

NEWS & HIGHLIGHTS

What's up Doc?

From Dr. Imad Mansoor, OPNS, CMO



BCBSM PPO Pathway to Risk Update

OPNS News and Highlights Third Edition 2018 reported changes announced by BCBSM moving the Organized System of Care (OSC) program towards a Risk-Bearing model based on cost and performance. BCBSM states these changes are driven by healthcare market dynamics including CMS value-based reimbursement models and large employer group demand for greater affordability. Health Plan tiered organization models offer **higher physician reimbursement and lower patient co-pays to members within OSCs demonstrating lower overall Cost of Care.**

BCBSM recently provided the following updates:

2019 Risk-bearing OSC

2020+ Path to Risk

Lines of Business	Commercial PPO	Commercial and MAPPO
Risk Arrangement	Limited risk	Greater Risk
Performance Measurement	Commercial PPO: Trend compared to OSC attributed average	Commercial PPO: Trend compared to overall network attributed average MAPPO: Compared to Medical Loss Ratio (MLR) target
Cost Measurement	Pharmacy, Medical claims and Surgical Stop-loss for high cost claimants	TBD: aligned cost measurement
Contracting Entities	OSC only	Additional entities considered (i.e. POs, Clinically Integrated Networks)

OPNS recommends Practice Units identify a physician champion to review cost and utilization data. OPNS developed BCBSM PGIP Cost and Utilization Scorecards to assist **Primary Care Physicians** in identifying areas of opportunity for lowering cost and utilization on key measures including ER, Inpatient, Radiology etc. Scorecards are posted on Physician Direct Focus and are updated twice each year as BCBSM data is provided.

OPNS **Specialist Physicians** are encouraged to be mindful of opportunities to reduce cost and utilization as these costs attribute back to the primary care physicians and impact overall OPNS and Physician Direct OSC performance. **Primary Care Physicians are encouraged to consider the cost and utilization patterns of Specialists when referring patients for care.**



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From the desk of Rodger Prong...



ATTENTION OFFICE MANAGERS

Do you Get the News?

If you would like to be added to the mailing list and receive your own copy of the OPNS Quarterly Newsletter, please contact sharris@opns.org

I appreciated an article I read on improving a practice from the perspective of what patients say frustrates them. Here's my summary of some of these common sense reminders.

Appointments: If patients must call to request an appointment, they want you to modernize. Survey results revealed 81% prefer to schedule appointments online, and 40% want it so badly, they'll consider switching providers. Online scheduling offers 24/7 access for appointments anywhere, making life easier for everyone.

Staff: Everyone at the practice contributes to patient experience. If people dread calling because they don't want to deal with a rude or drab receptionist, there's a real problem. No matter how much they value the care, if the staff makes them uncomfortable, many say they won't return. Truth is those employees probably have a negative impact on the rest of you as well.

Reminders: Over half (52.4%) of patients who missed appointments did not cancel, and 28.6% just had the time wrong. Emails or texts to remind patients of times and dates they're scheduled increases front office efficiency, reduces no-shows and cancellations and boosts patient retention.

If you don't ask patients questions or cut them off when they're trying to explain symptoms, don't expect to be held in high regard. Patients feel they deserve time and respect even if they're overreacting or off-base on their self-diagnosis.

Patients aren't comfortable sharing face-to-face, but they want a platform to speak their mind. Sending a survey after a visit shows respect and welcome their suggestions. It's one of the best retention strategies, because it allows timely addressing of issues and ultimately strengthens the reputation.

Patients with health concerns want an appointment soon. However, surveys reveal that it takes an average of 24 days to get a new patient appointment. Leaving a few appointments open for last-minute or offering group appointments can increase patients service when needed.

Most patients don't expect to be examined when they walk in, but you don't score points keeping them waiting too long. The majority (84 percent) consider wait time important, and 30 percent have walked out of an appointment because of a long wait.

The doctor may be skilled but if bedside manner is lacking, the practice will suffer. Kindness and compassion go a long way so give patients the same caring treatment, you'd want your loved ones to receive.

From a patient perspective, it's maddening to undergo tests and then wait weeks for results — if they get them at all. Patients satisfaction improves if you let them know at the time of the test how long it will take to get results, then calling as soon as they're in.

BCBSM Specialist Value Based Reimbursement (VBR)

Blue Cross Blue Shield of Michigan recently released the results for the 2019 Specialist Value-Based Reimbursement (VBR). OPNS is pleased to announce that 24 out of 52 nominated specialist practices have been selected to receive VBR.

The BCBSM Specialist VBR program was established to identify effective and efficient care delivery and reward specialists contributing to that care. While the number of practices receiving specialist VBR is lower than those receiving VBR in 2018, it is important to note that OPNS performance is ranked with all other specialty PGIP practices and it's becomingly increasingly competitive. Small variances can have great impact on performance outcomes.

