BlueLine

For Physicians and Providers

FALL 2015

Florida Blue

FEATURE ARTICLE

Florida Blue 2016 Marketplace Plans

We've got Florida covered

Marketplace health plans

Marketplace health plans in the individual and small group markets must meet certain coverage requirements and are categorized into "metal" levels: bronze, silver, gold and platinum. These metal levels allow consumers to compare plans with similar coverage and consider factors such as premium amounts and provider participation to make informed decisions on which health plan best fits their needs.

Florida Blue developed Marketplace (Exchange) plans that use existing provider network arrangements:

- NetworkBlue (BlueOptions℠) - has the widest choice of providers and provides coverage in every county in the state.
- BlueSelect - provides affordable health plan options with comprehensive benefits for individuals in 32 counties.
- Health Options, Inc. (BlueCare® HMO) - an HMO product designed with comprehensive benefits offered in 35 counties.*

Florida Blue is the only company offering consumers health plans in all 67 Florida counties.

Existing provider network contracts and reimbursement levels apply to Florida Blue plans offered inside and outside of the Marketplace.

myBlue – new HMO plan

Staring this open enrollment period, we are offering individual consumers under 65 years of age a new HMO plan called myBlue. Customers who rely on subsidies available through the Marketplace may find that this product better meets their health needs as well as their budgets.

- myBlue includes a network of primary care physicians (PCPs) that's smaller than our traditional HMO, but with a broad specialist and facility network. In Miami-Dade County the network includes the new CliniSanitas medical centers, which opened in early fall.
- myBlue HMO will only be sold in Duval, Osceola, Orange, Seminole, Pinellas, Pasco, Hillsborough, Palm Beach,

Continued next page

INSIDE THIS ISSUE

INSIDE THIS ISSUE

Continued from cover

Broward and Miami-Dade counties.

*** Note**: Florida Blue is exiting BlueCare HMO plans in the 10 counties listed above for the individual under 65 population only. BlueCare HMO is still available to the group market and will be sold in counties where myBlue is not available for individuals under 65.

See the myBlue HMO section of this newsletter for more information about our new HMO plan.

Remember to verify eligibility and benefits electronically through Availity®[1] to determine member copay, coinsurance and deductible amounts at the time of the visit.

If your patients have questions about the Marketplace

Your patients may ask you 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:

- Open enrollment for individual under 65 consumers begins Oct. 1, 2015 and ends Jan. 31, 2016.
- 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.
- Over 65 members can enroll in plans beginning Oct. 15, 2015 through Dec. 7, 2015.

If your patients have questions about health plan coverage options, ask them to call us at (800) 876-2227 or visit a local Florida Blue retail center. Patients can find retail center locations at floridablue.com.

[1]*Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity's website at* www.availity.com.

New myBlue HMO plan offers affordable health care to individuals

This fall, Florida Blue is offering individual consumers myBlue, 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.

- Physicians must refer to specialists and facilities participating in our myBlue network. Except for emergency and urgent care, myBlue HMO members are not covered for any out-of-network services.
- A limited pharmacy network comprised of CVS and Navarro pharmacies applies to myBlue HMO.
- myBlue HMO will only be sold in Duval, Osceola, Orange, Seminole, Pinellas, Pasco, Hillsborough, Palm Beach, Broward and Miami-Dade counties.

Eligible under 65 individuals can enroll in myBlue HMO online through the Health Insurance Exchange during Open Enrollment beginning Nov. 1, 2015 for a for a Jan. 1, 2016 effective date.

Helpful myBlue Resources

To learn more about myBlue HMO, refer to the helpful resources on our website at www.floridablue.com; select Providers (top of the page),Tools & Resources, and then Online Training, and Bulletins & FAQs.

myBlue: Important reminders for specialists

Primary care physicians (PCPs) are responsible for coordinating access to all medical services for myBlue members. This means referrals from a myBlue member's PCP are required or services may not be covered. You can check if a valid referral is on file by logging into Availity®[1] at www.availity.com.

Important reminders:

- If a myBlue PCP doesn't indicate the number of visits, a referral is valid for six visits within the six month period from the date the referral is submitted.
- If a myBlue member is not issued a referral, or an authorization for services is not obtained, please refer the member back to their PCP to issue a referral. Note: The myBlue member must have a referral on file. If an authorization or referral is required and one is not on file, then the myBlue member will not be covered for any services.
- Only a member's assigned PCP can issue a referral.

