

Medicare Cardiology Quality Management (CQM) Program Highlights, Process Overview, and Frequently Asked Questions (FAQ's)



**Effective September 1, 2013
For AvMed Medicare Members**

Program Highlights

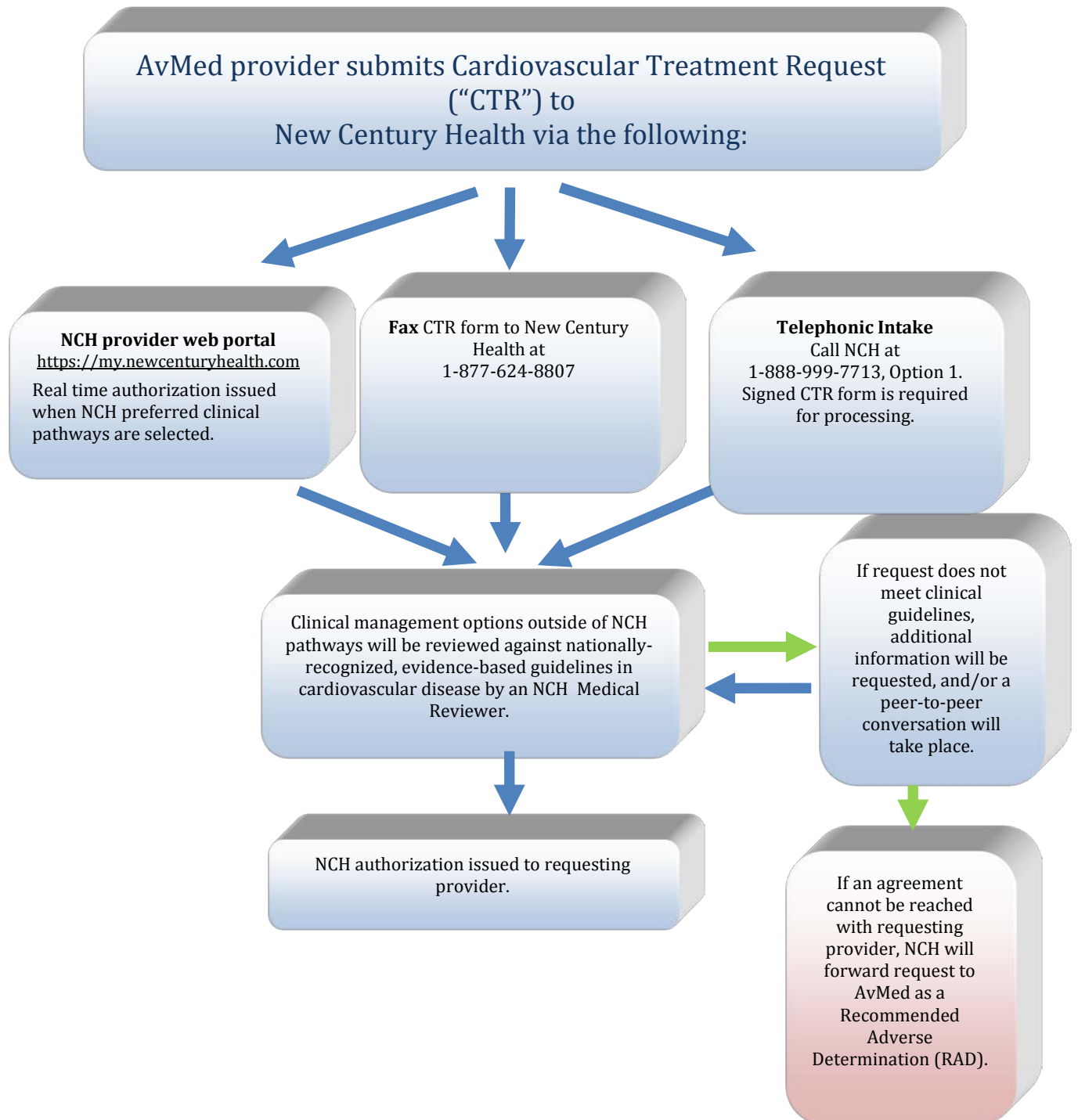
The AvMed- New Century Health (NCH) Cardiology Quality Management (CQM) program strives to work with physicians to deliver quality patient care and streamline the complex administrative process associated with cardiovascular pre-authorizations. The program includes benefits such as peer-to-peer discussions with cardiologists who have the understanding and background to discuss treatment regimens on a consultative basis. It also provides significant administrative benefits to help expedite the authorization review process.

Below are some key features offered by the AvMed-NCH CQM program:

- Internet/web provider portal access available 24/7/365 through <https://my.newcenturyhealth.com> offering the following functionalities:
 - Eligibility for real-time authorizations when selecting evidence-based NCH treatment care pathways
 - Reduced documentation requirements
 - Access to real-time status of authorization requests
 - Member eligibility verification
- Fax authorization requests: One (1) submission form per date of service
- Authorization support staff available at 1-888-999-7713, Option 1, Monday – Friday (8 am-5 pm EST)
- Peer-to-peer consultations with Cardiologists
- Access to nationally- recognized, evidence- based treatment guidelines
- An NCH provider representative to provide support as needed

Our team of clinical and administrative professionals is committed to providing a high degree of service and support throughout the CQM program. AvMed is excited to work with you and NCH to develop innovative ways to continuously improve the provider experience and quality of patient care.

Medicare Cardiology Quality Management (CQM) Process Overview
Effective September 1, 2013 – For Medicare Members



Frequently Asked Questions (FAQs)

Q1: What lines of business are covered under the CQM program?

A: The program is administered by New Century Health for AvMed's **Medicare** line of business only.

Q2: Who is New Century Health?

