

# Network NewsBrief

A publication for **AvMed**  
Providers and Staff

**Medicare Annual  
Enrollment Period (AEP)**

**Things Your Patients Should Do  
Annually to Manage Diabetes**

**Flu Season is Upon Us**

**Lower Back Pain**



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For complete details on all the current news you need to know and to download forms, please visit our website at [AvMed.org](https://www.avmed.org).

**Submit New Claims:**

P.O. Box 569000  
Miami, FL 33256

**Claims Correspondence, Reviews, and Appeals:**

P.O. Box 569004  
Miami, FL 33256  
Fax: **1-800-452-3847**

## OUR COMMITMENT TO YOU

Fall is the Medicare Annual Enrollment Period (AEP), as well as the Open Enrollment Period (OEP) for the Affordable Care Act for individuals and families. This means that for health plans and providers of medical services, it is a very busy time of the year!

In this issue of **NewsBrief**, you'll find a reminder about the flu season and how it's more important than ever for your patients to get protected. The flu shot is free from a participating Provider or pharmacy. Additionally, you will find information about how to support patients with low back pain, medication adherence, and a checklist to help your patients manage their diabetes.

Also, you'll find an article about closing gaps in women's health care. Your attention to all quality gaps as it relates to your patients, our Members, is of utmost importance. As a reminder, in the second half of this year, your patients covered by AvMed will receive gaps in care letters to support your efforts at closing their gaps.

As always, should you have any questions, please call AvMed's Provider Service Center at 1-800-452-8633 or email us at [Providers@AvMed.org](mailto:Providers@AvMed.org).

Be Well.

Sincerely,

**Frank Izquierdo**

Senior Vice President  
Provider Solutions &  
Strategic Alliances  
AvMed





## CARE OPPORTUNITY CORNER

# MEDICARE ANNUAL ENROLLMENT PERIOD (AEP)

The Medicare Annual Enrollment Period begins October 15 and runs through December 7. Our Members choose AvMed Medicare because we offer:

- Trusted service with more than 50 years serving Floridians
- More ways to help keep money in your patient's pocket:
  - NEW! Flex card helps pay for eligible expenses
  - Prescription savings tool via Rx Savings<sup>®</sup> Solutions
  - Healthyperks gives Members up to \$125 in rewards for healthy behaviors
  - Extra Benefits such as over the counter, hearing aids, and vision
  - \$0 Premium
  - \$0 Primary Care Provider office visits
  - \$0 Telemedicine visits
- Comprehensive dental coverage with \$0 copay for crowns



- Comprehensive network of hospitals
- Private Transportation door-to-door to approved health care providers
- Fresh meal delivery program via DeliverLean<sup>™</sup> available on certain plans after an overnight stay in the hospital
- SilverSneakers<sup>®</sup> Fitness Program attend classes in person or online for both "on demand" and live class offerings and much, much more!

*Benefits may vary by plan.*



Your patients can review plan details, check our expansive Provider directory and look over our prescription drug coverage and medication list, all available online at [AvMed.org/Medicare](https://www.avmed.org/Medicare) or call **1-800-535-9355** (TTY 711) for more information.

## THINGS YOUR PATIENTS SHOULD DO ANNUALLY TO MANAGE DIABETES

Use this checklist to help your patients make sure they're on top of their care plan.

The number of treatment options for people with diabetes is large — but we encourage our Members to be their own best advocate. “Diabetes is a devastating disease if not treated,” says Nora Saul, R.D., a certified diabetes educator with Joslin Diabetes Center.

Saul recommends reviewing your patients' diabetes care plan with them. This review should include a check-in of what's on the list below:

- 1. Blood glucose review and check of A1C levels.** The A1C test measures the blood glucose (blood sugar) in your patients' blood by assessing the amount of what's called glycated hemoglobin. An A1C level below 5.7 percent is considered normal. An A1C between 5.7 and 6.4 percent signals prediabetes. Type 2 diabetes is diagnosed when the A1C is over 6.5 percent. At annual check-ins, we encourage Members to make note in writing of where their levels are, and where their provider would like them to be (usually below 7 percent for well controlled diabetics).
- 2. Weight and body mass index.** If your patients' weight or BMI have increased year over year, we encourage you to talk with them about lifestyle strategies to manage it.
- 3. Blood pressure, triglycerides, and cholesterol.** At exams, we also encourage



our Members to make note of these in writing, as well as where their provider would like them to be.

- 4. Eyes.** We recommend your patients get a dilated retinal exam by an ophthalmologist or optometrist. Diabetes can lead to diabetic retinopathy, which can cause vision loss if not treated.
- 5. Feet.** Also, examine patients' feet at least once a year, including checks for blood circulation, nerve detection and sensitivity.
- 6. Kidneys.** Clinical practice guidelines from the ADA and the National Kidney Foundation recommend screening patients with diabetes for kidney disease every year using estimated Glomerular Filtration Rate (eGFR) and urine Albumin-to-Creatinine Ratio (uACR) in order to note changes in and allow for early diagnosis and treatment of kidney disease.