Exceptions:

The following specialties are exempt from the referral requirement:

- Obstetrician/gynecologist, podiatrist, chiropractic and dermatology (first five visits only)
- Services rendered in any emergency room or in-network urgent care or convenient care center (authorization is required for in-patient services)

[1]*Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity's website at www.availity.com.*

DISABILITY NEWS //

Disability Distinction training is almost here!

In recent issues of BlueLine you learned about people with disabilities including representation, etiquette and health disparities. Soon, we will release our Disability Distinction computer based training. This curriculum is intended to equip health care providers with the knowledge and resources to engage in accessible, responsive and relevant interactions for patients with disabilities. You can look forward to learning more about topics such as:

- Population and health characteristics
- Relevant laws and how to comply
- Tips for provider interactions
- Improving the physical accessibility of health care delivery

Providers who complete the training and pass the evaluation will earn a distinction in Florida Blue's online provider directory.

Be on the lookout for this exciting opportunity! In the meantime, if you have questions or suggestions for disability-related content, please contact accommodations@floridablue.com.

TO THE PHYSICIAN //

Communicate treatment options

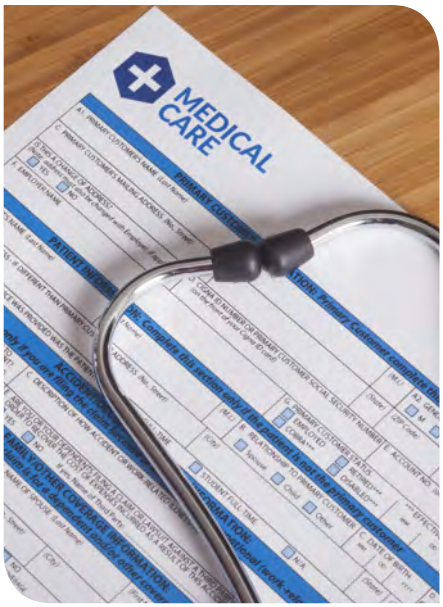
Florida Blue promotes open and free communication between providers and patients. Both physicians and members benefit when members understand all treatment alternatives available to them. Therefore, providers are encouraged to discuss all treatment options with their patients, whether or not the service or treatment is a covered benefit.

Confidentiality of member information

All health care professionals who have access to medical records have a legal and ethical obligation to protect the confidentiality of member information. In order to fulfill these obligations, the confidentiality of member information guidelines has been developed.

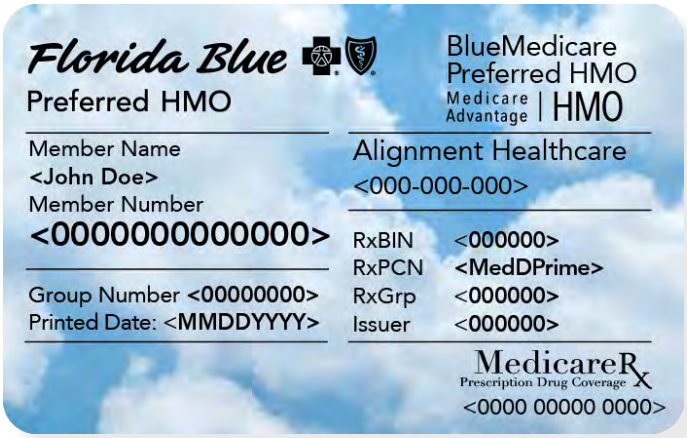
Physicians can review criteria

Physicians who treat Florida Blue members have the opportunity to discuss any adverse determination based on medical appropriateness or necessity with the physician reviewer making the decision. An explanation of this procedure is included with each written adverse benefit determination notice. Providers may request and receive, free of charge, an explanation of the scientific or clinical criteria Florida Blue relied upon in making benefit determinations.



BlueMedicare Preferred HMO

New Medicare Advantage HMO plan



Florida Blue Preferred HMO has a strategic partnership with Alignment Healthcare, LLC (Alignment Healthcare), a population health management company with technology-enabled clinical integration at its core. The relationship is intended to improve clinical outcomes for Medicare Advantage members in Florida and positively impact overall health care.

Individuals eligible for Medicare in Clay, Duval, Manatee and Sarasota counties have an opportunity to enroll in our new Medicare Advantage HMO plan, BlueMedicare Preferred HMO, for a 2016 effective date during the Annual Election Period that runs from Oct. 15, 2015 through Dec. 7, 2015.

