Best Practices for a Better Patient Experience

Lab Results at Your Fingertips

The Role of PCPs in AOD Dependence
Springletime and new beginnings go hand in hand, and we have some big news in this edition of Network NewsBrief.

As you’ve probably noticed, we’ve given our magazine a makeover, beginning with this edition. I’m happy to introduce a redesign with a cleaner look and more in-depth content that expands on the important information you’re accustomed to.

In this issue, you’ll find a variety of physician resources, including updates on our new prior authorization partnership, tips on improving the patient experience, and a reminder about the importance of health risk assessments (HRAs). There are also articles about alcohol or other drug (AOD) dependence, dual billing, the Quest Diagnostics online lab portal (MyQuest), and government-mandated demographic updates. For your convenience, we’ve also provided a directory of AvMed numbers frequently used by Providers on the last page.

We always welcome your feedback. If you have any questions, suggestions, or concerns, please call 1-800-452-8633 or email Providers@AvMed.org. We’d love to hear from you.

Sincerely,

Ann O. Wehr, MD
Senior Vice President and Chief Medical Officer
Population Health & Provider Alliances
Since Jan. 1, 2016, CMS policies dictate that health plans are required to validate participating Provider information quarterly. As a result, you can expect AvMed to contact you each quarter to verify certain data:

- Physical address
- Phone number
- Whether you currently accept new patients

You can help us with the validation process. Just log into AvMed.org and confirm your directory demographic information under “My Profile” on the left sidebar. There, you’ll find sections like “General Information” and “Hospitals” that can be updated with the latest information by clicking “Edit.”

To start using the online PA tool, log onto your account at AvMed.org and click on “Authorization” on the left sidebar to open a drop-down menu. Then, click on “Novologix” to access the tool as well as reference materials, including a training video and user manual.

Earlier this year, AvMed implemented a new prior authorization request process. Providers must now use AvMed’s NovoLogix online Prior Authorization (PA) system for online submission and approval of requests for impacted medications administered in your office, a participating facility, or in-home by a healthcare practitioner. By using online PA, your staff can save itself time and reduce the need to fax in drug requests. The tool lets your team create online requests, track their statuses, and access any details related to each request easily.

For more information, call AvMed’s Provider Services Center at 1-800-452-8633 between 8:30 a.m. and 5:30 p.m.

MyQuest Offers Convenient Lab Results

Do your patients know about MyQuest? It’s an easy way for them to view their lab results online. During their next visit, remind your patients about creating an account to get their results faster. Refer your patients to MyQuest.QuestDiagnostics.com for more information.

For more information, call AvMed’s Provider Services Center at 1-800-452-8633 and select option 3.
As a Provider, you have a direct impact on your patients’ healthcare experience. Every year, to comply with accreditation and regulatory requirements, your patients may be sent surveys to evaluate their experiences with their health plan, their provider(s) and to assess their physical and mental health status. Both the Health Outcomes Survey (HOS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey specifically ask about areas of care and the patients’ health status such as:

- Provider-patient communications (e.g., listening skills; easy-to-understand medical explanations)
- Coordination of care (e.g., follow-up care; chronic disease management)
- Provider accessibility (e.g., access to timely appointments)
- Assessment of and direction regarding appropriate physical activity
- Assessment of and direction in fall prevention
- Assessment of and treatment for urinary incontinence

To ensure the best possible patient experience, AvMed recommends that primary care practices adhere to these guidelines:

1. **Be flexible** when it comes to scheduling urgent and nonurgent appointments with patients.
2. **Avoid overbooking** or double-booking appointments.
3. **See patients as close to the scheduled appointment time as possible.** The CAHPS Survey specifically asks patients whether they were seen within 15 minutes of their designated slot.

“AvMed strives for the highest quality standards and that includes service excellence. As a Provider, you have a direct impact on your patients’ healthcare experience.” - Michael Sheehan, MD, AvMed Medical Director of Quality Improvement

4. **Have a backup plan.** Sometimes, there are circumstances outside of your control that can affect whether you see a patient on time. If that happens, make sure there’s a process in place to address the issue.
5. **Communicate with your patients.** When your patients are in the office, ask them about their experience directly and reassure them that your practice is striving to provide the best care possible.
6. **Offer alternatives.** If you do not have timely appointments available, direct the patient to another Participating Provider who does.
7. **Assess your Medicare Members’ current level of activity, fall risk and for any complaint of urinary incontinence.** Provide a plan of care for any issues identified.

We encourage the use of a Wait Time sign in your reception area. For a complimentary copy of the sign, send an email to ProviderEducation@AvMed.org.
Improving patient health is at the core of a Provider’s work. A Health Risk Assessment (HRA) is one way that Providers can take a proactive approach toward a patient’s changing health status.

