

Fall 2024

AvMed Embrace
better health.®

Network NewsBrief

A publication for **AvMed**
Providers and Staff



**Medicare Annual
Enrollment Period (AEP)**

**Closing Gaps in
Women's Healthcare**

**ADHD and HEDIS®
Adherence**

Flu Season is Upon Us

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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

Dear Provider,

Fall is one of the busiest times of the year for Providers and health plans. Between the Open Enrollment Period (OEP) and Medicare Annual Enrollment Period (AEP), there is a renewed focus on coverage networks, out-of-pocket costs, and overall access.

In this issue of **Network Newsbrief**, you'll find an article reminding you of the upcoming enrollment period and the benefits AvMed offers its Members when it comes to delivering and providing access to comprehensive care and resources.

You'll also learn about a "gaps in care" letter campaign we'll be rolling out later this year and how you can help promote vital preventive health measures to improve women's health for our Members.

There are also articles on the importance of keeping your patients current with flu immunizations; keeping your practice current with the latest fraud prevention trainings; and keeping your teams up to date with best practices when it comes to pediatric behavioral care.

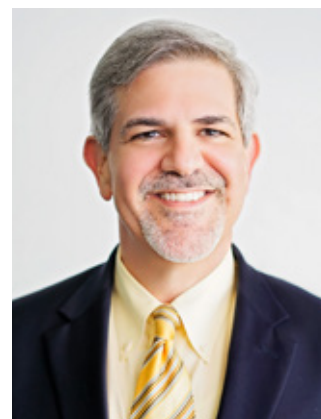
We hope you find the information in this edition of value in providing quality care for our Members. As always, should you have any questions, please call AvMed's Provider Service Center at 1-800-452-8633 or email us at **Providers@AvMed.org**.

Be Well.

Sincerely,

Frank Izquierdo

Senior Vice President
Provider Solutions &
Strategic Alliances
AvMed



CARE OPPORTUNITY CORNER

MEDICARE ANNUAL ENROLLMENT PERIOD (AEP)

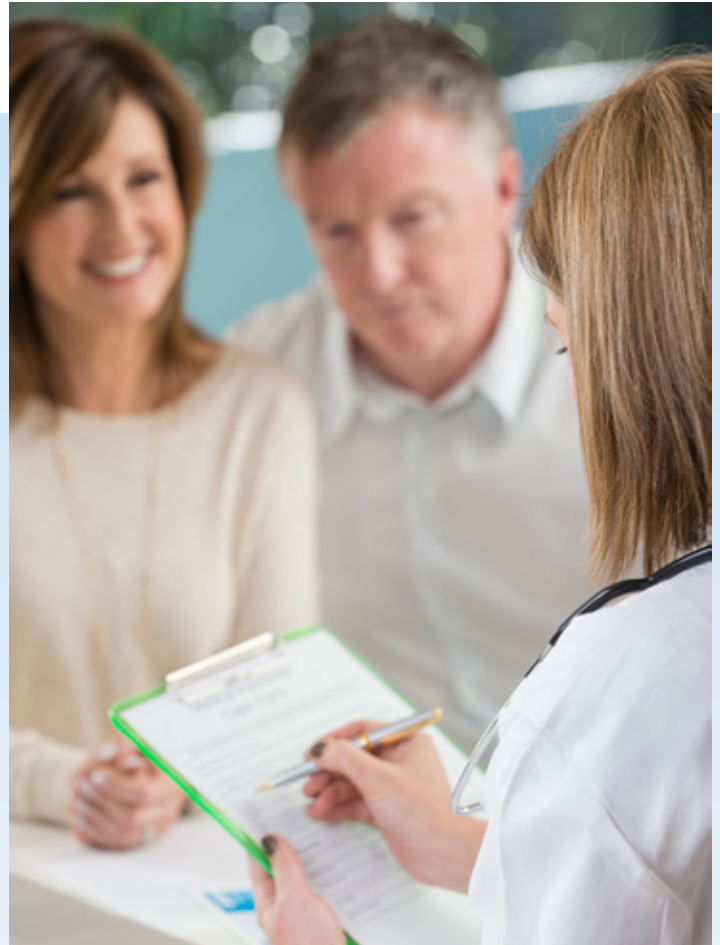
The Medicare Annual Enrollment Period begins October 15 and runs through December 7.

Our Members choose AvMed Medicare because we offer*:

- Trusted service with more than 50 years serving Floridians
- More ways to help keep money in their pocket:
 - Flex Card helps pay for eligible expenses
 - Prescription savings tool via Rx Savings® Solutions
 - Healthyperks Rewards gives Members up to \$125 in rewards for healthy behaviors
 - Extra benefits such as over the counter, hearing aids, and vision
 - \$0 Premium
 - \$0 Primary Care Provider office visits
 - \$0 Telemedicine visits
- Comprehensive dental coverage with \$0 copay for crowns
- Comprehensive network of hospitals and facilities
- Private transportation door-to-door for approved healthcare Providers
- Fresh meal delivery program via DeliverLean™ (available on certain plans after an overnight stay in the hospital)
- SilverSneakers® Fitness Program – with class offerings to attend in person, live online, or on-demand online, and much, much more!

Your patients can review plan details and look over our prescription drug coverage and medication list by visiting online at **AvMed.org/Medicare** or calling **1-800-535-9355** (TTY 711) for more information.

