providerNEWS

A Newsletter for **Freedom Health** & **Optimum HealthCare** Providers

FALL **2020**

A PATIENT-CENTERED Approach

ADVANCE DIRECTIVES: A Patient's Right to Decide

FOLLOWING UP: PCP Encounters After an ER Visit or Observation Stay

Quality Management: "THE RESULTS ARE IN!"

AND much more!

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A **Patient-Centered** Approach

As a health plan that is always striving to improve our strategies in order to affect the health outcomes of your patients, we would like to share with you an approach that has been proven to work. The Patient-Centered Medical Home model (PCMH) and other similar models have been recognized for their various benefits to the patient, providers, health plans and the overall health care system. Two major advantages are maximizing health outcomes and cutting down unnecessary cost by putting the patient first.

Freedom Health/Optimum HealthCare supports and ascribes to a Medical Home Model. With the ongoing research and support from accrediting agencies, many practitioners have pursued the Accountable Care Organization (ACO) or PCMH accreditation to focus on positive patient outcomes. At this time, Florida is the fourth leading State in the Country in the number of practices that have received such accreditation. You can review the list of over 1,000 practices in Florida on the National Committee for Quality Assurance (NCQA) site (https://reportcards.ncqa.org) who are dedicated to improving their patients' health.

For more information on why these accrediting programs are so widely adopted in the country, please visit http://www.ncqa.org/Programs/Recognition.aspx

ADVANCE DIRECTIVES
A Patient's Right to Decide

According to state and federal laws, patients have the right to decide how they are medically treated, even if they are not able to speak or make their wishes known. The Plan does not condition treatment based on whether or not a patient has executed an advance directive. We expect our contracted providers to uphold this standard of non-discrimination as well.

In order to prepare for these situations in advance, we encourage our members to express their wishes by filing advance directives. It is a patient's individual choice whether or not to file an advance directive. Common types of advance directives include Living Wills, Health Care Surrogates and Anatomical Donations.

Remember, a patient's medical record must contain documentation of whether or not the individual has executed an advance directive; documentation is to be displayed in a prominent location in the record. The Plan and its providers are not required to provide care that conflicts with a member's advance directives.

If your patients are interested in learning more about advance directives, you can refer them to the following resources:

- **Donate Life Florida**

  Website: *http://www.donatelifeflorida.org/*

  This site offers information on organ and tissue donation as well as the option to register as a donor online.

- **Florida Agency for Health Care Administration**

  Website: *http://ahca.myflorida.com*

  This official website has a Health Care Advance Directives Publication called The Patient's Right to Decide. This publication provides helpful information on Advance Directives, forms, and other resources.

- **Florida Department of Elder Affairs**

  Website: *http://elderaffairs.state.fl.us/index.php*

  Phone: 1-800-963-5337

  Their website offers many resources for seniors including the Senior Legal Helpline: 1-888-895-7873, a free legal consultation for seniors.

- **The Florida Bar Association**

  Website: *http://www.floridabar.org*

  The Florida Bar provides information for the public on certain general areas of law. This includes Advance Directives, Living Wills, and Health Care Surrogates. They provide helpful brochures, forms, and other useful information for healthcare planning.

