



# **PHYSICIAN ORIENTATION MANUAL**







# WELCOME TO AvMed

Dear Physician,

Welcome to a tradition of medical excellence that spans nearly 50 years. Thank you for choosing AvMed as your trusted health partner in providing quality health care to Floridians of all ages and walks of life.

At AvMed, your patient, our Member, is central to everything we do.

In partnership with you, our valued network, AvMed programs afford our Members better quality of life, more productive longevity, and lower costs as a result of improved prevention, better coordination of chronic disease care and reduced hospitalization.

At the same time, Primary Care Physicians, Specialists and Members all benefit from improved care coordination making it easier for clinicians to work together, and allowing Physicians more time with their patients

## **Unparalleled Service Experience**

AvMed strives to offer Members unparalleled service with a Network that offers both priority and easy access to routine and urgent care appointments. AvMed Physicians should provide routine appointments within one to two days of a request and urgent care appointments within 24 hours. Optimally, AvMed Physicians will also provide telehealth services for which they will be compensated. These are just a few examples of how AvMed sets the bar to offer top-quality service.

## **HEDIS®/CAHPS/NCQA**

AvMed relies on the participation of our Network Partners to continually earn high quality ratings and top rankings for compliance. Providers contribute to outcomes by taking surveys, providing data and information, and complying with guidelines and standards. We invite you to join our Quality Improvement Program and be part of our continuing efforts to provide you and your patients with the best service possible.

The enclosed information will help assist you with ensuring fast service and prompt payment from AvMed. If you or your staff has questions about our forms, policies or procedures, please contact the Provider Service Center at **1-800-452-8633**.

Also, visit **AvMed.org** to find useful documents and tools. Utilizing AvMed's website provides quick answers and easy access to important information. On behalf of all of us at AvMed, we look forward to strengthening our relationship with you, providing you with unparalleled service and peace of mind.

Sincerely,

Ann O. Wehr, MD, FACP  
Senior Vice President and Chief Medical Officer  
Population Health & Provider Alliances



# TABLE OF Contents

Physician Support/Responsibilities	4
Claims	5
Electronic Claims Submission	
Claims Entry Online	
Paper Claims Submission	
Clinical Coordination	6
Clinical Coordination Team	
Authorizations	
Utilization Management	8
Utilization Review	
Discharge Planning	
Clinical Pharmacy Management	
AvMed's Healthy Living Programs	
Member Benefits & Eligibility	10
Copayments/Care Coordination	
Eligibility Listings	
Pharmacy Benefits/Drug Formulary	
Important Resources	12
Credentialing	13
Quality Activity	14
AvMed's Quality Improvement Program	
Physician Assessment Audits	
Clinical Guidelines	15







## PHYSICIAN **SUPPORT RESPONSIBILITIES**

AvMed makes sure you receive **all the support and information you need.**

AvMed assigns new Network Physicians a Physician Service Liaison responsible for introducing you to AvMed and to troubleshoot problems, explain responsibilities, offer assistance and visit you and your staff. Our goal is to make your participation as rewarding as possible.

The Provider Service Center is your main link to AvMed. Provider Service Center staff can answer any questions about policies and procedures, and help you to report or request a change in your panel status, address/ phone, covering Physician, hospital privileges, tax ID and licensure or assist with any other service issue. You may contact the Provider Service Center weekdays between 8:30 am-5 pm at 1-800-452-8633 (option 3). In addition, the Physician Reference Guide, AvMed's detailed Provider Reference Manual, covers all these topics and more. The Physician Reference Guide can be found at **AvMed.org**.

### **PROVIDER SERVICE CENTER IMPORTANT CONTACT INFORMATION**

P.O. Box 569004  
Miami, FL 33256-9004

**1-800-452-8633 (Option 3)**

Fax: 305-671-6149

Toll Free: 1-877-231-7695

**Email: [Providers@AvMed.org](mailto:Providers@AvMed.org)**

Additional information can be found at **AvMed.org**.

