


Network NewsBrief

A publication for **AvMed**
Providers and Staff



**Creating Better Health
Outcomes with Preventative
Cancer Screenings**

**Easing Transitions
of Care**

**How Your Patients Can
Save on Prescriptions**

**Survey Says? Preparing
for CAHPS and HOS**

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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](https://www.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

Inside this issue of **Network NewsBrief**, you'll find important information about preventative cancer screenings, a checklist for easing transitions of care, plus how your patients can save on their prescriptions.

We have also launched a Member outreach campaign encouraging your patients to make an appointment for their annual wellness visits. We kindly ask that you please take a proactive role in helping your patients manage their health, inviting them to schedule these vital check-ins.

Also, we are pleased to announce the Inflation Reduction Act updates regarding free vaccines and insulin costs, as well as enhancements coming soon to our Cost Calculator Tool.

Lastly, if you have not already done so, please check out our new Provider Portal and learn how to register at [AvMed.org](https://www.avmed.org). As always, should you have any questions, please call AvMed's Provider Service Center at 1-800-4528633 or email us at Providers@AvMed.org.

Be Well,



Frank Izquierdo

Senior Vice President
Provider Solutions &
Strategic Alliances
AvMed

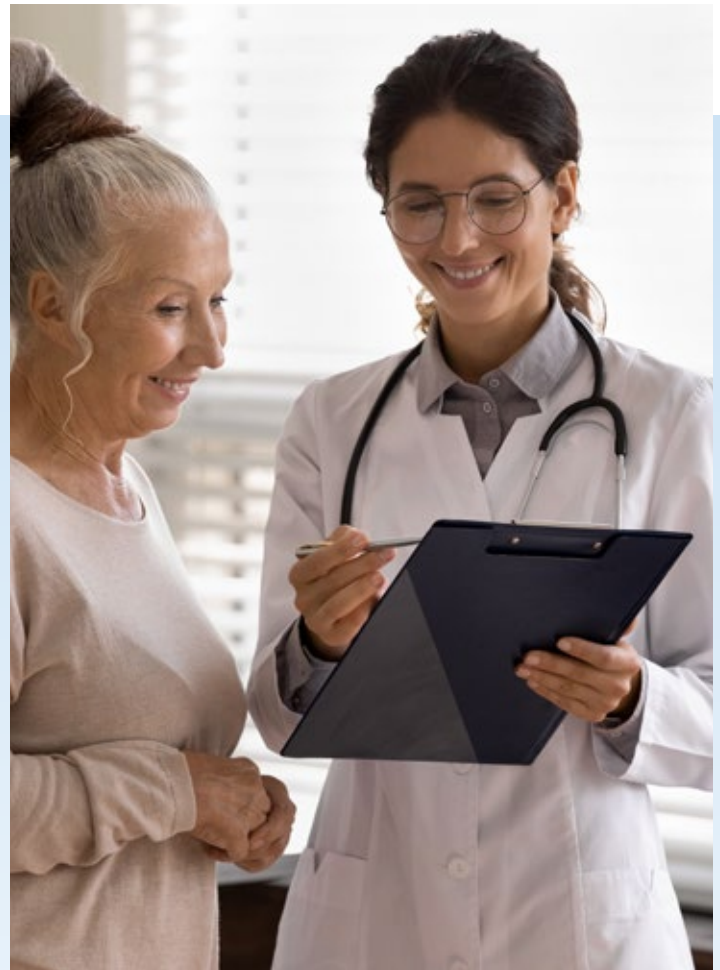
CARE OPPORTUNITY CORNER

Creating Better Health Outcomes with Preventative Cancer Screenings

Many people only go to the doctor when they are sick, but AvMed encourages our Members to be proactive about their health, including scheduling preventative cancer screenings. We depend on you, our valued Providers, to help remind your patients and our Members about the importance of these tests and why they should be a priority.

Continuity of Care

Continuity of care can help prevent disease and ensure quality of care. Whether mammograms, colorectal cancer screenings, or other tests, it's prudent to educate your patients that these screenings are vital to their wellbeing since early detection of cancer greatly improves their chances for successful treatment.



