

Network Brief



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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**.

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

Dear Provider.

We are well into 2024 and have much to share with you in this issue of the **Network Newsbrief!**

In this edition, we highlight the best practices that are essential for a positive doctor-patient experience, as they significantly impact health outcomes. Additionally, we discuss how a postpartum visit can help you play an active role in supporting the health journey of new mothers. You will also find information about preventive colon cancer screenings and ways to reduce readmissions.

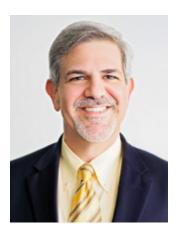
As you know, gathering HEDIS information from medical records is crucial to improving population health. You will receive a request asking for your help in collecting this data. We appreciate your cooperation in this important task. We also want to remind you to make use of our Provider Portal. If you haven't registered yet, you can learn how to do so by visiting **AvMed.org**.

If you have any questions, please call AvMed's Provider Service Center at 1-800-452-8633 or email us at **Providers@AvMed.org**.

Sincerely,



Frank Izquierdo
Senior Vice President
Provider Solutions &
Strategic Alliances
AvMed



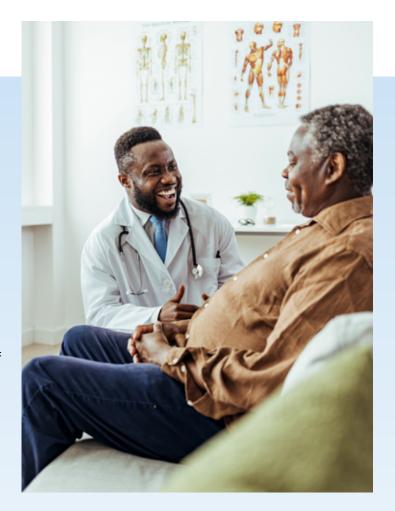
CARE OPPORTUNITY CORNER

BEST PRACTICES FOR DOCTOR-PATIENT EXPERIENCE

Each year, consumers rate their care in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey. One of the measurements in the survey is continuity of care. Care continuity has been linked to improved care outcomes, lower costs and a better overall patient experience.

Building an ongoing patient-provider relationship requires active involvement. Here are four ways to start improving continuity of care:

- Ask questions. If your patient is seeing other providers, you need to know. Not all patients are forthcoming about this information-sometimes, they forget-so asking questions can help ensure you're able to coordinate and provide safe, quality medical care.
- Keep good records. Make sure you and your staff members are documenting any and all changes in care and following protocol. A breakdown in any part of the communication process within your practice can lead to items slipping through the cracks. This is especially true when dealing with complex conditions.



- Be accessible. Patients value access, and they trust that they'll be able to see you in a timely fashion. If they have to wait weeks for an appointment or spend hours in a reception area, they're likelier to seek care elsewhere-thus resulting in fragmented care. Put safeguards in place to ensure waits are kept to a minimum.
- Be clear about follow-up care. If your patients require follow-up observation or care, make sure they have clear instructions and information about any relevant resources, including scheduling future appointments. That way, you make it easier for them to follow through with continued care.

TALK TO YOUR PATIENTS ABOUT COLON CANCER

Colon cancer is the third most common cancer diagnosed in the United States. The American Cancer Society estimates that more than 100,000 new cases of colon cancer will be diagnosed this year.

Preventive screenings are important for improving the chances of successful treatment. Certain lifestyle changes can also lower one's chance of disease. By talking to your patients about colon cancer, you can help minimize their risk and ensure the best outcome possible.

Risk Factors

Are your patients at risk? The risk factors for colon cancer vary: Some of them-like family history—are out of their control. But many colon cancer risk factors can be addressed by lifestyle changes your patients can make, including:

- Becoming more active. If they lead a sedentary lifestyle, they're at a greater risk of colon cancer. Encourage your patients to exercise more, even if that means simple activities like walking.
- 2. Minimizing red meat intake. A diet high in red meats or processed meats has been linked to colon cancer. Talk to your patients about their diet: They may need to limit their red meat intake or replace it with healthier proteins like fish and chicken.