Refer to Chapter 1 of the Physician Reference Guide for:

- Physician responsibilities
- In-office laboratory guidelines
- When to call the Provider Service Center
- Basic agreement highlights

# CLAIMS

Ninety-eight percent of AvMed claims are **processed within 10 days**.

AvMed requires online claims be submitted within 180 days from the date of service. In addition, all requests for review or appeal must be received within 150 days from the date on which the initial explanation of payment was printed.

## ELECTRONIC CLAIMS SUBMISSION

AvMed receives claims electronically from the following clearinghouses: Availity, Capario, eHDL, Emdeon, OptumInsight and RelayHealth.

## CLAIMS ENTRY

Visit [AvMed.org](http://AvMed.org) and log in with your username and password (Provider ID and PIN). Select Online Entry from the Claims menu to learn more about submitting claims online.

## PAPER CLAIMS SUBMISSION

Physicians should always bill their usual and customary fees. AvMed will pay the lesser of your contracted agreement or the Medicare allowance for Medicare Members. When billing commercial Member claims, AvMed will pay at your agreed contract rates.

## IMPORTANT CONTACT INFORMATION

### To submit claims:

P.O. Box 569000  
Miami, FL 33256-9000

### To query claims status:

P.O. Box 569004  
Miami, FL 33256-9004  
**1-800-452-8633 (Option 2)**  
Fax: 1-800-452-5182

### To request claims review/appeal:

P.O. Box 569004  
Miami, FL 33256-9004  
**1-800-452-8633 (Option 2)**  
Fax: 1-800-452-3847

Additional information can be found at **AvMed.org**.

Refer to Chapter 2 of the Physician Reference Guide for:

- Adjustments
- Coordination of Benefits
- Reimbursements



# CLINICAL COORDINATION

Ninety-eight percent of AvMed Physicians find it easy to **obtain referrals and authorizations**.

## CLINICAL COORDINATION TEAM

AvMed's Clinical Coordination Team, comprised of highly trained clinical and administrative staff provides comprehensive support to each regional office. AvMed Medical Directors and the Clinical Coordination Team review authorization requests and consistently apply recognized criteria, internal procedures and guidelines and administer benefit limitations. Participating Network Physicians are encouraged to engage in quality, cost efficient initiatives and contribute clinical expertise to AvMed's care coordination and cost management efforts.

AvMed's authorization process is designed to provide maximum efficiency and sustain coordinated services for AvMed Members. The process enables AvMed to identify and enroll Members in pre-determined discharge planning and specialized programs such as Disease and Case Management.

The Clinical Coordination Team is committed to quality teamwork and first-class customer service. Its goal is to provide you and AvMed Members — your patients — with high-quality, cost-effective care.

## AUTHORIZATIONS

Authorizations for simple referrals/consultations to Participating Specialists, as well as for most services provided in a Participating Physician's office, are not required; however, a referral is required by select plans. AvMed values the role of the Primary Care Physician (PCP) and requires that most Members select a PCP. We expect the PCP to play an integral role with our Members by coordinating their medical care with Specialists and other health care Providers.

For medical services requiring an authorization from AvMed, the Prescribing Physician can now obtain and verify authorizations online through the AvMed Provider portal at **AvMed.org**. Or, the Physician should submit an authorization request via fax at **1-877-535-1391 (Pharmacy) or 1-800-552-8633 (Medical)**. The medical authorization request form is available at **AvMed.org**. If the service is deemed emergent or urgent, contact the authorization team directly by calling **1-800-816-5465**.

Primary Care Physicians and Specialists are encouraged to utilize the AvMed Link line and web authorization modules to obtain select automated authorizations and to check Member benefits and eligibility. AvMed's automated authorization process is easy and fast. You and your staff can access AvMed Link by calling **1-800-816-LINK (5465)**. It's as fast as the average credit card authorization.

To obtain authorizations for emergent/urgent in-patient facility care, send a fax to the Service Plus fax number or call the Service Plus line during hours of operation if necessary.





## **CLINICAL COORDINATION IMPORTANT CONTACT INFORMATION**

Hours of operation are 8 am-5:30 pm, Monday - Friday.

