

# Provider Newsletter

Florida Blue Ophthalmology Providers

2021 Q1

## January is Glaucoma Awareness Month

Glaucoma is a leading cause of vision loss and blindness in the United States. Glaucoma has no early symptoms — that's why half of people with glaucoma don't know they have it. The only way to find out if you have glaucoma is to get a comprehensive dilated eye exam. There's no cure for glaucoma, but early treatment can often stop the damage and protect your vision.

Anyone can get glaucoma, but those at higher risk include:

- African Americans and Hispanics/Latinos over age 40
- Everyone over age 60
- People with a family history of glaucoma
- People with certain health conditions, like diabetes or high blood pressure

Join the National Eye Health Education Program (NEHEP) in encouraging people at higher risk for glaucoma to make eye health a New Year's resolution by getting a dilated eye exam.

## Clinical Practice Guidelines

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

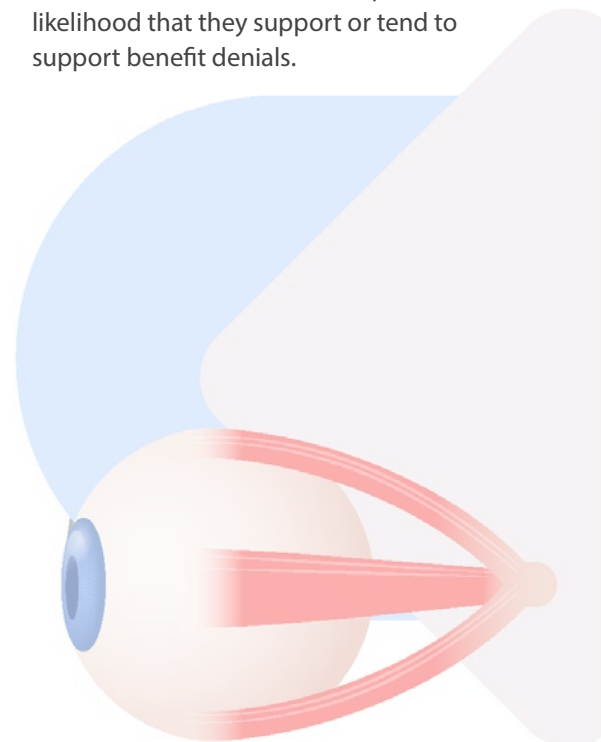
These guidelines are based on appropriateness and medical necessity standards; each guideline is current and has references from the peer-reviewed medical literature, and other authoritative resources such as CMS Medicare. For any medical necessity Recommendation of Denial, the Medical Director shall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

## 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.



## 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](http://availity.com).

## Accurate Provider Data is Vital to Members!

It is important for Eye Management Inc., to keep our provider network information up to date. Current provider information allows Eye Management to accurately generate provider directories, process claims and communicate with our network of providers. please notify your EMI Provider Relations Representative in writing at least 30 days in advance, when possible, of changes such as: practice address, phone or fax numbers, provider additions and terminations, practice ownership or Federal Tax ID number.

## 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](mailto:AugusteM@healthnetworkone.com)

## Marjorie Auguste

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