

Network NewsBrief

A publication for **AvMed**
Providers and Staff

**New Acupuncture Benefit for
AvMed Medicare Members**

**Behavioral Health
Update: New Provider**

**Flu Vaccine Changes
Due to COVID-19**

**Medication Adherence
Transition of Care**

**New Provider Portal
Is Here!**



TABLE OF CONTENTS

AvMed News

3 New Acupuncture Benefit for AvMed Medicare Members

Health & Medical

4 Lower Back Pain

5 Behavioral Health Update and Flu Vaccine

6 Prenatal/Postpartum Care and ADHD/HEDIS Adherence

7 Medication Adherence and Medicare Annual Enrollment Period



For complete details on all the current news you need to know and to download forms, please visit our website at [AvMed.org](https://www.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

Dear Valued Provider Partner:

Our world and the healthcare industry, as we know it, has changed in a short amount of time. What remains constant is helping our Members stay healthy. We are excited to share new benefits, tools and resources to assist both our Members and Providers.

This issue of **Network NewsBrief** features an article about our new behavioral health partner, Optum, beginning January 1, 2021. We also highlight our new acupuncture benefit for our Medicare Members.

In addition to COVID-19, the flu season is in full swing, so be sure to take care of yourselves as well as your patients. Important flu facts can be found on page 5.

You'll also find a reminder about the Medicare Annual Enrollment Period (AEP), a busy time for health plans and providers alike, with many Members signing up for new benefits with Primary Care Physicians (PCPs). See page 7 for a quick glance at the benefits AvMed offers our Medicare Members and other helpful AEP information.

As always, thanks for your continued support. Drop us a note at Providers@AvMed.org. We welcome the opportunity to hear from you.

Stay safe and be well.

Sincerely,



Frank Izquierdo
Senior Vice President
Provider Solutions &
Strategic Alliances
AvMed

CARE OPPORTUNITY CORNER

New Acupuncture Benefit for AvMed Medicare Members

Acupuncture benefits are now available to AvMed Medicare Members in Dade and Broward counties. AvMed will cover up to 12 acupuncture visits within 90 days for chronic lower back pain. Coverage guidelines follow the CMS criteria and acupuncture providers must meet CMS credentialing guidelines. This year's recommendations are as follows:

Chronic lower back pain guidelines include:

- Lasting 12 weeks or longer
- Having no identifiable systemic cause (not associated with metastatic, inflammatory, or infectious disease)
- Pain that's not associated with surgery or pregnancy

Up to 8 additional visits may be authorized if the Member shows improvement. If the doctor decides the Member's chronic lower back pain isn't improving or is getting worse, no further treatment will be authorized. The benefit is limited to a total of 20 acupuncture treatments annually.



AvMed Medicare does not cover acupuncture (including dry needling) for any other condition than chronic lower back pain.



You can find more details about the acupuncture benefit by calling the Provider Service Center at **1-800-452-8633**

New Provider Portal Is Here!

For more than 50 years you have come to know us for exceptional service and our commitment to helping our Members Embrace better health®. Over the past two years, AvMed has been working on revamping our technology capabilities to better serve you and our Members.

As part of our commitment to excellent service and to our partnership with you and our Members, we recently introduced a new Provider Portal. It is intuitive and user-friendly, and has a cleaner, more streamlined interface as well as several new features and enhancements. Whether it's personal attention or providing you with self-serve options on our new Provider Portal, our goal remains the same: to help you attend to the most important part of your profession, your patients.

Learn more about the new **AvMed Provider Portal** and how to register at www.AvMed.org.

LOWER BACK PAIN



Lower back pain is the fifth most common reason for all physician visits in the United States. Many patients have self-limited episodes of acute low back pain and many improve rapidly in the first month. For patients with acute low back pain it is recommended that Providers:

- Do not obtain imaging or other diagnostic tests in the first month following the diagnosis unless there is evidence of severe or progressive neurological deficits.
- Provide patients with evidence-based information on low back pain such as expected course and self-care options.

HELPFUL HINTS FOR YOUR PRACTICE

- Provide patients with lower back pain evidence-based information about their expected course, advise patients to remain active and provide information about effective self-care options.
- Assess severity of baseline pain and functional deficits and discuss potential benefits and risks before initiating therapy.

- Do not routinely obtain imaging or other diagnostic tests in patients with non-specific low back pain.
- Conduct a focused history and physical examination to help place patients with low back pain into one of three broad categories: non-specific low back pain, back pain potentially associated with radiculopathy, or spinal stenosis or back pain potentially associated with another specific spinal cause. The history should include assessment of psychosocial risk factors, which predict risk for chronic disabling back pain.



For more information, visit www.AvMed.org/web/individuals-families/prevention-education/preventive-care-and-clinical-guidelines, and click on Clinical Guidelines.

BEHAVIORAL HEALTH UPDATE: NEW PROVIDER

AvMed's agreement with Magellan Behavioral Health ends on December 31, 2020.

We will begin service with our new partner, Optum, on January 1, 2021.

With more than 20 years experience managing behavioral health services, Optum offers a broad, value-based network of experienced Providers, as well as best in class analytics and flexible business solutions, such as expanding telehealth services.

