Our Quality Commitment, Your Compliance Reference

WHAT ARE AVMED'S POPULATION HEALTH MANAGEMENT PROGRAMS?

AvMed cares about the needs of its Members, your patients. Whatever your patient's health situation, AvMed has a population health program for them. Population Health Management programs are focused on delivering personalized health and wellness strategies, that encompass and support our members' lifestyles, goals, health and wellness needs.

AvMed WELLfluent Living Programs

AvMed WELLfluent Living® is what we call our Wellness Program. Below are some of the AvMed **WELLfluent Living Programs** available to help our Members, your patients, reach their health goals:

Tobacco Cessation - Access to community resources, online courses and self-care tools to help Members kick the habit.

CHOOSEHEALTHY - AvMed has partnered with ChooseHealthy to help Members manage their health through a network of over 33,000 practitioners who provide discounts of up to 25% on acupuncture, massage therapy, chiropractors and nutritional counseling.

In addition, AvMed Members have access to the following through AvMed's Member portal:

- Personal Health Assessments - Helps Members understand their health status
- Personalized Scorecards - Provides a summary of Members' health assessment and helps them manage their health goals and behaviors
- Health Conditions Library - Informs Members about health conditions and chronic illnesses

- Online classes - Offers self-guided courses to help Members learn about health and fitness. Includes articles, handouts and quizzes to keep Members motivated
- Wellness Center - Provides information on several wellness topics designed to educate and improve health
- Stress Reduction Program - Helps monitor stress and create goals to keep Members' stress levels low over time
- Nutrition and Diet Center - Provides recipes and resources for a balanced diet to help Members control what they eat
- Herbs and Supplements Center - Provides information on herbs and supplements and how they interact with each other

To learn more about additional AvMed WELLfluent Living programs available to our Members or to get more information, please contact AvMed's Provider Service Center at 1-800-452-8633.

Disease Management Programs

If your patient is dealing with chronic illness, our Chronic Condition Management Programs, also called Disease Management, can offer support for the following conditions:

- Asthma
- CAD-coronary artery disease
- Diabetes
- COPD-chronic obstructive pulmonary disease
- CHF-Congestive heart failure

An acute condition, injury, or illness can require complex coordination. Our Care Support Team can work closely with your patient to address complex health issues. We offer a variety of Care Support Programs including:

- Complex Case Management - for patients who are experiencing a catastrophic medical or behavioral health/substance abuse event or diagnosis or who have multiple diagnoses requiring coordination and support
- Short-Term Case Management - for patients who could benefit from extra support following a health issue
- Care Transitions - for patients who have been discharged from a hospital and are transitioning back home or to a skilled nursing facility
- Specialty Case Management - for patients who have specialized health issues such as a high risk pregnancy, a wound care need or candidates for transplants

For more information on how our Care Support programs may be able to assist your patients or to make a referral by phone, please call 1-800-972-8633. Referrals can also be submitted to our secure e-mail at CM@AvMed.org. Referrals should include - Member name, AvMed ID number and reason/diagnosis for the referral; as well as the best phone number to reach the Member.

CLINICAL PRACTICE AND PREVENTIVE HEALTH GUIDELINES

AvMed actively adopts and disseminates standards, guidelines, and related documents as a convenient reference for AvMed Network Practitioners. The documents contain the most current information related to clinical practice, and they are an essential resource for all health professionals who care for AvMed Members.

Visit AvMed's website to access the following clinical and preventive guidelines and standards and other related documents at **AvMed.org/Web/Provider/Provider-Education/Protocols**:

- Clinical Guidelines
- Behavioral Health Clinical Guidelines
- Pediatric & Adult Preventive Care Recommendations
- Childhood, Adolescent and Adult Immunization Schedules

- Appointment and After-Hours Access Standards for PCPs and Specialists
- Medical Record Standards

For a paper copy of these clinical and preventive health guidelines, standards, recommendations or any other AvMed Physician reference, call the Provider Service Center at **1-800-452-8633** or e-mail your request to **Providers@AvMed.org**.

EVALUATION of New Technology

AvMed keeps pace with changes that provide Practitioners with new developments in technology through our Medical Technology Assessment Committee (MTAC). The technologies presented are comprised of medical and behavioral health procedures, pharmaceuticals, devices, and new applications of existing technologies for inclusion in benefit plans. The MTAC includes Board Certified Physicians with varied specialties. A new technology or a new development in technology is presented to the MTAC by unbiased Specialists who are experienced in the technology. Prior technology determinations are also revisited as the scientific evidence and/or the medical literature changes. In addition, the MTAC is provided with information for review from appropriate government regulatory bodies, such as the FDA and CMS. Relevant scientific evidence from varied sources and professional organizations such as the American Medical Association and scientific journals, such as PubMed are also used to assist in making a determination on the technology.

