

# Network NewsBrief

A publication for  
**AvMed** Providers  
and Staff

Fall 2019

**Flu Season  
Is Upon Us**

**How to Create An  
Online Referral**

**Improving Medication  
Adherence: 4 Ways**

**SPECIAL**

**AvMed**

50<sup>TH</sup> ANNIVERSARY

**EDITION**



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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

At AvMed, we are extraordinarily proud to be celebrating our 50th anniversary! Helping our strong network of over 35,000 Providers give our Members across the state of Florida the best health experience possible has been an extremely rewarding achievement. We've won a number of accolades during our history due to our commitment and dedication to assisting you in patient treatment. For the eighth consecutive year, an independent study released by J.D. Power ranks AvMed "highest in Member satisfaction" among commercial health plans in Florida. All of us are humbled by these gratifying honors. You are the reason for our success... and we thank you.

In this fall 2019 issue of **Network NewsBrief**, you'll find a reminder about the Medicare Annual Enrollment Period. This is when Members review their health plans for any changes, and it's critical that you are aware of them too. Also remember flu season is here and we offer tips for encouraging your patients to get their annual flu shot. A key motivation is that Members can get the shot for free from a participating Provider or pharmacy. Our ongoing emphasis on the vital importance of continuity of care is highlighted by helpful information on closing gaps in Mammograms. As you prepare for the NCQA and CMS survey season for Commercial and Medicare Members respectively, you'll find ideas from us for your practice's operations to help you receive higher rankings.

We also talk about medication adherence and compliance, one of the biggest issues in healthcare, especially as it relates to ADHD and Anti-Depression Medication, which we also cover in-depth. All in all, this issue is full of great information specifically designed to help you in what matters most – treating your patients so they have lives rich with health.

As we march toward the end of our 50th anniversary year, we'd like to thank you again for being such a vital part of our success. Partnering together with you is how we enable patients to have happier, healthier lives. Don't forget to share your thoughts with us by emailing **Providers@AvMed.org**.

Have a wonderful and joyous holiday season.

Sincerely,



#### **Ann O. Wehr, MD, FACP**

Senior Vice President and  
Chief Medical Officer  
Population Health and  
Provider Alliances

## CARE OPPORTUNITY CORNER

# Preparing for Survey Season

Each year NCQA and CMS survey Commercial and Medicare Members with the Consumer Assessment of Health Plan Survey (CAHPS) to assess their experiences with health plans and Providers; CMS surveys Medicare Members with the Health Outcomes Survey (HOS), which is a patient reported health outcomes survey that measures Members' physical and emotional health, including but not limited to: Management of Urinary Incontinence in Older Adults, Physical Activity in Older Adults, Fall Risk Management, and the Member's maintenance and/or improvement in physical and mental health. Both surveys' scores affect CMS Star ratings and ultimately all of our bottom lines.

CAHPS focuses on how patients **perceive** key aspects of their care to assess patient experience. The survey asks patients questions such as how often they experienced critical aspects of healthcare, including communication with their doctors, understanding medication instruction and coordination of care with other Providers or services. It also asks questions about Provider accessibility, such as whether the patient was able to receive needed care as soon as they thought they needed it, including whether they were offered timely appointments at their doctor's office and in the last 6 months, how often did they see "the person you came to see" [at the doctor's office] within 15 minutes of the appointment time.

Accordingly, we recommend the following for Primary Care Practices:

- Do not double book/overbook appointment slots.
- Make every effort to be flexible in scheduling urgent and non-urgent appointments.
- See patients promptly based on the scheduled appointment time.
- Have a process and scripting in place to address the instances where your patient is not seen within 15 minutes - Communication is Key!
- Ask your patients about their visit with your office. Assure them how important their experience is to you, and that you are constantly working to provide the best service possible.
- Offer an alternative Participating Provider in the practice if the requested Physician does not have an available appointment. We encourage the use of a Wait Time sign in your reception area. For a complimentary copy of the following, sign, email your name and address to **ProviderEducation@AvMed.org**.