Optum's national network addresses the needs of our Members who have benefits that cover out of network and out of service area care. Optum also offers our Members a unique substance abuse and opioid use disorder care management program.

AvMed's clinical staff and Optum's expert case managers will collaborate with Providers and Members to best coordinate care and ensure a smooth transition.

Members will receive information on the change in behavioral health provider as we publish our 2021 benefits. They will be able to look up Optum providers online in time for the January transition.

We are excited about the opportunities this new relationship delivers to your patients.



For more information, call Optum Provider Service Line **1-877-614-0484** or visit www.ProviderExpress.com

FLU VACCINE CHANGES DUE TO COVID



Visit www.CDC.gov/flu/season and click on What You Need to Know for 2020-21.

How and where people get a flu vaccine may need to change due to the COVID-19 pandemic. The Centers for Disease Control and Prevention (CDC) is working with healthcare Providers and state and local health departments to develop contingency plans on how to vaccinate people against the flu without increasing their risk of exposure to respiratory germs, like the virus that causes COVID-19.

Some settings that usually provide the flu vaccine, like workplaces, may not offer vaccination this upcoming season because of the challenges with maintaining social distancing. For more information on where your patients can get a flu vaccine, visit www.VaccineFinder.gov

PRENATAL AND POSTPARTUM CARE

Continuous care is critical for a healthy pregnancy and delivery. 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 received a prenatal care visit in the first trimester, on or before the health plan enrollment start date or within 42 days of enrollment in the health plan. They also measure whether the patient has had a follow-up visit with an obstetrician, gynecologist, or other health care professional between the 7th and the 84th day 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.

ADHD AND HEDIS ADHERENCE

Is your pediatric patient exhibiting problems with focus, attention and behavior control? They could have attention deficit hyperactivity disorder (ADHD), a common disorder that affects roughly 11 percent of children in the United States; it can also affect teenagers and continue into adulthood.

According to the Centers for Disease Control and Prevention (CDC), patients with ADHD often display symptoms such as:

- Problems with concentration
- Trouble staying organized
- Difficulty remembering details

ADHD is often treated with medications. Since 2006, the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) surveys have included a measure to assess adherence to best practice protocols regarding follow-up care for children prescribed ADHD medication.

There are two phases in this measure: The initiation phase that looks for newly prescribed patients to have a follow-up visit within 30 days of initial prescription, and the continuation/maintenance phase that requires 2 or more additional follow-up visits within 9 months after the initiation phase.

Here are some best practices you can follow to help us improve quality and coordination of care:

- Follow up with the patient to be sure dosage is correct, the patient is not experiencing side effects, and to monitor the patient for risks and benefits
- Monitor dosage after 30 days to determine if any adjustment is needed
- Instruct parents to call you if the patient experiences any serious side effects
- Refer the patient to a behavioral health provider for psychosocial support and skill building

To refer a patient to a behavioral health provider, call the number listed on the Member's ID card. A care manager will work with you to determine the most appropriate resource based on patient need and preference, Provider specialty and location as well as other specifics including Member requests or considerations.

MEDICATION ADHERENCE - TRANSITION OF CARE

Once a patient walks out your door, it's his or her responsibility to take medications as directed. Unfortunately, many patients are not doing that. And for people with chronic conditions, that can mean serious – and often life-threatening – problems. Fortunately, there are some ways you can help your patients stick to their regimen. We've put together a list of common reasons that people often skip or stop taking their medicine altogether, along with responses for each one.

Reason No. 1: "I can't afford the medication." If your patient raises concerns about a medication's price, consider prescribing a generic. Generics that impact Star measures have low or no cost share to the Member. Offering free samples are another option but should only be considered if you have enough to meet a patient's supply need for the rest of the year.

Reason No. 2: "I don't understand how this medication will help me." Remember that your patients are not doctors. If they don't fully understand how a drug will benefit them, it's less likely they'll take it. In these cases, communication is a must: Explain to them why the drug is needed, how it will improve their health and how long they need to continue taking it. While doing so, avoid jargon and other language that may confuse them.



Reason No. 3: "I forget to take my medications." Adherence tools like pill boxes can increase the odds of medication adherence in older patients. Younger patients may find that a mobile app or another technology makes it easier for them to maintain medication routines. AvMed allows your patients to get a 100-day supply of most prescription medications, usually at a lower overall cost than filling them every 30 days.



For more resources on increasing medication adherence, contact AvMed's Provider Service Center at **1-800-452-8633**.

MEDICARE ANNUAL ENROLLMENT PERIOD (AEP)

The Medicare Annual Enrollment Period (AEP) is October 15 - December 7. Members will be reviewing their health plans for changes and updates. As a Medicare Provider, you should be aware of upcoming 2021 AvMed Medicare Circle and 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
- Acupuncture benefit for chronic lower back pain
- Vision services
- Hearing exams and hearing aids
- Prescription drug coverage, including 100-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



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 the patient experience focusing on how patients perceive key aspects of their care. Some of those aspects include: 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 Services Center at 1-800-452-8633, Monday-Friday, 8 am-5 pm, excluding holidays.

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 SERVICE CENTER

1-800-452-8633, Monday-Friday, 8 am-5 pm, excluding holidays

- 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)