How to identify BlueMedicare Preferred HMO members

A sample ID card is provided above. ID cards display the Florida Blue Preferred HMO logo as well as the BlueMedicare Preferred HMO plan name at the top of the card. Member ID numbers include an XJC or XJO alpha prefix.

How to verify eligibility and benefits and file claims

Alignment Healthcare will manage the provider network and process and pay claims. We encourage you to verify eligibility and benefits, file claims and request authorizations and referrals electronically through Availity®[1]. Using electronic tools in Availity will save your office administrative time and expedite claims processing.

If you have questions or need assistance

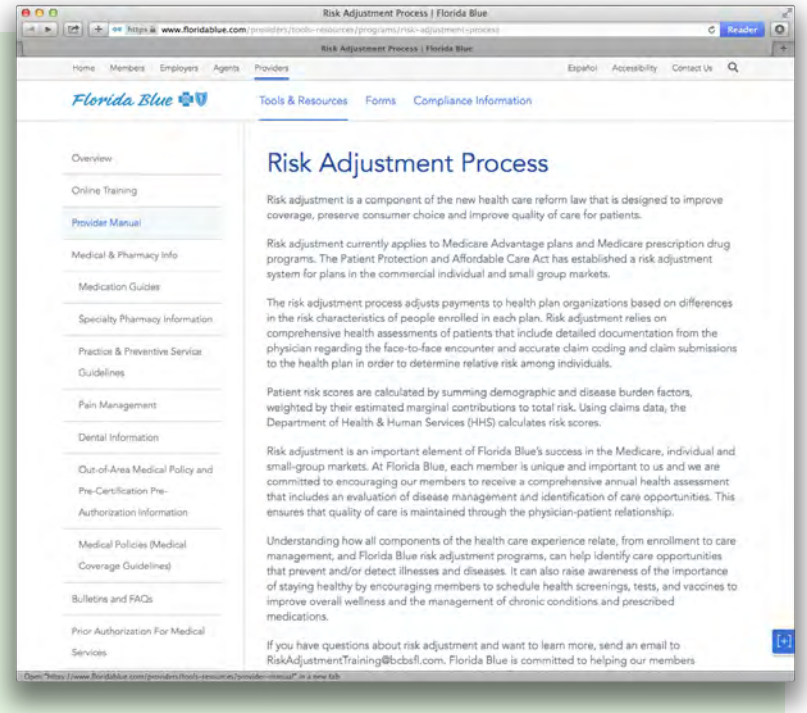
If you have any questions or need assistance, please call the Provider Services Department at (855) 522-2870, Monday through Friday from 8 a.m. to 8 p.m.

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

Quality Revenue Program Management newsletters available

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.

Click **here** for recent issues.



Quality counts in care and service

Florida Blue and its affiliate, Florida Blue HMO (Health Options, Inc.), are committed to quality care and service. We fully support the standards established by federal and state regulatory agencies and the National Committee for Quality Assurance (NCQA). The Quality and Compliance section of *BlueLine* focuses on the policies that are in place to protect members

Quality Improvement programs respond to customer expectations and regulatory requirements

Florida Blue's Quality Improvement (QI) program uses an organized, systematic and coordinated approach to quality improvement. We monitor and evaluate selected areas of focus and take action as appropriate to achieve measurable improvement in the quality and safety of clinical care and the quality of service provided to our members. The program is consistent with our efforts to respond to both customer expectations and accreditation requirements for Quality Improvement programs, as well as applicable state and federal regulations.

Physician and Provider contracts require participation in Florida Blue QI Programs. As part of the QI Programs Florida Blue may utilize information such as claims, encounter data and/or medical record data to improve the health care of its members. Additional information on Florida Blue's Quality Improvement programs may be found in the Compliance & Programs section of the *Manual for Physicians and Providers*. Upon request, Florida Blue makes information about the QI Program available to members and practitioners.

Florida Blue's QI programs include:

Access Assessment

Access assessment is conducted to determine whether health services are available and accessible to members, both linguistically and geographically. Although different regulatory agencies have set different standards, Florida Blue has one set of standards that will meet all requirements.

Condition-Specific Interventions and Programs

Condition-specific interventions and programs focus on improvement of specific clinical conditions and promote continuous quality improvement for Florida Blue members.