### WAIT TIME

We make every effort to see you at your scheduled appointment time but sometimes unforeseen circumstances may cause a delay. Please let us know if you have been waiting for more than 15 minutes past your appointment time. We will do our best to see you as soon as possible. Thank you in advance for your patience and understanding.

Sincerely, The Office Staff

For HOS, make sure your practice includes regular depression screenings and appropriate referral and follow-up. Physical activity levels and fall risks should also be assessed routinely along with the provision of recommendations on physical activity and a fall risk prevention plan. In addition, urinary incontinence should be assessed and treated appropriately. Finally, as with CAHPS, these surveys measure Member **perception**. Asking your patients how they feel they are doing, both physically and emotionally, will go a long way in helping you develop an individualized treatment plan and in helping your patients to manage their health and improve their quality of life.



AvMed Members have access to additional resources, such as our 24 hour Nurse On Call line **1-888-866-5432** and a complete listing of conveniently located participating urgent care centers by visiting **AvMed.org** and clicking "Find an Urgent Care Center" on the left side of the home page.





## Closing Gaps in Mammograms

AvMed depends on you to help ensure continuity of care among our Members, your patients. For further information on this crucial issue, you can access tools and guidance on the preferred methods and codes needed to close gaps in care at the AvMed Provider Portal. As a reminder, Members' gaps in care letters will be distributed in the second half of this year.

One extremely important area where continuity of care can help prevent disease is to ensure your female patients over age 40 get yearly mammograms. It goes a long way when you advise these patients that Annual Screening Mammograms for women over 40 are covered at 100%, and that no co-pay, cost-sharing, and/or co-insurance is required when they get their mammogram within a participating Network. That takes the burden away from any financial barriers for our Members.

It's always prudent to educate your patients that mammograms are vital to their well-being since they are a crucial means for early detection of breast cancer, greatly improving their chances for successful treatment. Review with them the key

risk factors in breast cancer, such as gender, age, family history, genetics, and obesity, while emphasizing your patient's need to remain compliant with current recommendations for mammograms, regardless of known risk factors. The Care Opportunity Report located in the AvMed Provider Portal can help you with this discussion by showing you which of your patients may have gaps in care.

If your patient has had a recent mammogram (performed in 2018 or 2019), please send in their medical record, along with the Care Opportunity Provider Response Form, to AvMed's QI department at **1-800-331-3843**.

Two more key points – advise your AvMed Medicare patients that they may be eligible for a reward if they complete their mammogram through the AvMed Medicare Healthyperks<sup>sm</sup> program at **www.AvMed.org/Healthyperks**. Finally, we recommend that PCPs always encourage patients 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.

## Flu Season Is Upon Us

Time flies: 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 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 and children under 5, are at a 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. People with chronic medical conditions like asthma should also be more diligent.

You play an integral role in protecting your patients from the flu. To ensure your patients get vaccinated, follow these tips:

**1. Start sending out reminders.** 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 has much greater impact.

**2. Discuss alternatives with your patients.** Some patients may be hesitant about getting the flu vaccine. Perhaps they had a bad experience in the past or they're concerned about side effects. Regardless, listen to your patients if they have any concerns. Preservative-free vaccines and other alternatives are available.

**3. 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**.



You can find additional CDC recommendations for your patients by visiting **<https://www.cdc.gov/measles/toolkit/healthcare-providers.html>**

# 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.

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



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.

AvMed's behavioral health partner Magellan Healthcare also provides an array of resources, including appointment assistance, utilization review and case management options. Telehealth options are also available. In addition, Magellan offers a behavioral health toolkit for medical providers, which can be accessed by visiting <http://magellanpcptoolkit.com/>

AvMed and Magellan Health co-hosted a behavioral health webinar discussing "Antidepressant Medication Measurement" and "Follow Up Care for Children Prescribed ADHD (ADD) Medication." To view, visit <https://www.avmed.org/web/provider/provider-education/behavioral-health>

## HOW TO CREATE AN ONLINE REFERRAL

Physician-to-physician referrals are easier than ever. Follow these simple steps to create an online referral:

1. Log into the **AvMed Provider Portal** using your username and password.
2. Click on "Quick Referrals" on the Welcome page
3. Click "I Agree" after reading the disclaimer informing you that you are leaving the AvMed website and entering a third-party portal.
4. On the New Referral tab, verify the Member.
5. Select the requesting Provider. You will only have the option to select the Primary Care Physician (PCP) you are logged in as.
6. Select the servicing Provider.
7. Provide service details, including the type of service and number of visits.

