# providerNEWS

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

WINTER **2020**

## A PERFECT STORM-
Loneliness, the Pandemic and the Holidays

## MEMBER EXPECTATIONS
and the Primary Care Home Model

## YOUR ROLE
in Care Transition Support

Your Quality Scores -
## MRR SCORES

AND **much more!**

Printed and mailed 12/15/2020

# A Perfect Storm:
## *Loneliness, the Pandemic and the Holidays*

The winter holidays are upon us, a time of year which can be emotionally challenging for patients without supportive families or friends. This year, Covid-19 will add another layer of stress, with patients practicing social distancing or avoiding human contact completely for fear of infection. Even virtual human interaction may be difficult or unavailable for those without the resources or family and friends to help form an online community.

Your patients may be struggling with loneliness, sadness and thoughts of suicide. Many patients regard their PCPs as trusted friends and confidants, with whom they can discuss their feelings. Please take time to ask your patients how they're doing emotionally.

The Health Plan also has nurse Case Managers and Social Workers who can offer a friendly voice and listening ear to your patients. They can help connect folks with behavioral health services, community services and support groups. We encourage you, as the PCP, to reach out to the Plan so we can get in touch with your neediest patients. Patients may also self-refer via the Member Portal or by calling the Member Services number on the back of the Plan I.D. card and asking for Case Management or Social Services.

Please consider posting in your office the National Suicide Prevention Lifeline, **1-800-273-8255**. The National Suicide Prevention Lifeline is staffed 24 hours a day, every day.

# AUTHORIZATION
# Review & Determination

In this issue, we would like to address one of the biggest requests we received from our providers on our provider survey – tell me more about Medicare guidelines that influence an authorization review and determination.

The Utilization Management (UM) department, including clinical staff, is available for all pre- certification requests and questions, Monday through Friday from 8:00 a.m. to 5:00 p.m. Our staff is also on call after hours and on weekends to handle discharge planning requests from facilities and other emergent needs.

The UM Department uses the following criteria when making a determination:

**Medicare Criteria:**

- Medicare National and Local Coverage Guidelines
- State Statutes, Laws and Regulations
- InterQual Criteria
- Hayes Medical Technology
- Policy/Benefit Coverage
- Medical Director professional judgment based on review of literature, evidence-based guidelines, & other Managed Care Organizations

For dual Medicare/Medicaid members the UM Department also uses the Agency for Healthcare Administration (AHCA) and Medicaid Coverage and Limitation Guidelines.

In addition to using its own Medical Directors, the UM Department uses board-certified consultants as appropriate to assist in making medical necessity determinations.

**Timeframes:** For **standard requests,** the Health Plan processes authorization requests as quickly as possible. Many of our requests are completed on the same day received, and our average turnaround time for all requests for service is less than 2 days. We urge our providers to include all necessary medical records when submitting a request in order to avoid unnecessary delays.

**Standard requests may be submitted by Fax: 866-608-9860 or 888-202-1940**

For **expedited requests,** the review must be completed, including a notification to the member, within 72 hours from the time received at the Health Plan. Please note that a request should only be submitted as expedited if it is felt that waiting up to the standard time for a decision would place the patient's life, health or ability to regain maximum function in serious jeopardy.

**Expedited requests may be submitted by Phone: 888-796-0947 or by Fax: 866-608-9860 or 888-202-1940.**

◆ How to check the status of a request

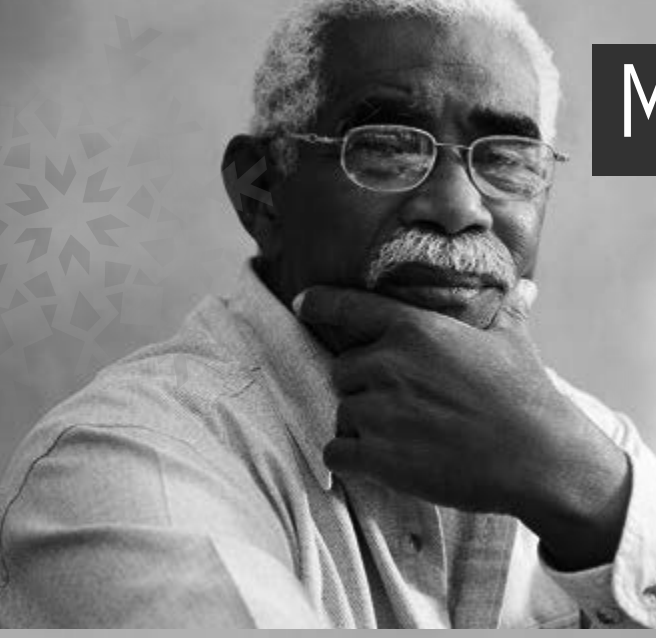
- Call the UM Department during normal business hours, 8:00 a.m. to 5:00 p.m. on weekdays, to check the status of a request; or
- Access the Health Plan's Provider Portal, where you can review the status of a member's authorization request. If you have questions regarding the Provider Portal or would like access, please contact your Provider Relations representative for assistance.