Automated authorization confirmation may be obtained 7 days a week via the AvMed Provider portal at **AvMed.org**. Or, calling the **AvMed Link**.

### **PROVIDER AUTHORIZATIONS REQUESTS/ CONFIRMATIONS:**

**AvMed Link:**

**1-800-816-LINK (1-800-816-5465)**

**Pharmacy Fax:**

**1-877-535-1391**

**Pre-Auth Fax:**

**1-800-55-AVMED (1-800-552-8633)**

**Service Plus:**

**Phone: 1-888-372-8633**

**Fax: 1-800-339-3554**

### **MENTAL HEALTH REFERRAL:**

**Magellan Health:**

**1-800-424-4801, available 24/7**

Additional information can be found at **AvMed.org**.

Refer to Chapter 3 of the Physician Reference Guide for:

- Authorization requirements
- Services requiring authorization
- Services not requiring authorization
- How to obtain an authorization





## UTILIZATION MANAGEMENT

AvMed provides **the resources you need** to give your patients **the best care**.

### REVIEW

In addition to daily authorizations by the Clinical Coordination – Pre-authorization Team, AvMed’s Utilization Management Department examines the overall frequency of procedures by a doctor. Utilization Management (UM) approvals are handled by clinical personnel, all of whom have unrestricted licenses in the State of Florida, at the regional office level. Concurrent reviews are conducted both on site and by telephone. Doctors are invited to contact an AvMed Medical Director to discuss any UM denial decision issued by AvMed. Please refer to the adverse determination letter for AvMed contact information and, when applicable, how to contact the delegated entity who rendered the decision.

### DISCHARGE PLANNING

Discharge planning is performed throughout the state. Discharge planners (RNs/LPNs) are licensed by the State of Florida and the Discharge Coordinators (non-clinical) work with the Utilization Management Coordinators in the facilitation of Member’s access to benefits for discharge arrangements.

## CLINICAL PHARMACY MANAGEMENT

The Clinical Pharmacy Management Department administers the Prescription Drug Plan statewide. Pharmacists supervise clinical decision-making. Under the supervision of the Director of Clinical Pharmacy, non-clinical staff provides technical support. Pharmacy prior authorizations should be faxed to **1-877-535-1391**.

## AVMED'S HEALTHY LIVING PROGRAMS

AvMed's Healthy Living Programs are designed for patient-focused, disease-specific care. Through these unique programs, we provide our Members – your patient(s) – with user-friendly and results-oriented resources to help them live a longer and healthier life. The programs encompass alternative wellness programs to encourage prevention, plus both care management and disease management resources. Interested AvMed Members will discuss their eligibility and enrollment with you. Each eligible Member is assigned a Registered Nurse, called a Care Coordinator, who works closely with you, Medical Directors and Ancillary Services to monitor and control their condition. If you have any questions or are interested in enrolling a Member in any of our Healthy Living programs, contact our Care Management Department at **1-800-972-8633**. Participation is free and completely voluntary for all eligible AvMed Members.

### CARE MANAGEMENT PROGRAMS INCLUDE:

- Complex Case
- ESRD
- High Risk Maternity
- Transplant
- Wound Care

### DISEASE MANAGEMENT PROGRAMS INCLUDE:

- Asthma/Chronic Obstructive Pulmonary
- Congestive Heart Failure
- COPD
- Coronary Artery Disease
- Diabetes

## IMPORTANT CONTACT INFORMATION

**Care Management**  
**1-800-972-8633**

## UTILIZATION MANAGEMENT IMPORTANT CONTACT INFORMATION

**Discharge Planning**  
**1-800-432-6676 (Option 1, Ext. 40408)**

**Utilization Management**  
**1-800-432-6676 (Option 1, Ext. 40406)**

**Pharmacy Fax:**  
**1-877-535-1391**

## PLAN MEDICAL DIRECTORS:

Commercial Lines of Business for Miami, Gainesville and Jacksonville:

**Dr. Robert Bonnell**  
**1-800-432-6676 (Ext. 27334)**  
Fax: 305-671-4770

Commercial Lines of Business for Broward, Tampa, Orlando and Medicare for Miami-Dade and Broward:

**Dr. Edwin Rodriguez**  
**1-800-368-9189 (Ext. 76233)**  
Fax: 954-627-6280

Additional information can be found at **AvMed.org**.