3. Stop smoking. Smoking is linked to a number of health problems, including colon cancer. AvMed offers smoking cessation resources that can help your patients finally kick the habit.

Screening Recommendations

Colonoscopy is the gold standard for cancer screening. The U.S. Preventive Services Task Force recommends that adults age 45 to 75 be screened for colorectal cancer. The decision to be screened between ages 76 and 85 should be made on an individual basis. If you are older than 75, talk to your doctor about screening. Less invasive alternative screening tests like Quest at-home test kits are available for low-risk individuals. Please be aware of any prior authorization requirements regarding non-Quest at-home test kits.

EXPRESS SCRIPTS® AND OUR NEW FIND-A-PHARMACY TOOL

AvMed continuously looks for ways to improve benefits, services, and cost efficiencies for your patients. As a result of these efforts, we have made the strategic decision to change our pharmacy benefit manager (PBM) from CVS Caremark to Express Scripts for our Members. We're partnering with Express Scripts to ensure Members can get more from their pharmacy benefits and access the clinical expertise needed to improve and maintain their health and well-being. All Members should have received a new Member ID card as of January 1, 2024.

Standard Pharmacies vs. Preferred Pharmacies: What's the Difference?

Help your patients save at the pharmacy. Some of the pharmacies in the AvMed Network offer preferred cost sharing. While Members can use any network pharmacy to fill prescriptions, their copays may be lower at a pharmacy that offers preferred or lower cost sharing. AvMed just launched its new Find-a-Pharmacy tool. On this webpage, Members can check out a benefits overview and find information about in-network pharmacies and medication pricing. If your patients have questions, they can contact the Member Engagement Team by calling the number listed on their Member ID Card.

PREVENTING READMISSIONS



Being admitted to a hospital can be an overwhelming experience for your patients. Their priority after a hospital admission should be a smooth recovery, and as a Primary Care Physician (PCP), you can do your part to help them.

The key is communication. After a patient is discharged, he or she should schedule a follow-up visit with you as soon as possible-ideally within seven of discharge. Research has shown that patients who follow up sooner-or at all-after hospitalization have significantly lower readmission rates.

We recommend your scheduling team hold a few appointment slots open for recently discharged patients. Also, when patients call to make appointments, ask your team to inquire if they were recently discharged from a hospital stay. If so, ask your team to schedule a follow-up visit within seven days after discharge.

When a visit is scheduled, consider these practices to minimize a patient's risk of readmission:

Send visit reminders. People can forget, especially after a hospitalization. To ensure your patients follow through with their visits, send them reminders via email, text, or phone so you stay top of mind.

Review your patient's history during the visit. Given a patient's medical history, is there a high risk for readmission? You know your patient best. Review their history and identify different factors that increase that risk, and work with your patient to address these issues.

Make sure patients understand any discharge instructions. Completing and documenting medication reconciliation of pre-hospitalization and post-hospitalization medications and dosages are important patient safety practices that can prevent an unnecessary readmission. If the hospital staff did not send you information regarding the hospitalization, talk to your patients about their discharge instructions and any medications they may have received during hospitalization or prescribed at discharge. If the hospital did send you this information, go over it with the patients. This can help prevent medication interactions and encourage medication adherence.

IMPORTANT INFORMATION ABOUT HEDIS MEDICAL RECORD COLLECTION AND HYBRID SEASON



Data collection for Healthcare Effectiveness
Data and Information Set (HEDIS) is a nationally
recognized quality improvement initiative,
designed by the National Committee for Quality
Assurance (NCQA). The program—which is not
a physician review—monitors the performance
of managed care organizations. Additionally,
HEDIS rates are reported to Centers for Medicare
& Medicaid Services (CMS) and are critical
in the calculation of CMS Star Ratings, NCQA
Health Plan Ratings and Qualified Health Plan
(QHP) Ratings.