Credentialing/Recredentialing

The credentialing/recredentialing process involves the verification of credentials and determination of a physician's qualifications for participation in our Florida Blue and Florida Blue HMO networks. Physicians are advised of their rights during the credentialing process. These include the right to review submitted information, correct erroneous information and be informed of their application status.

Delegated Quality Management (QM)

The QM function may be delegated in some specialty groups. In certain situations, a portion of the function may be fully or partially delegated, with the remaining portion(s) retained by Florida Blue. If Quality Improvement (QI) is delegated in your specialty, you will receive information relative to the QI components specific to your specialty.

HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis.

CAHPS

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey collects information on consumers' experiences with their health plan, personal doctor, specialists and health care in general. It has become the national standard for measuring and reporting on consumers' experiences with their health plans.

CAHPS is a mandated regulatory/accreditation survey sent to a select number of Medicare and commercial members annually and is required for plan accreditation and participation with Medicare programs.

Member Grievance/Appeal Process

Grievances, appeals and complaints are monitored, evaluated and used to improve member and provider satisfaction. Quality committees review analyzed data and make recommendations as opportunities for improvement are identified.

Incident Reporting

Florida Blue complies with incident reporting as defined in the Florida Administrative Code.

Member and Provider Satisfaction Assessment

Member satisfaction surveys are a critical component of QI. These surveys are conducted in order to obtain the member's perspective of the quality of care and service received. Feedback is provided to PCPs. Providers are also surveyed to gain an understanding of their level of satisfaction with the quality of services provided by various departments within Florida Blue. This information is provided to both the members and the providers through newsletters.

Patient Safety

Florida Blue shares the concern over member safety and supports practitioners and providers in the continual endeavor to improve patient safety. Several programs monitoring and evaluating safety are currently in place as part of our overall Quality Program. These include credentialing and utilization measures, as well as monitoring patient concerns and pharmacy issues.

Preventive Health Monitoring and Improvement

The Preventive Health Monitoring and Improvement program promotes the appropriate use of preventive health services for members in order to positively affect personal health behaviors and medical outcomes.

Quality Performance Indicators

Performance measures have been selected for the purpose of assessing certain "process of care" and/or "outcome of care" dimensions for each important aspect of care and service. These measures can serve as indicators to both members and providers in evaluating how well the Florida Blue health care delivery system is meeting customer needs in these areas.

Quality Management Committees

The Quality Executive Committee is an integral part of the QI program. The committee meets at least quarterly, conferencing together local participants, to review the quality of care and service provided to Florida Blue members.

Helping members make informed decisions

In an effort to assist members in making informed decisions about their health care, Florida Blue provides a link on our online provider directory to the Florida Department of Health's site. This website provides physician and hospital information on a number of surgeries performed in a particular hospital, whether a physician has medical liability insurance and when a doctor graduated from school.

To access the information, go to our website, www.floridablue.com, click on "Find a Doctor" (Provider Directory), select the physician you are looking for, then click on the link next to the comment that says, "To view more information about this provider at the Florida Department of Health, please click here."

Members have rights and responsibilities

Florida Blue is committed to offering quality health care coverage as well as maintaining the dignity and integrity of our members. Recognizing that service providers are independent contractors and not the agents of Florida Blue we have adopted the member rights and responsibilities below.

Rights

1. To be provided with information about Florida Blue/ Florida Blue HMO, our services, coverage and benefits, the contracting practitioners and providers delivering care, and members' rights and responsibilities.
2. To receive medical care and treatment from contracting providers who have met our credentialing standards.
3. To expect health care providers who contract with Florida Blue/ Florida Blue HMO to:
   a. Discuss appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage; and
   b. Permit you to participate in the major decisions about your health care, consistent with legal, ethical, and relevant patient provider relationship requirements.
4. To expect courteous service from Florida Blue/Florida Blue HMO and considerate care from contracting providers with respect and concern for your dignity and privacy.
5. To voice complaints and/or appeal unfavorable medical or administrative decisions by following the established appeal or grievance procedures found in the Member Handbook or other procedures adopted by Florida Blue/Florida Blue HMO for such purposes.
6. To inform contracting providers that you refuse treatment, and to expect to have such providers honor your decision if you choose to accept the responsibility and the consequences of such a decision.
7. To have access to your records and to have confidentiality of your medical records maintained in accordance with applicable law.
8. To call or write to us at any time with helpful comments, questions and observations whether concerning something you like about our plan or something you feel is a problem area. You also may make recommendations regarding our Florida Blue/Florida Blue HMO members' rights and responsibilities policies. Members may call the number or write to us at the address on their membership card.

