



Keeping You Informed
FOR AVMED MEMBERS

Summer/July 2023



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IT'S ABOUT YOU

being a better healthcare consumer

It's Just Good Medicine... Your Primary Care Physician

AvMed encourages you to choose a Primary Care Physician (PCP) as soon as possible after enrollment. Even if you're not a new Member, it's wise to build a relationship with your PCP.

Research shows that people stay healthier and recover from illnesses more quickly if they have a medical "home" that combines the skills of their chosen PCP and their support staff. It's important to allow your PCP to get to know you before you do get sick or need his/her services in an urgent situation. Your PCP copayment may apply... and it's just good medicine.

Preventive Care Services

Staying on top of your preventive healthcare is easy when you use AvMed's website. What kind of care do you need and when? Access the resources you need through [AvMed.org](https://www.avmed.org).

- Clinical Guidelines and Standards
- Behavioral Health Clinical Guidelines
- Childhood, Adolescent and Adult Immunization Schedules
- Pediatric and Adult Preventive Care Recommendations

For Medicare Members:

At **AvMed's website**, choose **Medicare**, then select **Programs and Tools, Prevention and Education** from the drop down menu. Click on the highlighted links for the information you want. If you need a paper copy of any of the resources, call AvMed's Member Engagement Center.

For All Other Members:

At **AvMed's website**, choose **Individuals & Families**, then select **Programs and Tools, Prevention and Education** from the drop down menu. Click on the highlighted links for the information you want. If you need a paper copy of any of the resources, call AvMed's Member Engagement Center.

What are AvMed's Population Health Management Programs?

AvMed cares about the needs of its Members. Whatever your health situation, AvMed has a population health program for you. Population Health Management programs are focused on delivering personalized health and wellness strategies that encompass and support our Members' lifestyles, goals, health and wellness needs.

If you have any questions related to the notices on this page, please contact AvMed's Member Engagement Center at the number listed on our AvMed ID Card. For Medicare Members, call **1-800-782-8633** (TTY 711). If you wish to use email, write us at Members@AvMed.org and we'll respond within 24 hours.

AvMed WELLfluent Living® Programs

AvMed WELLfluent Living is what we call our wellness program. Below are some of the WELLfluent Living Programs available to help you reach your health goals.

Tobacco Cessation - Access to community resources, online courses and self-care tools to help you kick the habit.

CHOOSEHEALTHY* - AvMed has partnered with ChooseHealthy to help you manage your health through a network of over 33,000 practitioners who provide discounts of up to 25% on acupuncture, massage therapy, chiropractors and nutritional counseling.

In addition, AvMed Members have access to the following through AvMed's Member portal:

- Personal Health Assessments - Helps you understand your health status
- Personalized Scorecards - Provides a summary of your health assessment and helps you manage your health goals and behaviors
- Health Conditions Library - Informs you about health conditions and chronic illnesses
- Online classes - Offers self-guided courses to help you learn about health and fitness. Includes articles, handouts and quizzes to keep you motivated

- Wellness Center - Provides information on several wellness topics designed to educate and improve health
- Stress Reduction Program - Helps monitor stress and create goals to keep your stress levels low over time
- Nutrition and Diet Center: Provides recipes and resources for a balanced diet to help you control what you eat
- Herbs and Supplements Center - Provides information on herbs and supplements and how they interact with each other

To learn more about additional AvMed WELLfluent Living programs available to you or to get more information, please contact AvMed's Member Engagement Center at the number listed on your ID card.

Disease Management

If you are dealing with chronic illness, our Chronic Condition Management Programs can offer support for the following conditions:

- Asthma
- CAD-coronary artery disease
- Diabetes
- COPD-chronic obstructive pulmonary disease
- Congestive heart failure

*The product and services described are neither offered or guaranteed under our contract with the Medicare program. They are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the AvMed Medicare HMO grievance process.

