New myBlue HMO plan will offer affordable health care to individuals; differs from current HMO model

This fall, Florida Blue will offer individual consumers myBlue HMO, a new HMO product. myBlue HMO is a tightly-managed, referral-based product that will target highly subsidized, lower-income individual under 65 consumers. A sub-network of our existing Florida Blue HMO (Health Options, Inc.) primary care physician network along with the other providers in the Florida Blue HMO network will support the new plan.

myBlue primary care physicians are responsible for coordinating access to all medical services for myBlue members.

myBlue HMO is different from existing BlueCare HMO products.

Existing BlueCare HMO model
Although the existing BlueCare HMO model requires members to be assigned a primary care physician, members can see any primary care physician at the primary care physician cost share amount. No referrals are required for specialists. The provider network consists of broad primary care, specialist, facility and pharmacy networks in 44 counties in Florida.

New myBlue HMO model
The new myBlue HMO model includes a sub-network of select Health Options, Inc. primary care physicians. Members are not covered if they visit non-assigned primary care doctors. Members can see primary care physicians who are part of the same physician group. Primary care physicians must coordinate all aspects of a myBlue HMO member’s health care including referrals to specialists and ensure approval is obtained for specialist referrals and authorizations. However, if the physician is part of a multi-specialty group, then the member’s primary care physician must still initiate a referral for the visit.

• Physicians must refer to specialists and facilities participating in our myBlue (Health Options, Inc.) network.
People with disabilities can experience significant health issues

It may seem obvious that people with disabilities experience health disparities because they have a physical or mental condition that substantially limits major life functions. By definition, their health status is disparate compared to people without disabilities. What health care providers may not know is that significant health issues occur simply because a person has a disability, not because of their specific diagnosis.

Healthy People 2020, a government initiative, defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory or physical disability, sexual orientation or gender identity, geographic location or other characteristics historically linked to discrimination or exclusion.”

As research into health and health care disparities has evolved, more is understood about the overall health of diverse populations, including people with disabilities. In 2008, approximately 12 percent, or 36 million people not living in nursing homes or other residential care facilities, had a disability.

Eligible under 65 individuals can enroll in myBlue HMO online through the Health Insurance Exchange during Open Enrollment beginning Nov. 1, 2015 for a Jan. 1, 2016 effective date. Look for more information about myBlue HMO in the coming weeks on our website at floridablue.com.
Availity Gateway changes decrease claim holds

In June, Florida Blue implemented changes at the Availity® Gateway to decrease claim holds and allow for a seamless processing experience. Previously, when we received incomplete/inaccurate data, delays in processing time resulted as we attempted to gather correct data through inefficient administrative activity (i.e., sending letters, denials, etc.). The changes allow you and your trading partners to identify and resolve data issues before the claim enters our system.

If you are already including the data below with your claim submissions, the recent changes may be transparent to you. If a claim does not pass edits at the gateway, you will receive a notification on your Electronic Batch Report (EBR). You will receive a notification on your

- Check loop/segment 2010CA
- Check loop/segment 2010BA
- Check loop/segment 2400 SV2

Valid Units of Service for all claim lines are included:
- Check loop/segment 2400 SV1 04 – Service Units/ Days
- Check loop/segment 2400 SV2 05 – Service Unit Count

- Validate the prefix/plan code with the patient and/or the patient’s home plan that is listed on the patient’s ID card.
- Validate the prefix/plan code is included for the date of service. The plan prefix/plan code is the only method we have available to direct your claim to the correct Home Plan for processing.
- Validate the prefix/plan code is included on your electronic claims submissions:
- Patient First Name is included – especially important when the patient is not the contract holder
- Gender Required – the Subscriber and Patient Gender should be M, F or U
- Valid Blue Cross plan prefix/plan code is included for the date of service. The plan prefix/plan code is the only method we have available to direct your claim to the correct Home Plan for processing.

- Gender Required – the Subscriber and Patient Gender should be M, F or U
- Check loop/segment 2010BA
- Check loop/segment 2400 SV2

Important reminder: Sign-up for Bluemail

We realize the administrative requirements of managing a Florida Blue member’s health care can be complex. Our provider manual, bulletins, newsletters and other resources and tools are available on our website at www.floridablue.com to help you understand the requirements and answer questions you may have about our networks, products, programs, coding and claim filing guidelines.