Responsibilities

1. (HMO only) To seek all non-emergency care through your assigned PCP or a contracting physician and to cooperate with all persons providing your care and treatment.
2. To be respectful of the rights, property, comfort, environment and privacy of other individuals and not be disruptive.
3. To take responsibility for understanding your health problems and participate in developing mutually agreed upon treatment goals, as best as possible, then following the plans and instructions of care that you have agreed upon with your Florida Blue provider.
4. Provide accurate and complete information concerning your health problems and medical history and to answer all questions truthfully and completely.
5. To be financially responsible for any co-payments and non-covered services, and to provide current information concerning your enrollment status to any Florida Blue/Florida Blue HMO -affiliated provider.
6. To follow established procedures for filing a grievance concerning medical or administrative decisions that you feel are in error.
7. To request records in accordance with Florida Blue/Florida Blue HMO rules and procedures and applicable law.
8. To follow the Coverage Access Rules established by Florida Blue/ Florida Blue HMO.

The Manual for Physicians and Providers outlines member grievance/appeal process

Florida Blue established a process for reviewing a member's complaints and grievances/appeals. The purpose of this process is to facilitate review of, among other things, a member's dissatisfaction with Florida Blue, its administrative practices, coverage, benefit or payment decisions, or with the administrative practices and/ or the quality of care of any of the independent contracting health care providers in the Florida Blue provider network.

The Florida Blue Complaint and Grievance/Appeal Process also allows a member, or his or her physician, to expedite Florida Blue's review of certain types of complaints, grievances and/or appeals. Members must follow the process set forth in their member handbook.

For information regarding the specific process, please refer to the Manual for Physicians and Providers online at www.floridablue.com. Click on the "Providers" tab, then "Provider Manual."

Financial incentives not a factor in coverage decisions

Florida Blue has a financial incentives policy in place that is designed to assist practitioners, providers, employees, and supervisors involved in (or who supervise those involved in) making coverage and benefit utilization management or utilization review (UM/UR) decisions, where relevant. The policy states:

- UM/UR decision-making is based only on the factors set forth in Florida Blue's definition of Medical Necessity (for coverage and payment purposes) in accordance with Florida Blue's medical policy guidelines, then in effect, and the existence of coverage and benefits under a particular contract/policy/certificate of coverage. Florida Blue is solely responsible for determining whether expenses incurred, or to be incurred, or medical care are, or would be, covered or paid under a contract or policy. In fulfilling this responsibility, Florida Blue shall not be deemed to participate in or override the medical decisions of any Florida Blue member's practitioner or provider.
- Florida Blue payment policies are not designed to reward practitioners or other individuals conducting UM/UR for issuing denials of coverage or benefits.
- Financial incentives for UM/UR decision makers are not designed to encourage decisions that result in underutilization. Rather, the intent is to minimize coverage and payment for unnecessary or inappropriate health care services, reduce waste in the application of medical resources, and to minimize inefficiencies that may lead to the artificial inflation of health care costs.

Call Utilization Management when you need support

Initiate admission certification, notification and authorization requests electronically through Availity®[1]. You also may use the automated telephone system, Blue Express, or call the Utilization Management (UM) Department. We recommend you initiate each request electronically. In most cases, certification and authorization can take place at the time of the electronic transmission or telephone call if the medical information needed is available.

You can initiate the request telephonically through Blue Express by calling (800) 397-7337. Blue Express is available Monday–Saturday, 12 a.m.–11 p.m., Eastern Time, and Sunday, 12 a.m.–5 p.m.

Florida Blue's UM department is available at (800) 955-5692 between 8 a.m.–6 p.m., Eastern time, Monday–Friday, when additional medical information is needed, the request cannot be completed electronically, you have questions about messages returned on your electronic request or you have questions about requirements.

UM nurses may provide information regarding other services and/or benefits for which the member is eligible such as a cost-effective alternative setting. As always, the choice of whether or not the member should use the alternate benefits is solely a decision for the member and his or her treating physician. By offering alternate benefits, Florida Blue is not providing medical advice. Decisions involving medical advice are solely the responsibility of the treating physician.

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

Case Management helps members navigate the health care system

Florida Blue has complex case management and case management services to help members, families and care-givers with serious and long-term health problems. By finding problems early, Florida Blue has the opportunity to better help with cost-effective, quality care. The services are voluntary and are offered at no additional cost.

