

Provider Newsletter

Florida Blue Ophthalmology Providers

2020 Q4



Annual Diabetic Retinal Exam



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.

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

Clinical Practice Guidelines

EMI uses Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines (depending on the LOB) for Medical necessity determinations.

These guidelines are based on appropriateness and medical necessity standards; each guideline is current and has references from the peer-reviewed medical literature, and other authoritative resources such as CMS Medicare.

For any medical necessity Recommendation of Denial, the Medical Director shall make an attempt to contact the requesting provider for peer to peer consultation. The Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines are reviewed and approved by HS1 Medical Advisory committee annually, and are available in both electronic and hard copy format.

If a provider would like a copy of a guideline they may contact their assigned Provider Relations Representative and a copy will be provided.

Don't Exclude Marketplace HMO members

As a participating EMI provider, you are also contracted to see Marketplace HMO members. The Affordable Care Act (ACA) provides for the creation of a Marketplace (the Health Insurance Exchange) for individuals under 65 years of age to buy health coverage. Florida Blue Marketplace health plans should look familiar. They're based on current health plans and provider networks: BlueOptionsSM (NetworkBlue), BlueCare and myBlue HMO (Health Options Network) and BlueSelect (BlueSelect network).

Verifying member eligibility via Availity

Remember to ask your patients for a copy of their member ID card at each visit and verify eligibility and benefits electronically through Availity at availity.com.

Accurate Provider Data is Vital to Members!

The Centers for Medicare & Medicaid Services (CMS) and National Committee for Quality Assurance (NCQA) require plans to maintain accurate provider directories. Please make sure your provider information is accurate and up to date with EMI. If you have any changes to your practice, including but not limited to address, phone number or provider additions/terminations, please notify your EMI Provider Relations Representative.

myBlue HMO and Medicare HMO Referrals

Primary care physicians are responsible for coordinating access to all medical services for Florida Blue Medicare HMO and myBlue members. This includes referrals to specialists, or services may not be covered. Please do not direct these members to EMI to obtain an authorization/referral.



Online Provider Trainings

All providers with Eye Management Inc., are required to complete the Provider Trainings, within thirty days of their contract effective date and annually thereafter. The trainings can be located via the web at:

 <https://myemifl.com/trainings>

You may complete the trainings on any desktop or mobile device for ease of access and completion. Your attestation will confirm that your office has received all mandatory trainings for the year. Should you want a copy of the trainings for your office, they can be downloaded from the attestation page. NOTE: For providers who function under more than one Tax ID; please be sure to complete an attestation for each Tax ID that is contracted with Eye Management Inc.

Go Green! We Need Your Emails

In efforts to communicate with our providers in a more expeditious and Earth friendly manner, please send an email with your Group Name and Tax ID to: AugusteM@healthnetworkone.com

Marjorie Auguste

305-614-0100 x4536
800-595-9631 x 4536
fax: 305-614-0171
augustem@healthnetworkone.com

Provider Relations

305-614-0100 option 2
800-595-9631 option 2

Authorizations

800-595-9631 option 1
Fax: 305-614-0165
Fax: 866-646-1772

Claims

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

Have you signed up for our Web Portal?

The Provider Web Portal (PWP) is a dynamic web-based tool that allows you to request referrals, submit claims, verify eligibility; you can also check the status of referrals and claims. Creating a user account is EASY! Simply complete the online form at <http://www.healthsystemone.com/pwp>. Sign up today!!!

Is Your Authorization Request Urgent?

CMS defines expedited/urgent authorization request as- "applying the standard time for making a determination could seriously jeopardize the enrollee's health, life, or ability to regain maximum function." If a provider would like priority in processing their case due to extenuating circumstances, i.e. Member appointment next day, please send the authorization and contact EMI at 1-800-329-1152.

Are you entering the "admission date" on your claims form?

All professional billed claims where the place of service code is equal to "21", "51" or "61" must have an admission date on the claim. If no admission date is received, the claim will deny as "Invalid/Missing Admission Date/Admission Hour."

UM Decisions

All clinical staff that makes Utilization Management (UM) decisions is required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
- Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support benefit denials.

Still receiving paper checks?

Get Paid Faster with vPay

Eye Management has partnered with vPay for electronic funds transfer (EFT) payments to providers. **Enrollment with vPay is free and simple.**

vpay | The Total
Payment Solution



Faster than Paper Checks

With vPay, you can improve your cash flow. No waiting for your check to arrive in the mail and no waiting for the check to clear. Funds can be in your bank account in as little as one day and your claims reconciliation process can be accelerated.

More Convenient

No more sorting envelopes, filling out deposit tickets, or making trips to the bank. Funds are deposited directly to your bank account or processed through your credit card merchant account, just like a patient co-pay.

More Secure

Virtual credit card (vCard) and ACH (automated clearinghouse) payments are more secure than paper checks. And with vCard payments, your banking information stays completely private.

The Choice is Yours

If you want to switch from paper checks, vPay offers two other ways to get reimbursed. With ACH, you share your bank information and then your reimbursement is deposited directly to your bank account - just like payroll Direct Deposit - typically the next business day.

With vCard, a virtual payment is faxed to your office and processed through your credit card terminal. You have total control. Contact vPay today. All you need is your Tax ID number to start the process.

Ready to switch from paper checks to faster, more convenient, and more secure payments?

Call vPay at 855-388-8374 or email support@vpayusa.com and get started today.