A: New Century Health is a comprehensive Specialty Care Management company that utilizes a patent- pending management platform to optimize the application of evidence-based medicine and eliminate fraud, waste, and abuse (FWA) in the delivery of adult ambulatory cardiovascular care.

Q3: When and where will the CQM program be implemented?

A: The program will begin **September 1, 2013** in Miami-Dade and Broward counties for AvMed's **Medicare** membership.

Q4: How can a physician's office request training for this program?

A: To request training you may contact NCH at 1-888-999-7713, Option 6 or AvMed's Provider Service Center at (800) 452-8633.



Prior Authorization Request Questions (for Medicare Members)

Q5: Who should obtain prior authorization?

A: Prior authorization should be obtained by all AvMed participating Clinical Cardiologists, Interventional Cardiologists, Cardiothoracic Surgeons, Cardiovascular Surgeons, and Electrophysiology Physicians.

Q6: How do I obtain prior authorization?

A: To obtain prior authorization, submit a Cardiovascular Treatment Request form (CTR) to New Century Health via one of the following methods:

1. Login in to <https://my.newcenturyhealth.com> (New Century Health's provider web Portal).
2. Fax New Century at 1-877-624-8807.
3. Contact New Century Health's Telephonic Intake Department for prior authorization requests at 1-888-999-7713, Option 1 (Monday through Friday 8 am - 5 pm EST).

Q7: Who will review Cardiovascular requests?

A: If a request is not automatically approved, a clinician will determine if more information is needed and/or a peer-to-peer conversation will be initiated by a New Century Health Medical Reviewer who is a licensed medical, board- certified Cardiologist on the NCH team.

Q8: Where can I find the clinical guidelines used to review authorization requests?

A: Guidelines are available at <https://my.newcenturyhealth.com> or by contacting New Century Health's Utilization Management department at 1-888-999-7713, Option 4.

Q9: For how long is New Century Health's authorization number valid?

A: The authorization is valid for up to 60 days from the authorization issue date.

Q10: What places of service are included in the prior authorization review process?

A. The CQM program applies to services rendered at a physician's office, elective inpatient or outpatient facility settings.

Q11. What will the New Century Health authorization look like?

A: The authorization will start with "AR" followed by at least 4 digits (i.e. AR1000).



Prior Authorization Request Questions (for Medicare Members) (cont.)

Q12. How can I obtain the status of an authorization request:

A: To obtain authorization status, log onto: <https://my.newcenturyhealth.com> and click on “Request Status” tab or contact New Century Health’s Utilization Management Department at 1-888-999-7713, Option 4.

Q13: Which services require preauthorization?**Clinical cardiology:**

- Non-invasive Cardiology Testing
- Device Monitoring
- Non-invasive Diagnostic EP Testing
- Non-invasive Vascular Testing
- Nuclear stress test, echocardiograms, standard stress test, Cardiac CT, Cardiac MRI, Cardiac PET, Peripheral Vascular MRA

Interventional cardiology and invasive testing:

- Cardiac Catheterization and Interventional Cardiology
- EPS/Ablation
- Electrical Cardioversion
- Vascular Radiology

Open Heart Surgery, Thoracic and Vascular Surgery:

- Cardiac and Great Vessel Thoracic Surgery
- AICD and pacemaker device implantation
- Vascular Surgery
- Thoracic Surgery

Q14: How should I handle authorizations issued prior to September 1, 2013?

A: Authorizations issued by NIA before September 1, 2013, will be effective until the authorization expiration date.

Q15: How long will it take for prior authorization requests to be processed by New Century Health?

A: NCH treatment care pathways will be eligible for instant authorization through the web portal. All other requests will be processed within 72 hours from receipt of a properly completed CTR. The pre-authorization process may take longer if the request is incomplete or if a procedure is being requested at a non-par facility.

Q16: Do we still need to use NIA for requesting authorization for Complex Cardiology procedures?

A: Yes, Commercial members should continue to use NIA to request authorization for the following services: MRI Heart, Coronary Artery CA Score, Heart Scan, Ultrafast CT Heart, Electron Beam CT, CT Heart, CT Heart Congenital Studies, Non-Coronary Arteries, CTA Coronary Arteries, Myocardial Perfusion Imaging - Nuclear Cardiology Study, PET Scan-Heart, MUGA Scan, and Stress Echocardiography.

Q17: How do I appeal an adverse determination?

A: Medical Directors are available to speak with a treating practitioner to discuss UM adverse determinations issued by AvMed. Physicians may request reconsideration of an adverse medical necessity determination via a peer-to-peer appointment or submit additional clinical information **within 14 days from the date a denial was issued** by calling **1-800-346-0231 Ext. 40513** or faxing **1-352-337-8555**.



Medicare Claims Processing and Member Eligibility Questions

Q18: Where do I submit claims once prior authorization is obtained through New Century Health?

A: Submit claims directly to AvMed either electronically or by mail.

Q19: Does a prior authorization guarantee payment of services?

A: No. A prior authorization does not guarantee payment for services. Payment is contingent upon active member eligibility and benefits.

Q20: What will happen if the physician does not request and obtain an authorization?

A: If authorization is not obtained, payment may be denied by AvMed. Additionally, members cannot be held responsible for denied charges and services.

Q21: Where can I verify member eligibility?

A: You can verify member eligibility using New Century Health's provider portal. You can also contact AvMed at (800) 452-8633 or visit www.avmed.org for complete member benefit and eligibility information.

Q22: Where should I submit a request for a claims appeal?

A: Please submit a formal letter of appeal including clinical documentation to:

AvMed Claims Service Department, Appeal Unit
P. O. Box 569004
Miami, FL 33256
For status of your appeal, call **1-800-452-8633**