



Provider Newsletter

Don't miss a payment or receive an overpayment!

Please verify member eligibility prior to seeing the member. If you are seeing an EMI member, please be sure to obtain the authorization from EMI or be sure that the authorization was obtained from EMI.

Please submit all assigned EMI member claims to EMI for processing. If the member is assigned to EMI, please DO NOT submit claims to Florida Blue for payment.

Update Your Provider Information Today!

The Centers for Medicare & Medicaid Services (CMS) now requires health plans, to conduct quarterly outreach to contracted providers to validate their provider information. Whether its for you or on behalf of your group, updating your information easy and fast!

Information to Update the Network:

- Street address & phone number
- Ability to accept new patients
- Other changes that may affect availability to patients

Benefits of Updating Your Information:

- Patients and prospective patients will easily find your accurate provider information.
- By updating your email address, you will receive important email notifications with news and information you need to know.



Incorrect or Incomplete Zip Code May Result In Claims Processing Errors

It is very important that all providers ensure that they are billing all of their claims using the 9 digit zip code as assigned by the United States Post Office (USPS). A zip code is comprised of a five-digit code plus four additional digits to identify a geographic segment within the five-digit delivery area, such as a city block, a group of apartments, an individual high-volume receiver of mail or any other unit that could use an extra identifier to aid in efficient mail sorting and delivery.

Providers must use the 9 digit zip code in all areas on their claims submissions where an address is required to be submitted. This includes the location where services were rendered and the billing location. All providers should ensure that they have obtained the correct 9 digit zip code from the USPS. USPS offers an easy to use online look up tool to assist consumers in obtaining their correct Zip code.

During claims processing it is the 9 digit zip code that is used to determine systemically the address where services were rendered. If you or your practices are not billing the full 9 digit zip code or if you are billing an incorrect or incomplete zip code this will result in claims processing errors.

Please ensure that all of your contract documents and that all of your claims billing systems are updated with the correct zip code +4 information for your practice locations and billing locations.



Do you know the benefits of using Availity?

Availity is Florida Blues' trusted information exchange partner enabling the movement of business and clinical information in real-time. By signing up with an account you will be able to verify eligibility, benefits, and more – all online and at your fingertips. For more information, including online demonstrations or to register, please visit Availity's website at www.availity.com or call (800) AVAILITY (282-4548).

Keep Up to Date on ICD-10

Visit the CMS ICD-10 website for the latest news and official resources, including the ICD-10 Quick Start Guide, and a contact list for provider Medicare and Medicaid questions. Sign up for CMS ICD-10 Email Updates.

- [ICD-10 website](#)
- [ICD-10 Quick Start Guide](#)
- [Contact List For Provider Medicare And Medicaid Questions](#)
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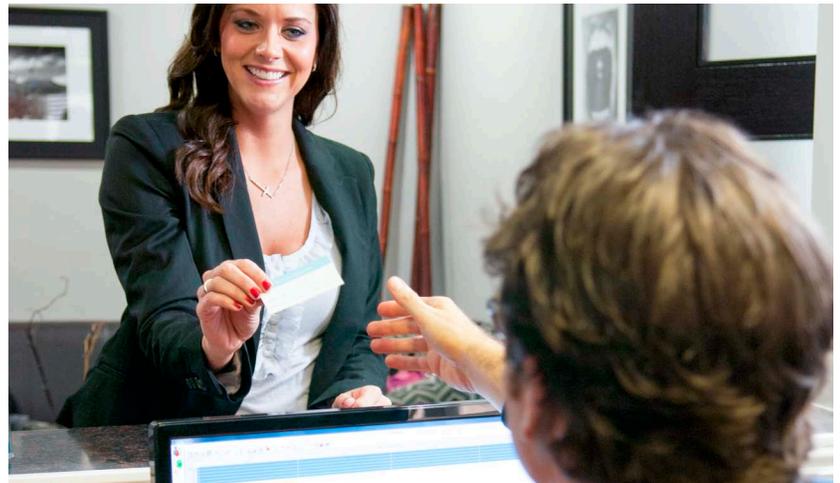
myBlue HMO

Thank you for your continuous support and care for our member's health. You may have noticed that you're beginning to see Florida Blue members with a new card with the name "myBlue". Please be reminded that myBlue is a new Marketplace Exchange product that is managed by Eye Management, Inc for Ophthalmology services.

One Year Anniversary of The Adoption of ICD-10

With the one year anniversary of the adoption of ICD-10 approaching, the Centers for Medicare & Medicaid Services (CMS) would like to remind you of the available resources to assist with ICD-10.

