

Provider Newsletter

MMM of Florida Ophthalmology Providers

2021 Q3

Provider Trainings

All providers with Eye Management Inc., are required to complete the Provider Trainings, within thirty days of their contract effective date and annually thereafter. The trainings can be located via the web at myemifl.com/trainings. You may complete the trainings on any desk top or mobile device for ease of access and completion. Your attestation will confirm that your office has received all mandatory trainings for the year. Should you want a copy of the trainings for your office, they can be downloaded from the attestation page. NOTE: For providers who function under more than one Tax ID; please be sure to complete an attestation for each Tax ID that is contracted with Eye Management Inc.



Eye Notes from the Medical Director

As you know, an annual Diabetic Retinal Exam (DRE) should be part of every diabetic patient's preventive care regimen. In addition, the DRE is a measurement tool used by the National Committee for Quality Assurance (NCQA) to determine if a managed care organization is meeting the health care needs of their member population.

Florida Blue is working closely with their Primary Care Physicians and with their members to ensure that they are receiving the preventive services with an eye care professional. When your patient is in the office we ask that you perform a complete eye exam and document appropriate retinal eye examinations. Please also ensure that you submit a HIPAA 5010 Compliant Claim when billing for these services.

It is also extremely important that you document the results of your findings in the patient's chart including No evidence of diabetic retinopathy. We have added this as a separate "diagnosis" (#36) on the Report of Ophthalmic Consultation. In addition, a report of your findings should be communicated with the member's Primary Care Physician.

EMI has a simple template "Report of Ophthalmic Consultation" that you may use. If you need a copy of this form or if you have any questions regarding this information, please contact your Provider Relations Representative, Marjorie Auguste, at (800) 595-9631 x 4536.

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UM decisions are required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
- Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support benefit denials.



Provider Code of Conduct

Eye Management’s (EMI) vision is to “develop and market products, through our family of companies that facilitates access for consumers and payers to quality and cost effective healthcare”. Our extensive network of providers help to support this vision by providing quality service to our clients. To ensure that we meet this goal, the Organization has established a set of business conduct guidelines based on the Organization’s code of ethics.

Providers Conduct

EMI has built an all-encompassing specialty delivery system of quality physicians, providing the full service of benefits that meet our client’s population. Our providers shall not abuse, neglect, exploit or maltreat members in anyway, whether by omission or through acts or by failing to deter others from acting. If the provider becomes aware that a member has been subjected to any abuse, neglect, exploitation or maltreatment, the Provider’s first duty is to protect the member’s health and safety.

Provider Education and Support

The provider network representatives, in addition to the provider manual, conducts ongoing training which may include webinars, and web based tutorials as deemed necessary by the Client or state agency to ensure compliance with client or state agency program standards. These standards include annual distribution of general compliance, HIPAA, Cultural Competency, FWA and any health plan specific trainings as

applicable. EMI maintains evidence of annual training and all providers within our network are required to complete the training.

Provider Cultural Competency

EMI’s participating providers, and their staff, will ensure that services are provided in a culturally competent manner to provide to all contracted health plan’s members and practitioners specific to local cultures, demographics, and ethnicity. EMI has created the cultural competency policy to ensure that effective medical services are provided. EMI’s participating providers, and their staff shall not discriminate on the basis of religion, gender, race, color, age or national origin, health status, pre-existing condition or need for health care services, and shall not use any policy practice that has the effect of such discrimination. This policy recognizes Section 1557 of the Affordable Care Act (ACA) and all other applicable national, state and/or local laws that prohibit the practice of discrimination.

Go Green! We Need Your Emails

In efforts to communicate with our providers in a more expeditious and Earth friendly manner, please send an email with your Group Name and Tax ID to: AugusteM@healthnetworkkone.com

Marjorie Auguste

305-614-0100 x4536
800-595-9631 x 4536
fax: 305-614-0171
augustem@healthnetworkkone.com

Provider Relations

305-614-0100 option 2
800-595-9631 option 2

Authorizations

800-595-9631 option 1
Fax: 305-614-0165
Fax: 866-646-1772

Claims

305-614-0133 option 3
954-335-8130 option 3

Verifying member eligibility

Please remember to ask your patients for a copy of their member ID card at each visit and verify eligibility and benefits by contacting MMM of Florida at 888-722-7559 or via their Web Portal mmm-fl.innovand.com.

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Clinical Practice Guidelines

EMI uses Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines (depending on the LOB) for Medical necessity determinations. These guidelines are based on appropriateness and medical necessity standards; each guideline is current and has references from the peer-reviewed medical literature, and other authoritative resources such as CMS Medicare. For any medical necessity Recommendation of Denial, the Medical Director shall make an attempt to contact the requesting provider for peer to peer consultation.

The Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines are reviewed and approved by HS1 Medical Advisory committee annually, and are available in both electronic and hard copy format. If a provider would like a copy of a guideline they may contact their assigned Provider Relations Representative and a copy will be provided.