

AvMed Network NEWSBRIEF



Winter Issue
February 2016

What's News

AvMed Healthyperks

Administrative Update

Government Mandated
Demographic Updates

Health & Medical

Allergy Guideline Update



A quarterly publication for AvMed Providers and Staff



OUR COMMITMENT TO YOU

Happy New Year to each and every one of our valued Network Provider Partners.

The New Year is a good time to get a fresh start. Although here at AvMed we constantly look for ways to enhance our Provider experience, we have launched into 2016 with some exciting new features.

Front and center is our updated website, designed for enhanced functionality and ease of use. Also coming soon to the Provider Portal is a new Easy Button for quick access to your Explanation of Payment/ Overpayment Provider Advice (EOP/OPPA). If you haven't already, take a minute to visit our Provider Portal at **AvMed.org** and let us know what you think of our updates. You can send feedback to **ProviderEducation@AvMed.org**.

New for 2016, AvMed introduces Healthyperks, a program rewarding Medicare Members for having wellness visits, immunizations and preventive tests. See more details on page 5.

CMS has a new mandate for health plans in 2016 – we must verify the accuracy of all Provider directory information on a quarterly basis. Please help us keep your information current – see how on page 4.

And be sure to review Administrative Updates 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.

Wishing you all the best in the new year.

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:

- Visit our redesigned website!
- Referral Exceptions Matrix
- Referral Guidelines

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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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 Physician has seen and evaluated the Member.

Please call the Clinical Coordination Department at **1-800-816-5465** for same day urgent authorizations.

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 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. ■

LAB UPDATE

We are pleased to announce that as of February 1, 2016, ASPIRA LABS, the sole Provider of OVA1[®] testing, will be an AvMed Participating Provider.

OVA1 is an extremely sensitive tool for detecting ovarian cancer, including early stage cancers, in both pre and postmenopausal women.

OVA1 offers Physicians their best chance of detecting ovarian cancer at an earlier stage when treatment is most effective. Better detection of ovarian cancer allows Patients with the disease more time to get to a Gynecologic Oncologist, the Specialist best trained to treat the disease.

For more information call **1-844-ASPIRA1 (277-4721)** or visit **Vermillion.com**. ■

GOVERNMENT MANDATED DEMOGRAPHIC UPDATES

CMS implemented a new policy effective January 1, 2016 requiring health plans to validate the accuracy of participating Provider information listed in all provider directories on a quarterly basis.

AvMed will be contacting you each quarter to confirm the following information:

- Physical Address
- Phone Number
- Continued Acceptance of new patients

Please help us with the validation process. Simply log on to **AvMed.org** and verify your directory demographic information under "My Profile", where you can make changes if necessary. Should you have any questions, contact AvMed's Provider Service Center at **1-800-452-8633, option 3**.

We look forward to working together to keep your information accurate and up to date. ■



MEDICARE REWARDS: HEALTHYPERKS

Get ready to see more AvMed Members in 2016 because our new Medicare Rewards Program, AvMed Healthyperks, incentivizes seniors to stay on top of their wellness checks, immunizations and preventive tests.

A wellness doctor visit rewards Members with a \$25 gift card and all other qualifying activities with \$10. Members can stack participation in as many as five activities each year for a total reward up to \$65!

Qualifying Health Activities include:

- Adult BMI Screening
- Bone Density Exam (Females)
- Colorectal Screening
- Diabetic A1C Test
- Flu Shot
- Health Risk Assessment
- Mammography (Females)
- Online Courses
- Pneumonia Vaccination
- Wellness Visit

For their rewards, AvMed Medicare Members can choose from a broad spectrum of products and services they very likely already use such as Amazon, Target, Starbucks and many others. Members can track their progress and order from a reward catalog which includes physical gift cards (which can be used in stores) or electronic (which can be used online). A smaller selection of reward options will be available in our call center where our dedicated program support staff is just as excited about giving rewards as our Members will be about receiving them.

Complete details on program rewards can be found on AvMed's Healthyperks website launching in February. In the meantime, should you have questions, as always, please feel free to call AvMed's Provider Service Center at **1-800-452-8633**.

COMMERCIAL RISK ADJUSTMENT

Tremendous opportunity exists to work together to improve the health of our Members and enhance revenue.

Under the Affordable Care Act, risk adjustment applies to Commercial insurance products offered to Small Employers and Individuals. When insurance premiums are risk-adjusted, variations in patient characteristics can substantially affect whether payments made to you under a value-based agreement will be adequate. Under these arrangements it is critical for Insurers and Providers to understand how risk adjustment works and our respective roles in working together.

Over the next several months, AvMed will provide educational sessions to help you and your colleagues better understand how to make the most of opportunities and mitigate risks. Please be on the lookout for more information and in the meantime, if you have any questions, please contact your Provider Services Liaison.





ADVANCE DIRECTIVES

Help your patients prepare for the future now. AvMed encourages participating Primary Care Physicians to offer and explain advance directives to all Members 18 years or older. The State of Florida requires documentation of whether an advance directive has or has not been completed be prominently displayed in the Member's medical record.

Documenting advance directives in Electronic Medical Records (EMRs) is quick and easy and there are a variety of electronic documents available.

Tell patients about Five Wishes, a comprehensive, easy to understand end of life directive. It's available for \$5.00 at AgingWithDignity.org.

Or send patients to Myflorida.com to download and fill out a free living will and healthcare surrogate form.

Once patients have completed an advance directive, advise them to keep originals and provide your office copies to place in their medical records.

Patients will have peace of mind once they know their future is in good hands. ■

MEDICARE PHYSICAL THERAPY REFERRAL

Effective January 1, 2016 the Physician-to-Physician (P2P) referral process includes 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 can provide additional details on the new process. ■

FORMULARY UPDATE

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





MAGELLAN RX MANAGEMENT UPDATE

AvMed contracted with Magellan Rx Management (previously ICORE) to assist in managing select Medical Benefit Drugs (drugs) and is committed to providing our Members with access to high-quality healthcare consistent with evidence based, nationally recognized clinical criteria and guidelines. With this commitment in mind, and to ensure quality care and affordability to our Members, we have added 4 medications to the list managed by Magellan Rx.

Magellan working on our behalf, now manages the prior authorization process for the drugs listed below for the Commercial line of business. Authorization is required prior to the administration of specified drugs in the following settings: physician office, home and outpatient hospital. Medical Benefit Drugs administered during an inpatient stay or in an emergency room will not be subject to prior authorization by Magellan.

- ELIGARD/LUPRON (Hematology/Oncology category)
- FUSILEV (Hematology/Oncology category)
- SOLIRIS (Hematology/Oncology category)
- TREANDA (Hematology/Oncology category)

For authorization requests, please contact Magellan RX by calling **1-800-424-1740** or visiting their website at **ICOREHealthcare.com** and clicking the **Providers & Physician** icon.

Additional information can be found at **AvMed.org**. If you have any questions, please call our Provider Service Center at **1-800-452-8633**. ■

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
(limited to 158 units per year)

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**. ■





9400 S. Dadeland Blvd.
Miami, FL 33156



We welcome your feedback.

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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).

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)