Emphasis is on population-based metrics rather than individual practitioner metrics. Population-based performance changes as a result of treatment decisions made by practitioners while providing care. Every physician, both Primary and Specialists, can make a difference in the overall cost, quality and efficiency of care. To improve performance, physicians should focus on providing evidenced-based care and by being good stewards of health care resources.

Specialists are encouraged to review the BCBSM CAVE practice unit reports to identify areas of opportunity for cost, utilization and efficiency.

VBR applies to the relative value unit-based procedure codes and the time and base codes. Most procedure codes are RVU-based, except codes for ambulance, durable medical equipment, prosthetics and orthotics, immunizations, hearing, vision, lab, dental and most injections. There is no place of service restriction on these codes, although VBR doesn't apply to professional services billed on a facility (UB) bill. VBR applies only to the anesthesiology time and base codes with the AA, GC, QK and QY modifiers.

BCBSM Primary Care Value Based Reimbursement (VBR)

Primary Care practices receiving a BCBSM Value-Based Reimbursement are reminded to **confirm that billing rates include the additional percentage for the following E&M and preventive service codes:**

- Office Visits: 99201 – 99215
- Preventive Medicine Visits: 99381 – 99397

Select PDCM codes (PCP qualifying practices w/RN Care Managers)

Champs Enrollment Reminder

Have you enrolled in CHAMPS?

Effective January 1, 2019, MDHHS will prohibit Medicaid plans from making payments to all typical rendering, referring, ordering, operating, billing, supervising and attending providers not enrolled in CHAMPS. Effective July 1, 2019 MDHHS will prohibit Medicaid plans from making payments for prescription drug claims.

Please visit the **CHAMPS** section of the Michigan Department of Health and Human Services website located at Michigan.gov/mdhhs.

Provider Delivered Care Management (PDCM)

OPNS received \$121,000 in April 2018 to support Provider Delivered Care Management (PDCM) expansion. 70% of this amount is at risk dependent upon two program goals to be successfully completed by 2020:

- PDCM services provided to a minimum of 3% of PDCM-eligible attributed members (approximately 635);
- 90% of PCMH Designated practices must submit at least one paid claim

BCBSM recently updated the PDCM Payment policy and billing guidelines for Commercial and Medicare Plus Blue PPO members. The guidelines include 12 PDCM billing codes that include services provided by Physicians, and Licensed and Unlicensed Care Team Providers in the practice.

BCBSM reports the following PDCM outcomes:

Adult Members

- Improvement in the rates of high and low tech radiology usage
- Reduction in the rate of primary care sensitive and overall emergency department visits
- Reduction in the rate of ambulatory care sensitive inpatient discharges

Pediatric Members

- Improvement in the rates of low tech radiology usage
- Reduction in the rate of primary care sensitive and overall emergency department visits

While PCMH is foundational, effective population health management and the management of risk will also require PDCM and Health Information Exchange.

To learn more about the BCBSM PDCM Payment policy and billing guidelines, please login to the OPNS website.

To learn more about the OPNS Care Management Program, please contact:

Peggy Best, RN
Lead RN Care Manager
pbest@opns.org

Sandy Foster, RN
Director of Medical Management
sfoster@opns.org

Improvement Opportunities for GPRO

Tobacco

During the recent GPRO chart abstraction there was an observed lack of documented tobacco cessation counseling. As a reminder, the CMS guidelines require that patients are screened for tobacco use at least once in the past 24 months and their status as a user or non-user is documented in the EMR. If the patient uses any type of tobacco it is then expected they receive a brief counseling cessation intervention (3 minutes or less) and/or pharmacotherapy, which also needs to be recorded.

Use of Statin Therapy

To meet the CMS requirements, patients who are at high risk for cardiovascular events are prescribed statin therapy. Those who meet the criteria are: adults over the age of 21 diagnosed with ASCVD, those over 21 with a fasting or LDL-C level of >190, patients that were previously diagnosed with or currently have an active diagnosis of **familial** or **pure** hypercholesterolemia or adults between the age of 40-75 with a diagnosis of Diabetes Mellitus with a fasting or direct LDL-C level of 70-189 mg/dL.

Mental Health Remission

Per CMS guidelines, patients who score a nine or greater on the PHQ-9 with a diagnosis of Major Depressive Disorder or dysthymia are expected to achieve remission within 10-14 months with a PHQ-9 score **less than** five. It is important that depression is being managed properly and ongoing treatment is provided and consistently evaluated for patient improvements. The patients initial PHQ-9 score results as well as every subsequent score **must** be documented, simply a positive or negative indication does not suffice.