# Beta Blockers

If your patient was recently diagnosed with a heart condition like heart failure, irregular heart rhythm, or was in the hospital for a cardiac related event, you may have prescribed a beta blocker. Not all patients have the capacity to understand the benefits of beta blocker therapy. They may be turned off by the side effects and will stop taking the medication altogether. Providing additional education as to why they need the medication may be helpful in increasing compliance.

Since side effects associated with beta blockers may lead to patient non-compliance, you may not discover this until the follow-up visit. Providing your patient with a drug that is well-tolerated and affordable can lead to increased compliance and improved outcomes.

Propranolol ER, Propranolol, Metoprolol/Hydrochlorothiazide, Metoprolol Succinate, Metoprolol Tartrate, Metoprolol, Carvedilol ER, Carvedilol, and Atenolol are all available as a TIER I medication at no cost to the patient.



# Member Expectations and *the Primary Care Home Model*

**The American College of Physicians notes that the Patient-Centered Medical Home (PCMH) "is a care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand". The Plan embraces this philosophy. For primary care physicians, it is a philosophy of providing coordinated, comprehensive care that is patient-centric and team-based. For the patient or member, the expectation is that the services and their plan of care are personalized to address specific health concerns and goals. Medication reconciliation, coaching and education regarding meeting these health goals is a foundation to members reaching their goals as well as to promote safe, quality care.**

**Successful implementation of the Medical Home model can reduce emergency department visits, decrease delay in member's seeking treatment, support better management of chronic diseases, and improve communication with patients regarding their role in their plan of care.**

**Members should understand how they are to communicate their needs and health status changes with their PCP office. Many times, the Plan is asked to intercede on behalf of a member in communicating with the PCP's office. These requests can cause a fragmentation in communication regarding the plan of care execution. Members should receive a copy of the plan of care and know who to call with any questions. To maximize the effectiveness of the Medical Home model of care, expectations of both sides need to be clearly communicated with the member.**

- Medication review helps members understand the medications they are taking and how they are affected by taking or not taking them.
- A personalized plan of care allows for mutual goal setting and evaluation of progress to goals by the provider and the member.
- Coaching and education based on member's needs and expectations focuses the communication on what information is required for members to succeed in better managing their health care needs.
- Team support such as community resources, Plan social work or case management staff and family members can provide the added connection/benefit to members to continue to strive to meet their health care goals.

**Case and Disease Management staff is available to support members who need extra coaching and support related to their chronic condition or current treatment plan. Referrals can be sent to the department via fax at 1-888-314-0794 or by calling 1-888-211-9913.**

## Behavioral Health Care Tools to Assist in Sharing Information

We routinely collaborate with Beacon Health Options, our Health Plan's behavioral health vendor, to identify, facilitate and assess continuity & coordination between medical care and behavioral healthcare providers. Through that collaboration, we wanted to share the following resources that provide details and release of information tools that may help you in facilitating the exchange of information with our members:

- Behavioral Health Provider Handbook and
- Web based PCP Toolkit

The Beacon Health Options Provider Handbook is posted on Beacon's website, https://www.beaconhealthoptions.com/providers/beacon/handbook/ and the PCP Toolkit can be accessed through http://pcptoolkit.beaconhealthoptions.com. Along with Beacon Health Options, we strongly encourage Primary Care Providers, Specialists and behavioral health providers to share relevant information regarding diagnoses, medication, and/or treatment to help improve health outcomes and continuously deliver quality care to our members. You can help facilitate this sharing of information by asking our members who see a Beacon Health provider to fill out a Release of Information form (available in the PCP Toolkit) to give to that provider, allowing the sharing of updates with you.

# Partner with Case and Disease Management Nurses

The Plan's Case and Disease Managers and Social Workers can collaborate with you to help provide each member the services they need to better manage their health or plan of care. Physicians and providers can refer a patient to one of our programs with just a phone call or written referral. Our overall goal is to support the member's success in implementing his or her plan of care. The referral form can be found on the Plan's website or in your Provider Manual.

Disease Case Managers can offer education and coaching programs for members based on chronic conditions such as Diabetes and Cardiovascular Disease. These programs are built around national evidence-based guidelines. The focus is on preventing complications and/or exacerbations, enhancing self-management and reducing acute episodes.

