



# NETWORK BULLETIN

MARCH 2020 - ISSUE 1



## CAHPS SURVEY

Starting in the month of March and continuing through June, CMS will be conducting the annual CAHPS survey. This survey allows members to evaluate the service they received from both their provider's office and from the Health Plan. Please encourage your patients to comply with all preventive screenings and applicable laboratory tests. Also ensure that you have reviewed lab and test results with your patients. We are here to support you.

## NEW SPECIALTY VENDORS

### ALIVI

Non-Emergency Medical **Transportation** coordination. Call (786) 600-4793 to schedule transportation (*not applicable to the MMM Extra Plan*).

### EYE MANAGEMENT, INC.

For **Vision Services** (Optometry & Ophthalmology) contact (800) 329-1152 for coordination and pre-authorizations.

### LIBERTY DENTAL PLAN

For **Dental Services** call (888) 352-7924 for care coordination and for pre-authorization requests.

# DID YOU KNOW?

MMM Medicare and Much More is a Physician driven organization that strives to simplify all processes, following all CMS/Medicare compliance guidelines.

## **Please remember:**

MMM Medicare and Much More requires referrals from the PCP for all Specialist visits. A referral is not the same as a Prior Authorization (PA) request. A referral is a written order given by the PCP to an in-network specialist. Referrals should be entered on InovaMD – MMM's proprietary portal: [mmm-fl.innovamd.com](http://mmm-fl.innovamd.com)

## **For PA requests the Authorization Time Frames are as follows:**

- 72 hours (Expedited = member's life will be endangered if not resolved within 3 calendar days).
- 14 Calendar Days (Standard). Please submit all relevant clinical information with the completed Prior Authorization form. Submitting the Prior Authorization request without this information, may result in a processing delay and/or an unnecessary denial.

## ANNUAL HEALTH ASSESSMENT (AHA)

### **FOR PCP'S ONLY**

The information used to complete an AHA must come from a face-to-face patient encounter. HEDIS/STAR's metrics are addressed. In addition, you are eligible to **receive \$100** for each AHA submitted per eligible member per year.

Access the AHA through MMM's proprietary portal InovaMD: [mmm-fl.innovamd.com](http://mmm-fl.innovamd.com)

## SPECIALTY PHARMACY

MMM Medicare and Much More Specialty Pharmacy Vendor is **Kroger Specialty**.

Submit Part B (Physician Administered Drugs) requests to MMM Medicare and Much More through InovaMD portal or by faxing PA Form and pertinent clinical notes to **1-833-523-2630**

Routine Part B drug (J-Code) requests will be reviewed within 72 hours. Expedited requests are for emergent situations only. We ask that you refrain from requesting expedited reviews unless the situation is truly emergent.

## Claims Encounter Data Submission

Within thirty (30) days of rendering authorized Health Care Services to a Member, or sooner if required by HMO or by laws, rules or regulations applicable to HMO, Primary Care Physician shall remit encounter data for such authorized Health Care Services rendered to the Member by submitting a Clean Claim to the HMO.

## CONTACT US:

**Provider Service Unit:** (888) 722-7559 (M-F 8:30 AM – 5:00 PM)  
**Website:** [www.mmm-fl.com](http://www.mmm-fl.com) ▪ **Portal:** [mmm-fl.innovamd.com](http://mmm-fl.innovamd.com)

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