The variables used to make a determination for approval include:

- A safe and efficient technology
- An improvement of health outcomes
- Potential benefits outweigh potential negative effects
- The technology's comparison to those of established alternatives

The coverage guidelines can be found on AvMed's website located under About Us in the tool bar or under Provider Education in the Provider Portal. At any time, Practitioners may ask for consideration of a new technology. For these requests or any other question regarding medical technologies, please contact AvMed's Provider Service Center at **1-800-452-8633**.

ADVANCE DIRECTIVES

AvMed encourages its contracted Primary Care Physicians to offer and explain advance directives to all AvMed Members 18 years of age or older.

According to the State of Florida requirements and AvMed Medical Records Standards, documentation that the Member has or has not executed an advance directive must be displayed in a prominent part of the Member's medical record. Please contact your EMR system programmer to ensure that Advance Directive feature is activated.

The Member is not required to have an advance directive completed. In accordance with section 765.110, F.S., the Provider shall not, as a condition of treatment, require the Member to execute or waive an advance directive.

MEMBER RIGHTS & RESPONSIBILITIES

Members have a right to:

- Considerate, courteous, and dignified treatment by all Participating Providers without regard to race, religion, gender, national origin, or disability and a reasonable response to a request for services, evaluation and/or referral for specialty care
- Receive information about AvMed, our products and services, our contracted Practitioners and Providers, and Members' rights and responsibilities

- Be informed of the health services covered and available to them or excluded from coverage, including a clear explanation of how to obtain services and applicable charges
- Access quality care, receive preventive health services and know the identity and professional status of individuals providing services to them
- The right to be treated with respect and dignity and a right to privacy
- Participate in making decisions about your healthcare with Practitioners or other Healthcare Professionals
- Participate in a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage. To refuse medical treatment, including treatment considered experimental, and to be informed of the medical consequences of this decision
- Have available and reasonable access to service during regular hours and to after-hours and emergency coverage, information on how to obtain out-of-area coverage
- Voice complaints or appeals about the organization or the care it provides
- Make recommendations regarding the Plan's Members' rights and responsibilities policies

Members have the responsibility to:

- Choose an AvMed participating Primary Care Physician and establish yourself with this physician*
- Become knowledgeable about your health plan coverage including covered benefits, limitations, exclusions and procedures regarding use of participating providers and referrals
- Take part in improving your health by maximizing healthy habits
- Supply information (to the extent possible) that the organization and its Practitioners and Providers need in order to provide care
- Participate in understanding your health problems and in developing mutually agreed-upon treatment goals, to the degree possible
- Follow any plans and instructions for care that you have agreed to with your Practitioners
- Keep appointments reliably, and promptly notify the Provider when unable to do so
- Fulfill financial obligations for receiving care, as required by your health plan agreement, in a timely manner
- Show consideration and respect to Providers and Provider Staff

* Certain AvMed Plans do not require that you choose a Primary Care Physician. However, AvMed encourages all Members to establish a relationship with a Primary Care Physician, to help coordinate your care.

CONTINUITY & COORDINATION of Medical & Behavioral Healthcare

Optum, our statewide behavioral healthcare Provider, administers mental health and substance abuse services for AvMed Members. Care coordination for Behavioral Health or substance abuse treatment can easily be made by telephone or email.

Optum supports AvMed's CenteredCare approach by facilitating the effective coordination of care for all Members who require integrated care between medical and behavioral Specialists to address complex comorbidities, coexisting/co-occurring disorders, and/or a wide range of social problems that may impact the Members' ability to attain wellness.

You can contact Optum for assistance with screening patients for reoccurring depression and substance abuse. Optum also offers Behavioral Health Advocate support for Members with complex behavioral health problems.

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Optum's Behavioral Health Advocate Programs assess, plan, implement, coordinate, and evaluate options and services to meet a Member's clinical and medical needs. Activities vary based on the specifics of the Member's needs. Optum's Behavioral Health Advocate team help create a personalized plan of care for every Member.

