

Network **NewsBrief**

A publication for **AvMed** Providers and Staff

Fall 2018

**Closing Gaps
in Care for
Cancer Screenings**

Behavioral Telehealth

**Physician-to-Physician
Referral**



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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

As we look ahead to the end of the year and the start of 2019, you'll find a reminder about the Medicare Annual Enrollment Period. This time of year, Medicare Members are reviewing their health plans for any changes, and it's crucial that you're aware of them, too. Flu season is here, and we've included tips for encouraging your patients to get their annual flu shot. All AvMed Members can receive the flu shot free of charge from a participating Provider or pharmacy. In an on-going effort to continually improve our services, AvMed is excited to introduce our new online, easy-to-use, physician-to-physician referral portal. You can read more about this on page 5. I wish you and your loved ones all the best this holiday season.

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

CARE OPPORTUNITY CORNER

Closing Gaps in Cancer Screenings

Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care. Compliance with HEDIS® measures can also help you improve your patients' health.

AvMed makes tools available to our Providers to help you familiarize yourself with HEDIS® measures and close gaps in care. One of these resources is our HEDIS® Highlights, which give you in depth information about select HEDIS® measures.

This issue's highlighted measure is **Colorectal Cancer Screening (COL)**.

COL evaluates the percentage of Members 50 to 75 years of age who had appropriate screening for colorectal cancer. The following

count towards measure compliance: colonoscopy every 10 years, CT colonography or flexible sigmoidoscopy every 5 years, FIT-DNA (Quest Insure) every 3 years, OR a Fecal Occult Blood Test every year. A history of colorectal cancer or total colectomy excludes members from this measure. Be sure to include diagnostic codes on your claims to indicate this: **Z85.038 or Z85.048**.

The HEDIS Highlights section of our Provider Portal currently has highlights for Flu, Breast Cancer, Colorectal Cancer and Cervical Cancer Screening measures. The Highlights are rotated on a bi-monthly basis, so please check back regularly for updates. **AvMed.org/About Us/Corporate Governance and Responsibility/HEDIS Reports**

Flu Season Is Here!

Time flies: It's hard to believe, but flu season is 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, children and people with chronic conditions, such as asthma, or COPD are at 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.

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, inform that flu vaccines change every year, discuss alternatives with your patients and make patients aware of incentives. AvMed Medicare Members and Individual and Family Members can earn rewards for getting their flu shot. The incentives program provides Members with gift cards for scheduling wellness visits and other routine medical care. For more information, visit **AvMed.org/Healthyperks**. Have questions about flu shot benefits? For answers, call AvMed's Provider Services Center at **1-800-452-8633** or email **Providers@AvMed.org**.

Reminder: Upcoming WebEx ACA Coding Training

Optum, a leading information and technology-enabled health services business, offers a Documenting and Coding Chronic Conditions for Affordable Care Act Risk Adjustment class. The course can provide CEU credits for billers and coders; physicians and clinical staff may also attend.

Sessions with CEUs have been preapproved by the American Academy of Professional

Coders (AAPC). In order to receive credit, attendees must be logged into the WebEx using the unique link emailed to them based on their registration information. If you're attending via telephone only, you will not be eligible for CEUs.

There is one session left in 2018. This session is for Participating Providers only, and there is a limit to the number of participants. For more details and to register, visit **<https://bit.ly/2KkwAvB>**.

BEHAVIORAL TELEHEALTH - HOW IT CAN HELP PATIENTS



AvMed Members can access a behavioral health or substance abuse provider whenever, wherever.

Telehealth removes the barriers to healthcare access, allowing providers to see patients who might otherwise not be able to make it into a doctor's office due to being homebound, having busy schedules, or traveling. It's a convenient alternative for your patients. They won't have to wait weeks for an appointment, and can receive help evenings and weekends, if necessary.

Patients can use this easy, convenient and secure way to speak with their clinician within the privacy of their own home. Behavioral telehealth services are available to Members of our fully insured products and Medicare Advantage.

Telehealth providers can help with:

- Stress
- Anxiety
- Depression
- Grief
- Panic attacks
- Stress from coping with an illness

How it works. Patients can:

- Log in or register on AvMed's website and click on the "Find a Behavioral Health provider" Link.
- Search for outpatient providers. The providers with telehealth capability have a yellow icon on their contact information.
- Choose a provider and schedule an appointment

Your patient's standard office visit copay applies to telehealth appointments.