The MQIC guidelines recommend the response to treatment should be monitored at minimum every 4 months until remission (<5), and that follow up visits should occur every 2-4 weeks to assess patient's response to treatments (does not have to be in person). As a reminder, every visit should address the patient's depression until they reach remission.

Use of Aspirin Therapy with IVD

Patients over the age of 18 who has a diagnosis of AMI, ABG, or PCI in the past 12 months prior to this measurement period or who have an active diagnosis of IVD currently, and there is a documentation use of aspirin or another antiplatelet.



Choosing Wisely

The American Board of Internal Medicine (ABIM) Foundation created the initiative known as Choosing Wisely® to educate physicians and patients on the overuse of unnecessary tests and procedures.

OPNS promotes Choosing Wisely® throughout its practices as part of a continuous effort to improve the quality of treatment while efficiently decreasing medical costs. The link below was provided by Choosing Wisely® to explain what the initiative involves.

www.choosingwisely.org

RSI Women's Measures

BCBSM Resource Stewardship Initiative for Women's Measures indicates OPNS is performing a higher number of Cervical Cytology and HPV Testing when compared to all other Physician Organizations participating in PGIP.

OPNS met with Dr. Paul Corsi to review the data and review the Choosing Wisely recommendations as they relate to:

- Annual Cervical Cytology Screening in Women 30-65 Rate
- Women Under 30 with HPV Testing & Cervical Cancer Screening Rate

Regarding Annual Cervical Cytology Screening in Women 30-65 Rate, the OPNS rate is third highest when compared to 42 other physician organizations participating in PGIP. The OPNS screening rate is 11.4% compared to the PGIP screening rate of 8.0% (lower is better).

Choosing Wisely recommendations do not support the annual pap smear test or annual HPV testing for immunocompetent women with a history of negative screening. The recommendations discuss the potential harm for performing more colposcopies resulting from HPV infection that in most women will spontaneously clear. However, a well-woman visit should occur annually for consideration of a pelvic examination and to address any concerns and problems.

Regarding Screening for Cervical Cancer with HPV Testing for Women Under 30, OPNS rates thirteenth when compared to all other participating physician organizations. The OPNS screening rate is 17.6% compared to the PGIP screening rate of 14.6 (lower is better). Choosing Wisely recommendations do not support performing HPV screening in this population because it leads to more frequent HPV testing and invasive diagnostic procedures.

In addition to these two Women's Measures, Choosing Wisely recommendations do not support performing Pap Smears on Women Under 21. Screening of Women Under 21 may lead to potential harm as a result of tests, biopsies, and procedures.

Physician Town Hall Dinner Program

Advance Care Planning in the Outpatient Setting

Advance Care Planning is an important part of patient centered care but many physicians and their office staff find implementing an ACP program in their practice to be difficult. OPNS is pleased to address the challenges and opportunities of Advance Care Planning in the Outpatient Setting at a Town Hall dinner program on Thursday, April 11, 2019 at St George's Cultural Center beginning with registration at 5:30 pm. Dinner will be served at 6:00 pm with the program to follow at 6:30.

An interactive program is planned featuring guest speakers Dr Jonathan Beaulac, Director of Geriatric and Palliative Care, and Donna Kennedy-Williams RN, Palliative Care Nurse Practitioner from Henry Ford Macomb Hospital; Dr Robert Zalenski, Medical Director of Palliative Care from SJMH-O and local practitioners, Dr Imad Mansoor and Dr Nathan Chase. With years of experience in advance care planning and knowledge of many best practice models, these presenters will be answering questions and addressing barriers and solutions to ACP in the outpatient setting. 2.0 Interprofessional Continuing Education (IPCE) credits will be awarded for this program through Trinity Health.

Physicians, nurses, pharmacists, Care Managers and other clinical professionals are welcome to attend this free dinner program.

Located at: St. George Cultural Center

43816 Woodward Avenue, Bloomfield Hills, MI, 48302

2019 Quality Metric Focus

OPNS continually reviews and evaluates areas of opportunity for performance improvement that impact our Network. As BCBSM rewards are based on performance ranking as compared to all other PGIP Physician Organizations, even small differences can impact reimbursement opportunities for both physicians and OPNS. Both Primary Care Physicians and Specialty Care Physicians within OPNS realized a reduction in Value-based Reimbursements in 2019 due to this narrow margin of opportunity.

2019 quality metric improvement opportunities for OPNS include:

Childhood/Adolescent Well Care and Immunizations: Pediatric and Family practices are encouraged to pro-actively monitor time sensitive measures requiring services performed based on a child's date of birth including:

- **Well Child 15 months:** six or more well care visits **by** 15 months of age
- **Childhood Immunizations Combo 10:** due **by** 2 years of age
- **Adolescent Immunizations Combo 2:** Tdap, Meningococcal **and** complete HPV series **by** age 13
- **Adolescent Well Care:** One well child visit each year for children ages 12 – 21. Practices are encouraged to provide outreach and parent education on the importance of a complete well visit as compared to sports physicals offered by outside entities.

