# Provider Newsletter

Florida Blue

HCA facilities now contracted for myBlue!!!

Florida Blue has come to an agreement with HCA facilities for the "myBlue" product. This includes hospitals, ambulatory care centers, surgical centers, etc. Please continue seeing members and scheduling procedures as you've done in the past.

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.
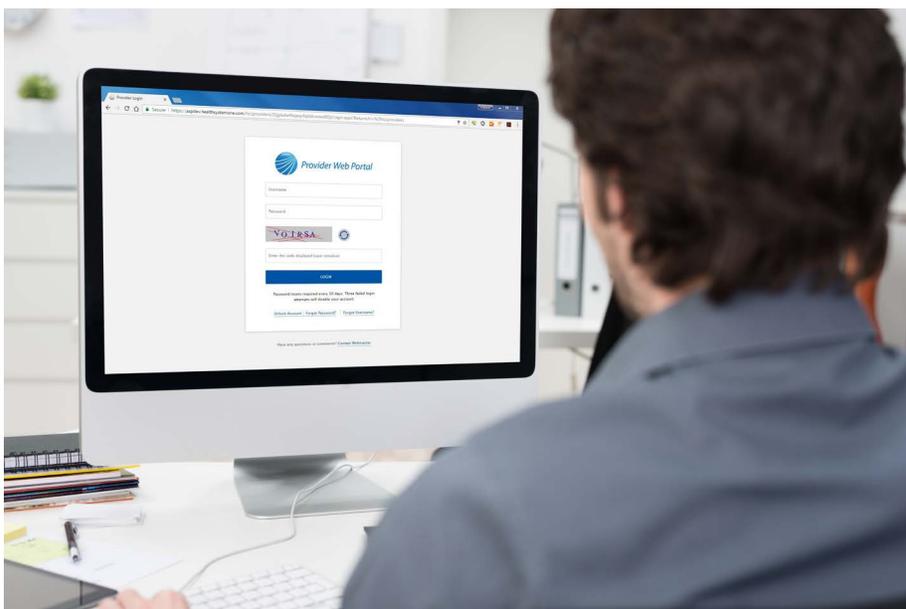
Our Provider Portal saves valuable time

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 **request authorizations** and **referrals**, **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*. You can visit the provider web portal after setting up your account at *https://asp.healthsystemone.com/hs1providers*. By 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.

Are you currently using 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.

eye notes

FROM THE MEDICAL DIRECTOR

> Our network strives to provide the best possible care for patients but we also need to restrict the ordering of ancillary tests to those which are truly medically necessary.

Dear fellow physicians,

With the development of in office machines for ERG and VEP measuring, we are seeing increasing claims for their use. While any condition associated with the visual pathways can be investigated with this technology, many disease processes can be equally evaluated with more commonly used tests (e.g., FA, OCT, Visual fields, etc.). Our network strives to provide the best possible care for patients but we also need to restrict the ordering of ancillary tests to those which are truly medically necessary.

With that in mind, we will allow ERG testing for unexplained visual loss, hereditary retinal degeneration, retinal vascular disease, drug toxicity (e.g. plaquenil), and occult macula degeneration. VEP testing will be allowed for unexplained visual loss, multiple sclerosis patients, and optic nerve or pathway disease. Testing for suspected functional visual loss will also be allowed for ERG and VEP.

All requests for payment for ERG and VEP will be reviewed. Thank you for your anticipated cooperation. 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

Incorrect selection of your taxonomy code could delay your healthcare credentialing

As a delegated credentialing entity for numerous Health Plans, HS1 is required to verify that the Taxonomy code(s) selected by a provider, when applying for their National Provider Identifier (NPI) from The National Plan and Provider Enumeration System (NPPES), most closely describes the type/classification/specialization they have been contracted for.

Often times a provider may need to select more than one Taxonomy code, but one must always be checked as the primary. When a provider applies for their NPI, the NPPES does not verify that the taxonomy code selected is correct nor do they ensure that they are credentialed or qualified to render the selected service. The NPPES only verifies that the NPI code exists. This verification of the taxonomy selection and NPI happens during the credentialing process.

Please ensure that when applying for your NPI that you choose the Taxonomy code(s) that best matches the type of services that you will be contracted and credentialed for. In the event that there is a discrepancy, the provider will be asked to make a correction on the NPPES website which may delay the credentialing process.

7 Useful EHR tips

- Develop a practice policy to ensure that your facility corrects and reports errors in a consistent and timely manner.
- Correcting errors in EHRs should follow the same basic principles as correcting paper copies.
- When correcting or making a change to an entry, the original entry should be viewable, the current date and time should be entered, the person making the change should be identified, and the reason for making the change should be noted.

- If a hard copy has been printed from the EHR, the hard copy must also be corrected.
- The process should permit the author of the error to identify, and time/date-stamp, whether the data in question really are erroneous or offer the ability to suppress viewing of the actual error but ensure that a flag exists to notify other users of the newly corrected error.
- The location of the error should also point to a correction. The correction may be in a different location from the error if narrative data are involved, but a mechanism must exist to reflect the correction.

Annual QI Documents

Annually the Quality Improvement (QI) Department develops Quality documents that include a QI Evaluation, Program Description, and Work Plan. The development of the Quality documents satisfies Health Plan and NCQA Accrediting body requirements. The QI Evaluation analyze the QI department's previous year quality indicators, key accomplishments, identify any areas needing improvement, and develop action plans to improve results. The Program Description and Work Plan establish objectives, goals, QI activities, and the QI Program Structure for the current year.

Copies of the annual QI documents are available by contacting the QI department at the address below.

2001 South Andrews Avenue
Fort Lauderdale, FL 33316
Phone: 800-422-3672 Ext. 4701
Fax: 305-614-0364

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.

Provider Relations Rep

Marjorie Auguste
800-329-1152 x4536
Fax: 305-614-0171
AugusteM@eyemanagementinc.com

Authorizations / Referral

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

Claims

305-614-0133
954-335-8130