Complex Case Managers can assist members with urgent or acute events and coordination of services. The goal is to enhance coping and problem-solving capabilities, assist in appropriate self-direction, support proper and timely needed services and reduce readmissions.

Social services support is integrated into our Case and Disease Management program. Our Social Workers work in conjunction with our Nurses in identifying health and community resources which might benefit the member.

Members enrolled in Case or Disease Management and their physicians receive ongoing support from Nurses on staff. Members may choose not to participate in the program at any time and it does not affect their benefits.

Many times, Nurses or Social Workers will need to engage the PCP to resolve member concerns or issues. We appreciate providers supporting Member participation in these programs as a collaborative effort to maximize health and wellbeing. The Nurse or Social Worker, along with the member, develop a care plan which they send to the PCP, highlighting mutually agreed upon goals and interventions. They provide updates to the care plan when initiatives change.

Our Nurses and Social Workers also remind members who see behavioral health providers to fill out a Release of Information form, giving those providers permission to share information with the PCP. You can facilitate this process by providing members with a copy of the form, which is in the Beacon Health provider toolkit (https://providertoolkit.beaconhealthoptions.com/).

*Thank you for all you do to help keep the channels of communication open and to provide the best care for our members!*

***Call us toll-free at 1-888-211-9913 from 8:00 a.m. to 4:00 p.m. Monday through Friday. To access the referral form on the internet, visit the Plan website and follow this path:Providers -> Tools and Resources -> Case/Disease Management Referral Form***

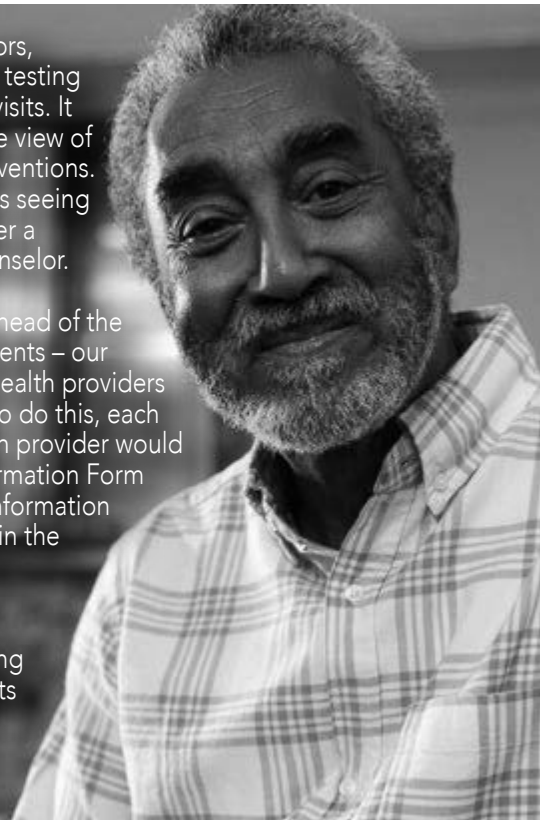
# *Care Coordination between Medical and Behavioral Healthcare Providers*

Undeniably, communicating with patients is essential to establishing lasting relationships with them and enhancing quality of care. At the same time, patients often have multiple specialty providers; as the PCP, you are overseeing and communicating with these specialists and they with you. This is vital for excellent care.

When providers exchange information about a patient, it can flesh out the treatment plan and decrease the chance of medical errors, complications, duplicate diagnostic testing and unnecessary emergency room visits. It can give providers a more expansive view of the patient to enable effective interventions. This is especially true if the patient is seeing a behavioral health provider, whether a psychiatrist, a psychologist or a counselor.

We strongly encourage you, as the head of the Medical Home, to request your patients – our members – to ask their behavioral health providers to share records with you. In order to do this, each patient who sees a behavioral health provider would need to complete a Release of Information Form and present it to that provider. As information is exchanged, you can document it in the medical record.

Shared information is essential to good care; thank you for encouraging information exchange in the interests of helping patients attain and maintain optimal health.



# *Your Role in Care Transition Support*

### Do you know when one of your patients is admitted to a hospital?

Our Health Plan is making a renewed effort to identify gaps in treatment and proactively resolve issues for members after a hospital stay. The goal is to remove barriers that prevent the member's plan of treatment from being implemented, while positively affecting readmission rates.

### Did you know the Health Plan's staff makes Discharge Support calls to members shortly after their discharge?

Discharge support calls help us identify members who may be at risk for readmission. Our experienced staff is assessing:

- Whether discharge instructions are available and understood;
- If the member's current support mechanisms are adequate, including psychosocial barrier resolution;
- Medication compliance, e.g., prescriptions being filled and taken as prescribed; and/or
- Whether home health visits or Durable Medical Equipment have been scheduled or provided, when applicable.