Bluemail, our provider email communication, provides many benefits including the ability to:
- Receive important, timely information by email at your desktop;
- Track, read and save information electronically and retrieve it easily when needed; and
- Forward important information to others in the office.

You can add, update or delete email address and contact information at any time using Availity’s secure website. To register, log on to Availity® at www.availity.com; select Payor Resources, Florida Blue and Update My Email Information with Florida Blue, and then follow the prompts. Add multiple roles and email addresses to be sure communications are being received by all appropriate staff.

Copies of previous Bluemail communications can be found on the Providers Tab at www.floridablue.com. Information contained in Bluemail, is also located in the Tools and Resources section under Bulletins.

Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity’s website at Availity.com.

Get ready for open enrollment

Your patients may already be asking questions about the Marketplace and when they can enroll in a health coverage plan. They may also be looking for information for family members and friends who don’t have coverage today.

Important dates are listed below:
- Individual under 65 members who are eligible for subsidies must enroll in a plan online through the Marketplace. These consumers can enroll between Nov. 1, 2015 and Jan. 31, 2016.

For people traveling internationally, GeoBlue has plans that offer timely, cashless access to an international network of carefully selected doctors and hospitals. GeoBlue helps members avoid health and security hazards when traveling abroad.

- GeoBlue Navigator covers inbound and outbound travel. It’s for American students and faculty traveling abroad and international students and faculty living in the U.S.
- GeoBlue Voyager covers outbound travel only. It’s for American students and faculty as well as Americans leaving the U.S. for leisure, missionary or business travel.

Both plans provide an array of international medical assistance services and information, accessible by mobile devices—a feature that traditional, domestic health insurance plans do not offer.

If you or your patients will be travelling overseas in the near future, refer to the GeoBlue brochures for more information.

GeoBlue individual products are available online, through a Florida Blue Retail Center or the BlueDirect Sales Center. They are distributed and serviced by Worldwide Insurance Services, an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue products are made available in cooperation with local Blue Cross and Blue Shield companies.

A sample GeoBlue member identification (ID) card is provided below:
Don’t exclude members who enroll in plans through the Marketplace

As a reminder, the Affordable Care Act (ACA) provides for the creation of Marketplaces (Health Insurance Exchanges) for individuals to purchase health insurance. Florida Blue Marketplace plans should look very familiar. They are based on existing products and provider networks such as BlueOptions (NetworkBlue), BlueCare HMO (Health Options, Inc.) and BlueSelect. Your participation in our Marketplace products depends on whether you participate in a network that supports our products.

Providers in all Florida Blue networks are bound by contractual clauses to treat Florida Blue members regardless of how the member obtained insurance coverage. For example, if you have a BlueSelect participation agreement, then you should accept ALL BlueSelect members whether they purchased the product through the Marketplace, have coverage through their employer or purchased insurance privately through an agent.

Provider participation in our Marketplace products

Per your contractual agreement(s) with Florida Blue and/or Florida Blue HMO (Health Options, Inc.), you have agreed to see our members who are enrolled in a product that uses a network in which you participate. As such, you are not permitted to exclude members from service because they enrolled in our products through the Marketplace.

Reimbursement for Marketplace products

Reimbursement rates for covered services will be as set forth in the participating provider agreement for the applicable network regardless of whether the member has a Marketplace (Exchange) or non-Marketplace health plan.

Verifying member eligibility and benefits

If you have questions about a member’s enrollment status, please verify eligibility and benefits through Availity® at availity.com first. If you cannot find enrollment status through Availity, call the Florida Blue Provider Contact Center at (800) 727-2227. If you have questions regarding your contract(s) with Florida Blue and/or Florida Blue HMO (Health Options, Inc.), please call the Network Management Service Unit at (800) 727-2227; select “More Choices,” and then “Network Management.”

For information about Florida Blue’s Marketplace plans, please visit our health care reform website at www.floridablue.com.

Instructions for Using the Notice of Medicare Non-Coverage Form

Important Reminder: The Notice of Medicare Non-Coverage (NOMNC) form must be delivered to Medicare Advantage BlueMedicare members receiving covered skilled nursing, home health (including psychiatric home health), comprehensive rehabilitation facility and hospice services. Medicare Advantage providers contracted with Florida Blue and/or Florida Blue HMO (Health Options, Inc.) are responsible for ensuring an NOMNC form is delivered to impacted members at least two (2) calendar days before Medicare-covered services end or the second to last day of service if care is not being provided daily.