- **Aging with Dignity**

  Website: *http://www.agingwithdignity.org*

  Phone: (850) 681-2010

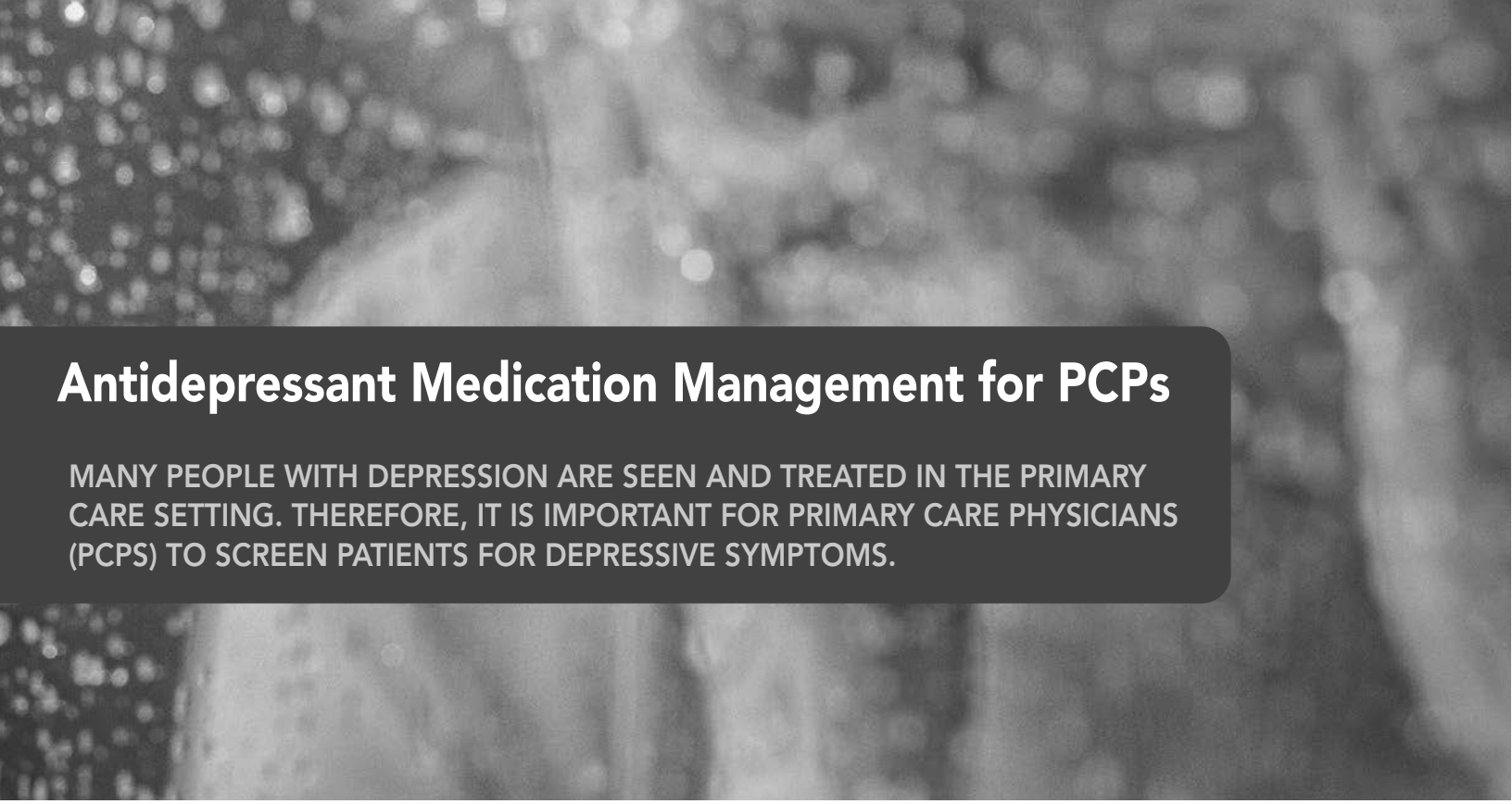
  This organization has a document called Five Wishes. This document allows you to express how you want to be treated if you are seriously ill and unable to speak for yourself. This document meets the legal requirements of an Advance Directive in most states.

- **Caring Connections**

  Website: *http://www.caringinfo.org*

  Phone: (800) 658-8898

  Caring Connections is a program of the National Hospice and Palliative Care Organization (NHPCO). This organization works to improve care at the end of life. Their website provides many resources for planning ahead. You can also download your state-specific Advance Directives.



Antidepressant Medication Management for PCPs

MANY PEOPLE WITH DEPRESSION ARE SEEN AND TREATED IN THE PRIMARY CARE SETTING. THEREFORE, IT IS IMPORTANT FOR PRIMARY CARE PHYSICIANS (PCPS) TO SCREEN PATIENTS FOR DEPRESSIVE SYMPTOMS.

In addition to hallmark symptoms, many people with depression have vague somatic complaints, for which there's no disease explanation. Left untreated, comorbid depression can lead to poorer outcomes and prognosis of other diseases as well.

For more information about various behavioral health topics, consult Beacon Health Options' PCP toolkit by visiting https://providertoolkit.beaconhealthoptions.com/.

Choosing the right medication

Deciding which antidepressant medication to use can be challenging. Three important factors help determine medication efficacy:

1. COMPLIANCE. About 42 percent of patients discontinue their antidepressants during the first 30 days.

2. DURATION OF TREATMENT. An antidepressant can take 4-6 weeks to have a full effect, and a treatment episode should be at least six months after remission of symptoms or longer, depending on patient history.