### How soon do you see a patient after their discharge from an acute care facility?

Members are encouraged to bring all discharge instructions to their follow-up PCP visit. If the member has not scheduled a follow-up appointment at the time of the Discharge Support call, the Health Plan staff facilitates the appointment scheduling with the PCP's office staff. The target is for the member to have a follow-up PCP consult within seven days post-hospitalization.

### Do you have a copy of the Discharge Summary?

With the growing use of hospitalists, the discharge summary serves as a communication tool and provides the basis for continuing care especially if you don't have access to all of the member's inpatient documentation. Both CMS and Hospital accreditors require a discharge summary documenting the patient's outcome of hospitalization, disposition and provisions for follow-up care. The Discharge Summary provides valuable information regarding the member's inpatient stay, treatment and medications. Providers are encouraged to actively seek this information to provide appropriate follow-up care and prevent readmission.

In addition, if the member needs behavioral health follow-up, we encourage you to facilitate communication by providing the member with a Release of Information (R.O.I.) form to fill out and give to the behavioral health provider.

"The Behavioral Health provider can then share insights and updates with you. You may find the form at https://pcptoolkit.beaconhealthoptions.com."

# CREDENTIALING CORNER


## The plan accepts CAQH ProView Credentialing applications.

When logging into the CAQH ProView Provider System to update or re-attest to your information, please review the informational banners used by CAQH to announce system updates and be sure to review the monthly ProView updates CAQH sends out via email. Also, please continue to keep your credentialing application and attached documentation current in the CAQH ProView database including the "Release and Attestation" form. Any provider choosing to not carry or renew a DEA Certificate must provide information to the Plan. Please complete the Prescribing Protocol form which is on the health plan website under: - Providers - Tools & Resources - Forms - Provider Forms - Prescribing Protocols and fax the completed form to the Credentialing Department at 888-548-0091.

**The following items are of much importance in the credentialing process:**

- State Medical License(s) expiration date(s);
- DEA Certificate;
- Valid insurance information;
- Practice locations;
- Hospital Admitting privileges OR if you are a PCP and you do not have hospital admitting privileges please ensure the Hospital Admitting Arrangements Supplemental Form is fully completed
- Partners/Covering Colleagues;
- Hospital affiliations;
- Questionnaire responses and explanations as required, etc.

### For Providers Not Part of CAQH ProView:

The plan sends notification and re-credentialing applications by mail four months in advance of a providers credentialing expiration date. The notification cover letter specifies the steps and documents needed for recredentialing, as well as the deadline for the submission of all current information. Maintaining Active provider status is dependent upon completion of the re-credentialing process prior to the three-year expiration date.

**Thank you for your timely submission!**

***.....one more reminder, please promptly notify us of any changes to your credentials including location.***

# Mental and Behavioral Health

PCPs are on the front line when it comes to identifying and treating behavioral health issues. Many members with depression are managed at the Primary Care level. It is estimated that 60 percent of the mental health problems seen in primary care are depressive disorder and that half of patients seen have psychiatric symptoms. Depression is a treatable illness.

### Mental and Behavioral Health

As the plans' provider, Beacon Health Options, does not provide direct care. As a managed behavioral health care organization, it does manage a network of:

- Psychiatrists
- Doctorate prepared licensed psychologists
- Master's prepared licensed clinicians
- Day treatment programs
- Inpatient Treatment Programs
- Residential Programs
- Partial Hospitalization Programs

### Telehealth During COVID-19

Telehealth has become an additional tool during this time of Crisis. Providing much needed behavioral services in a safe environment.

### Communicating with the PCP

Each network psychiatrist and psychotherapist are required to seek consent to release confidential information from the member. They must obtain the patient's or authorized legal representative's signed and dated consent before communicating with the patient's PCP regarding their behavioral health treatment. Encourage your patient to sign a release located under provider toolkit.

### Referring to Beacon Health Options

**Initial Referrals:**

You may determine that a member can benefit from services in situations such as:

- A member has symptoms of clinical depression and follow-up is indicated.
- A member could benefit from therapy to deal with acute or ongoing stressors.
- A member needs an evaluation for initial psychotropic medication or a reassessment of current medications.
- A member requires evaluation for an acute, non-life-threatening crisis.
- A member is diagnosed with a severe and persistent mental illness (SMI) which requires ongoing monitoring and treatment.
- The member shows signs or symptoms of an eating disorder.
- The member requests an evaluation for substance use.

