OUR COMMITMENT TO YOU

I’ve built a career in healthcare and seen many changes over the years. But one constant has been the exciting journey I have shared with valued colleagues and the many respected professionals and friends I’ve met along the way.

The healthcare industry is dynamic and will continue to change and evolve. I am certain that left in the capable hands of the many terrific Physicians and Industry Executives with whom I have had the pleasure to work, AvMed and the healthcare industry will continue to thrive and grow.

I am pleased to announce my successor, Ann O. Wehr, MD. Dr. Wehr joined AvMed as Senior Vice President and Chief Medical Officer and has been overseeing our Medical and Quality departments for more than four years. With my departure, Provider Strategy & Alliance and Member Health & Wellness will be combined under Dr Wehr’s leadership. The synergy between these functions; especially as our Aligned Providers continue to focus on population health and value-based collaborative payment models, is an imperative and will appreciably benefit our Members and Providers.

I bid you farewell knowing I am leaving you in good hands.

Sincerely,

Susan Knapp Pinnas
Senior Vice President
Provider Strategy & Alliances

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.

UPDATED FORMS & WEB LINKS:
- Hematology Oncology Prior Auth Matrix
- Fraud Waste & Abuse Attestation
- HEDIS Matrix
- Hospital Resource Form

INTEGRATED HOME CARE SERVICES:
New local fax number:
786-655-5055
Toll free remains the same:
1-844-215-4265

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: 1-800-452-3847
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BEHAVIORAL HEALTH UPDATE: New Provider Information

On October 1, 2016, AvMed began service with our new Behavioral Health Provider, Magellan Healthcare.

With more than 40 years’ experience delivering quality care, Magellan offers a broad, diverse network of experienced Providers, as well as expert case managers collaborating with our clinical staff to best coordinate our Members’ care. Magellan also offers robust transition support during and after hospital stays. Further, Magellan’s proven programs and valuable online tools and resources, such as web-based education opportunities provide AvMed Members with access to the information and services they need… when and where they need them.

We are excited about the opportunities this new relationship delivers to you, our valued Network Providers. Answers to questions you or Patients may have regarding authorizations, case management, claims, denials, and appeals are available through Magellan or AvMed’s Provider Service Center.

To reach Magellan, please call 1-800-424-4810. To reach AvMed’s Provider Service Center, call 1-800-452-8633.

MEDICARE ANNUAL ENROLLMENT

Don’t forget the Medicare Annual Enrollment Period (AEP) is October 15th - December 7th.

AvMed Medicare HMO offers:
- Access to one of the largest Networks of Physicians & hospitals in South Florida
- $0 monthly plan premiums
- No or low copays
- Preventive screenings at no cost
- Emergency worldwide coverage
- Dental plan including dentures with no-or-low cost sharing through Delta Dental
- Vision services
- Prescription drug coverage, including 90-day retail and mail-order discounts through CVS
- Membership in SilverSneakers® Fitness program at no extra cost
- Healthyperks – our incentive program offering gift card rewards of up to $65 a year, just for Members maintaining their health

If you’d like to learn more about AvMed Medicare Advantage benefits or meet with a Benefits Consultant, please call 1-800-452-8633.

FORMULARY UPDATE

To view the latest formulary list, copay levels and other pertinent pharmacy information visit AvMed.org.
AVMEDI VIRTUAL VISITS
Powered by MDLIVE

Beginning in January 2017, AvMed Primary Care Physicians can see AvMed Commercial Members anywhere, anytime, by contracting as a Participating Provider with AvMed Virtual Visits powered by MDLIVE.

