

AvMed Network NEWSBRIEF



Summer Issue
July 2015

Administrative Update

Prioritize Prior
Authorizations

Health & Medical

Assistance with HRAs
and CPT Codes

What's News

Navigating Member
Appeals



A quarterly publication for AvMed Providers and Staff



OUR COMMITMENT TO YOU

AvMed recently wrapped up our 2015 Physician Satisfaction Survey and the results are in. I'd like to take a moment to personally thank each and every one of you who took the time to participate. Each year we perform an in depth analysis of your responses looking for areas where we can improve our network performance and service. The feedback you provide is invaluable to our growth and enables us to foster Provider satisfaction.

In 2015 AvMed rated highly on Overall Satisfaction, Overall Service and Overall Opinion of the Health Plan. Very high levels plan on continuing in the AvMed network and would recommend AvMed to other physicians and patients. AvMed continues to compare favorably with competitors and has the highest overall opinion. Look for detailed survey results in the Fall issue of Network NewsBrief along with a list of survey drawing prize winners.

In this Summer issue we have included our first annual NCQA Summer insert - a stand-alone guide to all the regulatory and compliance information you may want to refer to throughout the year. Please keep it for your reference.

Should you have any questions, suggestions or concerns please call AvMed's Provider Service Center at **1-800-452-8633** or email us at **Providers@AvMed.org**. We want to hear from you.

I hope you are enjoying Summer and taking advantage of the many seasonal opportunities available to facilitate better health.

Susan Knapp Pinnas
Senior Vice President
Provider Strategy & Alliances

- **83%** rate AvMed's services overall very good or good.
- Over 9 out of 10 would recommend AvMed to other physicians (**91%**).
- About 9 out of 10 would recommend AvMed to their patients (**89%**).
- **82%** rate AvMed excellent or good on overall satisfaction with the health plan.
- **79%** rate AvMed positively on overall opinion.
- **AvMed is rated positively versus all other health plans.**



Embrace better health.®



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PRIORITIZING PRIOR AUTHORIZATION REQUESTS

AvMed's prior authorization process groups requests into four categories: routine, urgent, emergent and stat/expedited/urgent. Each request is processed as quickly as possible within the below listed time frames. In order to meet the quoted turnaround times, however, it is critical that all proper documentation accompany the initial pre-authorization request. Please note, resubmitting a request for approval will not expedite the process, it may slow it down.

An Authorization Request Form can be found online at **AvMed.org/ Providers**.

- Please complete the form in its entirety so we have all the information required to provide a timely response.
- Be sure to include clinical history and any previous pertinent treatment and supporting test results.

ROUTINE REQUESTS

Routine requests are for care needed within a 2-4 week time frame. Most referral requests are routine unless the patient needs care in less than 72 hours.

Please submit routine requests via fax to **1-800-552-8633** a minimum of **10-15 days** prior to the anticipated date of service.

URGENT REQUESTS

Urgent requests are for medically necessary care ordered to be performed within 72 hours or less, after the Doctor has seen and evaluated the Member.

Please submit urgent requests via fax to **1-800-430-9897**.

EMERGENT REQUESTS

Emergent requests are for medically necessary care ordered to be performed within 24 hours or less after the Doctor has seen and evaluated the Member.

Please submit emergent requests via fax to **1-800-430-9897** or call **1-800-816-5465** to speak with a Nurse Reviewer.

STAT/Expedited/Urgent requests must be supported by acute symptoms of sufficient severity such that, the absence of immediate medical attention could reasonably be expected to result in any of the following:

- Serious jeopardy to the health of the patient, including pregnant women or her fetus.
- Serious impairment to bodily functions or serious dysfunction to any organ or body part. ■

EXPEDITE NIA AUTHORIZATIONS

National Imaging Associates (NIA) manages AvMed's Radiation Oncology benefits. Please be sure to submit all supporting clinical documentation when requesting authorization for complex radiological or other procedures from NIA. Authorization requests made to NIA without documentation of clinical appropriateness can cause significant delay resulting in both Member and Provider inconvenience and dissatisfaction. Including all documentation with your initial request will help expedite the authorization process. ■

DEMOGRAPHIC UPDATES

Physician data integrity is critical for effective communication between AvMed, our Network and our Members. In an effort to ensure we capture your most current demographic information, AvMed implemented a mandatory demographic review every six months upon website login.