8. Write down any clinical comments (if applicable) and then click "Submit."

The whole process takes only a few minutes. Referrals do not have to be approved by AvMed; we will not deny a referral created or approved by a participating AvMed PCP. All referrals are good for 90 days. Please note you cannot modify an existing referral once it's submitted.

You can watch a video of the process and access additional training information by visiting <https://www.avmed.org/web/provider/provider-education/referral-program>. Have questions? Contact AvMed's Provider Services Center at **1-800-452-8633** (Option 5) or email [Providers@AvMed.org](mailto:Providers@AvMed.org).

# 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 2020 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
- Vision services
- Hearing exams and hearing aids
- Prescription drug coverage, including 90-day retail and mail order discounts through CVS
- Membership in SilverSneakers® Fitness program at no extra cost
- Healthyperks<sup>SM</sup> – 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**.



## Improving Medication Adherence: 4 Ways

Once a patient leaves your office with a prescription, whether or not he or she fills it may be out of your control. Medication adherence is a common problem that physicians face, but there are steps that can be taken to increase the chances of successful treatment:

- Make sure your patient understands why he or she is being prescribed the medication. Review the benefits and risks with the patient; the more the patient is aware of what the drug does, the more likely he or she will take it.
- Encourage the use of adherence tools. Mobile apps, setting alarms and pillboxes can help keep treatment top-of-mind for patients.
- Train the staff to better handle inquiries. Remind patients that they can contact your office with any questions and be sure to respond in a timely manner.
- Keep medical records up to date. During every visit, ask your patient about his or her current regimen, especially if the patient has recently been hospitalized. If other Providers have prescribed medications, you need to know so you can reconcile everything and help avoid any drug interactions. Don't let details fall through the cracks during transition of care.



To access AvMed's Provider resources, log in <https://www.avmed.org/web/provider> with your AvMed username and password.



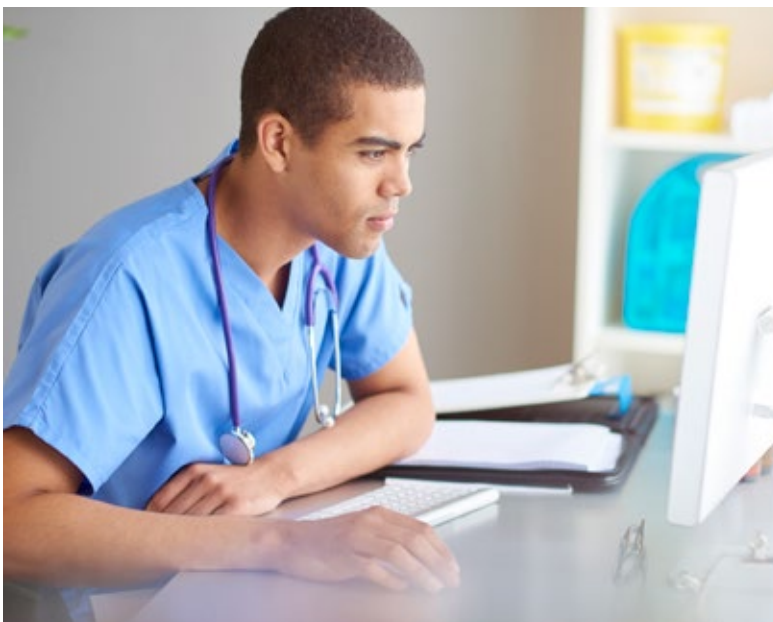


## Balance Billing Limitations Regarding Medicare Patients

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](https://www.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