3. ADEQUATE DOSING. Many antidepressants will need dosage adjustments to see full therapeutic effect. If seeing partial response, try increasing the dose before switching.

Common symptoms of depression

- **Two weeks of persistently depressed mood**
- **Inability to feel pleasure**
- **Sleep difficulties**
- **Appetite and energy level changes**
- **Lost interest in activities**
- **Guilt and suicidal thoughts**

Presenting symptoms, comorbid conditions, and possible drug interactions should drive treatment decisions. If a person has had a prior good response to a medication, that medication should be initiated first. There are several classes of antidepressant medications: SSRIs, SNRIs, Tricyclics, MAOIs and atypical antidepressants. SSRIs and SNRIs, the most commonly prescribed antidepressants, have varying side effects, but nausea and headache are most common. To mitigate these transient side effects, start your patient at a low dose and titrate up as side effects subside.

Always see patients within a few weeks of initiating a medication to assess side effects, medication adherence and to screen for thoughts of self-harm. If a patient has thoughts of self-harm, refer that patient for immediate assessment.

Beacon can help with referrals to both inpatient and outpatient providers by calling (888) 273-3710.

Diabetes

An Ounce of Prevention...

You can detect many of your patients' incipient medical problems through regular health screenings, which enable you to implement timely patient education and treatment. Regular screenings are especially important for diabetics, who are susceptible to multiple complications.

Freedom Health and Optimum HealthCare cover the following screenings for diabetic patients:

- Diabetic foot care with a diagnosis of diabetes-related peripheral neuropathy in a foot or feet: one exam every six months by a podiatrist or other foot care specialist.
- HbA1c every 3 months (more frequent assessments may be appropriate if the diabetes regimen has been changed to improve control or for patients whose previously-controlled diabetes is now uncontrolled). To meet the HEDIS® standard, HbA1c must be measured at least once a year, with the date and result recorded in the chart.
- Monitoring and treatment for diabetic nephropathy: a urine test for albumin or protein at least yearly, with the results documented in the chart along with the date when it was done. Evidence of ACE inhibitor/ ARB therapy, with a note in the chart indicating that the patient received a prescription.
- Dilated eye exam every 12 months, performed by an ophthalmologist or optometrist, to screen for diabetic retinopathy and glaucoma. To meet the HEDIS® standard, a copy of the exam must be included in the medical record.

Dilated eye exams are especially important for diabetics, because they allow for direct inspection of the blood vessels in the retina. Since early retinopathy often has no symptoms, a yearly exam is crucial for detecting it as well as glaucoma and cataracts.

Regular screenings will give your patients a head start on health as well as peace of mind. And you will be practicing proactive instead of reactive medicine.

Telehealth and Risk Adjustment

The 2019 Coronavirus Disease (COVID-19) pandemic has resulted in the expanded use of virtual provider visits and coverage of these telehealth services by CMS. Medicare Advantage (MA) organizations are able to submit diagnoses for risk adjustment that are from telehealth visits when those visits meet all criteria for risk adjustment eligibility, which include being from an allowable inpatient, outpatient, or professional service, and from a face-to-face encounter.

To meet the risk adjustment face-to-face requirement, diagnoses resulting from telehealth services must be provided using an interactive audio and video telecommunications system with real-time interactive communication. When services that have been provided via telehealth, use place of service code "02" for telehealth or use the CPT telehealth modifier "95" with any place of service.

ICD-10-CM has released COVID-19 Specific Guidelines which are effective dates of service April 1, 2020 through September 30, 2020. A unique ICD-10 code has been created for confirmed cases of COVID-19 Virus, U07.1 COVID-19. ICD-10-CM Official Coding and Reporting Guidelines state to code only confirmed cases of COVID-19, including presumptive positive test results. Documentation is not required to specify the type of test performed. Documentation by the provider that the patient has COVID-19 is sufficient to assign code U07.1. However, do not assign code U07.1 for provider documentation of "suspected," "possible," or "inconclusive" COVID-19. The full set of coding guidelines specific to COVID-19 for accurate coding can be found at the following link: ***https://www.cdc.gov/nchs/icd/icd10cm.htm***

Evidence-Based Clinical Practice Guidelines

The Plan reviews and adopts Evidence-Based Clinical Practice guidelines in consultation with the Plan's Manager Medical Director and/or Medical Director(s), a panel of physicians, an interdisciplinary care team of board-certified specialists and the Quality Management Steering Committee.