You may update your demographic information at any time by visiting **AvMed.org** and logging in with your password and pin number. Click on **My Profile** to make updates. You may also make changes by calling AvMed's Provider Service Center at **1-800-452-8633**.

Please help us keep your profile information current and up to date. ■

FORMULARY UPDATE

To view the latest formulary list, copay levels and other pertinent pharmacy information visit **AvMed.org** and click on **Medication Lists**. ■





NAVIGATING MEMBER APPEALS

Appeals continue to be an area in which physician offices are always in need of assistance. Please use the quick reference information below as a guide to navigating the appeals process:

MEMBER APPEAL:

Requesting Physicians may submit standard, non-urgent requests for appeal of adverse determination, made more than 14 days from the date a denial was issued, in writing by fax to **1-352-337-8794**.

Requesting Physician may call AvMed Member Services for URGENT Appeals (processed by AvMed within 72 hours due to decline in Member's health).

Please refer to the Member's ID card for specific 800# or call **1-800-882-8633** for Commercial or **1-800-782-8633** for Medicare Member Services. If the request does not meet AvMed's Urgent Appeal criteria, you will be notified of the Standard Appeal process.

Both the standard and urgent Member appeals processes are outlined in the adverse determination letter.

Claims Appeals (post-service / post-discharge)

Please submit a formal letter of appeal detailing your dispute and including clinical documentation to:

AvMed Claims Service Department
Appeal Unit, P.O. Box 569004
Miami, FL 33256

For claims appeal status, call **1-800-452-8633 x2**.

Copies of adverse determination letters may be obtained from AvMed Member Services or by contacting the delegated entity who issued the letter.

NEWS YOU NEED TO KNOW

For complete details on all the current news you need to know and to download forms, please visit our website at **AvMed.org/Providers/Tools/References**.

UPDATED FORMS & WEB LINKS:

- Prior Authorization Requirements
- Instructions on Billing Additional Codes
- HPN Guidelines
- Provider Interest Form

SUBMIT NEW CLAIMS TO:

P.O. Box 569000
Miami, FL 33256

CLAIMS CORRESPONDENCE, REVIEWS AND APPEALS TO:

P.O. Box 569004
Miami, FL 33256
Fax: 1-800-452-8633

NOTE: When returning forms to AvMed, please do not staple them together.

If you have Members with specific language needs, please call AvMed Member Services Department at the number listed on the Member ID cards. 📞

COMMERCIAL REFERRALS

AvMed's referral program is designed to enhance care coordination, optimize the healthcare experience and deliver the high-quality care your patients deserve. To ensure your connection to our Members, we're expanding our unique, physician-to-physician referral system next year to our Commercial Engage product. Until then, AvMed is reminding Engage Members about the many proven health benefits of physician-centered care and specialty care coordination and encouraging them to involve PCPs in their specialty healthcare decisions. 📞





ASSISTANCE WITH HRAs

AvMed identified Medicare patients who would most benefit from a Health Risk Assessment (HRA) based on current health and diagnosis history. We sent patient lists along with pre-populated HRA forms to their Primary Care Physicians (PCPs). We are asking all PCPs who receive HRAs to schedule appointments with patients as soon as possible for the examination and annual review of conditions, medications and any health changes.

AvMed has also implemented a simple process to assist with patient contact. For help, you can send an email to Floor.Supervisor@AvMed.org.

