AVMED
keeping you informed

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

AvMed encourages you to choose a Primary Care Physician (PCP) and schedule an appointment within the first three months after your 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.

Prevention ...Still Worth a Pound of Cure

Staying on top of your preventive healthcare is easy when you use AvMed's website. What kind of care do you need and when? You can access the resources you need to find out at **AvMed.org**.

- Preventive Care Recommendations
- Clinical Guidelines and Standards
- Adult Immunization Schedules
- Behavioral Health Clinical Guidelines

At **AvMed's website**, choose **Individual and Families**, then from the list select **Prevention & Education**. 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.

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 and
- The technology's comparison to those of established alternatives

The coverage guidelines can be found on AvMed's website located under About US in the tool bar. At any time, Members may ask for consideration of a new technology. For these requests or any other question regarding medical technologies, please contact AvMed's Member Engagement Center.

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.

Formulary Update

AvMed Engage, Empower and Commercial Formularies are updated by the 1st of each quarter (Jan., Apr., Jul., Oct). Policies and procedures are updated by the 15th of each month following Pharmacy and Therapeutics Committee meetings in March, June, September and December. All documents are located on AvMed's website at **AvMed.org**.

Behavioral Health Benefits

If your AvMed contract includes coverage for behavioral health and substance abuse treatment, you have the key to access a wide selection of licensed providers throughout the state. All inquiries regarding treatment are completely confidential. However, AvMed encourages you to consult with your doctor 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, Magellan Healthcare. Routine office visits do not require a prior authorization; however, some services may. Please contact Magellan 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 **1-800-424-4810** (TTY 711), Monday-Friday 8 am-6 pm, or visit Magellan's website at **www.MagellanAssist.com**.

MEMBERS' rights and responsibilities

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, 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.

Members have the 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 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.

IT'S ALL ABOUT YOU taking control of your healthcare

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

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.

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 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.

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 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 at the number listed on your AvMed Member ID Card (TTY 711).

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 any medically related information to you, you will also need to verify the Member's ID number, address, phone number and date of birth and display prior 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.

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**. To request a written copy, 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 on appropriateness of care and service, as well as your benefit coverage. AvMed does not reward physicians 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.

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.

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	• Within one month (30 calendar days)	• Yearly, well-female physical exam • Recheck for cholesterol • Stable diabetic follow-up
Behavioral Health	• Within 10 business days • Urgent Care within 48 hours • Care for non-life threatening emergency within 6 hours	• Psychiatric Evaluation • Initial Diagnostic Evaluation • Priority / Urgent outpatient appointments received via CM Referral
Urgent	• Within 48 hours • Office to office interaction or physician services intervention may be required	• Broken extremities • Active GI bleed • Nausea/vomiting • Palpitations

Follow-up Appointment

Initiation of new symptoms	• Within 2-3 calendar days	• Intractable pain
Increase in Active/Disabling Symptoms		• Progressive weakness
Behavioral Health	• Within 10 business days	• Medication Management follow-up • Therapy visit • Psychiatric Testing

Wait Time in Office

The wait time after arriving for an appointment does not exceed 15 minutes, unless the patient is notified of the delay.

After Hours

Type of Appointment	Criteria
After Hours Telephone Access	• Be accessible by phone during all published hours of operations and be available to return after hour calls within 6 hours

AvMed Embrace better health®