What You Can Do

In addition to preventative screenings, we recommend that PCPs always encourage patients to live a healthy lifestyle by getting all recommended vaccines and immunizations and maintaining a healthy weight, exercising, limiting alcohol consumption, and avoiding tobacco use.

For more health tips to share with your patients, **visit [AvMed.org](https://www.avmed.org)**.



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.


EASING TRANSITIONS OF CARE

Transition from the inpatient setting back to home often results in poor care coordination. This can include communication lapses between inpatient and outpatient Providers; intentional and unintentional medication changes; incomplete diagnostic work-ups; and inadequate patient, caregiver and Provider understanding of diagnoses, medication and follow-up needs. This kind of poor care coordination is very serious and can even be deadly, especially in older adults and seniors.

To ease transitions of care after patient discharge from a hospital, refer to the following checklist:

- Complete appropriate documentation
- Review and document new medications prescribed in the hospital and compare them with the other medications the patient takes
- Schedule a visit with the patient within 7 days of discharge. If a visit within 7 days is not possible, complete medication reconciliation over the phone with the patient




 Your AvMed Care Opportunity Report provides you with a list of members with gaps in care, including gaps in TRC. You can request your Care Opportunity Report by **emailing CareOpportunities@avmed.org**.

HOW YOUR PATIENTS CAN SAVE ON PRESCRIPTIONS



With tools like Rx Savings Solutions and Over-the-Counter Allowance, your patients get the medications they need at the best price.

- Rx Savings Solutions is a free online transparency tool that helps your patients find the best deals on prescriptions
- Over-the-Counter Allowance offers Members access to health and wellness products
- Members can save when they purchase prescriptions from a Preferred Network Pharmacy like CVS or Publix
- During the initial coverage stage, Members can save more money by getting up to a 100-day supply of the medication*

 To learn more about prescription savings, visit **AvMed.org/prescriptions/rx-savings-solutions/**.

*Due to packaging and directions, some medications may not be available as a 100-day supply.

ENCOURAGE YOUR PATIENTS TO SCHEDULE A WELLNESS VISIT



AvMed is guided by our mission to help our Members live healthier. This mission is at the center of everything we do. It includes educating and reminding Members to proactively monitor and maintain their health and well-being through annual wellness visits with our network of primary care physicians.

Starting in March, AvMed will communicate with Members and remind them to schedule appointments with providers. We are also asking for our primary care physician's help in this effort.

Members hearing from their doctor creates another familiar reminder and assists in caring for preventable medical conditions and issues.

Thank you for your support and continued partnership in helping our Members live healthier.

IMPORTANT DATES TO REMEMBER

ACA:

- All claims with **Dates of Service** in 2022 are due to CMS by **April 2023**.

Medicare:

- CMS has granted a deadline extension for claims with **Dates of Service in 2021**. Therefore, please submit all remaining claims to AvMed by **May 2023**.
- The Fiscal Sweep for the Payment Year 2024 is the first Friday of September. Please submit **claims incurred between January to June 2023** to AvMed by **July 2023**.

NEW PROVIDER PORTAL DEMOGRAPHIC DATA



Over the past two years, we worked to revamp our technology capabilities to better serve you and our Members. As part of that transformation, we created a new, more intuitive, and user-friendly Provider Portal with a cleaner, more streamlined interface for you. Plus, it offers several new features and enhancements such as the inclusion of demographic data to help Members find you in the Provider Directory.

So, whether it's personal attention or providing you with self-serve options on your new Provider Portal, our goal remains the same: to help you attend to the most important part of your business, your Patients.

You'll need to register for the new portal, even if you were registered on the prior one, due to new technology requirements.



Learn more about the new AvMed Provider Portal and how to register at www.AvMed.org/News/Service-Portals.

SURVEY SAYS? 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 is 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. In addition, the HOS also asks whether their AvMed Provider has spoken to them or advised them on certain issues, including whether they have discussed a plan of care for urinary incontinence and Fall prevention.