The Plan utilizes evidence-based clinical practice guidelines on which it bases its management of members' health care needs, including the development of all disease-based assessments, education of members on suggested self-care, condition monitoring and care plans.

The Plan updates its practice guidelines periodically and reviews them at least annually. National agencies and medical specialty societies also adopt evidence-based clinical practice guidelines. They are based on reasonable medical evidence or the consensus of physicians in a particular field.

Adapted to the needs of the Plan's members, the guidelines are included in the Care Plan Manual sent to primary care providers. They are available to members when appropriate and upon request. A copy of the evidence-based clinical practice guidelines and the links to their sources are available on the Plan's websites at:

www.freedomhealth.com -> Providers -> Tools & Resources - > Clinical Healthcare - > Clinical Practice Guidelines

www.youroptimumhealthcare.com -> Providers -> Tools & Resources - > Clinical Healthcare - > Clinical Practice Guidelines

EXCELLENCE IN CARE: Annual Assessments

Exceptional healthcare depends on comprehensive baseline exams which enable you to customize treatment for your patients. When you perform and document a yearly functional status assessment for those age 66 and older, you fulfill the standard of care as well as a HEDIS® performance measure *(Care for Older Adults: Functional Status Assessment).*

For many older patients, pain is a daily challenge. An annual pain assessment can capture the details of that pain and enable you to provide the right treatments and specialty referrals, if needed. This, too, will meet the standard of care and a HEDIS® measure *(Care for Older Adults: Pain Assessment)*. Most importantly, it has the potential to greatly improve your patient's quality of life.

The best patient care starts with an astute assessment. Thank you for continuing to provide excellent primary care for your patients!

FOLLOWING UP:
PCP Encounters After an **ER Visit** or **Observation Stay**

The Plan's Model of Care is based on the idea of the Patient-Centered Medical Home. This care model gives our members the security of collaborating with a Primary Care Provider (PCP) to help them maintain well-being and achieve health care goals. Ideally, this relationship will enhance two-way communication about unexpected occurrences such as ER visits and Observation stays and will encourage members to see their PCP within a short time afterwards.

While ER visits often lead to inpatient admissions, those that do not do require appropriate follow-up and monitoring post-ER visit. Timely follow-up can help the PCP address ongoing patient needs and prevent future use of urgent care services. ER visits are warning signs that an illness or condition may need increased oversight; if patients don't get in to see their PCP quickly afterwards, their situation can easily deteriorate, resulting in another ER visit.

Observation status in the hospital is for patients not healthy enough to go home but not sick enough to be admitted. Doctors use Observation time to decide whether to admit a patient while running various tests, monitoring vitals and/or performing laboratory tests. Services which patients receive under Observation are outpatient hospital services even though they may stay overnight. Under Medicare guidelines, hospitals should decide whether to admit patients within 24 to 48 hours.

Like ER visits, a timely PCP visit after an Observation stay may prevent future use of urgent care services. At that visit, the PCP can review with the patient any treatment plan or medication changes; the PCP may also make referrals to Specialists. This review is a collaborative process, and the patient should be encouraged to ask questions. Observation stays, like ER visits, are warning signs that an illness or condition may need increased oversight.

While the Health Plan encourages all members with ER visits and Observation stays to visit their PCP within 30 days, the Plan's recently updated goal for PCP follow-up within 30 days after an ER visit is 65% and after an Observation stay is 70%. These goals are reviewed yearly and adjusted as necessary based upon national and internal benchmarks and historical performance.

Providing members with PCP care team access 24/7 and same-day urgent appointments may help reduce ER and Observation visits. In addition, the Plan has a Nurse Advice Line staffed by nurses and available to members 24/7 (tel. 1-888-883-0710). There are no copays or deductibles for this benefit.

The ultimate goal for both the Health Plan and the PCP is increasing access for members to primary care and helping them to see the PCMH as an ongoing relationship whereby, through collaboration, they can achieve maximal health and well-being and minimize emergent health issues.