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An acute condition, injury, or illness can require complex therapy. Our Case Management Team can work closely with you to address complex health issues. We offer a variety of Care Support Programs including:

- Complex Case Management - for Members who are experiencing a catastrophic medical or behavioral health/substance abuse event or diagnosis or who have multiple diagnoses requiring coordination and support
- Short-Term Case Management - for Members who could benefit from extra support following a health issue
- Care Transitions - for Members who have been discharged from a hospital and are transitioning back home or to a skilled nursing facility
- Specialty Case Management - for Members who have specialized health issues such as high-risk pregnancy or a transplant



If you think you can benefit from one of our Case Management programs, please contact AvMed’s Care Support at 1-800-972-8633 (TTY 711).

Growing Kids = GROWING NEEDS

As your children grow, so do their health needs. That includes helping them move from a pediatrician to an adult Primary Care Physician (PCP) once they turn 18.

If it’s time to make that transition, here are some tips to make it as smooth as possible:

1. Pick the right doctor. The AvMed website can help you and your children find the appropriate in-network doctor. Please note that certain doctors may start accepting new patients as early as 16 or 17 years old; contact the doctor directly to ask about age requirements.
2. Move any relevant records. So the new doctor has an idea of your children’s history, make sure that any health records are moved to the new doctor’s record system. This includes files about immunizations and current medications.
3. Have a heart-to-heart. Once your children are all set up with a new doctor, talk to them about their future care. Now that they are 18, they are legally responsible for themselves. If they want a parent to be informed and involved with their healthcare, they will need to sign a consent form at the new Primary Care Physician’s office.

To find a PCP, visit AvMed.org and click on “Find a Doctor.”

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IT'S ABOUT YOU

making informed decisions

Transferring Your Medical Records: Are You Changing Your Doctor?

To ensure the confidentiality of your health information, most doctors' offices have you sign a release form when you first become a patient. If your signed release is still on file with your original doctor, then he or she can transfer your records to your new doctor.

If the signed release form isn't a part of their records, you'll need to sign one to transfer your health information to your new provider. However, you can save yourself steps by requesting a "Medical Record Release" form from AvMed's Member Engagement Center. Once you fill out the form from AvMed, send it to your original doctor's office.

It's ideal if your test results from appointments with doctors (e.g., specialists) other than your Primary Care Physician (PCP), or referring doctor, are sent back to your PCP to be kept with your complete medical records. This is even more important when medications and diagnostic test results are involved.

AvMed's Quality Improvement Department conducts an annual review (known as the Ambulatory Medical Record Review) to assess the medical record documentation of PCPs and verify that records are consistent with professional medical practices and health management standards.

Behavioral Health Benefits

All AvMed Members have access to coverage and treatment, giving you the key to access a wide selection of licensed behavioral health providers. Please refer

to your plan to verify coverage. AvMed encourages you to consult with your PCP so that he or she is aware of:

- Challenges you face in caring for yourself
- Medication(s) you are prescribed by any behavioral health provider for depression or any other reason
- Your progress in recovery

When seeing a behavioral health provider, it is important that you sign release of information forms to your Primary Care Physician (PCP) so that your care can be coordinated appropriately.

A number of programs are available through AvMed's behavioral health provider, Optum. Routine office visits do not require a prior authorization; however, some services may. Please contact Optum regarding specific authorization requirements, or to obtain information on programs for which you may qualify.

For information about services, programs, and authorization requirements, please call Commercial Members: **1-866-293-2689**
www.AvMed.org/BehavioralHealth-Members.

Medicare Members: **1-866-284-6989**
www.AvMed.org/BehavioralHealth-Medicare

Optum has additional resources to help you, including access to care options, virtual visits, and educational tools & links on a variety of behavioral health topics like anxiety, depression, and behavioral health treatment for children and adolescents alike.

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To get started, visit Optum’s Live and Work Well site:

- <https://www.liveandworkwell.com/content/en/member.html>

I Medical Technology

AvMed keeps pace with changes that provide Members with new developments in technology through our Medical Technology Assessment Committee (MTAC). The technologies presented are comprised of medical and behavioral health procedures, pharmaceuticals, devices, and new applications of existing technologies for inclusion in benefit plans. The MTAC includes Board Certified physicians with varied specialties. A new technology or a new development in technology is presented to the MTAC by unbiased Specialists who are experienced in the technology. Prior technology determinations are also revisited as the scientific evidence and/or the medical literature change. In addition, the MTAC is provided with information for review from appropriate government regulatory bodies, such as the FDA and CMS. Relevant scientific evidence from varied sources and professional organizations such as the American Medical Association and scientific journals, such as PubMed are also used to assist in making a determination on the technology.

