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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

At AvMed, we understand that you’re able to give your patients the best care possible when you have the best resources possible.

Whether you are looking for tips on improving the patient experience, a reminder about the importance of health risk assessments (HRAs) or regulatory updates, our goal is to help you attend to the most important part of your day - your patients.

In this issue, you’ll find all that and more including an article about doctor’s being on the frontline of alcohol and drug dependence, new online Authorization Request Tool and the Quest Diagnostics online lab portal (My Quest).

Remember, we also have a monthly digital NetworkNewswire featuring updates and the top health care news. It’s completely customizable; you only receive the information you request. For personalized content, register at AvMedNetworkNewsWire.org.

As always, we 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, FACP
Senior Vice President and Chief Medical Officer
Population Health and Provider Alliances
AvMed at Your Fingertips

NOVOLOGIX

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, outpatient facilities 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.

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.

Online Authorization Request Tool

We are excited to introduce AvMed’s new Online Authorization Request Tool, now available within your provider portal at AvMed.org. This convenient tool allows you to complete Medical Prior Authorization requests online and submit supporting clinical documentation electronically. Most of it is auto-populated, making the process quick and easy to complete.

You can find the “e-Auth” Tool on the Provider portal for all Physicians and Group Practices and can be accessed with three simple steps.

1) Log on to AvMed.org.
2) Sign into the provider portal with your user name and password
3) Select “Medical Prior Authorization Request” to submit your online request form

If you do not know your user name or password or you need any assistance, please call AvMed’s Provider Services Center at 1-800-452-8633.

MyQuest Offers Online 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.

If you are having trouble logging into NovoLogix, please contact: AvMed’s Provider Services Center at 1-800-452-8633 between 8:30 am and 5:30 pm.
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 forward 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; 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.

For more CAHPS recommendations and guidelines, visit AHRQ.gov/CAHPS.
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.

Need help with patient outreach? Providers can email Floor.Supervisor@AvMed.org for assistance with scheduling HRA appointments.
Balance Billing Limitations Regarding Medicare Patients

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 am and 5:30 pm.
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 Magellan Health.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:
AvMed
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9400 S. Dadeland Blvd.
Miami, FL 33156

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Customize your digital newsletter today; register at AvMedNetworkNewsWire.org.

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 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)