

Spring 2025

AvMed Embrace
better health.®

Network NewsBrief

A publication for **AvMed**
Providers and Staff



**SURVEY SAYS? PREPARING
FOR HOS AND CAHPS®**

**TALK TO YOUR PATIENTS ABOUT
ANNUAL WELLNESS VISITS**

**THE IMPORTANCE OF
POSTPARTUM VISITS**

**TALK TO YOUR PATIENTS
ABOUT COLON CANCER**

TABLE OF CONTENTS

AvMed News

3 Survey Says? Preparing for HOS and CAHPS®

Health & Medical

4 Talk to Your Patients About Annual Wellness Visits

5 How You Can Help Close Gaps in Care

6 Talk to Your Patients About Colon Cancer

7 The Importance of Postpartum Visits

8 Transition of Care: Maintaining Continuity

9 About AvMed's Case & Disease Management Programs

10 Virtual Events for the Mind, Body, and Spirit



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,

Your patients' healthcare needs are ever evolving. The start of a new year is always a good time for people to take stock of their current health and make changes to improve their wellbeing. Healthcare organizations and professionals can help with this endeavor while also assessing what is working and what needs improvement.

Over the next few months, critical CAHPS® and HOS surveys will be going out to our Medicare Advantage membership. These surveys support and promote the assessment of consumers' experiences with healthcare. Members' responses help us better understand how they perceive the services provided them by you, the Provider, and the associated health plan. At the same time, these responses offer us a roadmap for how we can collectively, and collaboratively, offer Members the best healthcare service and patient experience possible.

The articles in this edition underscore how Providers factor into the outcomes of these evaluations. From recommendations to close gaps in care, to health management and wellness programs your patients should know about, to our medical coverage guidelines, AvMed is here to support our partners to optimize practices for all our Members.

Network Newsbrief is just one source of information we hope you will find helpful in providing quality care to your patients.

For even more tools and resources, log in to your account on the **AvMed Provider Portal at AvMed.org** or contact the **AvMed Provider Service Center** at **1-800-452-8633** or via email at Providers@AvMed.org

Sincerely,



Frank Izquierdo
Senior Vice President
Provider Solutions &
Strategic Alliances
AvMed

CARE OPPORTUNITY CORNER

Survey Says? Preparing for HOS and CAHPS®

Every year the Centers for Medicare & Medicaid Services (CMS) conduct two separate surveys of health plan beneficiaries to evaluate their experiences with their health plans and Providers. Here's a quick refresher of each survey and how you, as a Provider, can provide the best patient experience possible for AvMed Members in your care.

- **Health Outcomes Survey (HOS)**
Administered in partnership with the National Committee for Quality Assurance, the Health Outcomes Survey collects information from people enrolled in Medicare Advantage health plans to see how well these plans help maintain or improve their health over time. The questions on the survey relate to the enrollee's physical and mental health, daily activities, sleep patterns, smoking habits, exercise frequency, fall prevention, urinary incontinence, and more. Additionally, the HOS asks our Medicare Members whether their AvMed Provider has spoken to them or advised them on certain medical issues.
- **Consumer Assessment of Healthcare Providers and Systems Surveys (CAHPS®)** Overseen by the Agency



for Healthcare Research and Quality, CAHPS Surveys ask patients about their experiences with, and ratings of, their healthcare Providers and plans, including hospitals, home healthcare agencies, doctors, and health and drug plans, among others. The surveys focus on matters that patients themselves say are important to them – such as patient-Provider communications, healthcare coordination and Provider accessibility – and for which patients are the best and/or only source of information.

Ways to Improve the Patient Experience

- **Limit wait times.** Try to see your patients as close to their scheduled appointment time as possible. Avoid overbooking (or double-booking) patients.
- **Coordinate care more effectively.** During each appointment, remember to ask patients about other care they may have received since their last visit.
- **Follow up about any test results.** Stay on top of test results and communicate them to patients as soon as possible.



