



Provider Newsletter

Provider Web Portal (PWP) - Sign up Today!

We would like to encourage you to utilize our Provider Web Portal (PWP) managed by our affiliate Health System One (HS1). HS1's PWP is a dynamic web-based tool that allows you to check the status of referral requests and print them as needed; you can also check and print claims status.

Creating a user account is EASY!

Simply complete the online form at <http://www.healthsystemone.com/pwp>. Once you have an account you can access the PWP at <https://asp.healthsystemone.com/hs1providers/>. By creating a user account and utilizing the PWP your team will no longer have to waste precious time making outbound calls and tying up a telephone line to check on the status of a referral or the status of a claim.

myBlue and HCA facilities

As we approach the end of the 1 year introduction of the myBlue product, EMI has been informed of the following change. HCA facilities are not accepting the "myBlue" product. This includes hospitals, ambulatory care centers, surgical centers, etc. As this is not a network decision, we ask that you assist us with informing these members prior to scheduling at any HCA facilities. Please re-direct these members to the network and we will coordinate continuation of care for these members.



January is Glaucoma Awareness Month

Currently, more than 3 million people in the United States have glaucoma. The National Eye Institute projects this number will reach 4.2 million by 2030, a 58 percent increase.

Glaucoma is called "the sneak thief of sight" since there are no symptoms and once vision is lost, it's permanent. As much as 40% of vision can be lost without a person noticing.

Glaucoma is the leading cause of preventable blindness. Moreover, among African American and Latino populations, glaucoma is more prevalent.

There is no cure for glaucoma—yet. However, medication or surgery can slow or prevent further vision loss. The appropriate treatment depends upon the type of glaucoma among other factors. Early detection is vital to stopping the progress of the disease. Regular comprehensive eye exams are the best way to protect your sight from glaucoma.

To learn more and help raise awareness, please visit:
<http://www.glaucoma.org>

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 it's for you or on behalf of your group, updating your information easy and fast!

Information to Update the Network:

- Providers joining or leaving your practice;
- Change of Billing address;
- New or additional email address
- Street address & phone number;
- Ability to accept new patients;
- Other changes that may affect your availability to see patients.

Benefits of Updating Your Information:

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

Availity

Availity is Florida Blue's trusted information exchange partner enabling the movement of business and clinical information in real-time. Verify eligibility, Benefits, and more – all online and at your fingertips.



Florida Blue has delegated credentialing to EMI as of November 1, 2016

As of November 1, 2016, EMI has been delegated credentialing for Florida Blue (Health Options). In order to remain compliant with your contract, all current and new providers must be credentialed by the network and documents must be current. Our credentialing staff will assist you and request the necessary documents to ensure that you remain active with the network.



Don't miss a payment or receive an overpayment!

Please verify member eligibility via Availity 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.

Patient *access* to Medical Records

This article is of a general nature and is not intended to be, nor should it be construed or relied upon, as legal advice.

In early 2016, the Office of Civil Rights (OCR) issued guidance for healthcare providers regarding an individual's right to access his/her health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations. The guidance consisted of a fact sheet and FAQs addressing patients' right to access their medical records (collectively, the Access Guidance).

The Access Guidance sets forth requirements healthcare providers must follow when responding to a patient's (or a patient's personal representative's) request for access to his/her medical records. According to OCR, its hope is that the Access Guidance will "engage and empower patients to take control of their healthcare decisions" and put patients in the "driver's seat" regarding their health.

HIPAA provides patients with the right to access their protected health information (PHI) maintained by a healthcare provider in a designated patient record set, such as medical records, billing and payment records, and insurance information. Patients have the right to request, inspect, and/or obtain a copy of their PHI, as well as to direct the healthcare provider to transmit a copy of their PHI to a designated third party or entity of the patients' choice. A patient's right of access is subject to certain exceptions, such as for psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

The Access Guidance was issued because, according to OCR, although

HIPAA has always provided individuals with a right to access their health information, healthcare providers have not always understood this right and, in OCR's experience, created obstacles for individuals attempting to exercise their rights. The Access Guidance addresses various aspects of the right to access, including, the mechanics of providing access (e.g., form, format, manner, cost, etc.), an individual's right to direct PHI to another person, and the interplay with state laws.