If you have any questions about health care services, treatments or need help navigating the health care system call (800) 955-5692 and choose Option #4.

Delegated case management for behavioral health services

All behavioral health services for all Florida Blue members, including Case Management, are delegated to New Directions Behavioral Health. Call New Directions Behavioral Health at (866) 730-5006.

Preventive services and practice guidelines are online

In our continuous effort to improve the health status of our members, we have adopted nationally recognized guidelines for preventive services and disease management. Our goal is to help our members attain quality of life by supporting physicians in their effort to manage our members' health effectively. Clinical practice guidelines are periodically reviewed and evaluated for updates and changes.

For more information on national practice guidelines for preventive services and disease management, as well as related patient education material and forms, visit Florida Blue's provider website under "Tools & Resources".

Current practice parameters adopted by Florida Blue include:

- Asthma Practice Guidelines - National Institutes of Health; National Heart, Lung and Blood Institute
- Attention Deficit Hyperactivity Disorder - American Academy of Child and Adolescent Psychiatry
- Bipolar Disorder Practice Guidelines - National Institute of Mental Health
- Chronic Obstructive Pulmonary Disease Practice Guideline - The Global Initiative for Chronic Obstructive Lung Disease
- Diabetes Practice Guidelines - American Diabetes Association
- Heart Failure/Coronary Artery Disease Practice Guidelines - The American College of Cardiology
- Hypertension Practice Guidelines - The Journal of the American Medical Association
- Major Depression Practice Guidelines - American Psychiatric Association

Prevention Guidelines:

- **Immunization Schedules** (Childhood, Adolescent and Adult)
  - Visit the Centers for Disease Control and Prevention (CDC) for recommended vaccines and immunizations.
  - Visit the Guide to Clinical Preventive Services for recommendations made by the USPSTF for clinical preventive services.

Measuring member experiences is important to physicians and Florida Blue

Florida Blue has received the 2015 Commercial Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey results. CAHPS is a mandated regulatory/accreditation survey sent to a select number of commercial members annually and is required for plan accreditation. The goal of the CAHPS survey is to assess quality of care from the consumer's point of view. The CAHPS survey asks members about their recent experiences with the health plan and its services including access to care, how well doctors communicate and rating of their personal doctor and specialist.

In 2015, measures that have improved for both HMO and PPO include Health Promotion and Education, Care Coordination, Rating of Health Plan and Aspirin Use. A summary is provided below:

Composite Measures	HMO				PPO			
	2014	Quality Compass Percentile 2014	2015	Quality Compass Percentile 2015	2014	Quality Compass Percentile 2014	2015	Quality Compass Percentile 2015
Getting Needed Care	83.4%	10th	87.1%	25th	90.4%	75th	89.7%	50th
Getting Care Quickly	82.5%	10th	83.1%	10th	90.0%	75th	86.8%	50th
Shared Decision Making	45.5%	10th	78.6%NC	10th	42.2%	<5TH	79.8%NC	25th
How Well Doctors Communicate	90.1%	<5th	93.6%	10th	95.6%	50th	95.4%	25th
Overall Rating Measures								
Rating of Health Care	69.7%	5th	77.4%	25th	83.3%	95th	78.0%	50th
Personal Doctor Rating	79.8%	5th	85.3%	50th	85.8%	50th	84.5%	25th
Rating of Specialist	80.3%	10th	78.2%	<5th	88.9%	75th	89.3%	90th
Rating of Health Plan	61.1%	25th	68.7%	50th	71.9%	90th	64.1%	75th
Other Measures								
Health Promotion & Education	73.0%	25th	77.4%	50th	73.9%	25th	77.9%	75th
Coordication of Care	71.2%	<5th	77.0%	5th	78.4	25th	81.8	50th
HEDIS Measures								
Flu (ages 13 - 64)	33.2%	<5th	39.5%	10th	44.5%	25th	41.2%	10th
Advising Smokers and Tobacco Users to Quit	75.7%	25th	79.1%	50th	70.1%	25th	68.5%	25th
Discussing Cessation Medication	45.7%	25th	49.3%	25th	45.2%	50th	40.0%	25th
Discussing Cessation Strategies	37.1%	10th	35.8%	5th	34.9%	25th	32.7%	10th
Aspirin Use	41.3%	10th	44.2%	50th	37.1%	<5th	49.5%	75th
Discussing Aspirin Risks and Benefits	44.3%	NA	44.2%	NA	47.6%	NA	54.5%	NA

NA = Comparison data not available from NCQA due to changes in question wording and response choices

NC = Not comparable

We continually assess new technology

The types of treatments, devices and drugs covered by Florida Blue are extensive. In light of the rapid changes in medical technology, it is important to look at new medical advances continually to determine which will be covered by our health plan.