MEDICAL RECORDS Standards

All of Our Members Benefit from the Safeguards Established by Federal and State Guidelines

The Plan strives to provide the best quality of care to its members and expects all providers who service our members to adhere to stringent Federal and State standards regarding documentation, confidentiality, maintenance and release of medical records, as well as personal health information (PHI).

The Plan's Provider Manual describes the medical record standards required for contracted providers. All providers must follow these standards and cooperate with the Plan in activities related to quality assurance monitoring of medical records. Meeting these requirements applies to both electronic and paper medical records.

PROTECTIONS AND ACCOUNTABILITY

Our Member's Rights and Responsibilities

Member Rights include those regarding Privacy and Security of our member's medical records, as per HIPAA. For example, members have a right to:

- Receive an accounting of all disclosures of their personal information to third parties
- Receive a written summary or explanation of their health condition
- Review, copy, and amend incorrect data in their medical records

We have also included member rights specific to Advance Directives. For example, no member shall be discriminated against for filing or not filing an Advance Directive. Members have a right to file an advance directive and have their wishes respected.

Freedom Health and Optimum HealthCare strongly endorses the rights of members as supported by State and Federal laws, NCQA, CMS and AHCA.

The Plan regularly communicates its expectations of members to be responsible for certain aspects of the care and treatment they are offered and receive. In turn, Freedom and Optimum requires that all of its providers acknowledge and reinforce our member's rights and responsibilities.

Please note: As a provider, you may deny a member access to their medical records if you believe it could endanger them or someone else's physical safety, for some psychotherapy notes, for information compiled for a lawsuit, or for certain other limited circumstances.

Please contact your Provider Relations representative if you have questions about this provision of the law. For a full list of Member Rights and Responsibilities, please refer to our websites at:

www.freedomhealth.com > About Us > Utilization & Quality > Member Rights and Responsibilities
www.youroptimumhealthcare.com >About Us > Utilization & Quality> Member Rights and Responsibilities

Quality Management:

Our goal at Freedom Health is to help our members improve their health by providing the best care and service options. In order to do this, we rely on our Quality Management (QM) program. The QM program monitors the quality of care given by Plan providers. The QM Program also looks for areas of service that need to be improved.

Every year, we measure to see the progress we have made toward meeting our goals for healthy members. One of the tools we use to do this is called HEDIS®, which stands for Healthcare Effectiveness Data and Information Set. HEDIS® is a very common tool used by health care plans to see how well they are serving their members. We use these HEDIS® results to see where we need to focus our improvement efforts.

Our 2020 HEDIS® results show that Freedom Health ***improved its performance and met quality goals*** in many HEDIS® measures. These areas include:

- Adult Access to Preventive Services
- Adult BMI Assessment
- Antidepressant Medication Management
- Breast Cancer Screening
- Controlling High Blood Pressure
- Comprehensive Diabetes Care- Poor HbA1c Control >9 (inverted), HbA1c control <8 and HbA1c Testing
- Comprehensive Diabetes Care- Blood Pressure Controlled <140/90 mm Hg
- Comprehensive Diabetes Care- Eye Exams
- Comprehensive Diabetes Care- Monitoring Diabetic Nephropathy
- Colorectal Cancer Screening
- Medication Reconciliation Post-Discharge
- Osteoporosis Management in Women
- Rx in Rheumatoid Arthritis
- Spirometry Testing for COPD
- Persistence of Beta Blocker- Heart Attack

Areas where ***we would like to improve our rates*** include:

- Follow-up Hospital Mental Illness
- Pharmacotherapy Management of COPD- Bronchodilator
- Pharmacotherapy Management of COPD- Systemic Corticosteroid
- Use of High Risk Medications in the Elderly- two scripts

You can view our full quality Health Plan Report Card at:
https://reportcards.ncqa.org/#/health-plans/list

"The Results are in!" *(FREEDOM)*

For more information on HEDIS® and Quality Measurement, go to: *http://www.ncqa.org/HEDISQualityMeasurement.aspx* You can also call Member Services at 1-800-401-2740.

FUH- Follow-Up after Hospitalization for Mental Illness

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had any one of the following with a mental health practitioner.

a) Outpatient visit ***with*** a mental health provider
b) An intensive outpatient encounter or partial hospitalization
c) A community mental health center visit
d) Electroconvulsive therapy
e) Observation visit
f) A telehealth visit ***with*** a mental health provider
g) Transitional care management services, with a mental health provider

Two rates are reported:

- The percentage of discharges for which the member received follow-up within 30 days after discharge.
- The percentage of discharges for which the member received follow-up within 7 days after discharge.

