

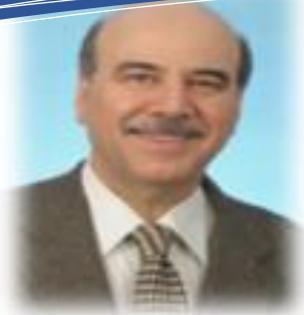
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What's up Doc?

From Dr. Imad Mansoor, OPNS CMO

2019 Clinical Quality

Physician practices are encouraged to maximize opportunities to close gaps in care during the final weeks of 2019. Completed services ensure optimal patient care is provided and supports our Network standing in Health Plan Quality programs as well as revenue opportunities for physicians.

- Monitor quality metric scores and reward opportunity reported on OPNS CQ Scorecards
- Identify patients on OPNS Unmet Measures Reports
- Schedule appointments for needed services
- Review Medical Records for Cancer Screenings provided in prior years/report to Health Plans
- Ensure Accurate and Complete coding of all exclusions, diagnoses and supplemental data

Oakland Physician Network Services

Phone Number **248.682.0088**

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Website **www.opns.org**

OPNS Clinical Quality (CQ) Scorecards and Unmet Measures Reports are posted on Physician Direct Focus. Additional resources are provided on the OPNS website (www.opns.org) including HEDIS Measure descriptions, Coding information and Health Plan Tip Sheets by condition.

OPNS Medical Management staff offers training in practice transformation through the implementation of Patient-Centered Medical Home capabilities (Contact Deb Spencer and Lauren Maier), Quality Program support (contact Marla Dixon) and HIE implementation (contact Yasir Bakko).

OPNS Office Manager and Informatics Newsletters distributed monthly by e-mail as well as this quarterly OPNS Newsletter offer important information for Primary Care and Specialty Care physician practices.

Returning to a Skilled Nursing Facility after Departure Tip

This is a reminder that Medicare will cover a return to a Skilled Nursing Facility (SNF) if a patient returns within 30 days of departure; this does not require a three-day qualifying hospital stay. This can reduce over-utilization of a hospital use and cost if patients can be redirected to a SNF, if required, if they are within that 30-day window.



From the desk of Rodger Prong

Concerning the Use of E-Cigarettes

Without personal bias, I feel obligated to share some reading in the administrative management communications that is circulating for your consideration at the practice level. Conventional wisdom is that e-cigs are safer than traditional cigarettes for adult smokers, but federal regulators still feel the need to figure out how to help them quit and how to keep vapes away from young people. But amid an outbreak of a vaping-related lung disease, independent scientists now say they are not so sure.

According to the National Institute on Drug Abuse, teen use of e-cigarettes has doubled since 2017 with 1 in 4 high school seniors reporting use of a vape in the past month. As vaping deaths rise, quitting has a new urgency, but experts say withdrawal can be even more challenging than from conventional cigarettes because of its teen culture prevalence. The rise of vaping-related illnesses and 29 deaths has put producers squarely in the government's sights. The producer Juul has by far dominated the e-cigarette market in the United States through its sales of flavored nicotine products.

Michigan, Massachusetts and Rhode Island have banned sales of flavored e-cigarettes and a similar move by New York was temporarily blocked by a court. In the background of this crises it was revealed that in 2009, the FDA was sent an E-cigarette device with a warning that a vaping wave was coming. Ten years after that warning, the FDA still has not vetted the vast majority of vaping devices or flavored liquids to determine their safety.

“Teen use of e-cigarettes has doubled since 2017 with 1 in 4 high school seniors reporting use of vape in the past month.”

The vaping-related condition that has sickened hundreds of people now has a name: EVALI, for “E”-cigarette/“V”-aping product use-“A”ssociated “L”ung “I”njury. The new name that is noted in newly issued guidance for clinicians from the Centers for Disease Control and Prevention, is a sign of the rapidly evolving investigation into the illness, which has sickened 1,299 people across 49 states, Washington, D.C., and the U.S. Virgin Islands.