Referral to Optum's Behavioral Health Advocate program is strongly recommended for patients you suspect may be suffering from severe and persistent mental illness.

For information about services, programs and authorization requirements, see contact information below:

- AvMed Medicare: **1-866-284-6989**
- AvMed Commercial: **1-866-293-2689**
- Program Referral: **https://ossm.optum.com/ocm**
- Provider Portal: **https://www.providerexpress.com/**
- Optum Provider Search:
  Commercial Members: **http://www.AvMed.org/BehavioralHealth-Members**

  Medicare Members: **http://www.AvMed.org/BehavioralHealth-Medicare**

Providers can also send a referral to:

- Optum Behavioral Health Advocate Team: **Care.Coordination@Optum.com**.

We have additional resources on our website to help you, including access to Optum's PCP Toolkit, ADD & AMM (Depression) Educational Tools & Links, and Optum's three-part on-demand series on behavioral health topics including depression, substance abuse and health treatment for children and adolescents alike. **www.AvMed.org/web/provider/provider-education/behavioral-health/**

ACCESS TO STAFF
and Decision-Making Criteria

AvMed provides access to appropriate staff for Practitioners seeking information about the Utilization Management (UM) process, decision making criteria, and the authorization of care. Staff will identify themselves by name, title, and organization name when initiating or returning calls regarding UM issues. Staff is available by phone Monday-Friday between the hours of 8:30am-5pm. Please contact **1-800-452-8633** for assistance. For after-hours communications, on-call staff is available at 1-888-372-8633 Select option 5, then option 1, to take calls regarding urgent or emergent authorization requests.

For assistance with information related to AvMed's decision making criteria, please call AvMed's Provider Service Center at **1-800-452-8633, option 3**. You may also access UM criteria on AvMed's web site at **AvMed.org**. Language assistance services and TTY services are available for Members who need them. Please call AvMed's Member Engagement Department toll-free at the number listed on the Member's AvMed ID card (TTY 711).

AUTHORIZATION PROCESS PROTECTED
by Strict Policies

AvMed has strict policies for Associates involved at all levels of the authorization process. Utilization Management decision-making is based only on appropriateness of care and service, as well as Member benefit coverage. AvMed does not reward Physicians or other individuals for issuing denials of coverage or care. AvMed does not provide financial incentives to Utilization Management decision-makers for any type of utilization determinations resulting in barriers to care, service or under-utilization.

AvMed requires all Associates responsible for Utilization Management decisions to sign an AvMed Affirmation Statement regarding incentives. By signing this form, Associates affirm that they do not receive incentives or rewards from any source for any type of utilization determination for AvMed Members.

MEDICAL RECORD

Requirements

In keeping with NCQA, national and state standards, AvMed requires Members' medical records be maintained in a current, detailed and organized manner for effective and confidential patient care and quality review.

AvMed has established medical record standards to make communication, coordination and continuity of care easier, and to promote efficient and effective treatment. The standards are available as a reference for all Practitioners on AvMed's website at **AvMed.org**. Hard copies are available upon request.

AvMed's medical record standards ensure that Network Practitioners comply with standards. Policies and procedures address the following information:

- Confidentiality of medical records
- Medical record documentation standards
- An organized medical record-keeping system and standards for the availability of medical records
- Performance goals to assess the quality of medical record-keeping

AvMed's established policies and procedures for primary care medical records apply to the following:

- All services provided directly by a Practitioner who provides primary care services
- All ancillary services and diagnostic tests ordered by a Practitioner
- All diagnostic and therapeutic services for which a Member was referred by a Practitioner

Confidentiality of Medical Records

Physicians' offices and practice sites should have established confidentiality policies and procedures for patients' records and the release of records in accordance with HIPAA standards and practices. In general, the following standards and practices apply:

- Notifying patients of their privacy rights and how their information can be used
- Adopting and implementing privacy procedures for the practice
- Ensuring medical records are organized and stored securely, granting access to authorized personnel only
- Providing periodic training for staff in Member information confidentiality

Organized medical record-keeping systems for availability of medical records:

- Each medical record must have HIPAA-compliant Member identification
- Medical records must be organized and stored in a secure manner allowing easy, prompt and efficient retrieval and granting access to authorized personnel only. AvMed assesses the quality of medical record-keeping with established performance goals

AvMed has established performance goals to assess the quality of medical record-keeping. Documentation standards are assessed from samples of medical records, which may be utilized for HEDIS® studies, Ambulatory Medical Record Reviews (AMRRs) or other audits. Practitioners are scored on the elements noted above.