An HRA helps doctors document chronic conditions and gaps in care, which can then prompt the appropriate treatment, such as inclusion in a disease management program.

Not all Medicare Members require an HRA. In fact, AvMed has already identified which of your patients would benefit from completion of an HRA and provided you with a list. We encourage you to reach out to these patients and schedule an appointment as soon as possible for a thorough examination. A face-to-face visit is needed to complete an HRA; you cannot use notes from a previous appointment.

To help your patients take charge of their health, talk to them about AvMed Healthyperks™. This incentives program rewards AvMed Members with gift cards for actions like scheduling a wellness visit, getting vaccinated, or undergoing a preventive screening. Refer them to AvMed.org/Healthyperks to learn more about the program.

**HAVE YOU CHECKED THE AVMED.ORG PROVIDER PORTAL RECENTLY?**

Please visit the AvMed.org Provider Portal to get the latest clinical and preventive guidelines, recommendations, quality performance updates, HEDIS Highlights, HEDIS Matrix, and Care Opportunity Reports.

**AvMed Network Newswire**

We’re excited to introduce AvMed Network NewsWire, a new monthly digital newsletter featuring AvMed updates and the top healthcare news.

Through AvMed Network NewsWire, you’ll enjoy a wealth of information:
- Previously published research articles from medical conferences, journals, and government initiatives
- Data on 32 medical specialties
- CDC, NIH, and FDA updates
- Scientific session summaries
- And much more …

Think of it as Cliff Notes for Physicians. We know you’re busy, so AvMed Network NewsWire provides credible, evidenced-based articles that are easy to digest. And it’s completely customizable: You only receive the information you request. To start personalizing your content, register at AvMedNetworkNewsWire.org today.
AvMed Medicare and Medicare Advantage Providers need to be aware of the Centers for Medicare & Medicaid Services’ recent guidance about balance billing certain enrollees. Providers who balance bill Dual Eligible Medicare beneficiaries or Qualified Medicare Beneficiaries (QMBs) are subject to sanctions, so it’s in your best interests to verify your patient’s status.

The CMS mandate precludes the billing of any cost-sharing amounts to Medicare beneficiaries who are also Medicaid beneficiaries or QMBs. The QMB program, in particular, is a State Medicaid benefit that covers Medicare deductibles, coinsurance, and copayments; it’s also subject to state payment limits. Should the State not reimburse you for the full Medicare cost-sharing amount, you cannot charge the patient for the remainder.

This guidance is intended for all Medicare and MA providers – not just the ones who accept Medicaid. More information about dual-eligible categories can be found at Medicare.gov.

For more information, call AvMed’s Provider Services Center at 1-800-452-8633 between 8:30 a.m. and 5:30 p.m.
PCPs: The Front Line Against AOD Dependence

Alcohol and other drug (AOD) dependence can affect anyone. According to the Substance Abuse and Mental Health Services Administration, more than 23 million Americans are addicted to drugs and alcohol. After performing our own internal analysis, we found that Primary Care Physicians are among the first to diagnose AOD dependence in patients. If you are a PCP, it’s in you and your patients’ best interests to perform AOD dependence treatment at your practice.

You can do this through IET (Initiation and Engagement of Alcohol and Other Drug Dependence Treatment) outpatient stand-alone visits with your patient. These visits allow you to discuss the health risks and consequences associated with AOD dependence. By initiating treatment within 14 days of the diagnosis at your practice and scheduling at least two follow-up visits within 30 days of the initial visit, you can also help close IET measure gaps.

If you’re not able to perform AOD dependence treatments at your practice, you can still assist in improving patient care quality. Within 14 days of the diagnosis, refer the patient to a Behavioral Health Provider Partner for appropriate treatment. AvMed’s current Behavioral Health Provider Partner is Magellan Health.

For more information about Magellan Health, visit MagellanHealth.com or call 1-800-424-4810.
WE WELCOME YOUR FEEDBACK

We are committed to having the best Provider network and encourage you to give us your feedback and suggestions. Let us know about your experiences with quality improvement studies, practice guidelines, or any other AvMed practice or interaction.

We are always looking for more efficient, effective and above all, quality-driven ways to service our Providers, Practitioners, and 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 Services Center at 1-800-452-8633, Monday–Friday, 8:30 am–5 pm, excluding holidays.

You may write us at:
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9400 S. Dadeland Blvd.
Miami, FL 33156

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ONLINE PROVIDER SERVICES:

Please note our email address:
Providers@AvMed.org

Use our centralized toll-free number to reach several key departments at AvMed.

PROVIDER SERVICES CENTER
1-800-452-8633

· 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 Services 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)