Diabetic Retinal Eye Exam:

<u>PCP</u>	<u>EYE CARE PROFESSIONAL</u>
Educate diabetic patients on importance of retinal eye exam, a covered benefit by most health insurance programs for adults ages 18-75 with diabetes Type 1 and Type 2. (<i>full eye exam not always necessary</i>)	Utilize accurate coding when billing for services. Include appropriate non-reimbursable CPT II codes for quality reporting.
Document the patient's preferred eye care professional in the medical record.	Bill for a diabetic retinal eye exam under medical insurance coverage NOT under the patient's vision rider.
Make referral/request consultation: OPNS Diabetic Eye Exam Fax Back Form (<i>OPNS website/Practice Resources</i>) - or - OPNS eConsult Tool <i>(refer to OPNS website)</i>	Communicate back to the PCP the results of the diabetic retinal eye exam. Use the OPNS Diabetic Eye Exam Fax Back Form which also contains applicable coding information. (<i>See the enclosed</i>) Use the OPNS eConsult Tool (<i>refer to OPNS website for instructions or contact Informatics Department</i>)
Offer to schedule a retinal eye exam for your diabetic patients.	Allot time in your weekly appointment schedule exclusively for diabetic retinal eye exams.
Test Results Tracking and Follow-up: Track all retinal eye exam referrals until results are received in your office. Reach out to patients to encourage compliancy. Document retinal eye exam results. Report non-reimbursable CPT II codes for quality measurement.	

Advanced Illness and Frailty Criteria

BCBSM has reported that in 2018, the National Committee for Quality Assurance (NCQA) allowed additional exclusions to HEDIS measures for patients with advanced illness and frailty.

Advanced illness codes must be billed in the measurement year or the year prior to exclude members from a measure.

Frailty codes must be billed in the current measurement year to exclude a patient from a measure.

Patients age 66 – 80 must have advanced illness **and** frailty while patients age 81 and older qualify by frailty alone for exclusion for the following HEDIS measures:

- ◆ Breast Cancer Screening
- ◆ Colorectal Cancer Screening
- ◆ Controlling Blood Pressure
- ◆ Osteoporosis Management in Women Who Had a Fracture
- ◆ Comprehensive Diabetes Care
- ◆ Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- ◆ Statin Therapy for Patients with Cardiovascular Disease

BCBSM recently released a Tip Sheet including additional information as well as sample frailty codes that can be reported. This Star Quality Tip Sheet is posted on the OPNS website under Practice Resources, BCBSM/BCN and offers additional

BCBS PDCM Billing Update

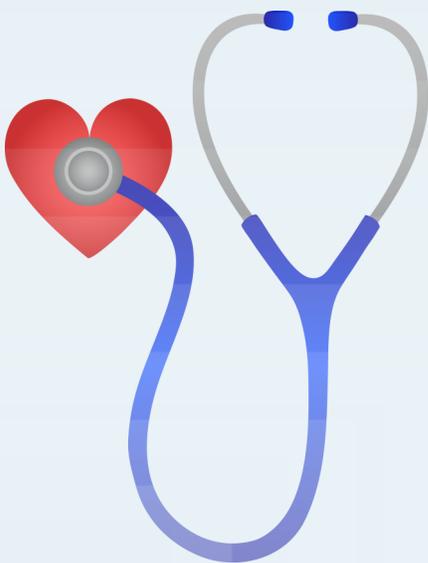
The G9008 code was previously billable one time per patient when a patient first became engaged in the PDCM program. BCBSM has now expanded the code to remove the prior quantity limit. In addition, the code may now be billed when PCMH designated primary care physicians are communicating with paramedics, when diverting from emergency department, and when communicating with other physician specialties. Documentation in the medical record should reflect the communication regarding care coordination and decision making.

Welcome New Affiliates!

Ahmad Elhaoui	DPM	Foot Surgery
Sara Mills	PA	Phys. Assistant
Michael Pointe	PA	Phys. Assistant
Brent Accurso	DDS	Oral Pathology
Aparna Hariharan	MD	Pathology
Stephanie Mikulski	DO	Physical Medicine & Rehabilitation
Feras Aloka	MD	Cardiovascular Disease
Jessica Long	NP	Nurse Practitioner (Family)



Mark Your Calendars



OPNS Advance Care Planning Town Hall - April 11th

OPNS Lunch and Learn - April 7th~BCBSM/BCN Updates

OPNS Lunch and Learn - April 19th~PDCM Care Management Billing

Insurance Symposium - May 15th

OPNS Lunch and Learn - July 17th~Together Health Network/
Priority Health

OPNS Golf Outing - August 21th