The case count has continued to climb week after week while the federal investigation into what exactly is causing the peculiar outbreak of vaping-related lung injuries nationwide “could continue for months and may yield “multiple causes and potentially more than one root cause” said a principal deputy director at the US Centers for Disease Control and Prevention, during a briefing with reporters.

The FDA, which regulates tobacco, has given companies until May 2020 to submit any products they want to keep on store shelves after that date. The reviews have taken on new importance as the FDA prepares to pull off the market all e-cigarettes other than those formulated to taste like tobacco in a move intended to curb a rise in teens.

PCMH Updates

Did you Know?

As reported in BCBSM Value Partnerships, in the **2019-2020 PCMH** program year (effective 9/1/19),

- **4,704** Patient-Centered Medical Home designated primary care physicians in **1,738** medical practices
- Located in all **81** Michigan counties

PCMH designated physicians excel in two areas:

- Implementing capabilities
- Strong performance on quality and use metrics
 - ED use/HEDIS Metrics

PCMH designated physicians deliver care to over **2.6 million** Michigan “Blue” residents.

Did you also know?

It is imperative to maintain your Designation Status! Effective with the PCMH VBR period starting 9/01/2020, PCMH Designation will be a **two-year Program**. If a practice is nominated for designation in 2019 and earns designation starting 9/01/2020 they will be designated until 8/31/2022. If a practice loses their designation status the office will not be eligible for designation again until 2022.

An Interesting Anecdote from Rodger

Most of us make assessments of people, businesses and places based on our first impressions. Consider the following unexpected first impression born out of a recent Google search. My friend wanted to find a recommended digital marketing firm and of course, she typed in the name on Google. What she found was quite amusing because even their free Google “My Business” page hadn’t been claimed let alone benefited from any skilled marketing! When she told me I thought, that’s pretty interesting: they want paying customers to trust them with their digital marketing strategy, but they hadn’t even taken the time to claim their own Google “My Business” page.

“they want paying customers to trust them with their digital marketing strategy, but they hadn’t even taken the time to claim their own Google ‘My Business’ page.”

Let’s admit that how we show up online is now making a first impression for prospective patients, associates and employees. And by the way, have you claimed your Google “My Business” page? If not, I suggest that you do it. If not already claimed by someone else, you can become the owner once and for all. You can choose options that you must pay for, but you can get onto google “My Business” for free. <https://www.google.com/business/>

BCBSM Pharmacy Update

Blue Cross Blue Shield of MI (BCBSM) announced Inflectra® (HCPCS code Q5103) is now the preferred infliximab product for adult BCBSM PPO (commercial) members.

Patients with an active authorization for an infliximab product other than Inflectra® (i.e. Remicade® - HCPCS code J1745 or Renflexis® - HCPCS code Q5104) were required to transition to Inflectra® by November 1, 2019.

This change took effect for Blue Care Network HMO (commercial) members in May 2019 and does not apply to:

- Pediatric members 15 years old or younger
- Pediatric members 18 years old or younger weighing 50 kg or less
- Medicare Plus Blue PPOSM, BCN AdvantageSM or the Federal Employee Program®

Welcome Cindy!

OPNS welcomes Cindy Porter, RN (*formerly Cindy Kaye*) who will serve as the OPNS Emergency Department Clinical Care Manager for our Physician Direct ACO (PDACO) and OPNS populations at St. Joseph Mercy - Oakland.

As payors move from fee-for-service reimbursements to pay for performance, effective and efficient population health management is critical to the success of our organization. PDACO and payor data, including BCBSM and BCN, indicate improvement opportunities exist to reduce ED utilization, and admission/readmission rates. To improve our performance, Cindy will provide care coordination for PDACO and OPNS patients presenting to the ED. Her responsibilities will include:

- Analyze admissions and readmissions to determine opportunities to prevent or reduce
- Diversion/redirection of care to the most appropriate setting

In addition to collaboration with the healthcare team, Cindy will visit patients in the ED as an RN representative from their PCP office. During the visit, Cindy will assess the patient's severity of illness, intensity of service, and social determinants of health. She will also provide basic education, answer questions, and encourage patients to notify their Care Manager/PCP, or other pertinent members of their health care team (home health RN) before going to the emergency room unless a true emergency exists.