Before covering new medical technology, we look at a number of factors. Procedures and devices must be proven to be safe and effective by meeting certain criteria, among them:

- Approval by an appropriate regulatory agency, such as the U.S. Food and Drug Administration.
- Scientific evidence of improved patient outcome when used in the usual medical setting, not just a research setting.
- Benefit for patients is equal to established alternatives.

To aid in decision-making, expert sources are consulted. These include published clinical studies from respected scientific journals and physicians from various medical specialty organizations.

Because we strive to cover only treatments that have been proven to be safe and effective for a particular disease or condition, Florida Blue does not cover experimental or investigational services. Also, we try to determine if any new medical technology is superior to treatments already in use.

2015 CAHPS and Enrollee Experience Survey quick reference guide for physicians

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and the Qualified Health Plan (QHP) Enrollee Experience Survey (EES) are tools for collecting information on consumers' experiences with their health plan, personal doctor, specialists and health care in general. These surveys have become the national standard for measuring and reporting on the experiences of consumers with their health plans. CAHPS and the QHP EES are mandated regulatory/accreditation surveys sent to a randomly selected number of Medicare, QHP and commercial members annually. For details, click here.

Physician Quality Measurement Program

The Blue Cross and Blue Shield Association (BCBSA) is committed to providing members with the tools they need to effectively partner with their doctors and make more informed health care choices. Florida Blue has participated in this national quality effort since 2012 by displaying a suite of consumer engagement initiatives through the Blue Cross and Blue Shield Association website (www.bcbs.com) for national accounts.

The Physician Quality Measurement (PQM) Program makes select HEDIS® physician performance measures available to consumers. Florida Blue selected diabetes as the category for display, as it is a prevalent disease in Florida. Each year, Florida Blue sends out a communication, if your group practice meets the volume threshold, which includes PQM scores that will display for the physician group.

Using a three-star display, the provider group will show below (1 star), meets (2 stars), or exceeds (3 stars) the performance level score for each HEDIS quality measure as compared to the mean from your comparable local peer group for the same measure.

Below Expectations

Meets Expectations

Above Expectations

The Local Comparison Score will vary by measure and provides the performance mean in Florida. Results obtained for each measure that fall within two standard deviations above or below the local comparison mean receive a two-star rating. Results that fall above two standard deviations from the mean receive a three-star rating, and results that fall below two standard deviations from the mean receive a one-star rating.

Medical record audit results for 2015

The Florida Blue 2015 Documentation of Care Medical Record Review results are now available.

Reviewing medical record documentation helps improve medical record-keeping practices, promotes patient safety and enhances continuity and quality of care. The program supports regulatory requirements by National Committee for Quality Assurance (NCQA), and the Agency for Health Care Administration and the Centers for Medicare & Medicaid Services (CMS). The Documentation of Care process aligns with NCQA's review of a Plan's medical record files for survey regulatory review purposes.

Florida Blue conducted medical record reviews in which a representative sample crossing all lines of business were randomly pulled from a Healthcare Effectiveness Data and Information Set (HEDIS®) dataset. The population sample includes the commercial HMO, commercial PPO, exchanges and all Medicare Advantage products.

Florida Blue contracted with an external vendor, which employs registered nurses to audit primary care physician (PCP) medical records against a set of 25 fixed quality indicators.

Medical record review participants consist of PCPs participating in our Florida Blue commercial HMO, commercial PPO, exchanges and Medicare Advantage networks. A random sample of 54 commercial and Medicare members (13 commercial HMO, 8 commercial PPO, 8 exchange HMO, 5 exchange PPO and 9 Medicare Advantage HMO, 8 Medicare PPO Local and 3 Medicare PPO Regional) were pulled from the statewide HEDIS dataset impacting 48 PCPs. The overall average score for all PCPs was 88%.

