

Network NewsBrief

A publication for **AvMed**
Providers and Staff

Spring 2019

**Closing Gaps
in Care**

**Physician-to-
Physician Referral**

**Transition of
Care Maintaining
Continuity**



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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

In this edition of AvMed Network NewsBrief, we focus on sharing tools and strategies for coordination of care and maintaining care continuity. With our new online Medicare Physician-To-Physician referral system we have given you full access to the portal with a single one-time sign on. This new portal includes the ability to save and return to incomplete referrals, conduct a physician search with all active referrals up to 90 days.

Care coordination is important for a holistic view of the care the Member may be receiving from other providers. Whether you've made a referral to a specialist or the Member has forgotten to share visits they may have scheduled with other doctors you need to know. Asking questions, keeping good records, minimizing time waiting in your reception area and clear follow up care instructions all serve to create a better Member health experience.

Following up about behavioral health inpatient stays is also important for the patient's recovery. Our Case Managers are able to assist if the patient needs more support during their recovery. In addition, to minimize hospital readmissions you can also assist patients by leaving some appointments open for recently discharged patients. Review the discharge instructions with the patient to review any new medications prescribed to prevent the patient from experiencing contraindications.

CMS precludes the billing of any cost-sharing amounts to Dual Eligible Medicare beneficiaries or Qualified Medicare Beneficiaries, so please verify your patient's status. This guidance is for all Medicare and Medicare Advantage providers. You can find more information at Medicare.gov.

Please enjoy this issue and take a moment to enjoy spring!

Ann O Wehr MD



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HOW YOU CAN HELP CLOSE GAPS IN CARE

As an AvMed Provider, you play an integral role in closing gaps in care. That's why we provide you with a variety of relevant resources and tools, including Care Opportunity Reports (COR). These Care Opportunity Reports allow the tracking of gap closure from month to month on select HEDIS Quality Measures.

These measures span a number of categories such as Preventive Care and Medication Management. Among the ones that can appear in a COR:

- Cervical Cancer Screening
- Flu Vaccination
- Readmissions
- Osteoporosis Management in Women With Fractures
- Controlling Blood Pressure for Hypertensive Members

The reports are just one tool that can address gap closures. Other resources at your fingertips include:

HEDIS Measures Provider Matrix: A reference tool to learn population, measure specifications and appropriate coding for select quality measures.

Care Opportunity Report Provider Response Form: A supplemental data process for un-claimable supporting documentation to close off gaps; Provider may submit Care Opportunity Response forms via fax or email.

Quality Star Measures Reminder: This guide includes star measure codes, weights, age range and time frame for compliance.

HEDIS Encounter Coding Guide: This document may be included as part of an encounter to check off any services performed during the Member's visit. (form includes CPT II codes).



In addition to these tools, you can also improve quality ratings by:

- Encouraging patients to schedule appropriate screenings and comply with necessary treatment listed as a gap in care.
- Reminding your patients to follow up with ordered tests and filled prescriptions.
- Avoiding unnecessary testing and educating patients on the proper use of medications and screenings.
- Submitting claims with HEDIS-relevant CPT/ICD-10 codes or Care Opportunity Responses.



To access your Care Opportunity Report, visit **AvMed.org/Web/Provider** and enter your username and password. You can also request it through your AvMed Provider representative. Have questions? Contact the AvMed Provider Services Center at **1-800-452-8633**.

THE NEW MEDICARE PHYSICIAN-TO-PHYSICIAN REFERRAL SYSTEM



In an on-going effort to continually improve our services, AvMed has partnered with HealthTrio 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 referrals for one to nine visits. All referrals are active 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. Referrals are available as soon as they are created.

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**.

TRANSITION OF CARE: MAINTAINING CONTINUITY



When all Providers are on the same page, patients win. Care continuity and coordination has been linked to improved care outcomes, lower costs and a better overall patient experience.

Building an ongoing patient-Provider relationship requires active involvement. It's a two-way street that requires constant communication. Here are four ways to start improving continuity of care immediately:

Ask questions. If your patient is seeing other Providers, you need to know. Not all patients communicate this information – sometimes, they forget – so asking questions can help ensure you're able to coordinate and provide safe, quality medical care. You should also ask about changes in care such as any hospital admissions as well as emergency or urgent 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, which can involve many specialist visits and ordered tests.

Make sure to 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 are likelier to seek care elsewhere – thus resulting in fragmented care. Put safeguards in place to ensure the time spent waiting in your reception area for their appointment is 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. You may want to consider reaching out to the patient to ensure that they follow through with any referrals to specialists or other Providers.



Contact the AvMed Provider Services Center at **1-800-452-8633** for more information on transition of care. The Provider Services Center is open from 8:30 am-5 pm, Monday-Friday (excluding holidays). You can also get in touch with the Center by sending an email to **Providers@AvMed.org**. More resources can be found at **AvMed.org** under the Provider section.

PREVENTING READMISSIONS

Being admitted to a hospital can be an overwhelming experience for your patients. Your patients' priority after 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 – typically within seven to 10 days of discharge (depending on the diagnosis). 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 appointments 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 reminders. People can forget, especially after a hospitalization. To ensure your patient follows through with his or her visit, send him or her reminders via email, text or phone; so you stay top of mind.

Review his or her history during the visit. Given a patient's medical history, is there a high risk that he or she will be readmitted? You know your patient best. Review his or her history and identify different factors that increase that risk and work with your patient to address these issues.

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



Have questions about preventing readmissions? Call the AvMed Provider Services Center at **1-800-452-8633**. The Provider Services Center is open from 8:30 am-5 p.m., Monday-Friday (excluding holidays). You can also get in touch with the Center by sending an email to **Providers@AvMed.org**. More resources can be found at **AvMed.org** under the Provider section.

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.

FOLLOWING UP ABOUT BEHAVIORAL HEALTH INPATIENT STAYS

Follow-up visits are an important part of a patient's recovery. If your Medicare patients have undergone an inpatient stay for behavioral health issues, please remember to schedule follow-up appointments with them, within seven days of discharge when possible.

Seeing your patient shortly after discharge can help ensure a smooth recovery as well as help you more effectively manage their care. These crucial visits provide you with an opportunity to review discharge instructions, prescriptions and other aspects of an AvMed Member's care.



For help with reminding your Medicare patients to schedule a follow-up visit after discharge, contact the AvMed Provider Services Center at **1-800-452-8633**. Also, Providers may refer Members to Case Management either by phone at **1-800-972-8633 (option 3)** or email at **CM@AvMed.org**.



Embrace better health.®

9400 S. Dadeland Blvd.
Miami, FL 33156



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 patient experience focusing on how patients perceive key aspects of their care, such as 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.

CUSTOMIZE YOUR DIGITAL NEWSLETTER TODAY; REGISTER AT AVMEDNETWORKNEWSWIRE.ORG.

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 Service 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)