It’s hard to believe we’re already halfway through the year! Before you know it, the kids will be back in school and we’ll all be gathering together for the holidays. That’s what this issue of *Network NewsBrief* is focused on: looking forward.

Inside, you’ll find important information about identifying postpartum depression plus recommendations regarding back-to-school immunizations as well as suggestions for improving your practice’s timeliness of care. There’s also a Q&A regarding our High Performance Network, so that you’re prepared for next year.

As always, you can find a convenient list of frequently used AvMed numbers on the back cover.

We want to hear from you. If you have any questions, comments, or concerns, please call 1-800-452-8633 or Providers@AvMed.org.

Sincerely,

Ann O. Wehr, MD, FACP
Senior Vice President and Chief Medical Officer
Population Health and Provider Alliances

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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](http://AvMed.org).
AvMed’s Groups and Growth

When it comes to membership, AvMed is in growth mode! Not only do we continue to renew client contracts year after year, but we also continue to sign up new groups regularly. These past two years have been incredibly rewarding for our organization, as we’ve seen our numbers increase throughout the state of Florida.

Below, you’ll find some of the membership highlights from 2016 and 2017. We’re excited for what the future holds and look forward to continued success. Without you, this success wouldn’t have been possible.

CLIENT CONTRACTS RENEWED IN 2016 AND 2017
- AT&T – 8,000 Members
- Baptist Health South Florida – 19,000 Members
- Columbia County School District – 1,628 Members
- East Ridge Retirement Village in Cutler Bay, Terraces at Bonita Springs, and North Florida Retirement Village in Gainesville – 550 Members
- Greenberg Dental – 130 Members
- Haven Hospice & Hospice of the Keys – 699 Members
- Jackson Health System – 19,000 Members
- Marriott International – 4,000 Members
- Miami-Dade County – 48,000 Members
- PCS Phosphate – 500 Members
- State of Florida – 113,300 Members

NEW GROUPS IN 2016 AND 2017
- Accent Physicians – 60 Members
- Amalgamated Transit Union – 400 Members
- Bounds Heating & Air – 60 Members
- Central Florida Behavioral Network – 60 Members
- El Dorado – 600+ Members
- Fisher Island – 350 Members
- Gilchrist County Schools – 450 Members
- Jewish Community Center – 100 Members
- Perez Trading – 250 Members
- Revlon UAW – 300 Members

OTHER HIGHLIGHTS
Individual and Family Plans have grown over 90% since December 2016 with a total of over 56,000 Members primarily in the South Florida region. Our Medicare segment remains stable with over 30,000 Members.

In South Florida, existing client groups continued to expand by adding 1,600 new Members in the tri-county area (Dade, Broward, and Palm Beach) effective January 2017. Miami-Dade County group numbers grew, and one of the largest groups there – Jackson Health System – continued to expand as well.

Central/North Florida, in particular, had a very successful 2016; we saw more than 5% growth in markets such as Tampa and Jacksonville. In more exciting news, 2017 is already off to a fast start with more than 3% growth.

The Impact of High-Priced Medications

High-priced medications affect everyone on the drug supply chain. Patients are faced with higher copays – in turn lowering their quality of life – and physicians are faced with angry patients and the scramble for alternative drug treatments. These high prescription costs are driven by a variety of market forces, but AvMed strives to do its part in keeping health care costs low. Formulary tiering and encouraging the use of generics are some ways we’re doing that, and we continue to work behind the scenes to advocate for lower drug prices. Check AvMed’s Provider publications regularly for the latest updates.
Continuous care is critical for a healthy pregnancy and delivery. But just as important is postpartum care: As a new mother recovers from childbirth, her body undergoes a number of changes – some of which can lead to adverse complications.

HEDIS measures whether the patient has had a follow-up visit with an obstetrician, gynecologist, or other health care professional within three to eight weeks after delivery. The follow-up visit should include a postpartum pelvic exam as well as a breast examination, abdomen evaluation, and other screenings like weight and blood pressure.

During this appointment, you should also look for any signs of depression in the patient. While it’s normal for women to feel overwhelmed after giving birth, those feelings shouldn’t last longer than a few weeks. If such feelings are persistent in a patient, then postpartum depression could be a possibility. Some of the signs to look out for:

- Social withdrawal
- Lack of care for one’s self or child
- Severe mood swings and/or anxiety
- Feelings of inadequacy

Assessing a patient’s personal and family history can also help determine whether your patient is at risk for postpartum depression (or other mental health issues). A history of depression, substance abuse, and complications during childbirth put a mother at a higher risk.

