PopHealthCare

New Vendor Will Help Members Improve Quality Outcomes

PopHealthCare, LLC, will offer programs to eligible Florida Blue members who have had a recent stay in a hospital or who have complex medical conditions. They are provided at no additional cost to our members. The programs are designed to complement the work you do by providing extra support for patients with chronic medical conditions. Learn more>>

Accessing NPIs in the New Self-Service Claim Status Tool

Providers using our new Claim Status tool in Availity® may find that their National Provider Identifiers (NPIs) are not showing on the NPI drop-down list. Your NPIs must be registered through Payer Spaces in Availity so they can display in the NPI drop-down. Register your NPIs so you can utilize the claim status tool and take advantage of its improved search capabilities. Learn more>>

Attn: Medicare Advantage, ACO and PCMH

Enhancements to Quality & Efficiency Reporting Portal

A number of enhancements, including improved Medicare Stars quality reporting, have been applied to our Quality and Efficiency Reporting Portal (QERP), located in Availity®, so it’s easier for you to locate important data and reports. Learn more>>

Important Reminders for Medicare Advantage HMO Primary Care Physicians and Specialists

Medicare Advantage HMO primary care physicians are responsible for coordinating access to all medical services for our Medicare Advantage HMO members, including referrals to specialists, or services may not be covered. It’s important for providers to understand the responsibilities of PCPs and specialists regarding authorizations and referrals for members enrolled in our Medicare Advantage BlueMedicareSM HMO products. Learn more>>

HEDIS Clinical Quality Validation FAQs Updated

All Florida Blue participating providers are required to comply with HEDIS® and Medicare Stars requirements which include completing and submitting necessary forms and medical documentation. Find out about the purpose of the important Clinical Quality Validation (formerly the HEDIS Attestation form) and get answers to many related questions in the latest version of HEDIS Clinical Quality Validation FAQs Here>>.
HEDIS Care Gaps and Risk Assessment Forms Update

We updated the HEDIS Care Gaps and Risk Assessment forms in your Availity Payer Space work queue on Monday, December 18, 2017. The update has suppressed the measures for four specific items which no longer require validation. Learn more>>

Comprehensive Quality & Risk Program Put On Hold

Florida Blue is putting the Comprehensive Quality & Risk Program (CQRP) on hold and is shifting to the Quality Engagement Program effective January 1, 2018. Providers will continue using the CQRP health risk assessment forms for dates of service through December 2017. Those forms for 2017 encounter dates must be completed and submitted by February 28, 2018. The CQRP health risk assessment form will not be used for 2018 encounter dates of service. Learn more>>

Pharmacy Programs Update Effective January 2018

On January 1, 2018, we will implement several changes to our pharmacy programs. The changes affect medications that require prior authorization, the Responsible Quantity Program, Responsible Steps, and the pharmacy coverage exclusions list. Learn more>>

Publix Plan Changes Reminder: New Copays and New MSK program

Reminder of changes to Publix medical plan effective January 1, 2018: copays are increasing for Publix members and the Publix plan will include a musculoskeletal management (MSK) program. Learn more about the Publix copay increase>> and MSK program>>

Final Reminder: Provider Directory Q4 Verification Due Now!

Your verification for the fourth quarter is due by December 31, 2017. If you are receiving this and are not accountable for Provider Data Information, please forward to the responsible person immediately. Confirming or updating your information is easy, secure and fast! Learn more>>