The variables used to make a determination for approval include:

- A safe and efficient technology
- An improvement of health outcomes
- Potential benefits outweigh potential negative effects

- The technology’s comparison to those of established alternatives

The coverage guidelines can be found on AvMed’s website at **AvMed.org** under “About Us.” For any questions regarding medical technologies, please contact AvMed’s Member Engagement Center.

Utilization Management Authorization Process Protected by Strict Policies

In accordance with our mission, AvMed wants you to know we have strict policies for our Associates who are involved at any level of the authorization process. Utilization Management decision-making is based only on appropriateness of care and service, as well as your benefit coverage. AvMed does not reward practitioners or other individuals for issuing denials of coverage or care. AvMed does not provide financial incentives for Utilization Management decision makers regarding any type of utilization determinations that result in barriers to care, service or under-utilization.

AvMed requires all Associates who are responsible for Utilization Management decisions to sign the AvMed Affirmation Statement Regarding Incentives form. By signing this form, Associates affirm that they do not receive incentives or rewards from any source for any type of utilization determination for AvMed Members.

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Access to Staff & Availability of Criteria

AvMed provides appropriate staff to discuss information about the Utilization Management (UM) process, the authorization of care, and availability of decision-making criteria. UM staff will identify themselves by name, title, and organization name when initiating or returning calls regarding UM issues. Staff is available for inbound calls during regular business hours, eight (8) hours a day and after normal business hours. You may also visit our website **AvMed.org** to access your personal account. TDD/TTY and language assistance services are available for Members who need them. For assistance, please call AvMed's Member Engagement Center using the toll-free contact information below.

IT'S ABOUT YOU

taking control of your healthcare

When Breast Disease Requires a Mastectomy

AvMed provides the following coverage for patients who choose to have breast reconstruction in connection with a mastectomy:

- Reconstruction and surgery of the breast on which the mastectomy was performed and of the other breast to achieve symmetry between the breasts.
- Prostheses and treatment of any physical complications resulting from the mastectomy, including lymphedemas.

These guidelines for coverage do not change any cost-sharing arrangements that apply to

reconstructive surgery in connection with a mastectomy. Your copayments or coinsurance (if any) for this surgery are consistent with your other covered benefits. If you would like a detailed description of the mastectomy-related benefits or have any questions about this coverage, please contact AvMed's Member Engagement Center.

Your Healthcare Choices

All individuals enrolled in health maintenance organizations and healthcare facilities, such as hospitals, nursing homes and hospices, have certain rights under Florida law.

One of these is the right to fill out a form known as an "advance directive." An advance directive is a witnessed document (or oral statement) that describes what kind of treatment you would want (or wouldn't want) if you became permanently unconscious or have an illness from which you are unlikely to recover.

Although difficult to think about, an accident that leaves you in a coma, without any way to express yourself, is just one example of something that could happen at any time. Would you want the facility's staff to know your wishes about decisions affecting your treatment?

You can make future healthcare decisions now with these types of advance directives:

- A Living Will
- Designation of a Healthcare Surrogate
- Five Wishes Living Will

Medicare Members can access the Appointment of Representative form on **www.AvMed.org**.

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The “Living Will” states which medical treatments you would accept or refuse if you became permanently unconscious or terminally ill and unable to communicate. The “Designation of a Healthcare Surrogate,” also known as a “durable power of attorney for healthcare,” allows you to appoint someone to make healthcare decisions for you if you become temporarily or permanently unable to communicate.

The “Five Wishes Living Will” goes further than the traditional living will by addressing personal, emotional, and spiritual needs as well as your medical wishes. It is accepted in 40 states, including Florida.

AvMed encourages you to discuss this with your practitioner and to have your decisions about advance directives on file in your medical record.