For more help on improving the patient experience, contact **AvMed's Provider Service Center** at **1-800-452-8633**.

TALK TO YOUR PATIENTS ABOUT ANNUAL WELLNESS VISITS

Whether it's to avoid exposure to the latest coronavirus variant, the seasonal flu, or any other communicable illnesses that are spiking in the public realm, we know that some of your patients may think it's risky to visit a Provider's office. Yet, for most people, the risk of missing preventive care far outweighs the small risk of exposure. As a Provider, you know that a patient who is proactive about their well-being is the best way for them to stay healthy, avoid serious medical issues, and keep healthcare costs to a minimum.

Springtime is a great time to encourage your patients to schedule an annual wellness visit with a focus on prevention, immunizations and health screenings. Please remind your patients of all the precautions you have in place and that AvMed offers comprehensive preventive care services as part of their coverage options.



HOW YOU CAN HELP CLOSE GAPS IN CARE

As an AvMed Provider, you play an integral role in closing gaps in care. To support your efforts, 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 Healthcare Effectiveness Data and Information Set (HEDIS) Quality Measures, which span several categories of Preventive Care and Medication Management, including:

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



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

- **HEDIS Measures Provider Matrix:**
A reference tool to learn population, measure specifications, and appropriate coding for select quality measures.
- **COR Provider Response Form:**
A supplemental data process for unclaimable supporting documentation to close off gaps; Providers 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 CORs.

TALK TO YOUR PATIENTS ABOUT COLON CANCER

Colon cancer is the third most common cancer diagnosed in the United States. The American Cancer Society estimates that more than 100,000 new cases of colon cancer will be diagnosed this year. Preventive screenings are important for improving the chances of successful treatment. Certain lifestyle changes can also lower one's chance of disease. Proactively talking to your patients about colon cancer can help minimize their risk, as well as ensure the best outcome possible in the event of a diagnosis.

Discussing Risk Factors

The risk factors for colon cancer vary. Some maybe be out of a patient's control, such as family history. But many colon cancer risk factors can be addressed by lifestyle changes your patients can make, including:

- Becoming more active. Patients who lead a sedentary lifestyle are at a greater risk of colon cancer. Encourage your patients to exercise more, even if that means simple activities like walking.
- Minimizing red meat intake. A diet high in red meats or processed meats has been linked to colon cancer. Talk to your patients about their diet – they may need to limit their red meat intake or replace it with healthier proteins like fish and chicken.
- Stopping smoking. Smoking is linked to a number of health problems, including colon cancer. AvMed offers smoking cessation resources that can help your patients finally kick the habit.

Screening Recommendations

Colonoscopy is the gold standard for cancer screening. The U.S. Preventive Services Task Force recommends that adults aged 45 to 75 be screened for colorectal cancer.

The decision to screen patients between ages 76 and 85 should be made on an individual basis. If your patient is not willing to have a colonoscopy and a low-risk individual, talk to them about less invasive alternative screening tests like Quest at-home test kits.



THE IMPORTANCE OF POSTPARTUM VISITS

Welcoming a new life into the world is a momentous occasion, and Providers play a pivotal role in ensuring the well-being of both the mother and newborn. While prenatal care is widely recognized for its importance, the significance of postpartum visits should not be underestimated. These follow-up appointments are integral to monitoring and supporting the physical and emotional health of mothers after childbirth.

Postpartum visits, typically scheduled within the first six weeks after delivery, provide a valuable opportunity for you to assess a mother's physical recovery process and address any potential complications. You can evaluate the healing of the perineum, incision sites from cesarean sections, and overall reproductive health. This allows the early detection and management of postpartum complications such as infections, hemorrhage, or issues related to cesarean incisions.

Additionally, the postpartum period is a time of significant emotional adjustment, and mothers may experience a range of emotions, from joy and fulfillment to anxiety and postpartum depression. Postpartum visits play a crucial role in assessing and addressing the mental health and emotional well-being of new mothers; providing guidance on managing stressors; and offering resources or referrals for mental health support when needed.