Some initial opportunities to divert/redirect care to the most appropriate setting include coordinating:

- non-emergent follow-up care back to the Primary Care setting
- blood transfusion services to the SJMO Infusion Center
- hemodialysis services to dialysis centers as clinically appropriate
- non-emergent advanced imaging to ambulatory imaging centers

Additionally, in collaboration with SJMO ED Physicians, Cindy assists with coordinating necessary ambulatory services with OPNS Specialists for those patients being treated/released by the ED

2019 Priority Health Quality Award

Congratulations to the OPNS practices that received the 2019 Priority Health Quality Award based on 2018 performance.

Edgewood Pediatrics

Dr. Brian Gendelman
Dr. Beth Baver-Neff
Dr. Cheryl Gannon

Premier Pediatrics

Dr. James Shaya
Dr. Satish Sundar
Dr. Mark Thompson
Dr. Tracy Thompson

Congratulations to 2019 PCMH Designated Practices

Practice	Clinician
<i>Aljundi Medical PLLC</i>	Dr. Hend Aljundi
<i>Aydin Turan MD PC</i>	Dr. Aydin Turan
<i>Clarkston International Medicine PC</i>	Dr. Nathan Chase, Dr. Rosa mirijanian, Dr. Bashar Okka
<i>Commerce Pediatrics Associates PC</i>	Dr. Sudipta Dhar
<i>Commerce Primary Care PC</i>	Dr. Alka Jain, Dr. Samuel Jonnalagadda
<i>Devyani Khambete MD PC</i>	Dr. Devyani Khambete, Dr. Parvathi Sivaramakrishnanm
<i>Edgewood Center Pediatrics</i>	Dr. Beth Baver-Neff, Dr. Cheryl Gannon, Dr. Brian Gendleman, Dr. Lisa Turner
<i>Faiz Mansour MD PC</i>	Dr. Faiz Mansour
<i>Farhat Osman MD PC</i>	Dr. Farhat Osman
<i>Glennan Medical Group PC</i>	Dr. Sheryl Wissman, Dr. Rachel Klamo
<i>James A Gibson MD</i>	Dr. James Gibson
<i>MHP Auburn Hills Medical Clinic</i>	Dr. Corey Haber
<i>MHP IMPCP</i>	Dr. Timothy Lamb, Dr. Varsha Revankar
<i>MHP Kingswood Internal Medicine</i>	Dr. Imad Mansoor
<i>MHP CAVA Lakes Internal Medicine</i>	Dr. Elaine Brenner, Dr. Saad Kemennu, Dr. Christian McTurk, Dr. Dana Yuzon
<i>MHP Rochester Medical Group</i>	Dr. Glenn Gradis, Dr. Michael Margolis, Dr. Alina Murariu-Dobrin, Dr. Kien Tran, Dr. Marie Delewky
<i>Michael Stachecki MD PLLC</i>	Dr. Michael Stachecki
<i>Premiere Pediatrics PC</i>	Dr. James Shaya, Dr. Satish Sundar, Dr. Mark Thomas, Dr. Tracy Thompson
<i>Rekha Kostecke MD PC</i>	Dr. Rekha Kostecke
<i>SJMH Medical Practice - Affinity Pediatrics and Internal Medicine</i>	Affinity Pediatrics and Internal Medicine – (Dr. Leslie Caren, Dr. Hadeel Razook
<i>SJMH Medical Practice - Lake Orion</i>	Dr. Timothy Dickson, Dr. Theresa Larsen, Dr. Amy McCarthy
<i>SJMH Medical Practice – Rochester</i>	Dr. Walter Culver
<i>SJMH Medical Practice - Union Lake</i>	Dr. Stacey Gorman, Dr. Amy Kowalski, Dr. Geetha Nair
<i>SJMH Medical Practice – Bloomfield Hills Internal Medicine</i>	Dr. Tassia Pfefferkorn
<i>SJMH Medical Practice - Bloomfield Hills Pediatrics</i>	Dr. Fidelina Baracerros, Dr. Katherine Yulo
<i>SJMH Medical Practice - Clarkston Family Medicine</i>	Dr. Bhupendra Patel, Dr. Nisha Chawla
<i>SJMH Medical Practice – Mercy Place</i>	Dr. Rajinder Grewal
<i>SJMH Medical Practice - Waterford Adult and Pediatric Medicine</i>	Dr. Kohler Champion, Dr. Michael Krivitsky, Dr. Nadia Sadik
<i>Sudha N Purohit MD PC</i>	Dr. Sudha Purohit
<i>Suhad Yaldo MD</i>	Dr. Suhad Yaldo
<i>Sylvan Lake Family Medicine PLC</i>	Dr. Kirti Sanghvi, Dr. Prakash Sanghvi
<i>Tanir Medical Center PC</i>	Dr. Narin Tanir
<i>Twin Lakes Medical Associates</i>	Dr. Ted Miklas