Refer to Chapter 3 of the Physician Reference Guide for:

- Utilization Management
- Access to Utilization Management staff
- AvMed's Nurse On Call



# MEMBER BENEFITS & ELIGIBILITY

AvMed provides quick and easy access to **eligibility listings at AvMed.org**.

## **COPAYMENTS/CARE COORDINATION**

AvMed offers many benefit plans and riders. Most plans have varying copayments, deductibles and/or coinsurance, limitations and exclusions. Please be aware that the copayment associated with various services may differ from plan to plan, and while not all plans require the Member to select a Primary Care Physician (PCP), we emphasize the importance of coordination of care.

## **ELIGIBILITY LISTINGS**

Primary Care Physicians may view a copy of their current eligibility listings at **AvMed.org**.

## **MEMBER BENEFIT/ELIGIBILITY**

### **IMPORTANT CONTACT INFORMATION:**

**Member Services:**

**1-800-882-8633**

**Provider Service Center:**

**1-800-452-8633**

**AvMed LINK:**

**1-800-816-LINK (Option 1)**

**(1-800-816-5456)**

**North Fax: 352-337-8612**

**South Fax: 305-671-4936**

## **PHARMACY**

### **Pharmacy Benefits/Drug Formulary:**

Most Members have a prescription rider for prescription medication coverage, which varies in terms of covered medications, copayments and quarterly maximum benefit dollar amounts. All prescriptions must be filled at a participating pharmacy. In addition to the contracted independently owned pharmacies, AvMed's pharmacy Network includes most chain drug and grocery stores.

We encourage the use of cost-effective prescribing habits. Use AvMed's Preferred Medication Lists, found on AvMed's website, for the most updated information available. If a Physician or a Member requests a brand name medication when a generic equivalent is available, most Members will have to pay the cost difference between the brand and generic products plus their applicable copayment, which is determined by the Member's prescription benefit.

**To submit pharmacy authorization requests:** Fax a completed Medication Exception Request (MER) form to the AvMed Clinical Pharmacy Department at **1-877-535-1391**. The MER form is located on AvMed's website at **AvMed.org** and the clicking on **Provider, Tools, and Forms**. The select the appropriate MER form (**Commercial** or **Medicare**).

NovoLogix is also available for specific In-Office and Facility pharmaceutical authorization requests. This online tool can be accessed by logging into the Provider portal using your provider number and pin.

### **Medications in Progressive Medication Program (Step Therapy):**

The Progressive Medication Program classifies drugs into three categories. First-line medications are widely recognized as safe and effective in treating a specific medical condition. Members are required to try a "first-line medication" before a "second-line medication" will be covered. "Third-line medications" are covered after trial of "first-" and "second-line medications" (except for Proton Pump Inhibitors (PPIs), which will only be covered if a Member has experienced a serious adverse reaction to other PPIs).





For a listing of drugs that are subject to step therapy as well as drugs that require prior authorization, please see **Medication Lists** located under **Quick Links** at **AvMed.org**.

AvMed Medicare formularies are updated by the 1<sup>st</sup> of each month, Commercial formularies are updated by the 5<sup>th</sup> of each month. AvMed Prior Authorization criteria and Policy and Procedures are updated following P&T Committee meetings on March 15, June 15, September 15, and December 15.

**Encourage 90 Day Supplies:**

Please consider writing prescriptions for 90 day supplies for all your AvMed Members as appropriate. Ninety day supplies have been shown to increase Members’ medication adherence. AvMed Members can get 90 day supplies of all maintenance medications at participating retail and mail order pharmacies. Dispensing ninety day supplies help with AvMed’s HEDIS® and Medicare Star measures as well.

Additional information can be found at **AvMed.org**.