Remember to make sure that a Medicare Advantage member or their appointed representative signs and dates an NOMNC form when necessary, to demonstrate the member received the notice and understands an end to care for covered services in one of the settings listed above can be disputed through the appeals process.

Providers should not deliver an NOMNC form when:

- Medicare-covered care in one of the covered settings listed above was never received
- Services is reduced
- A higher level of care applies
- Benefits are exhausted
- An end to care is initiated by the member

Stay informed about documentation and coding best practices and tips for meeting quality metrics by reading Quality Revenue Program Management’s monthly newsletter online at floridablue.com; select Tools & Resources, then Risk Adjustment.

The June 2015 Quality Revenue Program Management Newsletter includes information on men’s health and coding and documentation tips for cancer claims. The July 2015 Quality Revenue Program Management Newsletter includes documentation and coding tips for protein-calorie malnutrition and diabetes.

Quality Revenue Program Management newsletters available

www.floridablue.com
BILLING AND CLAIMS //

Authorizations and referrals: process improvements and helpful tips

Florida Blue recently made enhancements to improve authorization and referral submissions and inquiries based on feedback from the provider community. We developed helpful tips for managing authorizations and referrals.

Recent Enhancements

- To improve the accuracy and efficiency of authorization and referral submissions and inquiries, we made the 3 or 5-digit Florida Blue Payer Assigned Provider ID (provider number) a required field effective May 17, 2015. This will reduce the number of responses stating, “Disposition Pending Review.” The provider number can be found on the online provider directory.
- To save time, update your provider information for Express Entry in Availity®. Your Primary Access Administrator (PAA) can make a one-time update to include information for the providers and facilities that you use most frequently. On Availity, the PAA can go to the left navigation bar and select “My Account” then “Manage Providers” to edit existing or add new provider information. To edit, click on an existing provider name. To add new, click on the “Add Provider” button. Select the “Add Additional Identifier(s)” button to add the Specialty/Taxonomy code and the Payer Assigned Provider Identifier.
- We changed the response “No Action Required” in Availity to “No Authorization Required” in June based on feedback from providers.
- In June, we turned on an edit to prevent acceptance of duplicate codes. Previously, submitting duplicate diagnosis codes caused transaction failures. Availity users now receive a user correctable edit to update and resubmit the request.

Then, if an authorization, referral or inquiry is entered, you can select the provider or facility from a drop down box that will populate all of the required information at once making the process faster and easier!

View authorizations and referrals tips here.

You can help your patients to get the most out of their health care dollars by reminding them when to use an urgent care center versus when they should go to the emergency room. Remind your patients to visit an urgent or convenient care center instead of the emergency room for non-life threatening illnesses and injuries if they need urgent care when your office is closed.

Help your patients understand the differences between urgent care centers, convenient care centers and the emergency room. Urgent care centers are designed to lighten the load of emergency rooms by treating non-life threatening injuries like lacerations, mild fractures, earaches, influenza and rashes.

Help your patients that they should call 911 or go to the nearest emergency room or hospital if they have a serious injury or illness or a life-threatening condition, such as chest pain, difficulty breathing or a broken bone.

Use the following chart as a quick reference guide:

<table>
<thead>
<tr>
<th>Walk-in Clinics or Convenient Care Centers</th>
<th>Urgent Care Center</th>
<th>Emergency Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>These clinics can be used after hours and on weekends to treat health issues such as earaches, colds, sinus infections and the flu.</td>
<td>Urgent care centers can be used after hours and weekends to treat situations such as minor cuts that require stitches, fever, minor burns and sprains. They often have X-ray and other equipment to perform diagnostic tests.</td>
<td>When a patient has a life-threatening issue such as trauma, broken bones, major burns, trouble breathing, uncontrollable bleeding or chest pain, they should go to the nearest emergency room or call 911.</td>
</tr>
</tbody>
</table>

Note: If you are in the Winter Park or Orlando areas, GuideWell Emergency Doctors may be an option for many of your patients. GuideWell Emergency Doctors is staffed by board certified emergency medicine physicians and has much of the same equipment found in hospital emergency rooms. Your patients can contact GuideWell Emergency Doctors at (407) 801-8400.

In addition to searching for urgent care or convenient care centers through our website at www.floridablue.com, members may also talk to one of our care consultants at the local Florida Blue retail center.
Sister Blue Plan’s Blue Select members covered under BlueCard

Blue Cross and Blue Shield of North Carolina (BCBSNC) currently sells an insurance plan called Blue Select™, which is available to groups and individuals. This plan, which is distinctly different from Florida Blue’s BlueSelect plans, includes out-of-area coverage under the BlueCard® program.

