

AvMed Network NEWSBRIEF



Summer Issue
July 2016

What's News

2016 Physician Satisfaction
Survey Results

Administrative Updates

Continued Care Coordination

Health & Medical

Podiatry Network Solutions



A quarterly publication for AvMed Providers and Staff



OUR COMMITMENT TO YOU

Traditionally things seem to slow down in the Summer, but not here at AvMed. We're always on the move, working to strengthen our Provider relationships, improve our Provider Network and enhance the quality services we deliver. On page 4 you can see just how well we do reflected in the results of our 2016 annual Physician Satisfaction Survey. A big Thank You to all of you who participated!

On the building and strengthening front, we're happy to announce our new behavioral health partnership with Magellan Healthcare, details are on page 5, and our new partnership with Podiatry Network Solutions, see page 6.

As we continue to expand our online options, Providers can now link directly to their EOPs and Provider Remittance Advice immediately upon account login at AvMed.org. (page 4). We also encourage all Medicare Providers to utilize our online attestation of mandatory annual Fraud Waste, Abuse and Compliance training (page 6).

In this issue of the NewsBrief we have also provided two removable inserts to keep for convenient reference: AvMed's annual NCQA compliance guide and AvMed's prior authorization process guide.

As always we also provide you with news you need to know and 411, a directory of AvMed numbers frequently used by providers.

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

Sincerely,

Susan Knapp Pinna
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
- Medication Exception Request 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



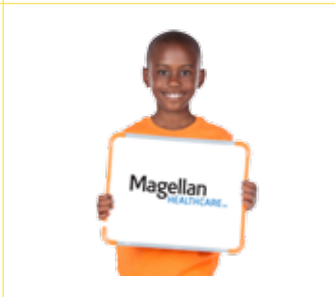
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CONTINUED CARE COORDINATION

AvMed emphasizes the importance of care coordination between Primary Care Physicians (PCP) and Specialists as we continually strive to deliver quality care and better patient outcomes. We highly encourage Specialists to communicate lab results and encounter-notes, and refer back to the PCP, including for new problems or abnormal lab results that are outside of the Specialist's area of expertise. This helps avoid cross-referral from one Specialist to another for things the PCP might be better positioned to address given their knowledge of the patient. ■

FORMULARY UPDATE

To view the latest formulary list, copay levels and other pertinent pharmacy information visit AvMed.org. ■

ASSISTANCE WITH HRAs

AvMed identified Medicare Members who would most benefit from a Health Risk Assessment (HRA) based on current health and diagnosis history. We sent Member 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 Members 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 Member contact. For help, you can send an email to Floor.Supervisor@AvMed.org.

Be sure to include the Member 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 Member 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. ■



EOP/PROVIDER REMITTANCE ADVICE REPORT LINK

AvMed strives to offer our Provider Network every tool available to simplify the process of effectively delivering information. We are happy to announce the launch of our (Explanation of Payment) EOP/ Provider Remittance Advice Report link, a simple to use web based retrieval link.

Immediately upon login to AvMed's Provider Portal, Participating Providers can now link to a list of their EOP and Remittance Advice. All EOP and Remittance Advice as of May 16, 2016 is available in printable Excel and PDF formats for a rolling 36 month period. EOP and Remittance Advice issued prior to May 16, 2016 is available through AvMed's Provider Service Center.

All Participating Providers can access the EOP/Provider Remittance Advice Report link by logging in with their AvMed user ID and password. To obtain a user ID or password, or for further assistance with online remittance advice, simply call AvMed's Provider Service Center at **1-800-452-8633**. ■



PHYSICIAN SATISFACTION SURVEY RESULTS

Snapshot of 2016 Participants:

- **1,314** Providers participated,
- **~5%** of the total Physician Network.

Participants included:

- Physicians: **24%**
- Office Managers: **39%**
- Other influencers: **37%**
- Primary Care: **35%**
- Specialists/Others: **65%**

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
- **81%** 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: **87%**

PHYSICIAN SATISFACTION SURVEY WINNERS

Thanks to the ever growing number of AvMed Providers who participate in our annual Physician Satisfaction Survey. We work hard to incorporate your trusted feedback into enhanced Network services and features. Congratulations to the lucky respondents listed below who entered and won the prize drawing.

Prizes

Mandarin Oriental Certificate

2016 Winners

Peggy Cooke
Leslie Shawn
Lisa Lee

Apple iPad

Michael Weiss
Luis P Leyva, Jr.
Kim Revis
Elvira Kirksey

Morton's Gift Certificate

Kathy Lefebvre
Jonathan Fialkow
Teresa Baker
Donna Parker
Catherine Wong

NEW BEHAVIORAL HEALTH PROVIDER

For more than ten years, AvMed has partnered with Beacon Health Options (formerly Psychcare) to provide AvMed Members with integrated behavioral healthcare solutions. On October 1, 2016, Beacon's contract with AvMed will come to an end and service from our new Behavioral Health Provider, **Magellan Healthcare**, will begin.

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. In addition, Magellan offers innovative options such as telehealth services and 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, will provide AvMed Members with access to the information and services they need... when and where they need them.

As always, we will not allow any interruption to their care or to the services they receive.