Other practices receiving PCMH Designation Status include

- *MHP Clarkston Medical Group – (Dr. Carl Palffy, Dr. Kathryn Hinderer, Dr. Joseph Lajoie, Dr. Timothy O’Neill, Dr. Danielle Leskie, Dr. Dean Moscovik, Dr. Renny Abraham, Dr. Christina Joslin, Dr. Lori Lajoie, Dr. Katherine French, Dr. Erica Harding, Dr. John Kilmer, Dr. Michael Narula, Dr. Sagar Patel, Dr. Sara Molnar, Dr. Brian Titesworth, Dr. Tessa Young)*
- *Glenn Bauer MD PC – (Dr. Glenn Bauer)*
- *SJMH Medical Practice – Auburn Hills Medical Clinic – (Dr. Ryan Barish)*
- *SJMH Medical Practice – Davisburg Family Medicine – (Dr. Ramla Moghul)*

Congratulations to these physicians and their staff for achieving this level of advanced primary care.

We at OPNS recognize your dedication and applaud your efforts at continuous practice improvement

Antibiotic Awareness Week Coming Up!

Antibiotic resistance is a major public health challenge, causing nearly 2 million people in the United States to get antibiotic-resistant infections, with nearly 23,000 people a year dying from these infections. We encourage you to educate patients on viral vs bacterial infections and protect patients from developing antibiotic-resistant infections.

The Centers for Disease Control and Prevention (CDC), in collaboration with state-based programs, nonprofit partners and for-profit partners, has effected education regarding the improvement of antibiotic prescribing and use and combating antibiotic resistance.

This annual observance effort is known as the U.S. Antibiotic Awareness Week, held November 18-24, 2019!



**BE
ANTIBIOTICS
AWARE**
SMART USE, BEST CARE

**U.S. ANTIBIOTIC
AWARENESS WEEK**
November 18-24, 2019
www.cdc.gov/antibiotic-use

For more information, go to the CDC website for provider education, patient education and appropriate prescribing guidelines.

<https://www.cdc.gov/antibiotic-use/week/get-involved.html>

After-Hours Access

Does your after-hours phone message encourage your patients to speak with the on-call Physician?

Your after-hours message should be simple, short but accurate information to keep patients out of the ED as appropriate.

Do your patients know who or where to call for help after office hours?

Patient education is vital to instruct all patients to call the PCMH practice first for acute healthcare needs, suggesting nearby urgent care (only ED for a true emergency).

Are your patients aware of local Urgent Care locations?

OPNS has Urgent Care Brochures available to hand out, also on the OPNS.org web site, to help educate your patients as to where to go. The brochure includes instructions as to when to call your Physician, when to utilize Urgent Care and when to utilize ED.

What does your practice do when a patient does choose the ED for care needs?