SPECIAL



EDITION

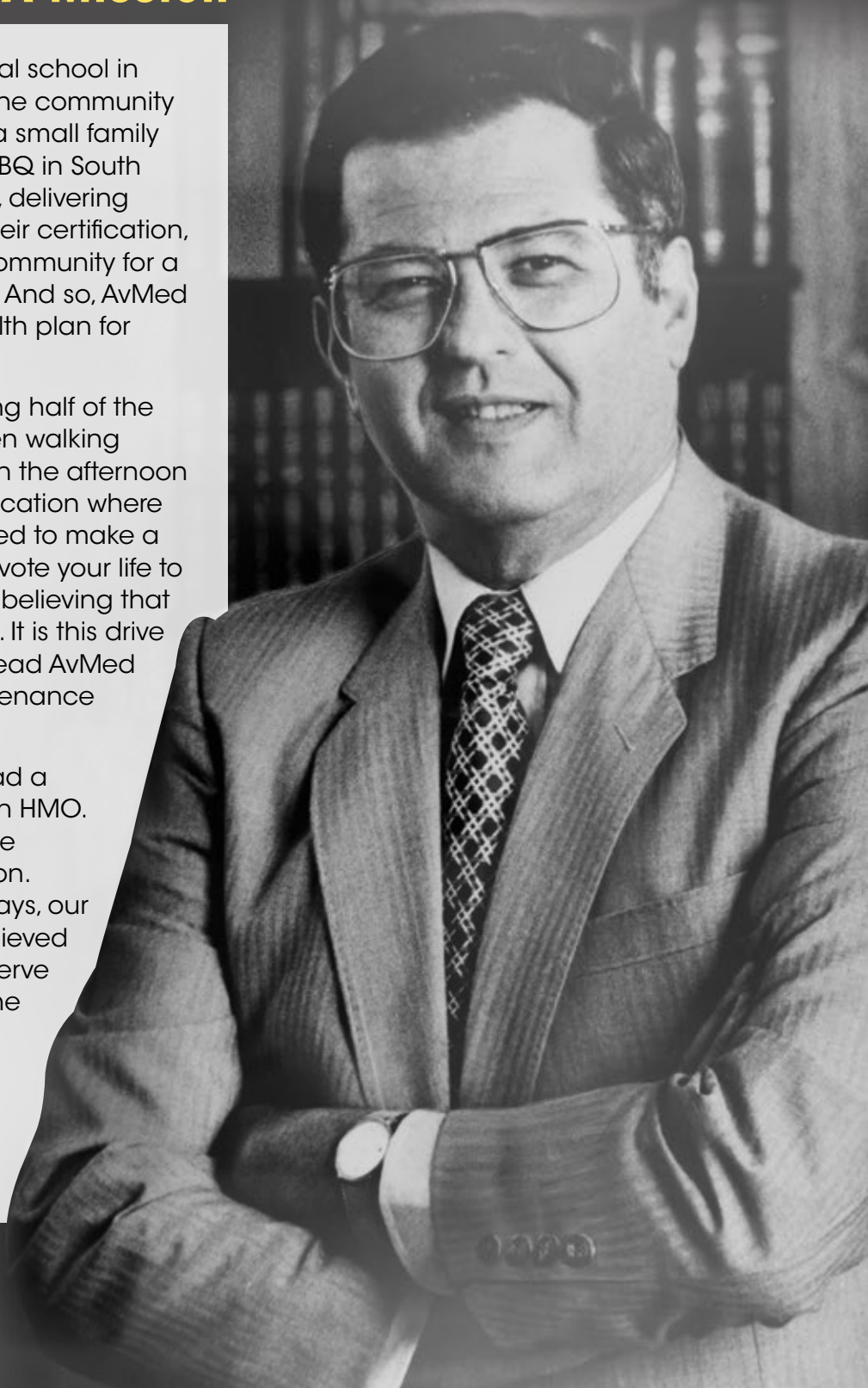
## Embracing Purpose/A Mission

**A**fter graduating from medical school in 1962, determined to serve the community where I grew up, I opened a small family practice on US 1, next to Shorty's BBQ in South Miami. As I was caring for patients, delivering babies and examining pilots for their certification, I noticed a growing need in our community for a cost-effective health care solution. And so, AvMed was established as a prepaid health plan for Miami pilots.