One such resource is Road to 10, which continues to serve as a virtual resource for the ICD-10 transition. Road to 10 boasts many different resources such as planning tools, webcasts, and medical case studies. In addition, Road to 10 contains a Quick Start Guide, medical specialty specific references, and an inquiry submission system, which allows submitted questions to be answered by industry experts. For more information, visit Roadto10.org.



Appointment Availability

Appointment availability is monitored to ensure Services are received from the authorized provider in a timely manner, which facilitates the desired outcome of the treatment.

HS1 & Affiliated Covered Entities will annually review network provider's average appointment wait times to ensure services comply with the established standards.

Appointment access is monitored by:

- Quality Improvement Referrals received related to access to care.
- Complaints received from health plan partners related to access to care.

Action: A corrective action plan is developed and implemented for any measures that fall below the goal established by health plan partners, regulatory or accrediting bodies.



HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules

(Adopted from CMS.gov)

The Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Breach Notification Rules protect the privacy and security of health information and provide individuals with certain rights to their health information. This article discusses:

- The **Privacy Rule**, which sets national standards for when protected health information (PHI) may be used and disclosed
- The **Security Rule**, which specifies safeguards that covered entities and their business associates must implement to protect the confidentiality, integrity, and availability of electronic protected health information (ePHI)

You play a vital role in protecting the privacy and security of patient information. This publication gives an overview of the rules, and it outlines the information protected by and who must comply with those rules.

HIPAA Privacy Rule

The HIPAA Privacy Rule establishes standards for the protection of PHI held by:

- Health plans
- Health care clearinghouses
- Those health care providers that conduct certain health care transactions electronically
- Their business associates

The Privacy Rule gives patients important rights with respect to their health information, including rights to examine and obtain a copy of their health records in the form and manner they request, and to ask for corrections to their information. Also, the Privacy Rule permits the use and disclosure of health information needed for patient care and other important purposes.

Protected Health Information

The Privacy Rule protects individually identifiable health information, called PHI, held or transmitted by a covered entity or its business associate, in any form, whether electronic, paper, or verbal. PHI includes information that relates to all of the following:

- The individual's past, present, or future physical or mental health or condition
- The provision of health care to the individual
- The past, present, or future payment for the provision of health care to the individual

PHI includes many common identifiers, such as name, address, birth date, and Social Security number.

HIPAA Security Rule

The HIPAA Security Rule specifies safeguards that covered entities and their business associates must implement to protect the confidentiality, integrity, and availability of ePHI.

Covered entities and business associates must develop and implement policies and procedures to protect the security of ePHI they create, receive, maintain, or transmit. Each entity must analyze the risks to ePHI in its environment and create solutions appropriate for its own situation. What is reasonable and appropriate depends on the nature of the entity's business, as well as its size, complexity, and resources. Specifically, covered entities must:

- Ensure the confidentiality, integrity, and availability of all ePHI they create, receive, maintain, or transmit
- Identify and protect against reasonably anticipated threats to the security or integrity of the ePHI
- Protect against reasonably anticipated, impermissible uses or disclosures
- Ensure compliance by their workforce

The Security Rule does not dictate security measures but requires covered entities to consider all of the following:

- Size, complexity, and capabilities
- Technical, hardware, and software infrastructure
- The costs of security measures
- The likelihood and possible impact of risks to ePHI

Covered entities must review and modify security measures to continue protecting ePHI in a changing environment.

Visit the HHS HIPAA Privacy Rule webpage (<http://www.hhs.gov/hipaa/for-professionals/privacy>) for more information.

eye notes

FROM THE MEDICAL DIRECTOR

Thank you in advance for your continued participation in the Eye Management network. I want to update you on two aspects of our eye care.

I review numerous requests for upper lid blepharoplasty and ptosis repair. My review process involves three aspects all of which need to be submitted prior to determination. First, there needs to be an actual patient complaint such as “my eyelids are heavy or droopy”, “I cannot see well above”, or “I cannot keep my eyes open”. Writing simply, “here for ptosis evaluation”, is not a patient complaint. Secondly, taped and untaped visual fields showing an upper field defect extending to within 20 degrees of fixation and improving by 20 degrees with taping is needed. Finally, face front patient looking straight ahead photos showing the lids at or below the top of an undilated pupil are required. Submit the above requirements meeting the guidelines and your lid surgery will be approved.

As you know, as Florida Blue Eye Physicians,

we play a vital role in ensuring that every eligible member receives their annual diabetic retinal exam. This continues to present a challenge for the health plan as many of the members do not get this exam. We realize that the primary care physicians are in the best position to refer their patients annually and are encouraging them to do that. We can assist by prompting our computer systems to search out our patients with the diagnosis of diabetes or BDR and encourage them to return for a yearly dilated retina exam. Remember to fully document this exam including “found retinopathy” or “no evidence of diabetic retinopathy”. Please address any questions to Marjorie Auguste, Provider Relations Representative, at 305-614-0100, ext. 4536.