Follow up each ED visit with a call to the patient to identify any issues, coordinate follow up care and encourage seeking care through the practice rather than the ED when appropriate.

Heads up! With the dissolution of PDACO, participating practices will become responsible for MIPS reporting starting 2021 (Performance Year 2020). PDACO will be reporting for Performance Year 2019 starting in January of 2020 so please be alert for our communications regarding getting into offices to perform data abstraction.

When

The MIPS Performance Year [Ⓜ] begins on January 1 and ends on December 31 each year. Program participants must report data collected during one calendar year by March 31 of the following calendar year. For example, program participants who collected data in 2017 must report their data by March 31, 2018 to be eligible for a payment increase and to avoid a payment reduction in 2019.

With that in mind, OPNS will be providing additional information on some tips/tools received through CMS that may help with this process.

- Make sure to check your participation status to ensure you are eligible (volume threshold and clinician type) on the CMS website.
- You will be responsible for reporting in 4 performance categories to make up your final score; this score will be used to determine your payment adjustment.
 - This includes Quality, Promoting Interoperability (PI) (such as EHR incentives), Improvement Activities (like enhancing care coordination) and Cost (based on claims).
- If you do not have a sign-in for the QPP website, we strongly encourage you to **get one!** This will be necessary for reporting purposes and will give you full access to the CMS content.

More information can be found on the CMS website under the QPP, MIPS. Feel free to browse the resource library now to determine what Quality/Improvement Activities you may need starting next year's Performance Year.

<https://qpp.cms.gov/mips/overview>

Blue Cross Blue Shield Find a Doctor Updates

The Blue Cross Blue Shield of Michigan site has now been updated to display Patient Centered Medical Home Designation for Primary Care Physicians as well as display the presence of a Care Manager those practices recognized with Provider Delivered Care Management (PDCM) status.

Check out the website at [BCBSM - FIND A DOC](#) and look for these icons

PCMH with Care Management

PCMH

E-Prescribing

As reported at the BCBSM September PGIP Quarterly, Electronic Prescribing of Controlled Substances is becoming a required process for Home Delivery Controlled Substances filled through OptumRX in addition to Medicare Part D prescription coverage or Medicare Advantage Prescription Drug Plan. BCBSM listed the Pending Mandates below

EPCS Mandate	Who is Impacted	Effective Date
OptumRx requiring all controlled substances for home delivery pharmacy to be e-prescribed	All home delivery-controlled substances filled through OptumRx	10/1/2019
Prescriptions for a Schedule II, III, IV, or V Controlled Substance are required to be transmitted in accordance with an electronic prescription drug program	Anyone covered under a Part D prescription drug plan or Medicare Advantage Prescription Drug Plan (MA-PD)	1/1/2021
Michigan House Bill 4217	To require all Rx to be transmitted electronically	(Proposed)
Michigan Senate Bill 248/254	To require all Rx to be transmitted electronically	(Proposed)

***This may eventually include all prescriptions in the future.**

BCBSM 2019 PCP Value Based Reimbursement

Blue Cross Blue Shield of MI recently released the results for the 2019 Primary Care Physician Value Based Reimbursements (VBR) effective September 1, 2019 – August 31, 2020.

OPNS Primary Care Physicians are to be commended for the quality of care provided to patients during the 2018 performance year. BCBSM offers five VBR awards scored at the practice level for a total opportunity of 155%. Value Based Reimbursements are applied to the BCBSM base fee schedule for most E&M and preventive service codes submitted by OPNS physicians who received the following:

- **Clinical Quality (5% - 15%): 12 Practices** (26 physicians)
- **PCMH (115%): 37 OPNS Practices** (82 physicians)
- **Cost Benchmark (5%): All PCMH Designated physicians**
- **Provider Delivered Care Management (PDCM - 5%): 4 practices** (7 physicians)
- **Advanced Practice PDCM (5%): 3 Practices** (3 physicians)

2019 Incentive Opportunities

Primary Care Practices are encouraged to monitor 2019 quality performance that will impact future VBR and Health Plan Incentive programs as well as OPNS Clinical Quality Initiatives.