**Benefits may vary by plan.*



CLOSING GAPS IN WOMEN'S HEALTHCARE

It's always prudent to educate your patients that early detection through screenings is vital to their well-being since early detection greatly improves their chances for successful treatment. One extremely important area where continuity of care can help prevent or mitigate disease is in women's health through yearly mammogram, cervical cancer, chlamydia, and bone density screenings.

While AvMed will be sending "gaps in care" letters to our Members throughout this second half of the year to promote scheduling these and other preventive health measures, we look to you as a partner to help our Members achieve better health. Let your female patients know the aforementioned women's wellness screenings are 100% covered by their insurance plan, meaning there is no co-pay, cost-sharing, and/or co-insurance required when they get these screenings done in network, thereby alleviating the financial burden and barrier to women's health for our Members.

Also, let your AvMed Medicare patients know that they may be eligible for a reward through the AvMed Medicare Healthyperks Rewards program for completing their mammogram and bone density screenings, which they can learn more about by visiting **[AvMed.org/MedicareHealthyperks](https://www.avmed.org/MedicareHealthyperks)**.



Finally, we recommend that Primary Care Providers always encourage every patient to live a healthy lifestyle by getting all recommended preventive care screenings and immunizations and maintaining a healthy weight, exercising, limiting alcohol consumption, and avoiding tobacco use.

MEDICARE/MEDICAID 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 CMS' Fraud, Waste, and Abuse and Compliance Training for Medicare/Medicaid Part C and Part D, please complete the form on our website. If you have yet to complete this training, 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.

FLU SEASON IS UPON US



It's hard to believe, but flu season is almost 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 for 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 adults 65 years and older, and children under the age of 5, are at a higher risk of developing flu-related complications like pneumonia, bronchitis, and sinus infections. People with chronic medical conditions like asthma, diabetes, hypertension, lung or heart disease, should also be particularly diligent about avoiding the flu.

You play an integral role protecting your patients from the flu. Follow these tips to help ensure your patients get vaccinated:

- **Start reminding them.** It's never too early to start thinking about the flu. During your patients' next visit, remind them about the upcoming flu season and what they can do to protect themselves from infection. You can also be proactive and call or email them a reminder. Even though AvMed sends out flu vaccination reminders, hearing the message from their trusted Provider can have a greater impact on their decision.
- **Suggest alternatives.** Some patients may be hesitant about getting the flu vaccine because they may have had a bad experience in the past or they're concerned about side effects. Listen to their concerns and advise them of preservative-free vaccines and other alternatives that are available.
- **Let Medicare patients know of their incentives.** AvMed Medicare Members can earn rewards for getting their flu shot through the Healthyperks Rewards program. This incentive program also provides Members with gift cards for scheduling wellness visits and other routine medical care. For more information, encourage your patients to visit [AvMed.org/MedicareHealthyperks](https://www.avmed.org/MedicareHealthyperks).

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% of children in the United States, which can also affect teenagers and continue into adulthood.

According to the Centers for Disease Control and Prevention, 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 two-phase measure to assess adherence to best practice protocols regarding follow-up care for children prescribed ADHD medication:

- (1) the initiation phase that looks for newly prescribed patients to have a follow-up visit within 30 days of initial prescription, and
- (2) the continuation/maintenance phase that requires two or more additional follow-up visits within nine months after the initiation phase.

Here are some HEDIS® best practices you can follow to help us improve quality and coordination of care for your patients:

- 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.

WHERE CAN I FIND MEDICAL COVERAGE GUIDELINES FOR AVMED'S MEDICARE ADVANTAGE PLANS?

Information on the coverage criteria sources that we use in making medical necessity determinations for our Medicare plans, can be found on AvMed's website at:



<https://rb.gy/97yhm1>

You can also find the complete list of our Medicare internal coverage guidelines used for medical necessity determinations and our review of new developments in technology through our Medical Technology Assessment Committee (MTAC) on AvMed's website at:



<https://rb.gy/uvv3s8>

From time to time our medical coverage guidelines may change. You can also find Upcoming Changes to Medical Necessity Coverage Criteria for Medicare Advantage Members on this page.

Currently posted to this area are Upcoming Changes to Medical Coverage Guidelines for the following service types:

- Part B Drugs
- Outpatient diagnostics testing for certain High Tech Radiology Services, such as MRIs and CAT scans.

We are changing the medical coverage guidelines for some of these services due to updated clinical guidance from the organization the clinical guidelines originated from and/or annual review and update. You can find a list of the specific services with medical coverage guideline updates and the changes being made at:



<https://rb.gy/97yhm1>

These changes to medical coverage guidelines will go into effect on November 1, 2024.

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 Service Center at **1-800-452-8633** Monday-Friday, excluding holidays, 8:30 am-5:00 pm.

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 (excluding holidays)

8:30 am - 5:00 pm

Select from the following options listed.

- **Eligibility-press one (1)**
Use this option to verify Member eligibility and benefit information, or confirm and request authorizations.
- **Claims-press two (2)**
Use this option to verify status of claims payment, reviews, and appeals.
- **Authorizations-press three (3)**
Use this option to obtain status on authorizations or to get information on how to submit a request for an authorization.
- **Something Else-press four (4)**
Use this option to speak to a Provider Services Representative.

- **Clinical Pharmacy Management-press five (5)**

Use this option to speak to a Pharmacy Management Representative.

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 Provider's office.