Spring 2021

AvMed Embrace better health.®

Network NewsBrief

A publication for **AvMed** Providers and Staff

Preparing for CAHPS and HOS

Follow-up Care: An Important Part of Patient Recovery

Connect Your Patients With Papa Pals

HEIDS Resources for Providers

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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 Valued Provider Partner:

To keep our Members healthy and happy during the COVID-19 pandemic, AvMed continues to offer virtual events and services to help our Members stay safe, active and entertained at home during these challenging times including yoga, dancing and cooking classes.

In response to COVID-19, we also continue to increase access and remove potential cost barriers to care by offering zero cost diagnostic testing, zero cost treatment, zero cost virtual visits as well as waiving referral requirements and increasing access to prescription medications. For up-to-date information about how AvMed is managing the coronavirus, please visit www.AvMed.org/News/Coronavirus.

In this spring issue of ***Network NewsBrief***, we highlight the importance of follow-up care in your patient's recovery process and how our partners at Deliver Lean can help Medicare Members post-discharge with meal delivery.

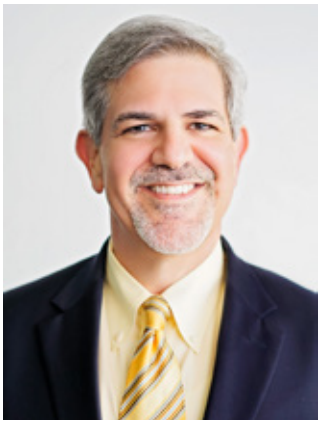
You will also find a reminder about Optum, our new behavioral partner effective 1/1/21, and information related to colon cancer.

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.

Also, if you have not already done so, please check out our new Provider Portal and learn how to register at www.AvMed.org/News/Service-Portals.

Stay safe and be well.

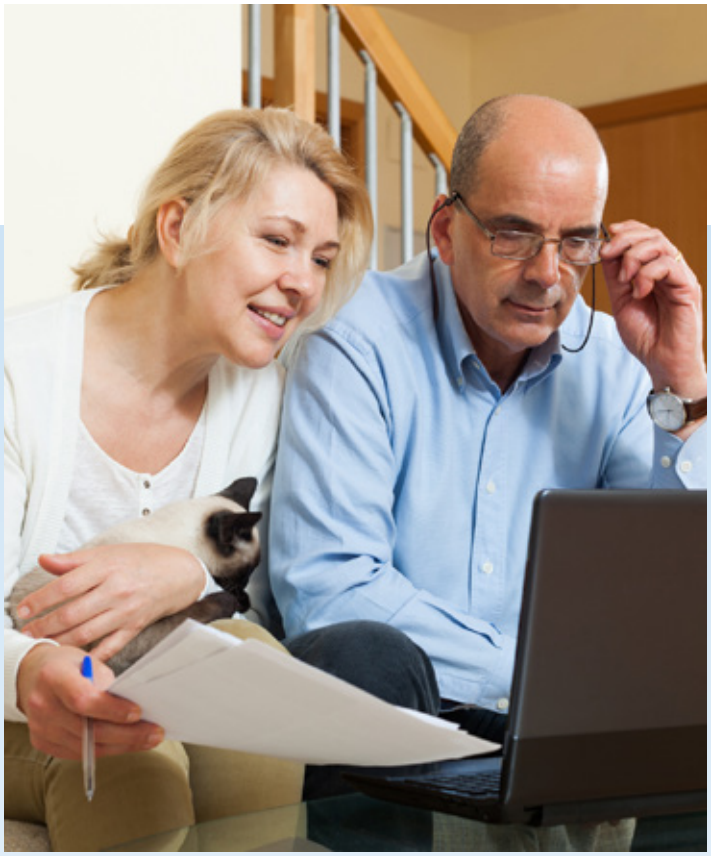
Sincerely,



Frank Izquierdo
Senior Vice President
Provider Solutions &
Strategic Alliances
AvMed

CARE OPPORTUNITY CORNER

Preparing for CAHPS and HOS



Every year, the Centers for Medicare & Medicaid Services (CMS) conduct two separate surveys of Medicare beneficiaries to evaluate their experiences with their health plans and Providers.

Here's a quick breakdown of each survey and how you can provide the best patient experience possible.