We were a small staff of five, working half of the day at the family practice and then walking across the railroad tracks to work in the afternoon at the AvMed office in the same location where it is today. When you are determined to make a difference in people's lives, you devote your life to it. You move forward with purpose, believing that small steps will make big changes. It is this drive and purpose that inspired me to lead AvMed to becoming the first health maintenance organization in the southeast.

In the early 1970s, most doctors had a negative view of the concept of an HMO. But I saw an opportunity to improve people's lives; it became my mission. During the company's founding days, our small staff of five kept at it – we believed every day was an opportunity to serve and that each associate makes the difference. Fifty years later, these core beliefs continue to guide us in providing exceptional service and hospitality as we serve our Members and the community.

– Dr. Herbert Davis (1969)





- AvMed Members Ileen W.  
and daughter Miltonette C.,  
featured in AvMed Magazine  
Spring 2011

## Embracing Gratitude

**A**s a mother, you always worry about your children. My daughter, Miltonette, 26, has always had a heart condition, but it wasn't until January 2008 - when she was living in Georgia and attending law school - that she had her biggest health scare: heart failure. Needless to say, it was a very stressful time for us.

Miltonette was eventually diagnosed with idiopathic dilated cardiomyopathy, which is a weakening of the heart muscle, cause unknown. She had a defibrillator implanted and improved. My daughter has since graduated from law school, moved back to Miami and works with me in the state attorney's office. AvMed's Case Management was a tremendous help, especially since Miltonette was out of the service area; our dedicated case manager helped us through every step. I'm so grateful!



**SPECIAL**

**AvMed**

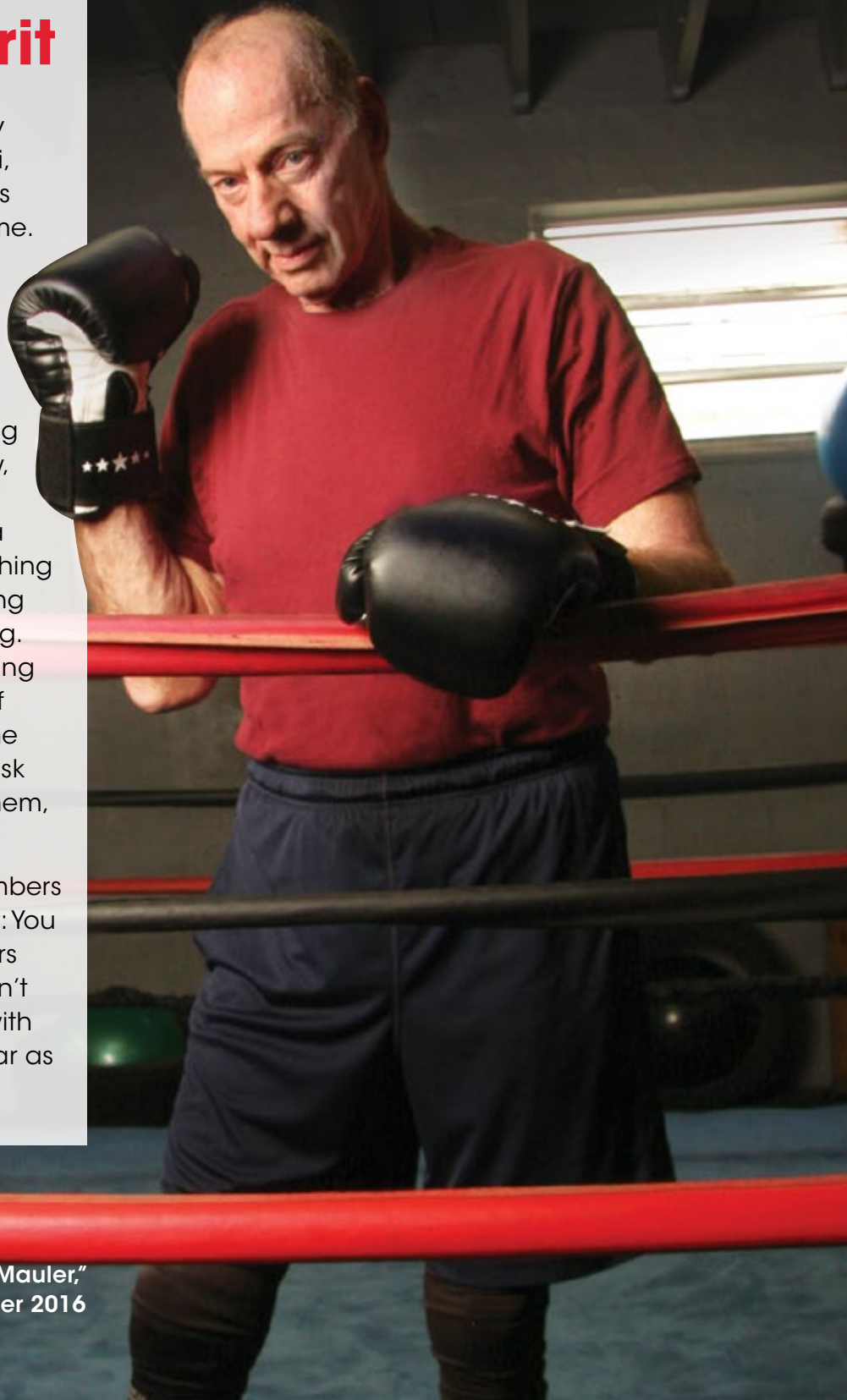
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## Embracing Grit