For more ways to stay healthy while living with diabetes, visit [www.diabetes.org/healthy-living](http://www.diabetes.org/healthy-living).

## ACCESS PATIENT RESULTS AT QUEST DIAGNOSTICS

AvMed is contracted with Quest Diagnostics for routine outpatient lab services. Your patients should be referred to or have their lab specimens sent to Quest. Otherwise, they may be subject to an unanticipated out of pocket expense.

Quest also has Insure FIT (Fecal Immunochemical Test) home test kits available in the Quantum Lab Services Manager or your EMR-test code 11290 should be used. Quest kits are available to AvMed Members without a prior authorization.

Requests for genetic testing and Cologuard colon cancer testing are becoming more frequent, as new tests reach the market and as Members and physicians adopt these tests.

Genetic tests and the Cologuard test may be covered but require a prior authorization.

**MyQuest.QuestDiagnostics.com** is a secure tool that makes it easy for your patients to get test results, schedule appointments, track their health history, and more, all in one place.

## FLU SEASON IS UPON US

Time flies: It's hard to believe, but flu season is almost here. As a reminder, all AvMed Members can receive a flu shot free of charge from a Participating Provider or pharmacy.

The flu vaccine continues to be one of the most effective ways to prevent infection, not only among patients but also those around them. Flu activity starts to increase around October and peaks between December and February, according to the Centers for Disease Control and Prevention.

Certain populations, like older adults and children under 5, are at a high risk of developing flu-related complications like pneumonia, bronchitis, and sinus infections. These groups, in particular, should be extra vigilant about avoiding the flu. People with chronic medical conditions like asthma should also be more diligent.

You play an integral role in protecting your patients from the flu. To ensure your patients get vaccinated, follow these tips:

- Start sending out reminders. It's never too early to start thinking about the flu. During your patients' next visit, remind them about the upcoming flu season and what they can do to protect themselves from infection. You can also be proactive and call or email

them a reminder. Even though AvMed sends out flu vaccination reminders, hearing the message from their trusted provider has much greater impact.

- Some patients may be hesitant about getting the flu vaccine. Perhaps they had a bad experience in the past or they're concerned about side effects. Regardless, listen to your patients if they have any concerns. Preservative-free vaccines and other alternatives are available.
- Make patients aware of incentives. AvMed Medicare Members can earn rewards for getting their flu shot. Also, the incentive program provides Members with gift cards for scheduling wellness visits and other routine medical care. For more information, visit [AvMed.org/ MedicareHealthyperks](https://www.avmed.org/MedicareHealthyperks).



## ANNUAL WELLNESS VISIT: MAKE SURE YOUR DOCUMENTATION HAS SUFFICIENT M.E.A.T.

As the year comes to an end, AvMed encourages our Members to have at least one annual wellness visit and regular follow-up with their primary-care-physician (PCP) to manage existing or known chronic conditions. During this visit, we recommend that physicians assess all known conditions and chief complaints. Use our table below to help close gaps in your patients care and make sure you are including sufficient M.E.A.T. in documentation to optimize our Member's level of care and overall satisfaction.

### M.E.A.T

<b>Monitor</b>	- Monitor signs, symptoms, ordering or reviewing and referencing of tests/labs, disease progression or regression.
<b>Evaluate</b>	- Evaluate test results, medication effectiveness, physical exam findings, and response to treatment.
<b>Assess</b>	- Assess by discussion, acknowledging, reviewing records, documenting status/level conditions, and counseling.
<b>Treat</b>	- Treat with prescribing/continuation of medications, referral to specialist, surgical/other therapeutic interventions, and plan for management of condition(s).



# CLOSING GAPS IN WOMEN'S HEALTH CARE



AvMed depends on you to help ensure continuity of care among our Members, your patients. As a reminder, Members' gaps in care letters will be distributed in the second half of this year.

One extremely important area where continuity of care can help prevent disease is to ensure your female patients get yearly mammograms and cervical cancer and Chlamydia screenings. It goes a long way when you advise these patients that these Screenings for women are covered at 100%, and that no co-pay, cost-sharing, and or co-insurance is required when they get these screenings within a participating Network.

That takes the burden away from any financial barriers for our Members. Please also encourage your female patients to get bone density screenings as well.

It's always prudent to educate your patients that early detection through screenings is vital to their well-being since early detection greatly improves their chances for successful treatment. Review with them the key risk factors such as gender, age, family history, genetics, and obesity, while emphasizing your patient's need to remain compliant with current women's health screening recommendations regardless of known risk factors.

Also, advise your AvMed Medicare patients that they may be eligible for a reward through the AvMed Medicare Healthyperks program for completing their mammogram and bone density screenings. Please see

**[www.AvMed.org/MedicareHealthyperks](http://www.AvMed.org/MedicareHealthyperks)**.

Finally, we recommend that PCPs always encourage patients to live a healthy lifestyle by getting all recommended preventive care, screenings and immunizations and maintaining a healthy weight, exercising, limiting alcohol consumption, and avoiding tobacco use.