Health Outcomes Survey

The Health Outcomes Survey (HOS) asks Medicare beneficiaries several health-related questions about their own physical and mental health, the presence of pain and its effect on daily activities, smoking, exercise and more. Besides asking AvMed Members to assess themselves in the above categories, the HOS also asks whether their AvMed Provider has spoken to them or advised them on said issues.

Consumer Assessment of Healthcare Providers and Systems

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey is used to assess the patient experience as well, but this survey focuses on how patients perceived different aspects of their care – not how satisfied they were. The survey touches upon topics such as patient-doctor communications, healthcare coordination and Provider accessibility.

What You Can Do

- Limit wait times. Try to see your patients as close to their scheduled appointment time as possible. Avoid overbooking (or double-booking) patients, as this can contribute to significant delays.
- Coordinate care more effectively. If your patients are seeing more than one Provider, each Provider should be aware of one another. 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. And if they have questions, make sure that you or someone from your office is available to answer them.

For more help on improving the patient experience, contact AvMed's Provider Service Center at **1-800-452-8633**. Providers who contact the Center will be invited to participate in the Provider Post-Call Survey, which will ask you about the services you received during your call. Your feedback will help us improve our overall services to better suit your needs. You will only be asked to participate in this call once in a 15-day window.

FOLLOW-UP CARE: AN IMPORTANT PART OF PATIENT RECOVERY

When one of your patients is admitted to the hospital, a smooth recovery should be the next step. A big part of that recovery is follow-up care.

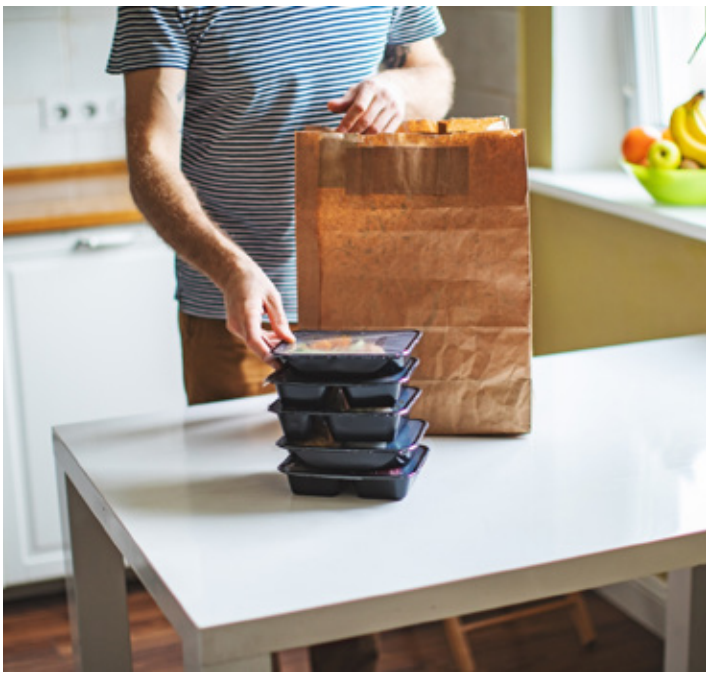
After a patient is discharged from the hospital, he or she should schedule a follow-up visit as quickly as possible – ideally within seven days and most definitely within 30 days of discharge. Research has shown that patients who undergo follow-up care within that time frame are significantly less likely to be readmitted.

When a visit is scheduled, consider these practices to minimize a patient's risk of readmission:

- Send reminders.
- Review his or her history during the visit.
- Make sure he or she understands any discharge instructions.

Have questions about preventing readmissions? Call the AvMed Provider Service Center at **1-800-452-8633**, 8 am-5 pm, Monday-Friday (excluding holidays). Also, Providers may refer Members to AvMed's Care Management Team by calling 1-800-972-8633 (option 3), or sending an email to **Providers@AvMed.org**.

DELIVER LEAN OFFERS MEAL DELIVERY TO AVMED MEDICARE MEMBERS POST-DISCHARGE



Do you know about our meal delivery program? AvMed Medicare Members have access to our Deliver Lean benefit, which provides meals when a Member is discharged from the hospital. This program ensures their nutritional needs are met.