The review identified the following areas of opportunity for improved compliance:

Advance Directives

Federal and state regulations mandate that HMOs require contracting providers to document whether or not HMO members 18 years and older have an advance directives. A yes or no response is sufficient and should be documented in an easily accessible location in the member's medical record. It is recommended that practitioners place a question about the existence of an advance directive on their new patient history or registration form. Request the patient provide the physician's office with a copy of the Advance Directives documents and file in the medical records.

Preventive Care Screenings

Florida Blue performs multiple member outreach initiatives such as reminder letters, emails, phone outreach, published articles in newsletters, special events at the Florida Blue Centers offering various screenings and other various programs to close care gaps

We request your assistance in ensuring members receive the recommended preventive screenings.

Document the date and results of preventive screenings in the patient's medical records. Whenever possible obtain copies of the preventive screening results performed by a specialist such as diabetic eye exam, colonoscopy procedure report, hemoglobin A1C results, nephropathy consultations, etc.

Your help in implementing change is critical to facilitating improved communication, coordination and continuity of care. PCPs included in the medical record audit were mailed results along with the medical record tools. If you would like to receive a medical record tool packet, please call Joanne Keenan at (800) 555-8228, ext. 87329.

For 2015 medical record review results, click here.

Refer to the Documentation of Care Guidelines and Prevention Screening Criteria for more information.

Electronic policy for subacute authorizations from skilled nursing, long term acute care and rehabilitation facilities

It is Florida Blue's policy for all participating providers such as skilled nursing, long term acute care and rehabilitation facilities to adopt electronic capabilities, including obtaining referrals and authorizations electronically through Availity®[1] at availity.com or through Blue Express at (800) 397-7337.

No action is required for those providers who currently request authorizations and referrals electronically.

Important: Effective November 1, 2015, telephonic authorizations are no longer available.

There is no need to call Florida Blue to check the status of an existing authorization or referral. By using Availity's "**Auth/Referral Inquiry**", you can quickly obtain a current status of your requests and/or void authorizations electronically.

View details here.

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

MEDICAL NOTES//

Florida Blue's disease management programs can help your patients

Florida Blue has disease management programs available to your patients with diabetes, COPD, asthma, CHF and cardiovascular disease. Florida Blue developed programs for each of these conditions to help your patients to better understand their condition, update them on new information about their condition and provide them with assistance from our staff to help manage their disease. The program is designed to reinforce your treatment plan for the patient.

The program will provide the following services:

- Support from our nurses and other health care staff to ensure that your patients can understand how to best manage their condition and periodically evaluate their health status.
- Periodic newsletters to keep the patients informed of the latest information on their condition and management.
- Educational and informational materials that can assist your patients in understanding and managing the medications you prescribe, understanding the importance of obtaining necessary preventive screenings and how to effectively plan for visits to see you and reminders as to when those visits will occur.

- Information about upcoming events such as health fairs.
- Education and tools to promote self-management.

Membership in our Disease Management programs is voluntary. If at any time your patients wish to stop participating in the program, they can notify the case manager.

If you would like to enroll any of your Florida Blue patients in these programs, please contact us at **(800) 955-5692** and choose Option #4; or you may go to The Manual for Physicians and Providers for more information.

PHARMACY //

Commercial and other pharmacy program updates effective October 2015

Florida Blue implemented several changes to our pharmacy programs on October 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.

Blue Distinction Centers for Maternity Care

The Blue Distinction Specialty Care Program is expanding to include maternity care. Launching in 2016, this designation program will focus on vaginal delivery and Cesarean delivery episodes of care.

Blue Distinction Specialty Care is a national designation program recognizing health care facilities that demonstrate expertise in delivering quality specialty care safely, effectively and cost efficiently. Similar to other Blue Distinction Centers (BDC) for Specialty Care programs [Transplant, Rare and Complex Cancer, Cardiac, Bariatric, Spine Surgery, and Knee and Hip Joint Replacement] selection criteria for the Maternity Care program is based on quality, business and cost criteria.

This program includes two levels of designation:

- Blue Distinction Center (BDC): Health care facilities recognized for their expertise in delivering specialty care.
- Blue Distinction Center+ (BDC+): Healthcare facilities recognized for their expertise and cost efficiency in delivering specialty care. Quality is a key factor. Only those facilities that first meet nationally established, objective quality measures for Blue Distinction Centers will be considered for designation as a BDC+.

Hospitals were evaluated for the Blue Distinction Centers for Maternity Care designation; the evaluation utilized Hospital Compare publicly available measures and Blue Plan claims data, and emphasizes efforts started by other organizations to decrease the number of early elective deliveries.