



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 a primary care practice to get to know you before you face a health crisis or need their services in an emergency 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 **Group Members**, from the list under **Members**. Then, click on **Health and Wellness** followed by **Prevention and 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 Services.

Medical Technology

AvMed has an active Medical Technology Assessment Program to evaluate and address new developments in medical technology and new applications of existing technologies for inclusion in its benefit plans. AvMed keeps pace with changes that provide Members with equitable access to safe and effective care.

If you have questions regarding medical technologies, such as medical and behavioral health procedures, pharmaceuticals and/or devices, please contact AvMed's Member Services.

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 Services.

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. As an AvMed Member, you can self-refer to both inpatient and outpatient services. 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

A number of behavioral health programs are available through AvMed's behavioral health provider, Psychcare.

For information about services available, please call **1-800-221-5487** (TTY 711 or 1-855-371-8088), Monday-Friday 8:30 a.m. - 5:30 p.m., or visit Psychcare's web site at **Psychcare.com**.

Psychcare will arrange your authorization for, and referral to, a behavioral health professional. It is important that you sign release of information forms to your Primary Care Physician (PCP) whenever necessary so that your care can be coordinated appropriately.

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 confidentiality of information about their medical health condition being maintained by AvMed and the right to approve or refuse the release of Member-specific information, including medical records, by AvMed, except when the release is required by law.
- Participate in decisions involving their healthcare and to give informed consent for any procedure after receiving information about risk, length of inactivity and choices of alternative treatment plans available, 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.
- A second opinion from another participating physician or nonparticipating consultant in the AvMed service area.*
- Know about any transfer to another hospital, including information about why the transfer is necessary and any alternatives available.
- Be fully informed of the complaint and grievance processes and use them without fear of interruption of health services.
- To make recommendations regarding AvMed's Members' Rights and Responsibilities policies.
- Written notice of any termination or change in benefits, services or the Member's providers.

Members have the responsibility to:

- Choose an AvMed-participating Primary Care Physician (PCP) and establish themselves with this physician.**
- Become knowledgeable about their health plan coverage, including covered benefits, limitations and exclusions, procedures regarding use of participating providers and referrals.
- Take part in improving their 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.
- Ask any questions and seek any clarification necessary to adequately understand their illness and/or treatment. Follow the recommended and mutually agreed upon treatment plan.
- Keep appointments reliably and promptly notify the provider when unable to do so.
- Fulfill financial obligations for receiving care, as required by their health plan agreement, in a timely manner.
- Show consideration and respect to providers and provider staff.

Members' Rights and Responsibilities are available on AvMed's website at AvMed.org.

- * A portion of the cost of a nonparticipating consultant will be the responsibility of the Member. This benefit includes consultation only and does not guarantee continued care with the consulting provider.
- **Certain AvMed plans do not require that you choose a PCP. However, AvMed encourages all Members to establish a relationship with a PCP to help coordinate their 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 Services. 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 Member Services Department toll-free at the number listed on your AvMed ID card (TTY 711 or 1-800-955-8771).

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

In accordance with HIPAA, we maintain physical, electronic and procedural safeguards that protect your personal health information (PHI). We do not disclose this 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 Member Services you will be asked to verify your AvMed 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 AvMed Member's ID number, address, phone number and date of birth and display prior knowledge of the issue you are calling about. Member Services 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.

Notice of Privacy Practices can be found on AvMed's website at AvMed.org/Privacy.aspx. To request a written copy, please contact AvMed's Member Services.

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. Paper copies of the program description and other AvMed-related documents may also be requested by e-mailing us or calling AvMed's Member Services.

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

Regular and routine care/
physical exam

Criteria

- Within one month (30 calendar days)

Appointment Examples

- Yearly, well-female physical exam
- Recheck for cholesterol
- Stable diabetic follow-up

Urgent examination

- 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

Type of Appointment

Initiation of new symptoms;

Criteria

- Within 2-3 calendar days

Appointment Examples

- Intractable pain

Increase in active/disabling symptoms

- Within 30 calendar days

- Progressive weakness

Wait Time in Office

Waiting Time:

The waiting time after arriving for an appointment does not exceed 30 minutes, unless the patient is notified of the delay

After Hours

Type of Appointment

After hours telephone access

Criteria

- Be accessible by phone during all published hours of operations and be available to return after hour calls within 6 hours