To assist in coordinating patient care, patients are encouraged - if comfortable - to have their therapist talk to their Primary Care Physician about treatment plans.



To learn more, visit www.AvMed.org

THE NEW MEDICARE PHYSICIAN-TO-PHYSICIAN REFERRAL SYSTEM



In an on-going effort to continually improve our services, AvMed has partnered with HeathTrio for our new online, easy-to-use, physician-to-physician referral portal. Because PCP referrals are required for most routine specialty physician office visits, we wanted to make the process easier and more user friendly. This will not interrupt the current referral process. Please find below the Top 5 features of AvMed's new physician-to-physician referral portal:

- **Process is 100% web-based. AvMed's forward-thinking, technology-based practices are in line with the Affordable Care Act and environmental protection policies.**
- **Sign-on once to access all areas of the portal including physician-to-physician referral. "Single sign-on" makes access easier for our physician partners.**
- **Physician Search & Save function. Search for in-network specialty physicians by name, specialty type or provider number. Save templates and return to incomplete referrals**
- **PCP may create referral for one to nine visits. All referrals are good for up to 90 days.**
- **Online referral status search. Specialists and PCPs can search for referrals created or received with a variety of search options**

Referral guidelines, documents and FAQs are available on our website, www.AvMed.org by selecting Provider Education followed by Medicare Referral Program.



If you have additional questions about the referral process, please contact the **AvMed Provider Services Center at 1-800-452-8633.**

Are You Ready for Annual Enrollment?

Don't forget that the Medicare Annual Enrollment Period (AEP) is Oct. 15–Dec. 7. During this time, Members will be reviewing their health plans for changes and updates. As a Medicare Provider, you should be aware of upcoming 2019 AvMed Medicare Choice benefits:

- Access to one of the largest networks of physicians and hospitals in South Florida
- \$0 monthly plan premiums
- No or low copays
- Preventive screenings at no cost
- Emergency worldwide coverage
- Dental plan, including dentures with no or low cost sharing, through Delta Dental
- Vision services and hearing discounts
- Prescription drug coverage, including 90-day retail and mail order discounts through CVS
- Membership in SilverSneakers® Fitness program at no extra cost
- HealthyperksSM – our incentive program offering gift card rewards

Have questions about these benefits?

For more information, contact AvMed's Provider Services Center at 1-800-452-8633.

Keeping Track of Cancer Screenings



It's no secret that regular cancer screenings can help catch many types of cancer before they become a bigger problem. But how often should your patients be getting screened for cancer? And what cancers should your patients be getting checked for?

Below, you'll find the latest information from the U.S. Preventive Services Task Force (USPSTF) on common cancer screenings.

- **Breast cancer:** The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. The decision to start regular, biennial screening mammography before the age of 50 should be an individual one that takes into account its benefits versus its risks.
- **Cervical cancer:** According to USPSTF, women between the ages of 21 and 65 years should be screened with cytology (Pap smear) every three years. Women between the ages of 30 and 65 years who want to lengthen the screening interval can be screened with a combination of cytology and human papillomavirus (HPV) testing every five years.
- **Colon cancer:** Per USPSTF recommendations, all individuals should be screened for colon cancer starting at age 50. Screening intervals depend on the diagnostic test used (colonoscopy, etc.). For patients of average risk who refuse a colonoscopy, Quest Lab's Insure FOBT kit can be utilized annually.
- **Lung cancer:** Annual screening for lung cancer with low-dose computed tomography (LDCT) is recommended in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.
- **Prostate cancer:** Instead of routine screening, the USPSTF says that clinicians discuss the potential benefits and harm of screening with men between age 55 and 69 and make an individualized decision about the need for PSA testing.
The American Urological Association specifically recommends against using prostate-specific antigen (PSA) testing to screen for prostate cancer in men over age 70.



For more information on these cancer screening recommendations, visit [AvMed.org/Provider/Provider Education/Guidelines & Standards](https://www.avmed.org/Provider/Provider-Education/Guidelines-&-Standards) or the official **USPSTF website**.

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.

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](https://www.avmed.org/Provider-Education/Training) to take the training before submitting your attestation. Once completed, you may print the certificate included for your records.

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:

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 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)