To complete data collection, AvMed or our authorized HEDIS medical record review partner, Cotiviti, may contact your office via phone or fax correspondence with record requests between January and May of 2024. We will make every effort to minimize disruptions in patient care activities.

Below is information on how the data collection process will take place:

Access Preferences

Remote Access: AvMed or Cotiviti will provide a Member list, and you can provide remote access to the system with access only to the Members specified in the list.

FTP: You can post the records to GDHS' secure FTP. **On-Site:** Abstractor will visit and print records, then scan and destroy paper records.

Third-Party Medical Record Vendors

If you have contracted with a third-party medical record vendor to assist you with medical record requests, please note that both our participating Provider and Network agreements, as well as the Member's application for coverage with AvMed, provide for release of the medical record information to AvMed, or its designee, for quality improvement efforts at no charge. Any expenses incurred by use of a third-party vendor should be paid by the Provider. It is the Provider's responsibility to provide requested records in a timely manner. Your timely assistance in the data collection process for HEDIS is extremely important to its success.

HIPAA

AvMed is aware that you may have concerns regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA). You may question whether a specific authorization is required from a patient prior to releasing a copy of the medical record. For the purposes of a HEDIS review, no specific authorization is required. Under HIPAA regulations, the form you obtain from a patient permitting you to bill AvMed is satisfactory. Specifically, HIPAA regulations section 164.506 indicates the routine form you obtain is sufficient for disclosures to carry out health care operations. Section 164.501 defines health care operations to include quality assessment and improvement activities such as HEDIS.



If you have any questions, please contact Provider Services at 1-800-452-8633 (TTY 711), Monday-Friday from 8:30 am to 5:00 pm. You are a valued partner in providing quality health care to our Members. We thank you for your cooperation with this initiative.

THE IMPORTANCE OF A POSTPARTUM VISIT

Welcoming a new life into the world is a momentous occasion, and doctors play a pivotal role in ensuring the well-being of both the mother and newborn child. While prenatal care is widely recognized for its importance, the significance of postpartum visits should not be underestimated. These follow-up appointments are integral to monitoring and supporting the physical and emotional health of mothers after childbirth.

Postpartum visits, typically scheduled within the first six weeks after delivery, provide a valuable opportunity for you to assess the physical recovery process of the mother and address any potential complications. You can evaluate the healing of the perineum, incision sites from cesarean sections, and overall reproductive health. This allows the early detection and management of postpartum complications such as infections, hemorrhage or issues related to cesarean incisions.

Additionally, the postpartum period is a time of significant emotional adjustment, and mothers may experience a range of emotions, from joy and fulfillment to anxiety and postpartum depression. Postpartum visits play a crucial role in addressing the mental health of new mothers. You can use these visits to assess the mental well-being of mothers, provide guidance on managing stressors, and offer resources or referrals for mental health support when needed.

Moreover, postpartum visits serve as an educational platform for new mothers. This is an opportunity to offer guidance on breastfeeding, postpartum nutrition, contraception options, and pelvic floor exercises. Providing information and support during this vulnerable period contributes to the overall well-being of both the mother and child.



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For more information, you can direct patients to AvMed's pregnancy resources at www.AvMed.org/Individuals-Families/Programs-Tools/Pregnancy.



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, 8:30 am-5 pm, excluding holidays.

AVMED'S WEBSITE: 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, 8:30 am-5 pm, excluding holidays. Select from the options listed below.

- Eligibility-press one(1)
 Use this option to verify Member Eligibility and benefit information, or confirm and request authorizations.
- Claims-press two(2)
 Use this option to verify status of claims payment, reviews, and appeals.
- Authorizations-press three(3)
 Use this option to obtain status on
 Authorizations or to get information on how to submit a request for an authorization.
- Something Else-press four(4)
 Use this option to speak to a Provider Services
 Representative.

Clinical Pharmacy Management-press five(5)
 Use this option to speak to a Pharmacy
 Management Representative.

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)