Deliver Lean delivers meals to our Members' homes, with delicious, healthy ingredients to meet dietary needs in the immediate post-discharge period. Deliver Lean will call your patients once they are discharged to arrange for meal delivery.

For more information about the program, visit **www.DeliverLeanCare.com** or call 1-800-286-33863.

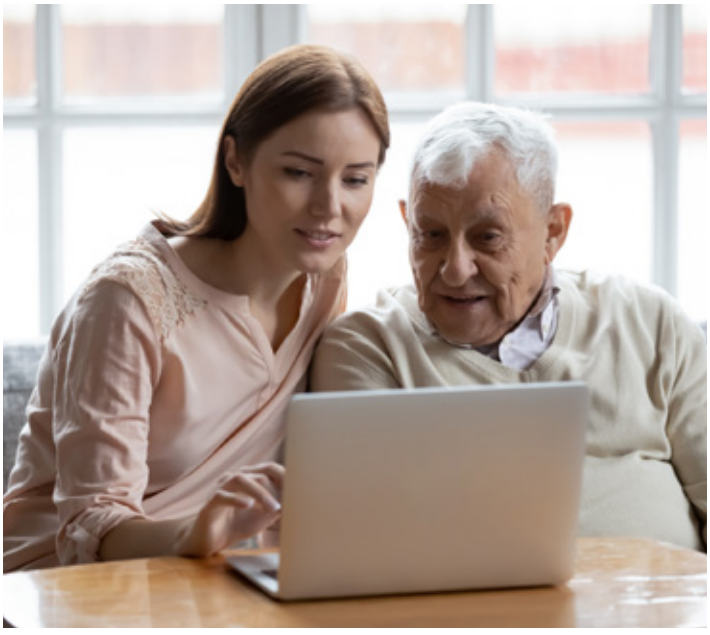
ANNUAL WELLNESS VISITS – BEST WAY FOR MEMBERS TO STAY HEALTHY

During these challenging times, we know a lot of your patients are only thinking of going to a doctor when they feel sick or have been injured. But having routine preventive care visits and taking other steps to manage their health are just as important as sick visits when it comes to preventing disease and ensuring they stay healthy.

Now is a great time to encourage your patients to focus on wellness, immunizations and health screenings. If you have telehealth options and/or safety protocols in place, please remind your patients about being proactive about their health. It's the best way for Members to avoid serious medical issues and keep healthcare costs to a minimum.

When patients schedule their visit, you can direct them to the **Conversation Starter** at AvMed.org. It's a list of topics and questions they can discuss with you. **https://www.AvMed.org/documents**.

CONNECT YOUR PATIENTS WITH PAPA PALS



Papa connects AvMed Medicare Circle and Choice Members with specially trained and selected "pals" for assistance with everyday tasks to improve your patients' wellbeing, creating a family on demand.

All Papa Pals have extensive background checks, flexible schedules and will follow COVID-19 safety protocols and spend time with an older adult, including playing board games, assisting with computers, scheduling doctors' appointments and more.

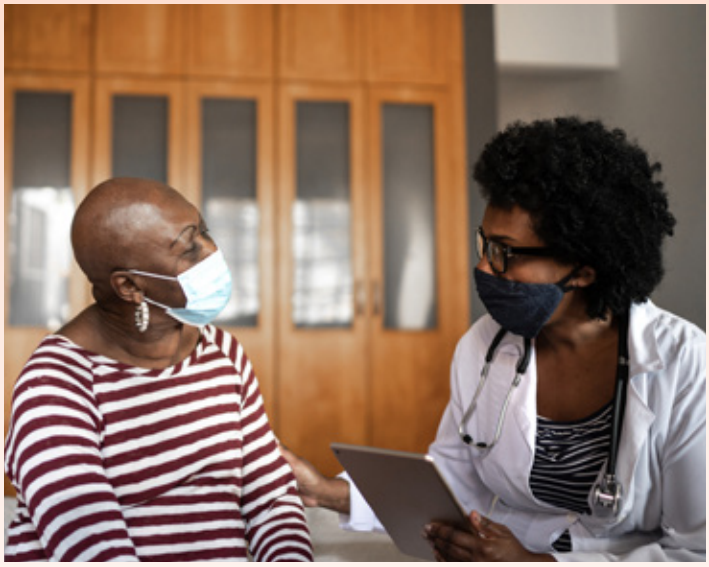
Your patients have access to Papa Pals virtually while social distancing at home. Visit **www.joinPapa.com** or call 1-877-751-9187.