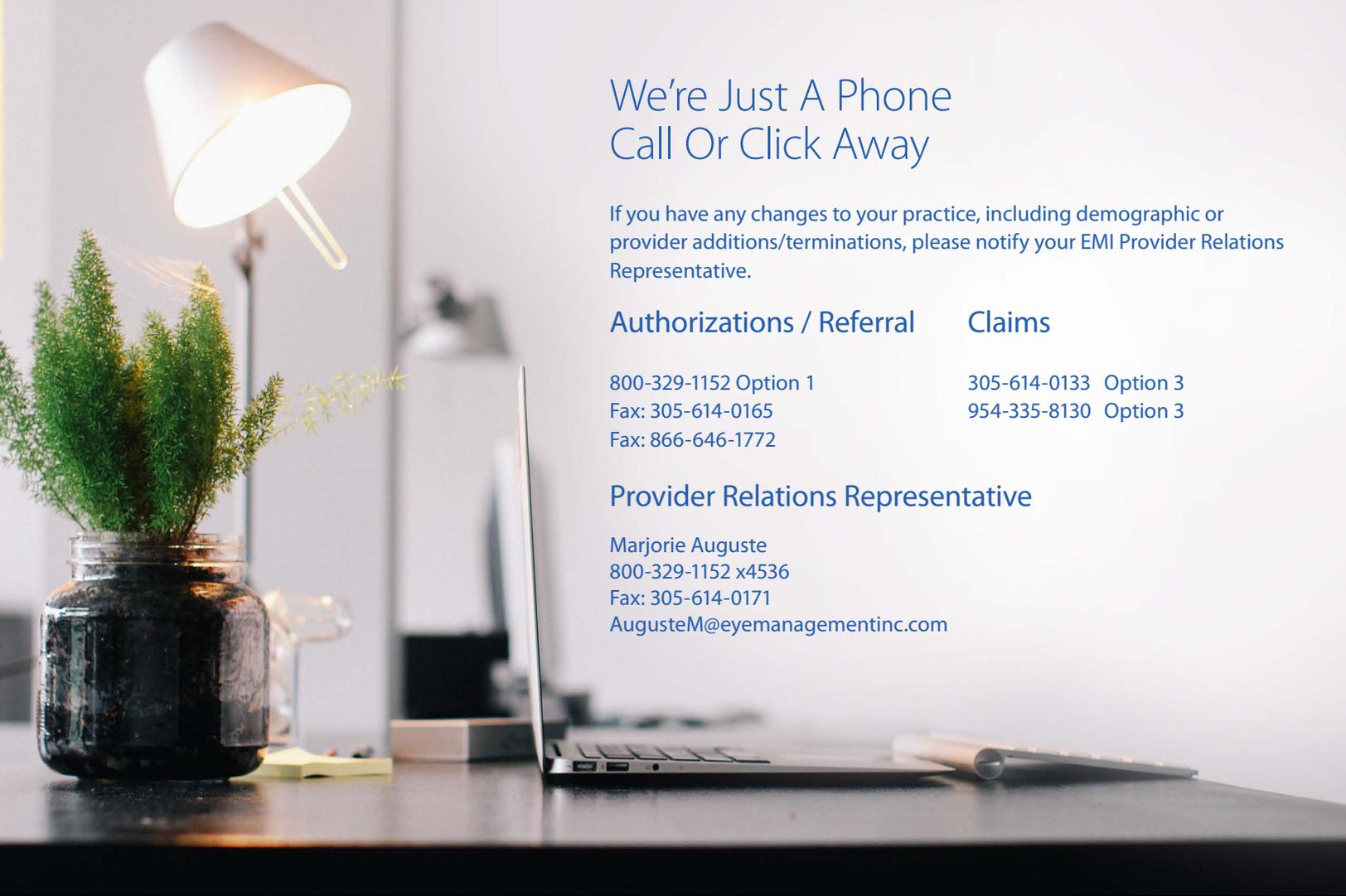
Please feel free to contact me on my cell at 954-559-8687 with any questions, concerns, or problems.

With best regards,
Alan Silbert, M.D.
Medical Director, EMI



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We're Just A Phone Call Or Click Away

If you have any changes to your practice, including demographic or provider additions/terminations, please notify your EMI Provider Relations Representative.

Authorizations / Referral

800-329-1152 Option 1
Fax: 305-614-0165
Fax: 866-646-1772

Claims

305-614-0133 Option 3
954-335-8130 Option 3

Provider Relations Representative

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