To ensure your patients take the necessary steps for postpartum care, consider the following tips:

- Send appointment reminders to new mothers
- Remind new mothers about scheduling their own wellness visits during their child’s first appointment

For HEDIS reports, log into AvMed’s Provider Portal and click “Tools” on the left sidebar.
A Closer Look at AvMed’s High Performance Network

As an AvMed Medicare Provider, you have the opportunity to participate in the High Performance Network (HPN). Every year, AvMed selects specialties to be profiled using its quality and/or cost efficiency criteria and methodology. AvMed Medicare physicians who consistently meet or exceed performance criteria are recognized within this network, and this designation makes it easier for Medicare patients to identify specific doctors.

There are many moving parts to the HPN, so we’ve compiled some of the most frequently asked questions regarding the designation.

HOW DOES THE HPN DESIGNATION AFFECT MY PRACTICE?
The HPN designation means that your practice has met or exceeded the quality and cost efficiency benchmarks for your specialty.

• HPN-Designated Physicians: AvMed Members who seek care from our HPN-designated physicians will have lower out-of-pocket cost share responsibilities or no copay.

• Non-HPN-Designated Physicians: Members will be responsible for a higher copayment when seeking care from non-HPN-designated physicians.

HOW ARE PHYSICIANS EVALUATED?
AvMed evaluates solo practitioners (i.e., a physician), single specialty group practices, and multispecialty group practices. Evaluation of physicians is conducted with quality and cost efficiency dimensions such as:

• Proprietary and National Quality Forum (NQF) endorsed measures

• AvMed’s “Episode Efficiency Rating” tool

Physicians are reviewed and designated on a yearly basis.

ARE ALL SPECIALTIES EVALUATED?
Only select specialties are evaluated each year. Last year, AvMed focused on 15 specialties, including cardiology, oncology, and urology.

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.
A Back-to-School Guide to Immunizations

One of the main concerns that parents face each school year is immunization. Ensuring that kids have the proper vaccinations not only protects them, but also protects everyone around them.

Each year, the Advisory Committee on Immunization Practices (ACIP) approves immunization schedules for persons living in the United States. We’ve highlighted a few of the vaccinations you need to talk to your patients about this year.

**Human papillomavirus (HPV):** This year’s recommendations are as follows:
- Vaccine series may be started at age 9
- Routine dosing intervals are recommended
  - Administer a two-dose series of HPV vaccine on a schedule of 0, 6-12 months apart to all (male and female) adolescents aged 11 or 12 years
- A three-dose series for females and males between ages 11 and 12 years of age may be recommended

**Influenza:** It’s never too early to start thinking about the flu. An annual vaccination is recommended for children 6 months to 18 years old, but the dosage is different depending on the child’s age.
- 6-23 months (IIV only): 1 or 2 doses
- 2-8 years (LAIV or IIV): 1 to 2 doses (4 weeks apart)
- 9-18 years (LAIV or IIV): 1 dose

As a reminder, these are just recommendations; you may need to adjust the schedule depending on the individual child. We also encourage you to stress the importance of annual flu shots to your patients, even if you do not administer them in your practice. Flu shots have a positive effect on vaccination rates, protecting the lives of patients and the people around them.

Some patients may have reservations about vaccines like the flu shot due to the presence of additives/preservatives. While there is no science to support that they pose any risk, there are “preservative-free” options available if the patient insists despite reassurances. The patient will need to request this option directly from their pharmacist during the flu shot visit.

For more vaccination guidelines, visit AvMed’s Provider Portal at AvMed.org. Once there, click on “Providers” and then click on “Guidelines and Standards.”
Maximizing Your Practice’s Timeliness

Timeliness of care is one of the ways that the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey holds Providers accountable, but it’s one of the easiest issues to address within your practice. Here are some simple ways you can start improving the patient experience:

1. **Perform an audit.** Are there ways you and your staff can prepare better for scheduled appointments? Assess information-gathering practices (e.g., paperwork collection) and other areas of your practice that could bottleneck your efficiency. Odds are there’s one point — or several points — in the process that could use some improvement.

2. **Communicate.** Sooner or later, a patient will run late — or not show up — and delay the rest of your schedule. If that’s the case, make sure you and your staff members are up front about the potential wait. If you have a rough estimate of how long the delay is, convey the message to your patients.

3. **Create a comfortable environment.** If patients are going to wait, make sure it’s as pleasant an experience as possible. Offering snacks and refreshments, replacing rigid seating, and providing entertainment such as televisions or magazines are a few changes you can implement in your waiting room.

We recommend the use of a Wait Time sign in your reception area. For a complimentary copy of the sign, email ProviderEducation@AvMed.org.
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:
AvMed
Public Relations Department
9400 S. Dadeland Blvd.
Miami, FL 33156

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AvMed’s WEBSITE: AvMed.org

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 Inquiry, press two (2). Use this option to verify status of claims payment, reviews, and appeals.
- Claims Service Department, 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.
- Provider Services Center, press four (4).
- Clinical Pharmacy Management, press five (5).
- Medical Review, press six (6).

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)