OPNS Clinical Quality Scorecards are posted on Physician Direct Focus to support practices in identifying remaining 2019 opportunities. Scorecards for **BCN, BCBSM MAPPO and BCNA include Current Reward Amount and Lost Opportunity Amount**. Patient gaps in care can be identified on the **OPNS Unmet Measures Reports** also posted on PD Focus.

OPNS offers Quality Program Incentive support: Contact Marla Dixon mdixon@opns.org



Taxonomy Codes Required on Professional Claims

Effective January 1, 2020, taxonomy codes will be required when submitting professional claims for all HAP and HAP Empowered lines of business. This is consistent with National Uniform Billing Guidelines and is critical for accurate and timely claims processing.

Taxonomy codes should be submitted as follows:

❖ **On a CMS-1500 claim form:**

- **Rendering**
 - Box 24i should contain the qualifier ZZ
 - Box 24j should contain the taxonomy code
- **Billing**
 - Box 33b should contain the qualifier along with the taxonomy code
- **Referring**
 - If a referring provider is indicated in box 17 on the claim, then Box 17a should contain the qualifier of ZZ along with the taxonomy code in the next column.

❖ **Electronic submission**

- **Rendering**
 - Loop 2310B PRV01 “PE” = Referring PRV02 = “ZZ” qualifier PRV03 = 10-character taxonomy code.
- **Billing**
- Loop2000A-PRV01 “B1” PRV02 = “ZZ” qualifier PRV03 = 10-character taxonomy
- **Referring**
- If a referring provider is indicated in Box 17 on the claim, Box 17 a should contain the qualifier of “ZZ” along with the taxonomy code.

Blue Care Network Enters into Agreement with Common Ground

As reported in the November-December 2019 issue of BCN Provider News, for BCN members receiving Behavioral Health Services, Common Ground will provide crisis evaluation to confirm placement for inpatient, partial or other special services. Common Ground can also assist in providing access to a multitude of community-based resources for members; this can also include members with a history of non-adherence or non-responsiveness to traditional behavioral services, or those at risk for decompensation.

Assessments are available in Oakland County for BCN members to receive a crisis assessment and treatment plan in collaboration with providers. Providers can also reach Common Ground at 248.456.1991 for referring patients or for more information on this collaboration.

Welcome New Affiliates

<i>Last Name</i>	<i>First Name</i>	<i>Degree</i>	<i>Specialty</i>
Agrusa	Anthony	DO	Family Medicine
Andrews	Ryan	NP	Adult-Gerontology
Barnes	Susan	DO	Physical Med & Rehab
Donahue	Michael	DO	Orthopedic Surgery
Ernst	Alexander	MD	Dermatology
Forry	Chelsea	MD	Family Medicine
Kent	Kristen	MD	Obstetrics & Gynecology
Martin	Brent	DMD	Oral & Maxillofacial Path
Mishulin	Aleksy	MD	Ophthalmology
Montrose	Stephanie	DO	Family Medicine
Nasir	Hassan	DO	Allergy & Immunology
Pollak	Aimee	MD	Pediatrics
Sherman	Stefanie	MD	Ophthalmology
Spyridakis	Kathrina	DO	Internal Medicine
Succar	Eric	MD	Otolaryngology
Zuckerbrod	Daniel	MD	Ophthalmology

CAQH ProView Reminder

As a reminder, please make sure to inform OPNS of any changes to street address, phone number, office hours or other changes that affect availability.

Please make sure to update on your CAQH and attest every 120 days.

BCBSM performs a quarterly check on office locations and information. Practitioners will be required to attest and validate key elements of their proview application that are used for directories. It is important to make sure the CAQH address information currently contained in ProView reflects all locations that practitioner see patients at as this information is used to update the health plan directories. Please be aware that health plans have started to suppress practitioners that are not keeping information up to date and attesting.

Remember to verify this information quarterly!