The following time sensitive steps are required to meet measure compliance:

30-Day Follow-Up: A follow-up visit with a mental health practitioner within 30 days after discharge.

7-Day Follow-Up: A follow-up visit with a mental health practitioner within 7 days after discharge.

PCE: Pharmacotherapy Management of COPD Exacerbation

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications.

Two rates are reported:

1. **Corticosteroid**

   The member is dispensed prescription for systemic corticosteroid (Systemic Corticosteroid Medications List) on or 14 days after the Episode Date. Count systemic corticosteroids that are active on the relevant date.

2. **Bronchodilator**

   The member is dispensed prescription for a bronchodilator or 30 days after the Episode Date. Count bronchodilators that are active on the relevant date.

Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.

Note: A comprehensive list of medications and NDC codes that qualify for this measure are available at www.ncqa.org

Osteoporosis Management in Women Who Had a Fracture

The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Requirements:

Appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria:

1. Bone Mineral Density Test in the six months after the fracture.
2. Osteoporosis Medication Therapy in the six months after the fracture.

Many patients miss basic screenings and tests not knowing they are free of cost and can have assistance scheduling them. Let your patients know about the many health service options available to them through our Plan's benefits and services. It may be as simple as instructing them to call our Member Services team and providing the patient with a referral to the appropriate provider.

Let's work together to continue our improvement of HEDIS® scores and our overall quality of care. Our goal is to deliver excellence in all of our health care services!

Find a full list of the Plan's HEDIS® results online at:

www.freedomhealth.com → About Us → Utilization & Quality → Quality Management → Monitoring Quality

Quality Management: "The Results are in!" *(OPTIMUM)*

Our goal at Optimum Healthcare is to help our members improve their health by providing the best care and service options. In order to do this, we rely on our Quality Management (QM) program. The QM program monitors the quality of care given by Plan providers. The QM Program also looks for areas of service that need to be improved.

Every year, we measure to see the progress we have made toward meeting our goals for healthy members. One of the tools we use to do this is called HEDIS®, which stands for **H**ealthcare **E**ffectiveness **D**ata and **I**nformation **S**et. HEDIS® is a very common tool used by health care plans to see how well they are serving their members. We use these HEDIS® results to see where we need to focus our improvement efforts.

Our 2020 HEDIS® results show that Optimum Healthcare ***improved its performance and met quality goals*** in many HEDIS® measures. These areas include:

- Adult Access to Preventive Services
- Adult BMI Assessment
- Antidepressant Med Management: Acute and Continuation Phase Rx
- Breast Cancer Screening
- Controlling High Blood Pressure
- Colorectal Cancer Screenings
- Comprehensive Diabetes Care: Poor HbA1c Control >9 (inverted), HbA1c Control <8 and HbA1c Testing
- Comprehensive Diabetes Care: Blood Pressure Controlled <140/90 mm Hg
- Comprehensive Diabetes Care: Eye Exams
- Comprehensive Diabetes Care: Monitoring Diabetic Nephropathy
- Colorectal Cancer Screening
- Medication Reconciliation Post- Discharge
- Osteoporosis Management in Women
- Persistence of Beta Blocker Heart Attack
- RX in Rheumatoid Arthritis
- Pharmacotherapy Management of COPD: Systemic Corticosteroid

Areas where ***we would like to improve our performance*** include:

- Follow-Up Hospital Mental Illness
- Pharmacotherapy Management of COPD: Bronchodilator
- Spirometry Testing for COPD
- Use of High Risk Medications in the Elderly

You can view our full quality Health Plan Report Card at: https://reportcards.ncqa.org/#/health-plans/list

For more information on HEDIS® and Quality Measurement, go to: http://www.ncqa.org/HEDISQualityMeasurement.aspx
You can also call Member Services at 1-866-245-5360.

COL - Colorectal Cancer Screening

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

Requirements:
One or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.
- CT colonography during the measurement year or the four years prior to the measurement year.
- FIT-DNA test during the measurement year or the two years prior to the measurement year.