Recently, a large national group headquartered in North Carolina purchased the BCBSNC Blue Select plan. The group has substantial membership in Florida. Regrettably, a number of the group’s members have reported being turned away by Florida providers for not being in-network. BCBSNC’s Blue Select members are covered under the BlueCard PPO network and should be treated as BlueCard members. Please refer to the following sample ID card to help you differentiate Florida Blue’s BlueSelect plan members from BCBSNC’s Blue Select plan members. Members who are covered under Florida Blue’s BlueSelect plans will always carry a Florida Blue ID card.

Please be aware of these potential patients and of their BlueCard status, particularly when speaking with them over the phone, as they may not have the benefit of presenting an ID card. Claims for these members should be filed with Florida Blue in the same manner as any other BlueCard member claim. As a reminder, Florida Blue is your single point of contact for claims payment, adjustments, claim inquiries, claim status, adjustments and claim issue resolution for the BlueCard program. We encourage you to file claims and check claims status electronically through Avality®. For questions about BlueCard claims, call the Florida Blue Provider Contact Center at (800) 727-2227, select “Other” and follow the prompts for BlueCard. For detailed information about the BlueCard Program, please refer to the BlueCard Program Manual at www.floridablue.com; select the Providers tab, Tools & Resources, then Manuals or refer to our Online Training presentations.

Commercial and other pharmacy program updates effective July 2015

Florida Blue implemented several changes to our pharmacy programs on July 1, 2015. The modifications affect medications that require prior authorization, the Responsible Steps Program and the pharmacy coverage exclusions list.

Pharmacy Preferred Drug List Changes and Current Listing

Changes to our preferred drug lists as well as a current listing are available at www.floridablue.com. Click on the Providers tab, Pharmacy Information and Resources, and then the Medication Guides link.

Authorization Request forms

Authorization request forms are available at www.floridablue.com. Click on the Providers tab, and then click Pharmacy. A listing of the programs and authorization forms can be found there. View more information here.

ICORE Healthcare is now Magellan Rx Management

ICORE Healthcare, LLC’s recent corporate reorganization resulted in a name change from ICORE to Magellan Rx Management. Providers will continue to receive the same quality service when requesting authorizations for provider-administered drugs.

Over the next few months, the following changes will occur:

- The Provider Administered Drug Program (PADP) provided by ICORE will operate under Magellan Rx Management.
- Until further notice providers may continue to use the www.ICOREHealthcare.com website and toll-free number (800) 424-4947 for authorization requests.

View details here.
The ICD-10 lights are flashing green!

Florida Blue encourages you to progress forward and prepare for the Oct 1, 2015 ICD-10 mandate. If you are not ready now, your light is now in a yellow status. As of Oct 1, 2015 non-compliant claims and authorization with ICD-9 codes will be returned for correct ICD-10 coding. Authorizations will also reject on Availity.com when utilizing an ICD-9 code.

Take the necessary steps now for ICD-10 success which includes improving your clinical documentation, upgrading your systems, and educating your staff. Your source of truth to prepare is the CMS Quick Start Guide. Tools and resources are available here to assist you.

IMPORTANT NOTE: Dropping claims to paper is not an option in ICD-10. Both electronic and paper claims are aligned to the meet the Oct. 1, 2015 ICD-10 mandate.

“If you can’t bill me, I can’t pay you”

On Oct. 1, 2015, you will be required by a federal mandate to bill us using ICD-10 codes. But if you can’t bill us in 10, technically, you can’t bill us at all. So, will you be able to bill your payers correctly on Oct. 1 so they can pay your claims? If you are not ready for ICD-10, prepare now. There has been no shortage of help and guidance for you.

Take advantage of this help and support that is available through CMS, Florida Blue, and your professional societies and associations.

CMS is aggressively promoting the education and guidance that unprepared providers need. Be sure to visit Roadto10.org where you will find interactive tools (i.e., case studies, action plan), videos, webcasts, a template library, access to the ICD-10 code sets, and more. Also, do not overlook the CMS 5-step Quick Start Guide to walk through key steps which you can complete in succession or in combination to help you in this crunch time.

Make a plan, train staff, update your processes, talk to your vendors, and test your systems and processes – each step includes a number of resources in a variety of formats.