AvMed has implemented a method to improve medical record-keeping. A Practitioner with identified deficiencies in medical record-keeping will be sent a request for a corrective action plan to improve their medical record-keeping practices. You can ask for tools and aids to assist in the medical record-keeping process. AvMed appreciates your collaboration in our efforts to obtain an excellent NCQA accreditation for our medical record standards.

AvMed conducts an annual audit of Primary Care Physicians' (PCPs) medical records to fulfill federal and state requirements and to identify any areas for improvement.

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In 2021, the average score of all medical records audited by AvMed was 99 percent, which exceeded the minimum criteria of 90 percent.

Standards on the Ambulatory Medical Record Review (AMRR) are derived from AvMed's policies on Medical Record Documentation Guidelines. These have been established from generally accepted standards required from various regulatory and accreditation agencies such as the National Committee for Quality Assurance (NCQA). To view these standards, visit **AvMed.org/Web/Provider.**

PHARMACY MANAGEMENT
by Strict Policies

Providers:

AvMed Medicare and Individual (on and off Exchange) Formularies are updated by the 1st of each month. Commercial Formularies are updated by the 1st of each quarter (Jan, April, July, Oct.). Policies and procedures are updated the 15th of each month following Pharmacy and Therapeutics (P & T) Committee meetings. You can find our most recent formulary by visiting **AvMed.org** and selecting "Preferred Medication Lists" under Quick Links.

QUALITY PROGRAM
Operations

AvMed continually reviews, adopts and disseminates updated standards, guidelines and related documents (including Members' Rights & Responsibilities) for use by AvMed's Network Practitioners and Members. All resources contain current information related to clinical practice. They are provided as a convenient tool for all healthcare professionals who care for AvMed Members.

As a Physician or Care Provider, you have the ability to submit a Quality of Care complaint if you believe a mistake was made in the care rendered by another Physician or Care Provider. Please submit your complaint via email to the Provider Service Center at **Providers@AvMed.org**.

If you would like to participate more directly or would like more information about our Quality Improvement Program, including progress toward our goals, processes and outcomes, you may view or download this information. Visit **AvMed.org**, click on **Providers**, then **Provider Tools** and **Quality Improvement Program**.

If you would like a paper copy of our Quality Improvement Program summary or any other documents, email **Providers@AvMed.org** or call the Provider Service Center at **1-800-452-8633**.

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PRIMARY CARE PRACTITIONER AND SPECIALIST
Appointment and After-Hours Accessibility Standards

Contractually, PCPs or a designee must be available to Members 24 hours a day. AvMed surveys Members to determine level of satisfaction with their PCPs including satisfaction with office staff, wait times, appointment accessibility, and more. PCPs and Specialists may also be assessed annually to ensure their compliance with making appointments for Members within the recommended AvMed guidelines. When appropriate, results are calculated and forwarded to each PCP and Specialists for review and action.

Initial Appointment

Type of Appointment	Criteria	Appointment Examples
Regular and Routine Care / Physical Exam	• Within 1 month (30 calendar days)	• Yearly well female physical exam • Recheck for cholesterol • Stable diabetic follow-up
Behavioral Health	• Within 10 business days • Urgent Care within 48 hours • Care for non-life threatening emergency within 6 hours • Care for a life-threatening emergency, call 9-1-1 immediately	• Psychiatric Evaluation • Initial Diagnostic Evaluation • Priority / Urgent outpatient appointments received via CM Referral
Urgent	• Members will be triaged, which involves identifying those who can be managed in the office or through alternative resources. Members requiring emergent care, (defined as life-threatening) will be granted immediate access or offered Emergency Room access as an alternative if after-hours aren't available or they can't be safely managed in the office setting. Members in need of Urgent Care (sudden or recent onset of symptoms that need prompt medical attention) will be seen in the office, by the first available practitioner in a group. Referral to an Urgent Care or Walk-In Clinic may also be offered as an alternative.	• 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	• Within 2-3 days	• Intractable pain • Progressive weakness
Behavioral Health	• Prescribers – Average days to follow-up ≥ 60 calendar days. • Non-Prescribers – Average days to follow-up ≥ 30 calendar days.	• Medication Management follow-up • Therapy visit • Psychiatric Testing

Wait Time in Office

The wait 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	• Be accessible by phone during all published hours of operations and be available to return after-hours calls within 6 hours.

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