Refer to Chapter 4 of the Physician Reference Guide for:

- Member benefits
- Eligibility
- Product information





# IMPORTANT RESOURCES

AvMed gives you 24/7 access to service for administrative, home care and patient needs.

## FOR GENERAL QUESTIONS AND TO REQUEST SUPPLIES:

- **Provider Service Center**  
P.O. Box 569004, Miami, FL 33256-9004  
**1-800-452-8633 (Option 3)**  
Fax: 305-671-6149 or 1-877-231-7695  
**Providers@AvMed.org**

## TO OBTAIN AUTHORIZATIONS:

- **Prior Authorizations Call Center - (CCD)**  
Phone: (AvMed Link) 1-800-816-5465  
Fax: 1-800-552-8633
- **Service Plus**  
For authorizations that originate in the ER, or direct admits from the Physician's office:  
Phone: **1-888-372-8633**  
(Monday-Friday, 8 am-5:30 pm)  
Fax: 1-800-339-3554  
(24 hours a day, 7 days a week)  
Authorization request forms are available online at **AvMed.org** under **Providers**.

## TO CONFIRM, REQUEST AND VERIFY AUTHORIZATIONS:

- **Provider Service Center**  
Phone: 1-800-452-8633 (Option 1)  
Authorizations may also be verified online at **AvMed.org** under **Providers**.

## TO SUBMIT CLAIMS:

- **Claims (statewide)**  
P.O. Box 569000, Miami, FL 33256-9000

## FOR CLAIMS STATUS AND TO REQUEST REVIEWS/ APPEALS:

- **Claims Status**  
**1-800-452-8633 (Option 2)**  
Fax: 1-800-452-3847
- **Claims Review**  
**1-800-452-8633 (Option 2)**  
Fax: 1-800-452-3847  
Status claims are available online at **AvMed.org** under **Providers**.

## FOR QUESTIONS REGARDING MEMBER BENEFITS:

- **Provider Service Center**  
**1-800-452-8633 (Option 1)**  
Fax: 1-352-337-8612  
Benefit information may also be verified online at **AvMed.org** under **Providers**.
- **Pharmacy Fax**  
**1-877-535-1391**
- **Medical Fax**  
**1-800-552-8633**

## OPHTHALMOLOGY:

For questions regarding benefits, eligibility and authorization:

- **Provider Service Center**  
Phone: **1-800-452-8633**

To obtain authorizations for ophthalmology procedures:

- **AvMed Link 1-800-816-5465**  
Fax: 1-800-552-8633  
A list of surgical ophthalmology codes requiring authorization is available upon request.

## FOR QUESTIONS REGARDING OPTOMETRY:

- **iCare Health Solutions**  
Phone: **1-855-373-7627** or **1-786-441-8466**  
Website: **MyiCareHealth.com**

## FOR STATEWIDE MENTAL HEALTH/BEHAVIORAL ASSISTANCE:

- **Magellan Health**  
Phone: **1-800-424-4801**  
Available 24/7

## FOR INFORMATION REGARDING MEDICARE REFERRALS AND AVMED'S HIGH PERFORMANCE NETWORK:

- **AvMed.org/Providers**

## FOR INFORMATION ABOUT THE COMPLIANCE REPORTING HOTLINE, CODE OF CONDUCT, AND FWA/COMPLIANCE TRAINING REQUIREMENTS FOR MEDICARE PROVIDERS:

- **AvMed.org**, under Training in the Provider portal.

# CREDENTIALING

AvMed wants you to become part of a **45-year tradition of quality health care.**

An important component of AvMed's Quality Improvement process is the Credentialing Program. The Credentialing Program is designed to ensure that Participating Practitioners possess the practice experience, licenses, certifications, privileges, professional liability coverage, education and other professional qualifications to provide a level of professionally recognized care. All credentialing activities are conducted in a non-discriminatory manner and decisions are not based on applicant race, ethnic/national identity, gender, age, sexual orientation or religious affiliation.