The benefits include:

- **Set Your Own Flexible Schedule** – work from home, office or anywhere.
- **Online Scheduling** – be available when it is most convenient for you to see Members.
- **Increased Income and Profitability** – free up exam rooms and office staff while shifting routine encounters into shorter visits, either by phone or video.
- **Better Member Care** – improve quality of care, compliance, convenience of treatment, along with Member satisfaction, while improving access to care.
- **No Hidden Fees or Contracts**
- **No Advanced Technical Set Up or Infrastructure Required** – MDLIVE helps you get online and trained to use the platform in no time, and provides 24/7 support.
- **Medical Consultation**

How Virtual Visits, powered by MDLIVE works:

- Prior to a consultation, the Member will complete a thorough medical history, including an overview of his or her health status, allergies, medications, lab tests, family history, and the name of the Member’s Primary Care Physician if he/she has one.
- Physician will review and assess the Member’s medical history/electronic health records prior to initiating the telehealth visit.
- Physician verifies the Member’s identity, documents Member’s medical record, acquires Member consent to diagnose and treat, establishes a diagnosis, and recommends treatment (where appropriate), all in accordance with the appropriate standard of care.
- Physicians maintain contemporaneous medical records.
- Physicians do not prescribe DEA-controlled substances, non-therapeutic drugs, lifestyle drugs and certain other drugs which may be harmful because of their potential for abuse.
- * A virtual urgent care consultation with a board certified, state licensed Physician is done via telephone or streaming video to addresses low acuity health concerns, such as cold, flu, headache, skin irritation and many other conditions.
- * The average consultation is 10 minutes in duration and a prescription medication may be authorized and communicated to a local pharmacy, as medically appropriate.
- Service is for acute minor conditions.
- The list of 50 Top Diagnosis for Pediatrics and Adults is below.

To find out more about MDLIVE, visit their website at https://Welcome.MDLIVE.com/Providers/Become-a-Provider. To contract with AvMed Virtual Visits, powered by MDLIVE, contact Ellen Parker, MDLIVE Director of Network Development at EParker@MDLIVE.com.

50 TOP DIAGNOSIS
for Pediatrics and Adults

1. Acute Upper Respiratory Infections Unspecified
2. Acute Pharyngitis
3. Otitis Media
4. Acute Sinusitis Unspecified
5. Upper Respiratory Infection (URI)
6. Conjunctivitis Unspecified
7. Acute Conjunctivitis Unspecified
8. Unspecified Otitis Media
9. Pharyngitis-Streptococcal
10. Cough
11. Sinusitis - Acute
12. Fever
13. Otalgia Unspecified
14. Streptococcal Sore Throat
15. Acute Bronchitis
16. Dermatitis
17. Bronchitis - Acute
18. Fever Unspecified
19. Conjunctivitis - Bacterial
20. Asthma
21. Rhinitis
22. Vomiting
23. Influenza
24. Rash and Other Nonspecific Skin Eruption
25. Infective Otitis Externa Unspecified
26. Acute Nasopharyngitis (Common Cold)
27. Contact Dermatitis
28. Ear Pain (Earache)
29. Gastroenteritis
30. Cellulitis
31. Allergic Rhinitis Cause Unspecified
32. Urinary Tract Infection Site Not Specified
33. Common Cold (Acute Nasopharyngitis)
34. Nausea
35. Influenza with Other Respiratory Manifestations
36. Acute Tonsillitis
37. Croup
38. Cellulitis and Abscess of Unspecified Sites
39. Nausea with Vomiting
40. Viral Syndrome
41. Contact Dermatitis - NOS
42. Diarrhea
43. Pharyngitis - Viral
44. Impetigo
45. Tonsillitis - Acute
46. Acute Upper Respiratory Infections of Other Multip
47. Infectious Colitis Enteritis and Gastroenteritis
48. Insect Bite
49. Conjunctivitis - Viral (Pink Eye)
50. Dysuria
MEMBER EXPERIENCE

Surveys

AvMed’s Collaborative Care Network Department has launched a Member Experience inspired Consumer Assessment of Health Plan Survey (CAHPS) for both Commercial and Medicare Members. AvMed Members may receive a survey after a visit with a Primary Care Physician or Specialist.

