Many changes occur during the Fall including in the healthcare industry as well as at AvMed.

October 1 marked the long awaited industrywide launch of ICD10. Everyone from the Federal Government to Health Plans, Hospitals, and Individual Practitioners have been planning and preparing for the transition from ICD9 to ICD10 for years. AvMed successfully tested all our processes with a selected group of Providers and transitioned our systems to ICD10 compliance on October 1, 2015.

This is the Medicare Annual Enrollment Period (AEP), a busy time for Health Plans and Providers alike, with many Members signing up for new benefits with new Primary Care Physicians (PCPs). Please see Page 6 inside for a quick glance at the benefits AvMed offers our Medicare Members and other helpful AEP information.

This Fall, Univita Home Health went out of business, but AvMed was quickly able to secure new contracts to cover Durable Medical Equipment (DME) and Home Health Services throughout the State. See details on Page 4.

Be sure to review Administrative Updates on Page 4 which always include the most current items of relevance to your office.

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.

Make sure to take time to enjoy all that Fall has to offer.

Sincerely,

Susan Knapp Pinnas
Senior Vice President
Provider Strategy & Alliances
TABLE OF CONTENTS

4 ADMINISTRATIVE UPDATES
  • Prioritize Prior Authorizations
  • Clinical Guideline Updates
  • Home Health & DME Update
    • Formulary Update

5 WHAT’S NEWS
  • Physician Satisfaction Survey Results
  • Physician Satisfaction Survey Drawing Winners
  • Medicare Physical Therapy Referral

6 HEALTH & MEDICAL
  • Medicare Annual Enrollment Period
    • Ameripath
    • ChooseHealthy®

7 HIGH-TECH HEALTH
  • Allergy Guideline Update
  • ICD-10 Update
  • Beacon Claims Update
**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](http://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.

**CLINICAL GUIDELINE UPDATES**

AvMed’s clinical, preventive health and behavioral health guidelines are reviewed and updated quarterly.

To view the most current guidelines visit [AvMed.org/Providers](http://AvMed.org/Providers).

If you would like a paper copy email Providers@AvMed.org or call the Provider Service Center at 1-800-452-8633.

**HOME HEALTH & DME UPDATE**

Integrated Home Care Services begins serving AvMed Members with its statewide network of Home Healthcare, Home Infusion and Durable Medical Equipment (DME) providers on November 1, 2015. Integrated delivers quality patient care and service backed by a commitment to meet the evolving needs of AvMed’s Floridian base.

Integrated immediately assumes all service areas formerly managed by Univita. This still excludes the following counties within the Tampa Market, which continue to be served by BayCare Home Health: Hernando, Hillsborough, Pasco, Pinellas, Polk.

**PROVIDERS**

Referring providers should call:

**Integrated Home Care Services**
Main Number: 1-844-215-4264
Fax Number: 1-844-215-4265

Providers should discontinue referrals to any other agency effective immediately.

For assistance with discharge planning, providers may continue to call AvMed at 1-800-432-6676, ext. 40408, or fax 305-671-4712.

**FORMULARY UPDATE**

To view the latest formulary list, copay levels and other pertinent pharmacy information visit [AvMed.org](http://AvMed.org).
2015 PHYSICIAN SATISFACTION SURVEY RESULTS

SNAPSHOT OF PARTICIPANTS
• 1,218 providers participated,
• ~5% of the total physician network.

PARTICIPANTS INCLUDED
• Physicians: 24%
• Office managers: 40%
• Other influencers: 36%
• Primary care: 40%
• Specialists/other: 60%

WHAT THEY SAID
• 83% rate AvMed’s services overall very good or good
• More than 9 out of 10 would recommend AvMed to other physicians and patients
• 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

AVMED’S HIGHEST RATED SERVICES WITH A MAJORITY % RATING VERY GOOD INCLUDE
• Hospital Network quality and choice: 89%
• Laboratory services, technical and service quality: 88%
• Specialist Network quality and choice: 87%
• Primary care Network quality and choice: 84%

2015 PHYSICIAN SATISFACTION SURVEY DRAWING WINNERS

Thank you to the growing number of AvMed Providers who continue to participate in our annual Physician Satisfaction Survey each year. We make every effort to incorporate your invaluable feedback into enhanced Network services and operations. Congratulations to the lucky respondents listed below who entered and won the prize drawing.

WINNERS | PRIZES
--- | ---
Alicia Coker, MD | Apple Store iPad
Melissa Crawley | Morton’s $200
Tamara Delacruz | Morton’s $200
JoAnn Irwin | Apple Store iPad
Holly Keener | Apple Store iPad
Tammy Lethem | Ritz Carlton
Haley Leuchtmann | Mandarin Oriental
Susan Lopez | Morton’s $200
Susan Luscombe, MD | Apple Store iPad
Mario Torres, MD | Mandarin Oriental
Joane White | Morton’s $200
Albert Zikra | Morton’s $200

MEDICARE PHYSICAL THERAPY REFERRAL UPDATE

Effective January 1, 2016 the Physician-to-Physician (P2P) referral process will include outpatient physical therapy, with approvals granted by PCPs in increments of five visits.