Moreover, postpartum visits serve as an educational platform to provide new mothers with advice and counseling on breastfeeding, postpartum nutrition, contraception options, and pelvic floor exercises, among other topics that ultimately contribute to the overall well-being of both the mother and child.



TRANSITION OF CARE: MAINTAINING CONTINUITY

When all Providers are on the same page, the patient wins. Care continuity and coordination among a patient's cadre of Providers has been linked to improved care outcomes, lower costs and better overall patient experience.

Building an ongoing patient-Provider relationship requires active involvement and a two-way street of constant communication. Here are four proven ways to continuously improve the continuity of care with your patient:

- **Ask about other Providers/changes in care.** If your patient is seeing other Providers, you need to know to help ensure you're able to coordinate and provide safe, quality medical care. Not all patients communicate this information – sometimes, they forget or are embarrassed to mention it. You should also ask about changes in care, such as any hospital admissions as well as emergency or urgent care visits.
- **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 ordering tests.
- **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 Monday-Friday (excluding holidays) from 8:30 am – 5:00 pm. 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.



ABOUT AVMED'S CASE & DISEASE MANAGEMENT PROGRAMS

Did you know AvMed offers Case Management and Disease Management programs that can assist your patients with managing their health conditions?

Our **Case Management programs** assess, plan, and facilitate care coordination and services to assist our Members with comprehensive health needs to promote quality of life, patient safety, quality of care, and cost-effective outcomes.

- **Short-Term Case Management:** Ideal for Members with uncomplicated diagnoses or with minimal co-morbidities who are self-sufficient with a strong support system.
- **Complex Case Management:** Members with complicated diagnoses and multiple co-morbidities who require frequent contact and assistance with complicated care coordination needs are eligible to enroll.
- **Maternity Case Management:** This program focuses on Members diagnosed with high-risk pregnancies.
- **Transplant Case Management:**

Offered for Members undergoing major transplant procedures.

Our **Disease Management Program** focuses on improving the health of our Members with chronic conditions. Patients who are educated about their condition(s) are more likely to target and receive better care, with the goals of slowing the progression of disease.

The Disease Management program covers conditions such as:

- Diabetes
- Congestive Heart Failure
- Asthma
- Chronic Obstructive Pulmonary Disease

If an AvMed Member would like more information about these programs, please refer them to:

- AvMed Case Management Department: 1-800-972-8633 or CM@AvMed.org
- AvMed Disease Management Program: 1-833-609-0735 or DM@AvMed.org



VIRTUAL EVENTS FOR THE MIND, BODY, AND SPIRIT

As some of your Medicare patients continue to stay active and healthy at home, AvMed has created a series of fun and interactive virtual events just for them. From our Purposeful Movement stretching and strengthening classes, to Ageless Face Yoga, to our AvMed Book Talk series with bestselling authors, we provide your seasoned patients with ways to energize their mind, body and spirit.

Plus, AvMed Medicare Members can earn rewards (up to \$125 annually) for completing preventive or condition management-related care such as a wellness visit, flu shot, or attending an AvMed Member Orientation. Learn more at AvMed.org/Healthyperks.

Let Members know they can register for a virtual event or request more information by calling **1-888-430-9896**, emailing AvMedClubAspire@AvMed.org, or visiting AvMed.org/About-Us/Calendar.



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: rb.gy/gm97mu

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: www.AvMed.org/web/provider/provider-education/medical-technology-coverage-guidelines/

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:

- Diagnostics Testing and Surgical Procedures for certain Inpatient and Outpatient Cardiology Services, effective April 1, 2025
- Remote Therapeutic Monitoring, effective April 1, 2025
- Radiation Oncology Services (using high-energy particles or waves to destroy or damage cancer cells) and Oncology Genetic testing, effective July 1, 2025
- Part B Drugs for Oncology Services, effective July 1, 2025

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: www.AvMed.org/web/provider/provider-education/medical-technology-coverage-guidelines/

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, 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)