Other provider resources, including a PCP Toolkit for behavioral services are found on Beacon's website at **https://providertoolkit.beaconhealthoptions.com/**

**To make a referral to a Beacon licensed behavioral health clinician please email: Beacon_CM@BeaconHealthOptions.com**

# YOUR QUALITY SCORES
## Medical Record Standards

Our Plan's goal for medical record documentation compliance is to consistently excel across the ten (10) components noted below. To meet NCQA Medical Records standards and accreditation, the Plan's Quality Management department uses these standards to conduct annual audits of sampled medical records and score network provider performance. Those components are:

1. The record is legible
2. Past medical history
3. History and physical
4. Allergies and adverse reactions
5. Problem list
6. Medication list
7. Working diagnoses and treatment plans
8. Unresolved problems
9. Documentation of clinical findings and evaluation
10. Preventive services and/or risk screening

| 2020 MRR Standard Component CY2019 Freedom Health | Frequency of Total Survey |
|---|---|
| Is the record legible? | **100.0%** |
| Is there an appropriate past medical history in the record? | **98.3%** |
| Is the history & physical documented? | **98.5%** |
| Are allergies & adverse reactions to medications prominently displayed? | **97.4%** |
| Is there a completed problem list? | **98.3%** |
| Is there a medication list? | **99.4%** |
| Is there a working diagnosis(es) and treatment plan(s)? | **97.9%** |
| Are unresolved problems documented? | **94.9%** |
| Is there documentation of clinical findings and evaluation? | **98.4%** |
| Is there documentation of preventive services and/or risk screening? | **94.9%** |

We require that providers maintain the utmost quality of medical record documentation and ask that you pay special attention to these ten standards in your future record-keeping practices. We are very proud of our providers. All ten (10) of the medical record standard components met the goal of 90 percent or greater compliance.

Of those medical records reviewed, all met the goal of 90 percent or greater compliance. The total frequency mean of all components for the Plan is 97.6 percent, which is 7.6 percent above the internal benchmark of 90 percent.

The standards want to see the Plan meet Medical Record Review requirements as well as help with coordination of care and follow-up of patient's medical issues. For additional medical record criteria and documentation standards/ requirements for adherence, please refer to our Provider Manual.

**Download a copy from our websites:**
**https://www.freedomhealth.com/dlsecure/?_id=3023299**

**To request a paper copy of the Provider Manual, please contact your Provider Relations representative.**

# YOUR QUALITY SCORES

## *Medical Record Standards*

Our Plan's goal for medical record documentation compliance is to consistently excel across the ten (10) components noted below. To meet NCQA Medical Records standards and accreditation, the Plan's Quality Management department uses these standards to conduct annual audits of sampled medical records and score network provider performance. Those components are:

1. The record is legible
2. Past medical history
3. History and physical
4. Allergies and adverse reactions
5. Problem list
6. Medication list
7. Working diagnoses and treatment plans
8. Unresolved problems
9. Documentation of clinical findings and evaluation
10. Preventive services and/or risk screening

We require that providers maintain the utmost quality of medical record documentation and ask that you pay special attention to these ten standards in your future record-keeping practices. We are very proud of our providers. Almost all ten (10) of the medical record standard components met the goal of 90 percent or greater compliance.

| 2020 MRR Standard Component CY2019 Optimum HealthCare | Frequency of Total Survey |
|---|---|
| Is the record legible? | **100.0%** |
| Is there an appropriate past medical history in the record? | **91.9%** |
| Is the history & physical documented? | **96.6%** |
| Are allergies & adverse reactions to medications prominently displayed? | **96.0%** |
| Is there a completed problem list? | **32.4%** |
| Is there a medication list? | **94.7%** |
| Is there a working diagnosis(es) and treatment plan(s)? | **97.2%** |
| Are unresolved problems documented? | **33.0%** |
| Is there documentation of clinical findings and evaluation? | **98.4%** |
| Is there documentation of preventive services and/or risk screening? | **86.3%** |

There were 121 providers whose records were reviewed which resulted in 2240 medical records, in which the overall mean score was 82.6 percent of the total of the components, which is 7.4 percent below the internal benchmark of 90 percent. There were only three (3) individual components that did not meet the established 90% internal Health Plan benchmark, "Is there a completed problem list?", "Are unresolved problems documented?" and "Is there documentation of preventive services and/or risk screening?" in which the frequency of the total surveys were 32.4 percent, 33.0 percent, and 86.3 percent respectively. As a result, these components scored lowest during evaluation and are therefore in need of improvement. Our goal is to improve the results of providers who did not meet the established 90% compliance to ensure a better performance for 2021.