The Access Guidance clarifies that pursuant to a right to access, an individual can direct the healthcare provider to transmit his/her PHI directly to another person or entity designated by the patient and, importantly, such direction does not require a formal HIPAA authorization. Rather, an individual's right to direct his/her information to a third party is complete so long as it is in writing, signed by the patient, clearly identifies the designated person, and where to send the PHI.

OCR also uses the Access Guidance to clarify how state law and HIPAA interact with respect to fees charged for access requests. Where state law provides individuals a greater right of access to their medical records when compare to HIPAA, then the healthcare provider must also follow state law. This includes state laws that prohibit fees to be charged to individuals for copies of medical records, requires that a free copy of medical records be provided to an individual or requires fees less than HIPAA allows to be charged for copies.

When providing a patient with a copy of his/her PHI pursuant to an access request, a healthcare provider may

charge an individual a reasonable, cost-based fee, provided that the fee includes only the cost of: (i) Labor for copying the protected health information requested by the individual, whether in paper or electronic form; (ii) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; [and] (iii) Postage, when the individual has requested the copy, or the summary or explanation, be mailed; (iv) Preparing an explanation or summary of the protected health information, if agreed to by the individual.

On the flip side, HIPAA overrides state laws that authorize higher or different fees from those allowable under HIPAA when a patient requests access to his/her records. Examples of practices that may be permitted under a state law but are prohibited under HIPAA's right of access include: (1) fees for search and/or retrieval and (2) per-page fees for electronic records. For example, HIPAA's prohibition on charging a per-page fee for electronic records would override Ohio law authorizing healthcare providers to charge a per-page fee, dependent on the total number of pages requested, for electronic records.

The challenge faced by healthcare providers when setting fees for records requests is that the fees permitted under a state law for medical records copies may not be aligned with fees permitted under HIPAA. For ease of administration, a healthcare provider may consider implementing a uniform fee structure that is consistent with both the fee limitations under the right of access and any applicable state law requirements.

eye notes

FROM THE MEDICAL DIRECTOR



Florida Blue is working closely with their Primary Care Physicians and with their members to ensure that they are receiving the medically necessary preventive services with an eye care professional.



As you know, an annual Diabetic Retinal Exam (DRE) should be part of every diabetic patient's preventive care regimen. In addition, the DRE is a measurement tool used by the National Committee for Quality Assurance (NCQA) to determine if a managed care organization is meeting the health care needs of their member population.

Florida Blue is working closely with their Primary Care Physicians and with their members to ensure that they are receiving the medically necessary preventive services with an eye care professional.

When your patient is in the office we ask that you perform a complete eye exam and document appropriate retinal eye examinations. Please also ensure that you submit a HIPAA 5010 Compliant Claim when billing for these services.

It is also extremely important that you document the results of your findings in the patient's chart including No evidence of diabetic retinopathy. We have added this as a separate "diagnosis" (#37) on the Report of Ophthalmic Consultation.

In addition to proper medical record documentation, when you diagnose a member as "diabetic with out complications", it is essential that you submit the following CPT procedure codes & ICD-10 codes on your claim.

<i>Diabetes with out complications</i>	E 10.9	ICD10
<i>Diabetes with out complications</i>	E 11.9	ICD10
<i>Diabetes with out complications</i>	E 13.9	ICD10
<i>Diabetic Retinal Screening Negative</i>	3072F	CPT

In addition, a report of your findings should be communicated with the member's Primary Care Physician.

As referenced above, EMI has a simple template "Report of Ophthalmic Consultation" that you may use. If you need a copy of this form, or if you have any questions regarding this information, please contact your Provider Relations Representative, Marjorie Auguste, at (800) 595-9631 x 4536.

With best regards,

*Alan Silbert, M.D.
Medical Director, EMI*





We're Just A Phone Call Or Click Away

If you have any changes to your practice, including demographic changes 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
954-335-8130

Provider Relations Representative

Marjorie Auguste
800-329-1152 x4536
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