# Provider Newsletter

## Florida Blue's New HMO Plan Names for 2018!

| PBP – Service Area | Plan Type | BlueMedicare Current Name | BlueMedicare 2018 Name |
|---|---|---|---|
| H1026-001 Miami-Dade | HMO | HMO LifeTime | Classic |
| H1026-038 Palm Beach | HMO | HMO LifeTime | Classic |
| H1026-040 Broward, Martin, St. Lucie | HMO | HMO LifeTime | Classic |
| H1026-058 Palm Beach | HMO | HMO MyTime | Classic Plus |
| H1026-060 Miami-Dade | HMO (HPN) | HMO MyTime Plus | Premier |
| H1026-061 Broward | HMO (HPN) | HMO MyTime Plus | Premier |
| H1026-063 Miami-Dade | HMO (D-SNP) | — | Complete |
| H1026-064 Broward | HMO (D-SNP) | — | Complete |

## Our Provider Web Portal (PWP) - Sign up Today!

Sign up for our Provider Web Portal today!!! The Provider Web Portal (PWP) is a dynamic web-based tool that allows you to request referrals, check and print the status of referral requests; 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 a claim.

## Eye Notes from the Medical Director

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 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" (#36) on the Report of Ophthalmic Consultation.

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

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.

# 8 Helpful Disclosure of Ownership Form (DOO)Reminders

To comply with Federal law, (42 CFR 455.100-106), health plans with Medicare and Medicaid business must obtain certain information regarding the ownership and control of entities with which health plans contract for services for which payment is made under the Medicare and Medicaid program. Form completion requirements and instructions are listed below in order to assist you.

1. You must answer ALL of the questions on the DOO, even if the answer is N/A.
2. Providers must disclose the information requested on the form prior to participation in the network.
3. Disclosure information must be updated within 35 days of information changes and at least every three years.
4. For a Provider, only the person disclosing the information can sign the form. No signature stamps are acceptable.
5. Disclosure forms must be completed, to include date of birth and social security numbers when indicated. Sections that do not pertain to you or your entity must be marked as "N/A" and cannot be left blank.
6. For a Provider Entity, the signature must be that of an individual with the power to legally bind the entity, such as an owner or officer. Office managers/assistants' signatures are not acceptable.
7. Managing employees are defined as people who exercise operational or managerial control over, or who directly or indirectly conduct the day-to-day operations or head up the business functions of a Provider Entity.
8. State and federal requirements may prohibit a Medicaid MCO from contracting with a Provider Entity whose Managing Employees are excluded from federal healthcare programs.

# Useful Numbers

**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

## 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 reimbursement.

## Availity

Availity is Florida Blue 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.

## Updated Payment Policy

The network has added the following codes to the list of approved codes: **92242, 92275, 95930, 67800 & 11900**. The guidelines for these codes are available for your review. If you have any questions regarding this information, please contact your Provider Relations Representative, Marjorie Auguste, at (800) 595-9631 x 4536.

## myBlue Referrals

myBlue product is a traditional HMO plan comprised of a network of Primary Care Physicians (PCP). PCPs are responsible for coordinating care for myBlue members and PCPs must issue referrals to specialists. The network cannot issue referrals directly to members for specialty services.

## Curtailing Fraud, Waste and Abuse

We strongly encourage you to participate in our industry's effort to curtail fraud, waste and abuse by setting up a process for your organization to educate your staff on what to look for and how to handle potential cases of fraud. Both Medicare and Medicaid require the healthcare community to be vigilant and report any suspected case of fraud.

Providers should consider the following: verifying a patient's identity at the time of appointment, not leaving blank spaces on prescription forms, establish clear guidelines for medical records documentation, training new hires and routinely discussing fraud, waste and abuse policies/processes with staff, not accepting 'gifts' for referring a patient to another provider, not being afraid of over-reporting.

A suspicion does not have to be confirmed before it is reported to a health plan, CMS or AHCA's Medicaid Program Integrity. If you have any questions about our FWA Detection and Prevention program, or would like to report concerns about actual, potential or perceived misconduct, please feel free to contact our Corporate Compliance Department at: **1 (866) 321-5550**

## 5 Tips To Correct Errors in EHR

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.

The process should:

- Permit the author of the error to identify, and time/date-stamp, whether the data in question really are erroneous.
- 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.
- Point to the correction to the location of the error. 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.

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.