Several providers did not meet the internal benchmarks and skewed the results downward. A barrier that could have resulted in a downward trend for some questions is that almost half of the Plan's randomly chosen panel have less than 30 members. Therefore, any outliers in medical records review would affect the total Plan percentage trending downward for that question. Another issue could include missing and lagged records due to the delay in appointments and records documentation and reporting during the COVID pandemic.

Some other barriers to complete documentation may be time constraints and/or knowledge deficit of what the Health Plan documentation requirements are. Many healthcare practitioners become overwhelmed with the amount of documentation they must complete. By focusing on documentation specifics and key elements, healthcare providers may be able to streamline their documentation. It is important to know or have reference to what the specific documentation requirements are for Health Plan members. The Medical Records Standards are available on the Optimum HealthCare website throughout the year.

The standards want to see the Plan meet Medical Record Review requirements as well as help with coordination of care and follow-up of patient's medical issues. Healthcare providers can reference the Optimum HealthCare MRR (Medical Records Review) documentation list as well as additional CMS documentation guidelines[1][2] to ensure complete and high-quality medical record documentation. For additional medical record criteria and documentation standards/ requirements for adherence, please refer to our Provider Manual.

**Download a copy from our websites:**
**https://www.youroptimumhealthcare.com/dlsecure/?_id=5763214**

**To request a paper copy of the Provider Manual, please contact your Provider Relations representative.**

References:


(1) Centers for Medicare and Medicaid Services (CMS). (2015, December 9). Retrieved from cms.gov: https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-presentation-handout.pdf

(2) https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CERTMedRecDoc-FactSheet-ICN909160.pdf

# PROVIDER RELATIONS DEPARTMENT

## Administration

| Title | Name | Office Number | Ext | Fax | E-mail |
|---|---|---|---|---|---|
| Executive Administrative Assistant | Tammy Taylor | (813) 506-6000 | 11377 | (813) 506-6250 | tetaylor@freedomh.com |
| Director, Network Relations | Adrian Goluch | (813) 506-6000 | 11354 | (813) 506-6243 | agoluch@freedomh.com |
| Provider Network Mgr I - Statewide Physician and Hospital Groups | Christopher Caballero | (813) 506-6000 | 11713 | (813) 506-6243 | Ccaballero@freedomh.com |
| Network Contract Administrator | Michelle Woodard | (813) 506-6000 | 11256 | (813) 506-6243 | Mwoodard@freedomh.com |
| Network Directory Spec Ld | Bhoshile Mangru | (813) 506-6000 | 11117 | (813) 506-6243 | bmangru@freedomh.com |
| Network Directory Spec Sr | Shawn Khurana | (813) 506-6000 | 11187 | (813) 506-6243 | skhurana@freedomh.com |
| Network Directory Spec Sr | Ariel Lyles | (813) 506-6000 | 19189 | (813) 506-6243 | Alyles@freedomh.com |
| Network Directory Spec Sr | Alexis Bissen | (813) 506-6000 | 19169 | (813) 506-6243 | abissen@freedomh.com |
| Network Directory Spec Sr | Wil Reyes | (813) 506-6000 | 19191 | (813) 506-6257 | Wreyes@freedomh.com |
| Manager I, Claims | Jacqueline Glymph - Anderson | (813) 506-6000 | 11085 | (813) 506-6243 | janderson@freedomh.com |
| Provider Pay Reconsider Analyst I | Julissa P De La Cruz | (813) 506-6000 | 11087 | (813) 506-6243 | jpdlacruz@freedomh.com |
| Provider Pay Reconsider Analyst I | Susie Heffner | (813) 506-6000 | 11329 | (813) 506-6243 | sheffner@freedomh.com |
| Provider Pay Reconsider Analyst I | Teela Barr | (813) 506-6000 | 11355 | (813) 506-6243 | tbarr@freedomh.com |
| Provider Pay Reconsider Analyst I | Ailicec Cabrera | (813) 506-6000 | 11294 | (813) 506-6243 | acabrera@freedomh.com |
| Provider Pay Reconsider Analyst I | Lakelia Tookes | (813) 506-6000 | 19182 | (813) 506-6243 | ltookes@freedomh.com |
| Provider Pay Reconsider Analyst I | Jose Garcia | (813) 506-6000 | 11467 | (813) 506-6243 | jgarcia02@freedomh.com |
| Project Manager, Sr. | Marcos Vazquez | (813) 506-6000 | 11044 | (813) 506-6186 | mvazquez@freedomh.com |

