

Network NewsBrief

A publication for **AvMed**
Providers and Staff

Spring 2020

**Physician-to-Physician
Referral**

**Talking to Your Patients
About Colon Cancer**

**What to Know About
Balance Billing Limitations**

**Reducing the Risk
of Readmission**



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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

There have been many exciting developments at AvMed. Among them are our new and improved benefits for Medicare Members. Through partnerships with NationsHearing and Alivi, we're able to provide comprehensive hearing and transportation coverage.

Some of these enhanced benefits include no charge for annual hearing exams, long-term warranties on new hearing aids, and help getting to and from plan-approved locations like physician offices, pharmacies and labs. You can read more about these benefits on the following pages.

In this edition of AvMed Network NewsBrief, you'll also find out more about our physician-to-physician referral system along with a step-by-step guide for creating new referrals. Our easy-to-use system makes it simpler and more user friendly than ever to coordinate the best care possible. Speaking of care, this issue shines a spotlight on the importance of preventive screenings – specifically colon cancer. It's a good time to discuss risk factors and screenings with your patients for this disease as well as other conditions they might be at risk for.

Have you completed your annual 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 every year. Head to page 6 for help on fulfilling this requirement. This issue also contains information on balance billing limitations and reducing the risk of hospital readmissions.

As we continue to grow throughout 2020, I want to take the time to thank you for helping us make AvMed WELLfluent™ Living a priority. You play an instrumental role in helping our Members lead healthier, happier lives. We here at AvMed look forward to working with you this year and beyond. And as always, we love to hear from you. Share your thoughts with us at Providers@AvMed.org.

Ann O Wehr MD



Ann O. Wehr, MD, FACP

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

CARE OPPORTUNITY CORNER

New Developments at AvMed

Spring is here, and we're excited to inform you of new developments at AvMed. Here's what you need to know to help continue providing the best care for your patients:

It's Survey Season

Around this time of year, a small percentage of our Members will receive the Consumer Assessment of Health Plans and Systems (CAHPS) Survey. Approximately 30 percent of our membership is randomly selected to receive the CAHPS survey each year – every Member's response counts.

The survey is used to assess their experience with AvMed and network Providers like yourself. This information allows us to keep improving our services to better serve your patients' needs.

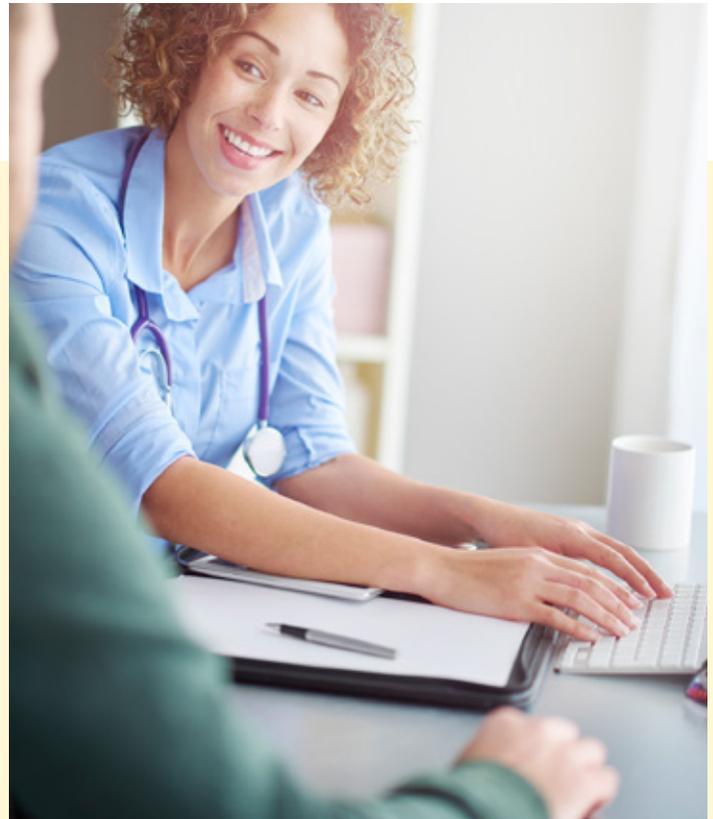
Another important survey is the Health Outcomes Survey (HOS). It asks Medicare beneficiaries several health-related questions about their own physical and mental health, the presence of pain and its effect on daily activities, smoking, exercise and more. Besides asking AvMed Members to assess themselves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

Please encourage your patients to be on the lookout for these surveys.

New and Improved Benefits

At AvMed, we've partnered with several organizations to improve Member care. Our new partnership with NationsHearing provides our Medicare Members with comprehensive hearing coverage. Some of the benefits they can expect are as follows:

- Annual hearing test/exam at no charge
- 36-month warranty on new hearing aids
- Hearing aid fitting and evaluation at no charge



- Hearing aid batteries (up to a three-year supply)
- One-year loss and damage coverage
- Allowance toward hearing aids (per ear)

We've also joined forces with Alivi to manage nonemergency medical transportation services and provide South Florida Medicare Members with transportation to plan-approved locations.

OTC Credits for Medicare Members

Members can now get a credit that can be used for several over-the-counter items at CVS:

- Allergy medications
- Eye and ear care
- Incontinence
- Cold remedies
- First aid
- And more



Should your patients need more information about these developments, they can call the number listed on their **AvMed Member ID Card**.