Consumer Assessment of Healthcare Providers and Systems Survey

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.

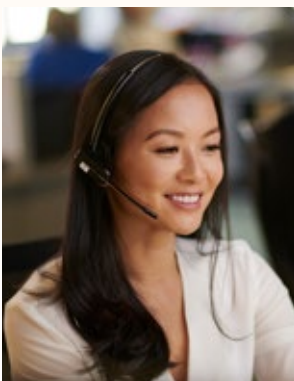
What You Can Do

- Limit wait times. Try to see your patients as close to their scheduled appointment time as possible. Avoid overbooking (or double-booking) patients.
- 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**. 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.

NEW COST CALCULATOR TOOL ENHANCEMENTS



Guided by our Mission to help our Members live healthier, AvMed supports transparency and providing greater Member protection. We are currently reaching out to Members to inform them of enhancements to our Cost Calculator

Tool to adhere to new requirements under the Transparency in Coverage Rule.

Thank you for joining us in our effort to ensure our Members always have access to affordable health options.



For more information, please call the Provider Service Center at **1-800-452-8633** with any questions.

IRA UPDATE: VACCINES AND INSULIN



As part of the Inflation Reduction Act, Members can get any insulin on AvMed's formulary for \$35 dollars for a 30-day supply. Additionally, Members will have \$0 cost share for vaccines. Below is a list of qualifying vaccines:

- HAVRIX INJ 720UNIT
- HAVRIX INJ 1440UNIT
- VAQTA INJ 25/0.5ML
- VAQTA INJ 50UNT/ML
- RECOMBIVA HB INJ 5MCG/0.5
- RECOMBIVA HB INJ 10MCG/ML
- ENGERIX-B INJ 10/0.5ML
- ENGERIX-B INJ 20MCG/ML
- RECOMBIVA HB INJ 5MCG/0.5
- RECOMBIVA HB INJ 10MCG/ML
- ENGERIX-B INJ 20MCG/ML
- RECOMBIVA-HB INJ 40MCG/ML
- PREHEVBRIO SUS 10MCG/ML
- XIARO INJ
- IPOL INJ INACTIVE
- GARDASIL 9 INJ
- IMOVAX RABIE INJ 2.5/ML
- RABAVERT INJ
- VARIVAX INJ
- YF-VAX INJ
- SHINGRIX INJ 50/0.5ML
- TWINRIX INJ
- PRIORIX INJ
- M-M-R II INJ
- TRUMENBA INJ
- BEXSERO INJ
- MENACTRA INJ
- MENQUADFI INJ
- MENVEO INJ
- TYPHIM VI INJ
- TDVAX INJ 2-2 LF
- TENIVAC INJ 5-2LF
- BOOSTRIX INJ
- ADACEL INJ
- BOOSTRIX INJ
- BOOSTRIX INJ
- BCG VACCINE INJ 50
- JYNNEOS INJ

IMPORTANT INFORMATION ABOUT REFERRALS AND AVMED'S AUTHORIZATION AND REFERRAL TOOL



With the launch of our web-based portal for AvMed Providers, AvMed Authorization and Referral Tool (AART), Primary Care Providers (PCPs) provides referrals for AvMed Members to access most specialty care services.

PCPs will access the referral system to create and verify referrals, while Specialists will access it only to verify referrals have been made. A referral does not require AvMed's approval. It has been established to promote better communication and coordination between treating physicians.

As a reminder, AvMed's Engage and Entrust Individual and Family plans require Members to obtain a referral from their PCPs for most Specialist appointments. Your patients can access a list of Specialists requiring a referral on the AvMed Member Portal.

In order to ease the return of referrals, AvMed has delayed requiring PCP to Specialist referrals for Medicare Advantage Members until August 1, 2023.



Remember all Providers need to register on the Provider Portal to access AART.



**Embrace
better health.®**
3470 NW 82nd Ave,
Doral, FL 33122

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)