TALKING TO YOUR PATIENTS ABOUT COLON CANCER

Colon cancer is the third most common cancer diagnosed in the United States, outside of skin cancer. The American Cancer Society (ACS) 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. By talking to your patients about colon cancer, you can help minimize their risk and ensure the best outcome possible.

ACS recently revised its screening recommendations and suggests that individuals at average risk begin screenings at age 45. Please document medical records with the date the colorectal cancer screening was performed, and results or findings. Remember, if you recommend or provide a home test kit, please make sure it is for an AvMed participating provider OR submit a prior authorization request for any non-participating lab kits.



Talk to your patients about their risks in order to come up with an appropriate care plan. For more screening recommendations, visit **https://www.cancer.org**.

Reminder: Optum Behavioral Health Partner

This is a reminder that Members have a new behavioral health solution effective 1/1/21. Optum connects Members to an extensive network, innovative tools and resources that inspire your patients to be more engaged in their wellness.

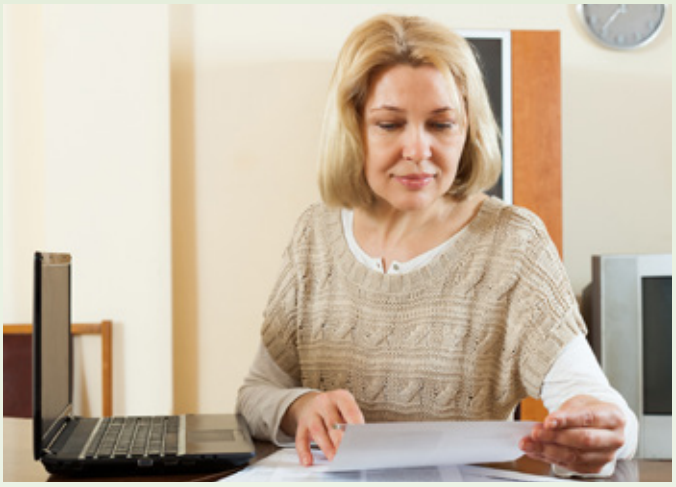
Members can choose from more than 8,600 experienced, Florida-licensed clinicians for support, including psychiatrists, psychologists, masters-level social workers and other mental health counselors. Plus, for Members who may travel or are out of the service area, they can use Optum's online directory to find quality behavioral health providers nearby.

Optum also offers our Members a unique substance abuse and opioid use disorder care management program. There are many ways Members can engage with Optum, based on their preferences and needs such as a 24/7 hotline, self-service portal and telehealth services.

Your patients have access to a dedicated Optum Member portal with a personalized recovery and resiliency section with hundreds of Member resources.

Commercial Members
Call 1-866-293-2689 or visit www.AvMed.org/BehavioralHealth-Members.
Medicare Members
Call 1-866-284-6989 or visit www.AvMed.org/BehavioralHealth-Medicare.

BALANCING BUDGET BILLING LIMITATIONS



AvMed Medicare and Medicare Advantage Providers need to be aware of the Centers for Medicare & Medicaid Services' (CMS) 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 interest 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 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 Service Center at **1-800-452-8633**, Monday-Friday 8 am-5 pm, excluding holidays.

HEDIS RESOURCES FOR PROVIDERS

The National Committee for Quality Assurance developed HEDIS® (Healthcare Effectiveness Data and Information Set) as a framework for health plans to collect, analyze and report identical performance measurements each year.

Why HEDIS Is Important

- Ensures health plans are offering quality preventive care and service to Members
- Allows for a true comparison of the performance of health plans by consumers and employers
- Identifies noncompliant Members to ensure they receive necessary screenings and treatment

Through **AvMed.org**, you have access to a number of HEDIS resources:

- Care Opportunity Reports
- Medicare Stars Playbook
- HEDIS Measure Provider Matrix
- HEDIS Encounter Coding Guide
- Quality Stars Measure Reminder

To take advantage of these resources, log into **AvMed.org** today.

AvMed 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 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)

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