**F**rom James “Lights Out” Toney to Ray “Boom Boom” Mancini, no boxer worth his weight hits the ring without a good fight name. So, my trainer named me “The Mauler.” After a few Golden Glove bouts in my native New York City, I hung up my gloves in my early 20s for a career in the metal-refining business. The boxing bug bit me again at age 60. Now, I hit the gym for intense, three-hour workouts six to seven days a week. The first hour is spent stretching and performing calisthenics, doing abdominal work and weight lifting. The second hour focuses on boxing drills. I wrap up with 30 minutes of sparring and then finish with some work on the heavy bag. People ask me what my secret is, and I tell them, “Exercise.”

My advice for fellow AvMed Members who aren’t training for a title fight: You don’t have to work out three hours a day. When I started out, I couldn’t even do a half hour. I just stuck with it. Whatever you enjoy doing as far as exercise, get out there and do it!



– AvMed Member Frank A. “The Mauler,”  
featured in *ASPIRE* Magazine Summer 2016

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## Embracing Change

"**S**tart small." That's what I told myself when I knew I had to change my diet. My energy and sleep weren't what they used to be, and I was pretty sure my eating habits were to blame. Slowly but surely, I began to make better decisions throughout the day ... things like replacing white bread with whole-wheat bread and drinking a lot more water. I also stopped going out to eat as much and cooked more at home – I saved calories and money.

I feel much better now. I have so much more energy, and I sleep more soundly. Aside from helping me feel great, all these healthy changes helped me win a trip to Disney. When I saw AvMed hosting a Healthy Plates contest asking for health tips, I had to share one that I learned along my journey. Lo and behold, I won the contest – and a fun vacation. Small changes pay off in more ways than one!

– AvMed Member Norgi  
R., featured in EMBRACE  
Magazine Winter/Spring 2018



## We welcome your feedback.

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](mailto:Providers@AvMed.org) or call the Provider Service Center at **1-800-452-8633**, Monday-Friday, 8:30 am-5 pm., excluding holidays.

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NEWSLETTER TODAY; REGISTER AT  
[AVMEDNETWORKNEWSWIRE.ORG](http://AVMEDNETWORKNEWSWIRE.ORG).**



### AVMED'S WEBSITE: [AvMed.org](http://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](mailto:Providers@AvMed.org)**

Use our centralized toll-free number to reach several key departments at AvMed.

#### PROVIDER SERVICES CENTER **1-800-452-8633**

With our new advanced IVR (Interactive Voice Response) system there are many new self-service features.

- Check Benefits and Eligibility
- Obtain Claim status
- Obtain Information on Authorizations
- Or you can speak to a 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 doctor's office)