Many Magellan Providers are already participating with Beacon. Magellan is contacting the majority of those who are not regarding contracting and we anticipate little change to the Provider Network.

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**.





FRAUD, WASTE, ABUSE AND COMPLIANCE TRAINING

for Medicare Advantage Providers

AvMed Medicare contracted Providers are required to complete Fraud, Waste, and Abuse and Compliance training on an annual basis. Training can be completed through AvMed, another health plan or through CMS directly, but an attestation is required to be submitted to AvMed each year.

To make compliance as easy as possible, AvMed has posted the training and attestation of completion on our website. Simply follow these steps to locate the training modules:

- Go to **AvMed.org**.
- Select **Providers**, and under **Provider Education**, select **Training**.
- Locate and review the Anti-Fraud and Compliance training presentations.
- Click on the link to attest that you and your staff have completed the training.
- If your practice or organization has already completed training, simply complete the information in the online attestation.
- Each training session takes about 10 – 15 minutes to complete, and a certificate of completion can be generated following completion of the courses.

Providers may also submit a paper attestation covering all Providers in the practice or in the same corporation. This is a convenient option for multi-specialty groups and large organizations. It is required that Providers keep records of participation as they would for any other staff training.

CMS and/or health plans may request additional information to substantiate statements made in attestations. Remember, Providers must attest that they and their staff have complied with this requirement, and have completed required training. Physicians within a group practice, facilities, and ancillary providers (e.g., hospitals, durable medical equipment suppliers, pharmacists, etc.) as well as the staff within each organization must complete the training. ■

PODIATRY NETWORK SOLUTIONS

Effective August 1, 2016 AvMed will be partnering with a robust new Podiatry Provider Network, Podiatry Network Solutions (PNS), to serve our Medicare and Commercial Members.

AvMed's contract with PMMI, our current Podiatry Network, will end on July 31, 2016. So that we avoid disruption to our Members, Podiatry Network Solutions will be contracting with most, if not all, of the Podiatrists in the current PMMI Network.

AvMed's Medicare Podiatry Network will remain the same but both AvMed's Medicare and Commercial Networks will be enhanced with the addition of PNS Providers. As per AvMed's Medicare Physician-to-Physician referral guidelines, no referral is required for podiatry services.

For a listing of Providers in the PNS Podiatry Network log on to **AvMed.org** and search under **Find a Doctor**. You can contact PNS directly by calling **786-924-0044** or toll-free **1-844-222-3939**.

Should you have any questions or need assistance, please feel free to call AvMed's Provider Service Center at **1-800-452-8633**, Monday - Friday from 8:30 am-5 pm. ■

DIABETES SCREENINGS

Don't Measure Up...

As a result, NCQA has made some adjustments to HEDIS screening requirements for Diabetes type I & II for adults age 18 to 75.

Diabetics should have the following screenings at least once a year and health plans are required to report results to NCQA:

- Hemoglobin A1c test (considered to have poor control if >9.0%)
- Retinal/Dilated Eye Exam
- Medical Attention for Nephropathy – Urine Microalbumin test, ACE/ARB therapy, or evidence of nephropathy
- BP controlled (<140/90 mm Hg)

In addition to vital screenings, it is important to ensure the Member's disease is managed and under control:

- Be sure to order follow-up screenings if the Member's HBA1c is not controlled.
- Refer Members to an eye care specialist (optometrist or ophthalmologist) for an annual retinal/dilated eye exam.
- If a Member has an abnormally high BP reading upon arrival, retake the BP and document it before they leave. ■



2016 PRIMARY CARE PRACTITIONER AND SPECIALIST

Appointment and After-Hours Accessibility Standards

Initial Appointment

Type of Appointment	Criteria	Appointment Examples
Regular and Routine Care / Physical Exam	<ul style="list-style-type: none"> • Within 1 month (30 calendar days) 	<ul style="list-style-type: none"> • Yearly well female physical exam • Recheck for cholesterol • Stable diabetic follow-up
Behavioral Health	<ul style="list-style-type: none"> • Within 10 business days • Urgent Care within 48 hours • Care for non-life threatening emergency within 6 hours 	<ul style="list-style-type: none"> • Psychiatric Evaluation • Initial Diagnostic Evaluation • Priority / Urgent outpatient appointments received via CM Referral
Urgent	<ul style="list-style-type: none"> • Within 48 hours • Office to office interaction or Physician services intervention may be required 	<ul style="list-style-type: none"> • Broken extremities • Active GI bleed • Nausea / Vomiting • Palpitations

Follow-Up Appointment

Type of Appointment	Criteria	Appointment Examples
Initiation of New Symptoms Increase in Active/Disabling Symptoms	<ul style="list-style-type: none"> • Within 2-3 days 	<ul style="list-style-type: none"> • Intractable pain • Progressive weakness
Behavioral Health	<ul style="list-style-type: none"> • Within 10 business days 	<ul style="list-style-type: none"> • Medication Management follow-up • Therapy visit • Psychiatric Testing

Wait Time In Office

Waiting Time:

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

After Hours

After Hours Telephone Access	<ul style="list-style-type: none"> • Be accessible by phone during all published hours of operations and be available to return after hour calls within 6 hours. ■
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9400 S. Dadeland Blvd.
Miami, FL 33156



We welcome your feedback.

411

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:

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).

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)