CBP - Controlling High Blood Pressure
The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Requirements:
Most recent BP reading taken during an outpatient visit, telephone visit, e-visit or virtual check-in, a nonacute inpatient encounter, or remote monitoring event during the measurement year. Member is numerator compliant if the BP is <140/90 mm Hg. The member is not compliant if the BP is ≥140/90 mm Hg.
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD

The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

Requirements:
At least one spirometry testing 730 days (2 years) prior to the diagnosis of COPD through 180 days (6 months) after the diagnosis of COPD.

Let's work together to continue our improvement of HEDIS® scores and our overall quality of care. Our goal is to deliver excellence in all of our health care services!

Find a full list of the Plan's HEDIS® results online at:

www.youroptimumhealthcare.com →About Us →Utilization & Quality → Quality Management→ Monitoring Quality

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Grievance / Appeals Rep I	Anthony Mckenzie	(813) 506-6000	11036	(813) 506-6236	amckenzie@freedomh.com
Grievance / Appeals Rep I	Delticeer Williams	(813) 506-6000	11969	(813) 506-6236	ddwilliams@freedomh.com
Grievance / Appeals Rep I	Johanna Arroyo	(813) 506-6000	11513	(813) 506-6236	jarroyo@freedomh.com

Gulf Coast

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Provider Network Manager II - PCPs for Hernando	Stephanne Gomez	(813) 506-6000	11311	(813) 506-6236	sgomez@freedomh.com
Provider Network Manager I - PCPs for Citrus (Hernando temporary)	Stephanne Gomez	(813) 506-6000	11311	(813) 506-6236	sgomez@freedomh.com
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Title	Name	Office Number	Ext	Fax	E-mail
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Provider Network Manager I - PCPs for Sarasota County	Latiesha Nevils	(813) 506-6000	22168	(877) 479-3983	lnevils@freedomh.com
Provider Network Manager I - PCPs for Charlotte, Lee, and Collier Counties	Vanessa Joppich	(813) 506-6000	N/A	(877) 479-3983	vjoppich@freedomh.com
Provider Network Manager I - Specialists for Manatee and Sarasota Counties	Caitlin Riley	(813) 506-6000	22162	(877) 479-3983	criley@freedomh.com
Provider Network Manager I - PCPs for Charlotte, Lee, and Collier Counties	Amber Skulina	(813) 506-6000	N/A	(877) 479-3983	askulina@freedomh.com
Provider Network Manager I - Specialists for Collier, Lee and Charlotte Counties	Caitlin Riley (temporary)	(813) 506-6000	N/A	(877) 479-3983	criley@freedomh.com

Central

Title	Name	Office Number	Ext	Fax	E-mail
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Provider Contract Specialist	Caitlin Mercado	(407) 965-2684	22111	(321) 397-5639	cmercado@freedomh.com
Provider Contract Specialist	Rochelle Randall	(352) 237-2351	22007	(321) 397-5639	rrandall@freedomh.com
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South

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Provider Network Mgr I - PCP/Complete Health IPA/Specialists - Brevard and Volusia Counties	Jennifer Solano Lucas	(407) 965-2684	22117	(321) 397-5639	jslucas@freedomh.com
Provider Network Mgr I - Specialists - Orange and Seminole Counties	Juanita DeJesus	(407) 965-2684	22107	(321) 397-5639	Jdejesus@freedomh.com
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Provider Network Mgr I - PCPs and Specialists for Osceola County	Suhelie Rodriguez	(407) 965-2684	22106	(321) 397-5639	Rodriguezs@freedomh.com
Provider Network Mgr I - PCPs - Seminole and Volusia Counties	Laude Rodriguez	(407) 965-2684	22110	(321) 397-5639	lmrodriguez@freedomh.com

TC

Title	Name	Office Number	Ext	Fax	E-mail
Director, Network Relations	Adrian Goluch	(813) 506-6000	11354	(813) 506-6236	agoluch@freedomh.com
Provider Contract Specialist I - Palm Beach, Broward, and Miami-Dade	Ileana Escobosa	(813) 506-6000	11953	(813) 506-6236	iescobosa@freedomh.com
Provider Contract Specialist I - St Lucie, Indian River, Martin	Angel Gonzalez	(813) 506-6000	11496	(813) 506-6236	agonzalez@freedomh.com
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Provider Network Mgr I - Specialists for Dade, Broward, Palm Beach, Martin, Indian River, St. Lucie	Yvette Mills	(813) 347-7522		(813) 506-6243	Ymills@freedomh.com

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FREEDOM HEALTH

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