## Ancillary

| Title | Name | Office Number | Ext | Fax | E-mail |
|---|---|---|---|---|---|
| Director, Network Relations | Ken Hacek | (813) 506-6000 | 11037 | (813) 490-5324 | khacek@freedomh.com |
| Provider Network Manager II - Home Health | Sheila Peglow | (813) 506-6000 | 11060 | (813) 490-5324 | speglow@freedomh.com |
| Provider Network Manager I - Behavioral Health | Alba Rivera | (813) 506-6000 | 11958 | (813) 490-5324 | acrivera@freedomh.com |
| Provider Network Manager I - SNF | Melanie Paulk | (813) 506-6000 | 11181 | (813) 490-5324 | mpaulk@freedomh.com |
| Provider Network Manager I - Out Patient Therapy | Peter Vega | (813) 506-6000 | 11542 | (813) 506-6243 | Pvega@freedomh.com |
| Provider Contract Specialist - In House | Marquessa Jefferson | (813) 506-6000 | 11419 | (813) 506-6243 | marjones@freedomh.com |
| Manager II, Provider Network Mgmt/Relations - Gym, Vision, Lab, Dental, Hearing, Trans, Chiro, Podiatry | Nick Patel | (813) 506-6104 | 11158 | (813) 506-6243 | npatel@freedomh.com |
| Network Management Rep, Sr. - Vision, Dental, Hearing, Transportation, Chiro, Podiatry | Debbie Nix | (813) 506-6000 | 11949 | (813) 506-6243 | dnix@freedomh.com |
| Network Management Rep - Gym, Vision, Lab, Dental, Hearing, Trans, Chiro, Podiatry | Kenneth Daniels | (813) 506-6000 | 11417 | (813) 506-6243 | kdaniels@freedomh.com |
| Manager II, Provider Network Mgmt/Relations - Ancillary Contracting DME, IV Infusion, Orthotics/ Prosthetics, Urgent Care | Smita Shah | (813) 506-6000 | 11441 | (813) 506-6243 | sshah02@freedomh.com |
| Provider Network Manager I - DME | Maureen Shillingford | (813) 506-6000 | 11913 | (813) 506-6243 | mshillingford@freedomh.com |
| Provider Network Manager I - IV Infusion, Urgent Care | Fatemeh Sanchez | (813) 506-6000 | 11553 | (813) 506-6243 | fsanchez@freedomh.com |
| Provider Network Manager I - Orthotics/Prosthetics | Mary C. Young | (813) 506-6000 | 11456 | (813) 506-6243 | mcyoung@freedomh.com |
| Provider Network Manager I - DME | Amit Bhatt | (813) 506-6000 | 11486 | (813) 506-6243 | abhatt@freedomh.com |

## West Florida

| Title | Name | Office Number | Ext | Fax | E-mail |
|---|---|---|---|---|---|
| Director, Network Relations | Lisa Myers | (813) 506-6000 | 11110 | (813) 506-6236 | lmyers@freedomh.com |
| Network Development Analyst Lead | Linda Cornell | (813) 506-6000 | 11104 | (813) 506-6236 | lcornell@freedomh.com |
| Provider Network Manager II - PCPs in Hills County | Raquel Rosa | (813) 506-6000 | 11265 | (813) 506-6236 | rrosa@freedomh.com |
| Provider Network Manager II - PCPs in Pasco County | Jennifer Beaton | (813) 506-6000 | 11272 | (813) 506-6236 | jbeaton@freedomh.com |
| Provider Network Manager I - PCPs in Polk County | Aubrette Johnson | (813) 506-6000 | 11043 | (813) 506-6236 | ajohnson@freedomh.com |
| Provider Network Manager I - PCPs in Pinellas County | Travis Nipper | (813) 506-6000 | 11959 | (813) 506-6236 | tjnipper@freedomh.com |
| Provider Network Manager II -Specialists in Hills and Polk Counties | Ted Esteves | (813) 506-6000 | 11716 | (813) 506-6236 | testeves@freedomh.com |
| Provider Network Manager I - Specialists in Pinellas and Pasco Counties | Harshit Patel | (813) 506-6000 | 11464 | (813) 506-6236 | hpatel01@freedomh.com |
| Provider Contract Specialist Sr. | Dennis Samuels | (813) 506-6000 | 11858 | (813) 506-6236 | dsamuels@freedomh.com |
| Provider Contract Specialist I | Harshida Patel | (813) 506-6000 | 19190 | (813) 506-6236 | hpatel@freedomh.com |
| Grievance / Appeals Rep I | Marion Policarpio | (813) 506-6000 | 11975 | (813) 506-6236 | mpolicarpio@freedomh.com |
| Grievance / Appeals Rep I | Ebony Baker | (813) 506-6000 | 11191 | (813) 506-6236 | ebaker@freedomh.com |
| 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 |

| Title | Name | Office Number | Ext | Fax | E-mail |
|---|---|---|---|---|---|
| Director, Network Relations - West Coast Region | Lisa Myers | (813) 506-6000 | 22051 | (813) 506-6236 | lmyers@freedomh.com |
| Provider Network Manager I - Specialists for Citrus/Hernando | Tara Fisher | (813) 506-6000 | N/A | (813) 506-6236 | tfisher@freedomh.com |
| Provider Network Manager I - Specialists for Citrus/Hernando | Kristen Doherty | (813) 506-6000 | 22060 | (813) 506-6236 | kdoherty@freedomh.com |
| Provider Contract Specialist I - In House | Lauriet Marquina | (813) 506-6000 | 22052 | N/A | lmarquina@freedomh.com |