AvMed's Credentialing Committee is composed of multi-disciplinary representation of Participating Community Practitioners. The Credentialing Committee reviews applications and credentials of each Practitioner upon credentialing and re-credentialing. In the event that a Practitioner is denied re-credentialing, the Practitioner will be given the right to a hearing.

Applicants will be notified of the Credentialing Committee's decision within 30 days of the monthly committee meeting. Practitioners also have the right, upon request, to be informed of the status of their application. All Practitioners may review information submitted in support of their credentialing applications. This information is limited to data that is not peer-review protected and can be obtained by the Practitioner from the same primary sources utilized by AvMed.

All Practitioners have the right to correct erroneous information submitted to AvMed by another party. In the event that any information obtained during the credentialing process varies substantially from the information provided to AvMed by the Practitioner, the Practitioner will be notified in writing and asked to submit written clarification. All information obtained in the credentialing process is maintained in a confidential manner.

There is no appeal mechanism available to a Practitioner who is denied initial credentialing into AvMed's Network.

## **CREDENTIALING IMPORTANT CONTACT INFORMATION**

**Provider Service Center:  
1-800-452-8633 (Option 3)**

**Council for Affordable Quality  
Healthcare (CAQH): 1-888-599-1771**

Additional information can be found at **AvMed.org**.

Refer to Chapter 7 of the Physician Reference Guide for:

- Credentialing
- Re-credentialing

# QUALITY ACTIVITY

## AvMed's Quality Improvement Program

The policies, procedure and activities of AvMed's Quality Improvement (QI) Department are integrated into a single Quality Improvement Program. AvMed's Board of Directors oversees the program to ensure that QI functions are timely, consistent and effective. The following audits are performed by AvMed to assist with QI Initiatives.

### PHYSICIAN ASSESSMENT AUDITS

#### Medical Record Audits:

Participating Physicians may receive an annual medical record review audit. A corrective action plan will be requested when a score is below AvMed's minimum compliance level.

#### Accessibility and Availability:

Primary Care Physicians may be assessed annually to ensure compliance with making appointments for Members within the recommended AvMed guidelines. A corrective action plan will be requested when a score is below AvMed's minimum compliance level.

#### After Hours Accessibility:

Primary Care Physicians are assessed annually for Member's ability to reach their PCP after hours. According to the PCP contract, a Physician or a Designee must be available to Members 24 hours a day, 7 days a week.

#### Member Satisfaction Survey:

AvMed conducts surveys to determine Member satisfaction with their PCP. These surveys are conducted and the results are tabulated for AvMed by an NCQA certified market research firm. When appropriate, results are calculated and forwarded to each PCP for review and action.

### QUALITY ACTIVITY IMPORTANT CONTACT INFORMATION

#### Risk Management:

**1-800-346-0231 (Ext. 40635)**

Fax: 352-337-8526

Additional information can be found at **AvMed.org**.

Refer to Chapter 8 of the Physician Reference Guide for:

- Quality Activities
- Advance Directives
- Disrobing Guidelines
- Risk Management
- A sample Membership Satisfaction Survey



## CLINICAL GUIDELINES

### **AvMed's comprehensive and Informative Clinical, Preventive and Behavioral Health Care Guidelines**

range from Asthma and Diabetes, Immunizations and Screenings, to Postpartum and Mental Health Care.

AvMed's clinical guidelines are drawn from US Preventive Services Task Force (USPSTF), National Institute for Health, and other leading health organizations such as the American Diabetes Association and the American Psychiatric Association.

It's the Physician's responsibility to periodically check for updates to guidelines, which can be found under Prevention and Education at **AvMed.org**, or in the **Physician Reference Guide**.

Refer to Chapter 9 of the Physician Reference Guide for:

- Clinical Guidelines
- Behavioral Health Clinical Practice
- Pediatric Preventive Care Recommendations
- Adult Preventive Care Recommendations











# AvMed: **REGIONAL OFFICES**

Miami

Ft. Lauderdale

Tampa Bay

Orlando

Jacksonville

Gainesville



[AvMed.org](https://www.avmed.org)