The AvMed Medical department will support and oversee the process, and AvMed Provider Services will provide additional details on the new process.
MEDICARE ANNUAL ENROLLMENT PERIOD (AEP)

Medicare Annual Enrollment Period (AEP) runs through December 7.

AvMed Medicare Choice HMO offers the following benefits:
- Extensive network of more than 5,000 physicians
- $0 monthly plan premium
- Prescription drug coverage
- SilverSneakers® Fitness program and Walkadoo™, exclusive to AvMed Medicare Members in South Florida
- Dental and Vision coverage
- 24/7 Nurse On Call
- Not-for-profit health plan
- Worldwide emergency coverage
- Rewards Program

If your patients would like to learn more about AvMed Medicare Advantage benefits or meet with a Benefits Consultant please have them call 1-866-381-9355.

AMERIPATH

We are pleased to announce AvMed’s selection of AmeriPath, a division of Quest Diagnostics, for all hematology and oncology lab testing. Please be sure to send all hematology and oncology related tests to AmeriPath, AvMed’s approved participating hematology and oncology lab.

AmeriPath’s extensive network of board-certified, sub-specialized pathologists, including hematopathologists and geneticists, provide the industry’s most comprehensive and integrated oncology services.

AmeriPath delivers:
- Laboratories that routinely employ state-of-the-art technologies, including advanced flow cytometry, cytogenetics, fluorescence in situ hybridization (FISH), and PCR testing.
- Experienced hematopathologists who diagnose and classify hematological disorders, integrating morphologic evaluation with additional studies to provide patient-specific reports.
- Quality information including accurate and definitive diagnostic, prognostic and therapeutic information to help optimize patient management programs.
- Streamlined Bone Marrow Evaluations with hematopathology profile options, comprehensive assessments and one-page correlation reports.
- Additional sub-specialized pathology services in the fields of Gastrointestinal Pathology, Genitourinary Pathology, Breast Pathology, Cytopathology and FNA, Gynecological Pathology and Surgical Pathology

For more information please call 1-800-395-7284 to locate the nearest AmeriPath Oncology Account Executive or AvMed’s Provider Service Center at 1-800-452-8633.

CHOOSE HEALTHY

AvMed would like to introduce the ChooseHealthy® program, a new online health and wellness values program. This no-cost program gives your patients great discounts to a wide range of health improvement products and services to keep them on the road to better health.

Plan benefits are not changing, but AvMed is opening up access to:
- Thousands of licensed chiropractors, nutritionists, massage therapists and acupuncturists offering service discounts up to 25%.
- National network of fitness clubs and exercise centers with discounted monthly dues and/or enrollment fees. Most even offer a free trial or introductory session for Members.
- Online catalog of discounted health and wellness products, all with free shipping.
- A-Z online health library.

You may direct your AvMed patients to visit AvMed.org OR call 1-877-335-2746 (TTY 711), 8 am–9 pm, Monday–Friday.
ALLERGY GUIDELINE UPDATE

AvMed has updated its allergy coverage guidelines. Specific allergy testing and allergy immunotherapy treatments are covered for Members with clinically significant allergic symptoms. Allergy testing is covered when performed by a specialist certified in Allergy and Immunology for the following CPT codes:

- 95004 (limited to 75)
- 95017
- 95018
- 95024 (limited to 40)
- 95027
- 95028
- 95044
- 95052
- 95165

The following documentation is required for any testing requests:

- Medical necessity for the testing
- The selective tests utilized correlate with the history, physical exam, and that the allergen exists in the Member’s environment with a reasonable probability of exposure
- The test device and methodology used, along with the test results by measurement of reaction sizes of both wheal and erythema response (flare)
- How the test results will be used by the Member’s plan of care

You can access the above clinical guidelines and more at AvMed.org/Providers.

ICD-10 IS HERE

AvMed has tested all aspects of the claims process with a selected group of Providers, and has successfully updated our systems to be fully ICD-10 compliant.

- 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.

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
CMS.gov/Medicare/Coding/ICD10/ProviderResources.html

WHO
APPS.WHO.int/Classifications/APPs/ICD/ICD10Training/

BEACON HEALTH OPTIONS CLAIMS UPDATE

AvMed has been working collaboratively with Psychcare, which is now Beacon Health Options, to migrate to their claims platform. The claims system migration process will be seamless and transparent to Providers and will pave the way to a streamlined claims process. Once the transition to the new claims payment system is complete the electronic claims payment process will change. At that time, AvMed will notify Providers of the new electronic claims submission process.

In an effort to simplify claims processing even further for Applied Behavioral Analysis (ABA) Providers, AvMed and Beacon have adopted the standard ABA code system used industrywide.

Beacon is also expanding the staff available in its Provider Service Center in order to provide you with the best service possible.

For assistance call Beacon at 1-800-221-5487 or call AvMed’s Provider Service Center at 1-800-452-8633.

Network Newsbrief Fall Issue - November 2015
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 am-5 pm, excluding holidays.

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

AVMED’S WEBSITE: AvMed.org

ONLINE PROVIDER SERVICES:

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)