Be sure to include the patient name, AvMed ID and phone number. We will also need your practice name, Provider number, an office contact name and number. As soon as we receive information, AvMed will call the patient on your behalf to explain the need for the appointment, and coordinate a visit with your designated office contact. We look forward to receiving your completed patient HRAs. 📧

ASSISTANCE WITH CPT CODES

AvMed is striving to improve collection of critical data to ensure we have complete, valid records of our Members' care history. Using CPT and diagnosis codes for billing and reporting patient conditions for HCC capture and risk coding is industry standard. Some electronic practice management systems have limitations preventing the submission of more than 12 diagnoses codes (in most cases) on the HCFA Claim form in Box 21. Often times Medicare Members have more than twelve diagnoses. In order to capture additional diagnosis for CMS, CPT II codes or CPT4 code 99080 is required. Complicating matters even further, the EDI format for clearing house data exchange limits each CPT4 code to four diagnoses. When there are more than four diagnoses, and only one billable procedure code, AvMed requires the use of a CPT II code or code 99080 to capture all critical diagnosis codes. Although there is no remuneration for the CPT II codes or code 99080, this process is considered best industry practice for HCC capture. To learn more about submitting multiple diagnosis codes visit [AvMed.org/Providers](https://www.avmed.org/Providers). On the [Links](#) tab select [Instructions on Billing Additional Codes](#). 📧

PSYCHCARE

A Resource for you and your patients.

Did you know that AvMed is partnered with Psychcare to provide inpatient and outpatient behavioral health and substance abuse services for AvMed Members statewide?

If, during the course of medical treatment you determine that your patient may benefit from accessing behavioral health services, Psychcare can help! To obtain a list of network providers, or assistance with coordinating care for behavioral health or substance abuse treatment, call Psychcare at **1-800-221-5487**, Monday through Friday 8:00 AM to 7:00 PM EST.

Exchanging Information is Key!

The assessment, treatment, and follow-up of care are essential in the provision of continuous and appropriate healthcare services for Members who have co-existing medical and behavioral health disorders. Exchanging information is key in the continuity and coordination of care.

- Ask your patient if they are seeking treatment with any behavioral health providers
- Educate your patient on the importance of being able to share information with their behavioral health providers, and ask your patient, or their authorized representative to sign a consent for release of information form
- Share pertinent information with behavioral health providers such as: medications, including psychotropic medications that you've prescribed, underlying medical conditions, and sudden changes in mental status.

Psychcare offers additional supportive programs

Encompass Program:

Psychcare supports AvMed's Centeredcare approach by facilitating the effective coordination of care for all Members who require integrated care between medical and behavioral Specialists to address complex comorbidities, co-existing/co-occurring disorders, and/or a wide range of social problems that may impact the Members' ability to attain wellness. If you feel your patient could benefit from this program, call Psychcare at **1-800-221-5487**, Monday through Friday 8 a.m/ to 7 p.m. EST.

PharmAssist Program®

During business hours, Psychcare offers PCPs telephonic consultation with a Board Certified Psychiatrist to address any questions or concerns they may have related to their patient's mental health status and appropriate use of psychotropic medications as well. Physicians may call Psychcare at **1-800-221-5487**, Monday through Friday 8:30 AM to 5:30 PM to request a consultation.

Additional information and resources are available on Psychcare's website at [Psychcare.com](https://www.psychcare.com). 📧



SAVE TIME AND MONEY

Electronic Claims Submission & Real-Time Eligibility Verification

Submitting claims and requesting eligibility verification electronically from AvMed is referred to as Electronic Data Interchange (EDI).

Prevent the hassle of multiple downloads and get data from all EOPs on one easy to view page. Just log in and click **Download to EDI 835** to instantly view all data from checks tied to your Provider ID.

When you utilize EDI, there will be no more waiting on the telephone! You will receive real-time instant information.