Florida Blue continues to offer ICD-10 provider support as well through a variety of activities including monthly teleconferences, podcasts, Tweet Chats, etc. More details are available at floridablue.com/icd-10.

CMS ICD-10 provider training draws 500+ to Florida Blue in Jacksonville

More than 500 registrants filed into Florida Blue's Jacksonville conference center recently for interactive training to prepare for the implementation of ICD-10, which goes live Oct. 1. Florida Blue collaborated with the Centers for Medicare & Medicaid Services (CMS) to host this free ICD-10 training, which is part of the company's continuing efforts to help physicians and providers get ready for ICD-10.

Health care professionals, health plans and other entities subject to the Health Insurance Portability and Accountability Act (HIPAA) are required to adopt and implement the International Classification of Diseases 10th Edition (ICD-10) diagnosis and inpatient hospital codes in place of ICD-9.

CMS and its education partner, Noblis, presented "Road to 10: A Small Physician Practice's Route to ICD-10." Training included an overview of ICD-10 and looked at its clinical and business impacts.

Providers left with a customizable action plan and the documentation requirements for common health conditions.

"It was a first for Florida Blue to host an on-site CMS training class like this," said George Vancore, Florida Blue's business support consultant. "It was a great session and the feedback we received from attendees was fabulous."

Not yet prepared for ICD-10? Don’t panic!

We want to help you! Florida Blue offers "Getting to ICD-10, a lunch and learn teleconference call designed for those who are not yet ready for ICD-10."

In the first few sessions, we set the stage, shared facts, raised awareness as to where to go for help to get started preparing for ICD-10 and walked you through the steps recommended by CMS to help you on your way to ICD-10 readiness. In the upcoming sessions, we will continue to share important information to help you prepare.

Sessions are held every other Friday, noon to 1:00 p.m. ET and are scheduled through September. If you are interested in attending, please refer to the details here. If you have questions or plan to attend, let us know by emailing us at ICD-10ProviderQuestions@floridablue.com.
ICD-10 Open Line Friday Teleconferences: Where industry experts and stakeholders collaborate over ICD-10

Intended Audience: Health care providers, clearinghouses, electronic trading partners, billing services, health plans, payers and other interested parties.

Program Panelists/Guests are comprised of industry experts and stakeholders. These include representatives from Availity®, Baptist Health South Florida, Florida Blue, Health Data Consulting, Mayo Clinic, Nachimson Advisors, Tampa General Hospital, Springs Family Physicians, Secure EDI and more.

Are you unavailable on Fridays? You can listen in any time, any place—by accessing our recorded Open Line Friday podcasts. Collaborate with us today!

TELECONFERENCES:
- 3rd Friday of Every Month
- 9:30 a.m. – 10:30 a.m. ET
- Registration is not required.

Call: (800) 882-3610 or (412) 380-2000
Passcode: 6829655
Presentation(s), though not required, are available at floridablue.com/icd-10 (select Open Line Friday).

PODCASTS:
- Any day, any time
- Open Line Friday teleconferences are recorded and made available as a podcast following each teleconference.

Visit floridablue.com/icd-10
Follow us on Twitter @FLBlue

1Availity LLC is a multi-payer joint venture company. For more information or to register, visit Availity’s website at Availity.com.

Accept the Card Emergency/National Disaster Contingency Plan Tips from Florida Blue

It’s summer and that means hurricane season is here! Please remember that during an emergency or disaster you should accept member identification (ID) cards from Florida Blue and other Blue Plan members even if you are unable to communicate with Florida Blue. The following general guidelines will assist you in the event you are unable to adhere to normal business procedures.

Accept the Card Guidelines
1. Verify member eligibility and benefits electronically through Availity®.
2. If you are unable to verify member eligibility and benefits electronically, contact the Florida Blue Provider Contact Center at (800) 727-2227.
3. If you are unable to verify member eligibility and benefits electronically or by phone:
   • Accept a valid Florida Blue ID card and picture ID, or
   • Accept a Florida Blue universal application, acknowledgement/acceptance letter and picture ID.
4. If you are unable to submit claims electronically:
   • Hold electronic claims for 14 calendar days or until service is restored.
   • If you convert electronic claims to paper claims, purge the electronic claims from your system to avoid duplicate claims submissions.

Electronic Alternatives
Florida Blue has clinical tools that are available anytime from anywhere with Internet access. To increase coordination of care and patient satisfaction during an emergency situation, physicians can use up-to-date online capabilities through Availity’s Patient Care Summary.