We are conducting the survey to gain greater insight into our Members’ experience and guidance on where we may improve our Network processes. It enables us the opportunity to relay information back to our Providers so together we may continue to improve the quality of care and service we deliver.

How it’s done:
- Surveys are sent on a weekly basis but limited to a maximum of three per Member per year.
- Members will receive no more than two surveys for the same Provider at a minimum of 90 days apart.
- Members will receive no more than one survey within any 30 day span.
- Surveys are sent by both mail and email.
- Members will receive no more than two surveys for the same Provider at a minimum of 90 days apart.
- Members will receive no more than one survey within any 30 day span.
- Surveys are sent by both mail and email.
- If we have a Member’s email on file we will send the survey electronically, including a link to respond online.
- Members have the option to respond to mailed surveys online or by returning the completed survey in a provided pre-paid envelope.

What we want to know:
(Response options are: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Not Applicable)

1. The appointment hours are convenient for my schedule.
2. An appointment was available when needed.
3. It was simple to schedule an appointment using online scheduling.
4. The Provider is accessible after office hours.
5. The Provider responds promptly to my phone calls.
6. The Provider is accessible by email.
7. Including the time spent in the waiting room and exam room, I saw the Provider within 15 minutes of my appointment time.
8. The Provider had all my medical records or other information about my care.
9. I was able to spend a sufficient amount of time with my Provider and my needs were thoroughly addressed.
10. My Provider explained my illness or treatment in a way I could understand.
11. Tests and procedures were adequately explained to me before they were done.
12. Someone from the Provider’s office followed up to give me the results of my tests (i.e., blood test, X-ray, other).
13. I got the results of my tests (i.e., blood test, X-ray, other) as soon as I needed them.
14. The Provider discussed all my medications.
15. I was given a plan of care, which included wellness activities that were easy to understand.
16. The Provider’s office coordinated my care among different Providers and services.
17. The Provider seemed informed and up-to-date about Specialist care I received.
18. The staff was able to answer my questions in a way I could understand.
19. The staff was caring and professional.
20. The Provider showed concern and sensitivity to my needs.
21. I was given the chance to provide input to decisions made about my treatment.
Preparing for CAHPS

Each year CMS surveys Medicare Members with the Consumer Assessment of Health Plan Survey (CAHPS) to assess their experiences with health plans, Providers and their ability to maintain and/or improve the Members’ physical and mental health.

The CAHPS focuses on how patients perceive key aspects of their care to assess patient experience. The survey asks patients questions such as how often they experienced critical aspects of healthcare, including communication with their doctors, understanding medication instruction and coordination of care with other Providers or services. It also asks questions about Provider accessibility, such as whether the patient was able to receive care needed as soon as they thought they needed it, whether they were offered timely appointments (as soon as they thought they needed them) at their doctor’s office and whether they saw “the person they came to see” [at the doctor’s office] within 15 minutes of the appointment time.

CAHPS survey scores affect STARS ratings and ultimately all of our bottom lines. We strive to do everything possible to help reinforce the Member’s perception of the Provider/patient experience. Accordingly, we recommend the following for Primary Care Practices:

- Make every effort to be flexible in scheduling urgent and non-urgent appointments.
- See patients promptly based on the scheduled appointment time.
- Have a process in place to address the instances where the Member is not seen in 15 minutes - Communication is Key!
- Ask your patients about their visit with your office. Assure them how important their experience is to you, and that you are constantly working to provide the best service possible.
- Offer an alternative Participating Provider in the practice if the requested Physician does not have appointment.

We encourage the use of a Wait Time sign in your reception area. For a complimentary copy of the sign below, email your name and address to ProviderEducation@AvMed.org.

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Wait Time

We make every effort to see you at your scheduled appointment time but sometimes unforeseen circumstances may cause a delay.

Please let us know if you have been waiting for more than 15 minutes past your appointment time. We will do our best to see you as soon as possible.

Thank you in advance for your patience and understanding.

Sincerely,

The Office Staff
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).

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)