If your clearinghouse is not listed below, please contact them to prearrange submitting EDI to AvMed. ■

- **AVAILITY LLC***
1-800-282-4548 www.availity.com
- **CAPARIO**
1-800-586-6870 www.capario.com
- **EHDL**
1-954-331-6500 www.ehdl.com
- **EMDEON**
1-877-363-3666 www.emdeon.com
- **OPTUMINSIGHT***
1-800-341-6141 www.enshealth.com
- **RELAYHEALTH***
1-866-735-2963 www.relayhealth.com

* Real time eligibility available on AvMed's website.



ICD-10 UPDATE

- AvMed is testing with a strategically selected group of Providers who represent our Network as a whole.
- Testing began with selected partners in April 2015.
- AvMed will complete end-to-end testing and be ready to accept ICD-10 compliant claims from all Providers by the CMS mandated date of October 1, 2015.
- Claims with a date of service beginning October 1, 2015 must contain ICD-10 codes.
- Claims containing ICD-9 codes with a date of service of October 1, 2015 or later will not be accepted.
- AvMed will not provide crosswalks on claims to translate codes from ICD-9 to ICD-10.
- Beginning July 1, 2015 AvMed will accept ICD-10 codes on pre-authorization requests with dates of service (DOS) for October 1, 2015 and later. Proper documentation must be submitted with all authorization requests.

ICD-10 inquiries may be sent to
ICD10Provider@AvMed.org

Testing inquiries should be sent to
ICD10Testing@AvMed.org

The following resources provide comprehensive information and updates on the ICD-10 implementation process:

CMS

<http://www.cms.gov/medicare/coding/icd10/providerresources.html>

WHO

<http://apps.who.int/classifications/apps/icd/icd10training/> ■

IVR UPDATE

- 1 Call **1-800-816-5465**
- 2 Enter Your Provider Tax ID or NPI #
- 3 24/7 Access to:
 - Authorizations
 - Member Eligibility

Providers no longer need their Provider ID and PIN # to log in to AvMed's automated Link Line. Just call and enter your provider Tax ID or NPI# to access instant authorizations, Member eligibility and claim status. ■



9400 S. Dadeland Blvd.
Miami, FL 33156



We welcome your feedback.

We are committed to having the best Provider Network available and encourage you to give us your feedback and suggestions. Let us know about your experiences with quality improvement studies, practice guidelines or any other AvMed practice or interaction.

We are always looking for more efficient, effective and above all, quality-driven ways to service our Providers, Practitioners and Members.

If you would like to participate more directly in our Quality Improvement Program or would like information about the program, including progress toward our goals, email us at **Providers@AvMed.org** or call the Provider Service Center at **1-800-452-8633**, Monday-Friday, 8:30 a.m.-5 p.m., excluding holidays.

You may write us at:
AvMed
Public Relations Department
9400 S. Dadeland Boulevard
Miami, FL 33156

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AVMED'S WEBSITE: AvMed.org

ONLINE PROVIDER SERVICES:

Claims Inquiry, Member Eligibility, Referral Inquiry, Provider Directory, Physician Reference Guide, Clinical Guidelines, Preferred Drug List

Please note our email address:

Providers@AvMed.org

Use our centralized toll-free number to reach several key departments at AvMed.

PROVIDER SERVICE CENTER

1-800-452-8633

- AvMed Link Line, press one (1). Use this option to verify Member eligibility and limited benefit information, or confirm and request authorizations.
- Claims Service Department, press two (2). Use this option to verify status of claims payment, reviews and appeals.
- Provider Service Center, press three (3). Use this option for questions about policies and procedures, to report or request a change in your panel status,

address/phone, covering physicians, hospital privileges, Tax ID and licensure, or any other service issue.

- Clinical Pharmacy Management, press four (4).

PRE-AUTHORIZATION LINK LINE

1-800-816-5465

AUDIT SERVICES AND INVESTIGATIONS UNIT

1-877-286-3889

(To refer suspect issues, anonymously if preferred)

CARE MANAGEMENT

1-800-972-8633

CLINICAL COORDINATION

1-888-372-8633

(For authorizations that originate in the ER or direct admits from the doctor's office)