LEARN ABOUT THE MEDICARE PHYSICIAN-TO-PHYSICIAN REFERRAL SYSTEM



AvMed has an easy-to-use, physician-to-physician referral online portal. The process is simpler and more user friendly than ever.

Some benefits and features of this online system include the following:

- A 100 percent web-based process.
- Single sign-on to access all areas of the portal.
- A Physician Search & Save function that lets you search for in-network physicians more easily and save progress on incomplete referrals.
- Create referrals for one to nine visits. All referrals are active for up to 90 days.
- Specialists and Primary Care Physicians (PCPs) can search for referrals created or received with a variety of search options. Referrals are available as soon as they are created.

To create a referral, follow the steps below:

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. Fill in any clinical comments (if applicable) and then click "Submit."



Have questions? Contact AvMed's Provider Services Center at **1-800-452-8633** (Option 5) or email **Providers@AvMed.org**.

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 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.

Risk Factors

Are your patients at risk? The risk factors for colon cancer vary: Some of them – like family history – are out of their control. But many colon cancer risk factors can be addressed by lifestyle changes.

Some lifestyle changes your patients can make include:

- 1. Becoming more active.** If they lead a sedentary lifestyle, they're at a greater risk of colon cancer. Encouraging your patients to exercise more, even if that means simple activities like walking.
- 2. 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 intake or replace red meat with healthier proteins like fish and chicken.

- 3. Stop 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 United States Preventive Services Task Force recommends colorectal cancer screening starting at age 50 and continuing until age 75. People who are in good health and at a low risk should get a colonoscopy every 10 years; individuals at a higher risk may need more frequent screenings.

Less-invasive alternative screening tests like Quest in-home test kits are available for low-risk individuals. Please be aware of any prior authorization requirements regarding non-Quest home-test kits.



For more screening recommendations, visit [USPreventiveServicesTaskForce.org](https://www.uspreventiveservicestaskforce.org).

What to Know About Balance Billing Limitations

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).

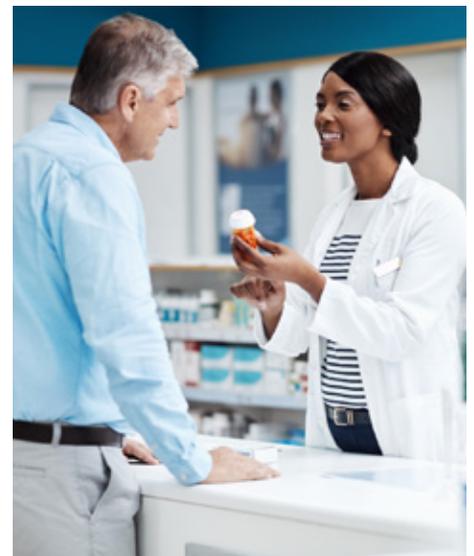
Complete Your Annual Training On AvMed.org

The Centers for Medicare & Medicaid Services 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.

Standard Pharmacies vs. Preferred Pharmacies: What's the Difference?

Help your patients save at the pharmacy. Some of the pharmacies in the AvMed Network offer preferred cost sharing. While Members can use any network pharmacy to fill prescriptions, their copays may be lower at a pharmacy that offers preferred, or lower cost sharing. The following chain pharmacies offer preferred cost sharing: CVS, CVS at Target, Navarro, Walmart, Costco, and The Medicine Shoppe. Members can also get preferred cost sharing from some regional independent pharmacies.



For a directory of pharmacies, please direct your patients to the [AvMed.org](https://www.avmed.org) portal. Once they log in, they can click on "**Find a Pharmacy**" under "**Quick Links**." Preferred pharmacies will have a "P" designation on the online directory.

Reducing the Risk of Readmission

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 but certainly 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.

Here are some best practices you can follow:

1. Work closely with your scheduling team.

Consider holding some appointment slots open for recently discharged patients. Whenever a patient calls to schedule a visit, your team should ask whether he or she has been recently discharged in order to prioritize him or her. You may also want to send out reminders to patients so they follow through with their visits.

2. Use the first follow-up visit to review patient history, including a complete post-discharge medication reconciliation. You know your patient best. If his or her medical history suggests readmission is a likely probability, work with your patient to address these issues during the first follow-up visit.

3. Recap any instructions at the end of your visit. It's important that your patients understand all of your instructions before leaving your office. If they understand why you're prescribing a particular medication and how they're supposed to take it, they're more likely to adhere to the treatment plan. Encourage your patients to ask questions, too.



Have questions about preventing readmissions? Call the AvMed Provider Services Center at **1-800-452-8633**. The Provider Services Center is open from 8:30 am-5:30 pm, Monday-Friday (excluding holidays). You can also get in touch with the Center by sending an email to **Providers@AvMed.org**.



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 patient experience focusing on how patients perceive key aspects of their care, such as 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, 8:30 am-5 pm., excluding holidays.

CUSTOMIZE YOUR DIGITAL NEWSLETTER TODAY; REGISTER AT AVMEDNETWORKNEWSWIRE.ORG.



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 SERVICES CENTER 1-800-452-8633

- 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)