Patient Care Summary is a longitudinal care record that shows up to 24 months of your patients’ medical claims history including diagnoses, procedures, prescriptions, lab results and laboratory services rendered by all of their providers. Care reminders are also provided. You can access Availity at www.availity.com.

Authorizations
1. Authorizations and certifications can be entered and verified electronically through Availity.
2. If you are unable to verify or enter authorizations online, contact the Florida Blue Utilization Management Center at (800) 955-5692.
3. In a national/statewide emergency or natural disaster you will receive specific information about obtaining authorizations.
4. Contact Florida Blue for retroactive approval/authorization when the issue is resolved.
Florida Healthy Kids plans will change in October

Beginning Oct. 1, 2015, Florida Blue HMO (Health Options, Inc.) will no longer be an option for your Healthy Kids participants in Sumter County as the current contract will end on Sept. 30, 2015. To ensure continuity of care for the children you see, Florida Healthy Kids requires the current plan to cooperate and provide assistance throughout a transition to the new plan. Accordingly, you can continue to work with Florida Blue HMO to process any remaining claims for services provided prior and up to Oct. 1, 2015. We will cooperate with the transition to the new plan to ensure that plan is aware of the current needs of any children in treatment.

We recognize your relationship with Healthy Kids participants is very important to the families you serve and we hope that you will continue your involvement as a Healthy Kids provider. If you are interested in continuing as a provider, please contact the applicable new health plan below:

<table>
<thead>
<tr>
<th>Region</th>
<th>Counties</th>
<th>Subsidized Plans</th>
<th>Full Pay Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Escambia, Okaloosa, Santa Rosa, and Walton</td>
<td>Coventry</td>
<td>Staywell</td>
</tr>
<tr>
<td>2</td>
<td>Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington</td>
<td>Coventry</td>
<td>Staywell</td>
</tr>
<tr>
<td>3</td>
<td>Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union</td>
<td>Coventry</td>
<td>Staywell</td>
</tr>
<tr>
<td>4</td>
<td>Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia</td>
<td>United</td>
<td>Staywell</td>
</tr>
<tr>
<td>5</td>
<td>Pasco and Pinellas</td>
<td>Coventry</td>
<td>Staywell</td>
</tr>
<tr>
<td>6</td>
<td>Hardee, Highlands, Hillsborough, Manatee, and Polk</td>
<td>Amerigroup</td>
<td>Coventry</td>
</tr>
<tr>
<td>7</td>
<td>Brevard, Orange, Osceola, and Seminole</td>
<td>Amerigroup</td>
<td>Coventry</td>
</tr>
<tr>
<td>8</td>
<td>Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota</td>
<td>Coventry</td>
<td>Staywell</td>
</tr>
<tr>
<td>9</td>
<td>Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie</td>
<td>Coventry</td>
<td>Staywell</td>
</tr>
<tr>
<td>10</td>
<td>Broward</td>
<td>Amerigroup</td>
<td>Staywell</td>
</tr>
<tr>
<td>11</td>
<td>Miami-Dade and Monroe</td>
<td>Amerigroup</td>
<td>Coventry</td>
</tr>
</tbody>
</table>

Provider Contact Information by Plan:

**Amerigroup Community Care**
1-800-454-3730

**Coventry Health Care of Florida**
1-800-441-5501, Option #2, and follow the prompts
8:00 am to 7:00 pm, EST, Monday through Friday

**UnitedHealthCare Community Plan**
1-877-842-3210

**Sunshine Health**
1-866-796-0530, Option #2 and follow the prompts
8:00 am to 7:00 pm, M-F, closed State holidays

**WellCare of Florida, Inc. (d/b/a Staywell)**
1-866-698-5437, Option #4 and then Option #6
[https://florida.wellcare.com/member/florida_staywellkids](https://florida.wellcare.com/member/florida_staywellkids)

Review policies for preventing Medicare fraud, waste and abuse

In order to continue to serve our customers in a manner that reflects the highest level of integrity and ethical business conduct, we are required by the Centers for Medicare & Medicaid Services (CMS) to share our standards of conduct and education and training. We encourage you to review our Compass Code of Ethical Business Conduct which contains our Fraud, Waste and Abuse policies and adopt them as your own or adopt a similar program for your practice.

Review important details [here](http://www.sunshinehealth.com/healthy-kids/).