We follow the Health Insurance Portability and Accountability Act (HIPAA Privacy Regulations)

Upon Member enrollment and annually thereafter, AvMed informs Members of its policies and procedures regarding the collection, use, and disclosure of Member personal health information (PHI). In accordance with HIPAA, AvMed maintains physical, electronic and procedural safeguards that protect your PHI. We do not disclose information about you or any former Members to anyone, except as permitted by HIPAA.

Because of the laws that protect your PHI, each time you call AvMed’s Member Engagement

Center you will be asked to verify your Member ID number, address, phone number and date of birth, and display prior knowledge of the issue you are calling about.

If you are calling for another AvMed Member, you will need to identify yourself and your relationship to the Member you are calling about. In order for AvMed to disclose general information, you will also need to verify the Member’s ID number, address, phone number, date of birth and display knowledge of the issue you are calling about. Member Engagement Center can then confirm information, such as whether a referral request has been received and whether it has been approved. For more detailed medical related information, the Member will need to have a Power of Attorney on file.

All AvMed Associates sign a confidentiality statement and are trained in the proper handling of personal information about Members, including medical files, medical conditions and claims data.

Associates who are granted access to your information are held accountable to follow established standards, policies and laws.

To see how AvMed may use your personal information, please see the complete version of the Notice of Privacy Practices found on AvMed’s website at [AvMed.org/Privacy](https://www.avmed.org/Privacy).

I HIPAA Continued

To request a written copy, please contact AvMed’s Member Engagement Center.

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I Formulary Update

AvMed Medicare and Individual (on and off Exchange) Formularies are updated by the 1st of each month. Commercial Formularies are updated by the 1st of each quarter (Jan, April, July, Oct.). Policies and procedures are updated the 15th of each month following Pharmacy and Therapeutics (P & T) Committee meetings. You can find our most recent formulary by visiting AvMed.org and selecting "Preferred Medication Lists" under Quick Links.

I We Want Your Feedback

AvMed's goal is to constantly improve the quality of the care and services you receive. The best way to get the services you want is for you to tell us. Let us know if you would like more information about our Quality Improvement Program or if you have any comments on how we can improve.

A summary of AvMed's Quality Improvement Program description and information on progress toward our Quality Improvement annual goals, processes and outcomes can be found on AvMed's website at AvMed.org under "About Us." Paper copies of the program description and other AvMed-related documents may also be requested by emailing us or calling AvMed's Member Engagement Center.

I Members' Rights and Responsibilities

As an AvMed Medicare Member, you have specific rights and responsibilities. These rights and responsibilities are detailed on

the next pages and can be found in your Evidence of Coverage that is sent to you annually. Your Evidence of Coverage and the Member Rights and Responsibilities can be found on AvMed's website at AvMed.org. If you would like a paper copy, please call AvMed's Member Engagement Center.

Members have a right to:

- Considerate, courteous, and dignified treatment by all participating providers without regard to race, religion, gender, national origin, or disability, and a reasonable response to a request for services, evaluation and/or referral for specialty care.
- Receive information about AvMed, our products and services, our contracted practitioners and providers, and Members' rights and responsibilities.
- Be informed of the health services covered and available to them or excluded from coverage, including a clear explanation of how to obtain services and applicable charges.
- Access quality care, receive preventive health services and know the identity and professional status of individuals providing services to them.
- The right to be treated with respect and recognition of your dignity and your right to privacy.
- To participate in making decisions about your healthcare with practitioners or other healthcare professionals.
- Participate in a candid discussion of appropriate or medically necessary treatment options for your conditions,

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regardless of cost or benefit coverage. To refuse medical treatment, including treatment considered experimental, and to be informed of the medical consequences of this decision.

- Have available and reasonable access to service during regular hours and to after-hours and emergency coverage, including how to obtain out-of-area coverage.
- To voice complaints or appeals about the organization or the care it provides.
- To make recommendations regarding the plan's Members' rights and responsibilities policies.

practitioners.

- Keep appointments reliably, and promptly notify the provider when unable to do so.
 - Fulfill financial obligations for receiving care, as required by your health plan agreement, in a timely manner.
 - Show consideration and respect to providers and provider staff.
- * Certain AvMed Plans do not require that you choose a Primary Care Physician. However, AvMed encourages all Members to establish a relationship with a Primary Care Physician, to help coordinate your care.