## CMS' FRAUD, WASTE AND ABUSE PROVIDER TRAINING ON AVMED.ORG

The Centers for Medicare & Medicaid Services (CMS) mandates that all AvMed-contracted entities, including those contracted with AvMed subsidiaries, complete Fraud, Waste and Abuse and Compliance Training annually.

To attest that you have completed the Centers for Medicare & Medicaid Services Part C and Part D Fraud, Waste, and Abuse and Compliance Training please complete the form on our website; otherwise the resources here are provided to help healthcare providers complete these requirements.



Visit **[AvMed.org/Provider-Education/Training](http://AvMed.org/Provider-Education/Training)** to take the training before submitting your attestation. Once completed, you may print the certificate included for your records.

## MEDICARE REFERRAL REINSTATEMENT REMINDER

With the end of the COVID-19 Public Health Emergency, effective August 1, 2023, AvMed reinstated its PCP to Specialist referral requirement for the following Medicare Advantage Plans: Choice, Circle, and Premium Saver.

To increase ease of the referral process, we've also increased the amount of time a referral is valid for from 90 days to 180 days.

As part of our desire to offer excellent service and our valued partnership with you, referrals are submitted via our AvMed Authorization and Referral Tool (AART). To access AART, please log in to the Provider Portal or visit **[www.AvMed.org/web/provider/provider-education/referral-programs/](http://www.AvMed.org/web/provider/provider-education/referral-programs/)** to review the following resources:

- Online, easy-to-use, physician-to-physician referral and health plan authorization system
- Quick reference guide
- Video tutorial
- List of specialties requiring a referral

## IMPROVING MEDICATION ADHERENCE: 4 WAYS



Once a patient leaves your office with a prescription, whether or not he or she fills it may be out of your control. Medication adherence is a common problem that physicians face, but there are steps that can be taken to increase the chances of successful treatment:

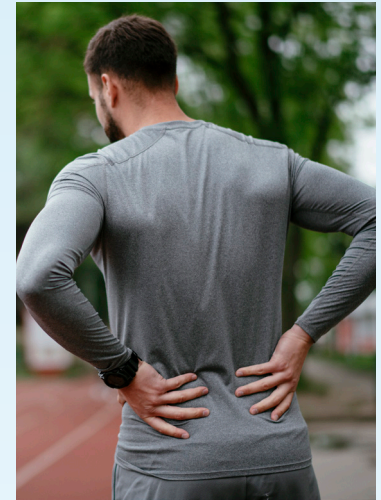
- Make sure your patient understands why he or she is being prescribed the medication. Review the benefits and risks with the patient; the more the patient is aware of what the drug does, the more likely he or she will take it.
- Encourage the use of adherence tools. Mobile apps, setting alarms and pillboxes can help keep treatment top-of-mind for patients.
- Train the staff to better handle inquiries. Remind patients that they can contact your office with any questions and be sure to respond in a timely manner.
- Keep medical records up to date. During every visit, ask your patient about his or her current regimen, especially if the patient has recently been hospitalized. If other Providers have prescribed medications, you need to know so you can reconcile everything and help avoid any drug interactions. Don't let details fall through the cracks during transition of care.



To access AvMed's Provider resources, log in <https://www.avmed.org/provider> with your AvMed username and password.

## LOWER BACK PAIN

Lower back pain is the fifth most common reason for all physician visits in the United States. Many patients have self-limited episodes of acute low back pain and many improve rapidly in the first month. For patients with acute low back pain it is recommended that Providers:



- Do not obtain imaging or other diagnostic tests in the first month following the diagnosis unless there is evidence of severe or progressive neurological deficits.
- Provide patients with evidence-based information on low back pain such as expected course and self-care options.

### HELPFUL HINTS FOR YOUR PRACTICE

- Provide patients with lower back pain evidence-based information about their expected course, advise patients to remain active and provide information about effective self-care options.
- Assess severity of baseline pain and functional deficits and discuss potential benefits and risks before initiating therapy.
- Do not routinely obtain imaging or other diagnostic tests in patients with non-specific low back pain.
- Conduct a focused history and physical examination to help place patients with low back pain into one of three broad categories: non-specific low back pain, back pain potentially associated with radiculopathy, or spinal stenosis or back pain potentially associated with another specific spinal cause. The history should include assessment of psychosocial risk factors, which predict risk for chronic disabling back pain.



**Embrace  
better health.®**  
3470 NW 82nd Ave,  
Doral, FL 33122

## We welcome your feedback.

It's SURVEY time again and Members are being surveyed to assess their experiences with health plans, Providers and our ability to maintain or improve their physical and mental health. Remember, these surveys are used to assess the patient experience focusing on how patients perceive key aspects of their care. Some of those aspects include: office access and wait times for all Members, care coordination between the PCP and the Specialists and whether providers assess fall risk and provide a fall risk reduction plan to their 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 am-5 pm, excluding holidays.

### AVMED'S WEBSITE: [AvMed.org](http://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, Monday-Friday, 8 am-5 pm, excluding holidays**

- 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).

#### 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)