## Gulf Coast

| Title | Name | Office Number | Ext | Fax | E-mail |
|---|---|---|---|---|---|
| Manager II, Provider Network Mgmt/Relations - Gulf Coast Region | Debra Howard | (813) 506-6000 | 22161 | (877) 479-3983 | dehoward@freedomh.com |
| Provider Network Manager I - PCPs for Manatee County | Kyle Bryant | (813) 506-6000 | 22165 | (877) 479-3983 | kbryant@freedomh.com |
| 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 |

## East Florida

| Title | Name | Office Number | Ext | Fax | E-mail |
|---|---|---|---|---|---|
| Director Network Management - East & Central Florida Region | Michelle Molina | (407) 965-2684 | 22108 | (321) 397-5639 | pcarrow@freedomh.com |
| Manager II Provider Network Management/Relations - Lake, Marion & Sumter Counties | Patty Carrow | (352) 586-9838 | 22114 | (321) 397-5639 | drsmith@freedomh.com |
| Provider Network Manager I- Specialists in Marion County | Cheryl Haley | (352) 237-2351 | N/A | (321) 397-5639 | chaley@freedomh.com |
| 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 |
| Provider Network Manager I- Specialists in Lake & Sumter Counties | Shannon Bethea | (352) 857-6739 | N/A | (321) 397-5639 | sbethea@freedomh.com |

## Central Florida

| Title | Name | Office Number | Ext | Fax | E-mail |
|---|---|---|---|---|---|
| Director Network Management - East & Central Florida Region | Michelle Molina | (407) 965-2684 | 22108 | (321) 397-5639 | mmolina@freedomh.com |
| Network Development Analyst Ld- HEDIS/PCPs - Central Florida Region | Dawn Smith | (407) 965-2684 | 22114 | (321) 397-5639 | drsmith@freedomh.com |
| Provider Contract Specialist | Nidia Viloria | (407) 965-2684 | 22109 | (321) 397-5639 | nviloria@freedomh.com |
| Provider Network Mgr I - PCPs - Orange County | Angel Rodgers | (407) 965-2684 | 22113 | (321) 397-5639 | alrodgers@freedomh.com |
| 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 |
| Provider Network Mgr I - PCPs Brevard County | Phyllis Gold | (407) 965-2684 | 22116 | (321) 397-5639 | pgold@freedomh.com |
| 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 |

## South Florida

| 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 |
| Provider Network Mgr I - PCPs for Palm Beach | Mercedes Ortega | (813) 422-8468 | N/A | (813) 506-6243 | Mortega@freedomh.com |
| Provider Network Mgr I - PCPs for Broward County | Christian Sirven | (813) 399-0131 | N/A | (813) 506-6243 | CSirven@freedomh.com |
| 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 |

## TC

| Title | Name | Office Number | Ext | Fax | E-mail |
|---|---|---|---|---|---|
| Provider Network Manager Sr. - St Lucie, Indian River, Martin County | Belkys Vargas | (561) 880-7712 | N/A | (321) 397-5639 | bvargas@freedomh.com |

FREEDOM HEALTH

OPTIMUM HealthCare, Inc.

P.O. Box 151137, Tampa, FL 33684

# provider NEWS

WINTER 2020

## IN THIS ISSUE...



## Resources to Help Treat Diabetes

As a Physician you understand that treating patients requires a holistic treatment plan designed to meet various complex needs. This is especially true in treating Diabetes. Diabetic patients are at an elevated risk for multiple comorbidities including depression. Additionally, patients that are struggling to get by on a fixed income can often experience additional stressors that can interfere with their ability to remain compliant in treatment.

Matching your patients with helpful community resources can provide them with access to important programs that are designed to offer community support including financial assistance. The Plan has options to help your patient connect with these valuable resources. Your office staff can refer the patient to our Social Workers for assistance in obtaining information on how to access these valuable resources. Patients can also self-refer via the Plan's member portal or by calling the number for Member Services, located on the back of their Plan ID card, and asking for Case Management or Social Services.