Members have a responsibility to:

- Choose an AvMed participating Primary Care Physician and establish themselves with this physician.*
- Become knowledgeable about your health plan coverage, including covered benefits, limitations and exclusions, procedures regarding use of participating providers and referrals.
- Take part in improving your health by maximizing healthy habits.
- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- Participate in understanding your health problems and in developing mutually agreed-upon treatment goals, to the degree possible.
- Follow any plans and instructions for care that you have agreed to with your



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PRIMARY CARE PRACTITIONER AND SPECIALIST

Appointment and After-Hours Accessibility Standards

As an AvMed Member, you should be able to schedule doctor appointments within a reasonably short time.

Initial Appointment

Type of Appointment	Criteria	Appointment Examples
Regular and Routine Care / Physical Exam	<ul style="list-style-type: none"> • Within one month (30 calendar days) 	<ul style="list-style-type: none"> • Yearly, well-female physical exam • Recheck for cholesterol • Stable diabetic follow-up
Behavioral Health	<ul style="list-style-type: none"> • Within 10 business days • Urgent Care within 48 hours • Care for non-life threatening emergency within 6 hours • Care for a life-threatening emergency, call 9-1-1 immediately 	<ul style="list-style-type: none"> • Psychiatric Evaluation • Initial Diagnostic Evaluation • Priority / Urgent outpatient appointments received via CM Referral
Urgent	<ul style="list-style-type: none"> • Members will be triaged, which involves identifying those who can be managed in the office or through alternative resources. Members requiring emergent care, (defined as life-threatening) will be granted immediate access or offered Emergency Room as an alternative if after-hours aren't available or they can't be safely managed in the office setting. Members in need of Urgent Care (sudden or recent onset of symptoms that need prompt medical attention) will be seen in the office, by the first available practitioner in a group. Referral to an Urgent Care or Walk-In Clinic may also be offered as an alternative. 	<ul style="list-style-type: none"> • Broken extremities • Active GI bleed • Nausea/vomiting • Palpitations

Follow-up Appointment

Initiation of new symptoms	<ul style="list-style-type: none"> • Within 2-3 calendar days 	<ul style="list-style-type: none"> • Intractable pain
Increase in Active/Disabling Symptoms		<ul style="list-style-type: none"> • Progressive weakness
Behavioral Health	<ul style="list-style-type: none"> • Prescribers – Average days to follow-up ≥ 60 calendar days. • Non-Prescribers – Average days to follow-up ≥ 30 calendar days. 	<ul style="list-style-type: none"> • Medication Management follow-up • Therapy visit • Psychiatric Testing

Wait Time in Office

The wait time (including time spent in the waiting room and exam room) does not exceed 15 minutes from the appointment time, unless the patient is notified of the delay.

After-Hours

Type of Appointment Criteria

After-Hours Telephone Access	<ul style="list-style-type: none"> • Be accessible by phone during all published hours of operations and be available to return after-hours calls within 6 hours
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NOTES



P.O. Box 569004
Miami, Florida 33256-9906

IMPORTANT PLAN INFORMATION

AvMed's Member Engagement Center can answer your questions about benefits, claims, changing doctors, pharmacy or anything involving membership. Please contact AvMed's Member Engagement Center at the number listed on your AvMed ID Card. For Medicare Members, call 1-800-782-8633 (TTY 711), October 1 - March 31, 7 days a week, 8 am-8 pm; and April 1 - September 30, Monday-Friday, 8 am-8 pm, Saturday 9 am-1 pm.

You can also email us at **Members@AvMed.org**.

This information is available for free in other languages.

Please call our Member Engagement Center at the number listed above.

To speak confidentially with a registered nurse about any health concern, call **AvMed's Nurse On Call** at **1-888-866-5432** (TTY 711), 24 hours a day, 7 days a week.

AvMed Medicare is an HMO plan with a Medicare contract.
Enrollment in AvMed Medicare depends on contract renewal.

Esta información está disponible en diferentes formatos, como español. Si necesita este folleto en un formato diferente, por favor comuníquese con el Departamento de Servicios a los Afiliados.