's 1st Choice achieved a four-star rating for its 2018 Freedom Health plans.

This acquisition complements Anthem's existing Medicare Advantage plans in Florida offered by Simply Healthcare and HealthSun and advances our goal of increasing access to healthcare for all consumers, including those who are most vulnerable.

America's 1st Choice will continue to operate under its Freedom Health and Optimum brands providing the same service and support you enjoy today. This transaction does not affect member benefits or provider contracts in place today.

Anthem is the nation's second-largest health benefits company with more than 6.4 million Medicaid and approximately 1.5 million Medicare members in its affiliated health plans nationwide. With the acquisition of America's 1st Choice, Anthem will serve approximately 220,000 Medicare Advantage members and more than 500,000 Medicaid members in Florida through its affiliated health plans.

America's 1st Choice's high-performing provider network will support an already strong foundation for Anthem as we expand our membership in Florida. We thank you for your continued support and care for our members. Our Provider Relations team remains available to provide service and support to you. If you have any questions, please contact your provider relations representative or call: (813) 506-6000 ext. 44002.

We welcome all America's 1st Choice providers to Anthem.

Sincerely,

Nancy Gareau
Vice President, Network Operations and Business Development America's 1st Choice

Tomas I. Orozco
President, Medicare East Region
Anthem, Inc.

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Fall Prevention: **What Health Care Professionals Can Do To Help**

According to the Center for Disease Control and Prevention (CDC), one out of four people age 65 years and older fall each year. As providers, you are the first line of defense to facilitate patients in fall prevention. There are many risk factors for falling and some of them can be modified to help prevent these dangerous occurrences.

As you are aware, a patient will be at risk for falling if they have lower body weakness, dizziness or difficulty with balance. However other things like poor vision, use of certain medications and even foot or shoe problems can also contribute to a patient's fall risk. In addition to physical exams and annual hearing and vision exams, there are some other things to consider. A review of the patient's medications is necessary to rule out any drug-drug interactions or drugs that may be more likely to cause falls. Recommendations such as an exercise program that focuses on balance and stretching as well as a footwear assessment are also beneficial. A home safety assessment and suggestions for adaptive aids may also be necessary recommendations.

For elderly patients, fall prevention education is critical. Some strategies for fall prevention to talk to your patients about include:

- Attending a fall prevention program in your area;
- Working on exercises for strength and balance; and
- Changing the environment in their home. This can be very difficult for your patients. You have to assess their readiness to change much like in smoking cessation and weight loss programs. It is important to discuss and address any barriers to change they may have.

Many elderly patients feel that falling is just part of life when you are older, but there is no reason that anyone has to fall and endure life-changing consequences. The key is prevention and providers are the first line of defense!