

# News & Highlights

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## What's up Doc?

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Historically, messaging from Health Plans have included moving from fee for service to value based performance initiatives. OPNS had previously communicated that Blue Cross Blue Shield of Michigan (BCBSM) has instituted several new quality-based programs available to Primary Care Physician Practices to optimize care delivery and patient outcomes. The most recent clinical quality initiative (CQI) includes specific practice unit eligibility requirements. For example, to be eligible to participate in the Michigan Collaborative for Type 2 Diabetes (MCT2D), a practice unit must have:

- *EMR and*
- *Be delivering Provider Delivered Care Management (PDCM) services to 1% of BCBSM PPO and MA population with 20+ Type 2 Diabetic patients OR be non-PDCM with 75+ Type 2 Diabetic patients*

OPNS has 17 out of 43 practice units that are eligible to participate in this CQI. BCBSM messaging indicates that several new CQIs are in development and will have similar chronic disease and population health focus. To be eligible for participation and to be included in these incentive opportunities, we anticipate similar focused eligibility participation requirements. It is important for practices to be aware of adapting/improving their practices to participate in these new, quality-based initiatives.





## From the desk of Rodger Prong

*OPNS loves to see our Physician's practices profit from enlisting new patients. Here are some ideas that are suggested by professions for increasing your patient census:*

- \* Establish and update your **professional website**. Publish a **blog**, and have an active **Facebook page** and **Twitter feed**. You must have a social media strategy to stay current. Shameless self-promotion **won't work**. Instead post things people want to know, like practical information about the practice and health-management information on common ailments. It doesn't matter if others are doing the same. Your patients will frequent yours because they know you and appreciate the information and your concern for their wellbeing you're demonstrating.
- \* **Use Video and your Blog** - Ask patients for permission to tape and post online an interview with them of **YouTube**. Change it a couple times per year. Then use your **blog** to promote the video. This shows patients and potential patients that the doctor likes to talk with his/her patients, and that they treat 'X' conditions. This also makes the doctor more 'real' and human. Always a plus.
- \* **Be a local expert**. Write articles on how to avoid and treat common medical issues and especially those that occur on Holidays like July 4<sup>th</sup> fireworks injury risks. Approach a local TV news station with and volunteer to serve as an expert for a related segment. You can make this appealing to the media by including a patient or parent who's prepared to be interviewed about their experience.
- \* **Give**. Spread the word about the practice by offering patient brochures, pens and fridge magnets with office information printed on them, and get business cards for all employees.
- \* **Volunteer** A primary-care doctor might volunteer for a sports team at a local high school; orthopedic surgeons could conduct safe exercise seminars; if oncologist, attend nearby cancer walks to answer questions. There are no illegal 'kickbacks' to be had or worry about. Just a presence in your community that shows you're here to help.
- \* **Engage patients**. Your current patients are the best opportunity to publicize your practice. Ask them to make referrals to friends and family and to post reviews and ratings to relevant websites.
- \* A **thank you** goes a long way. If a new patient comes in, send a handwritten thank-you to the patient and to the doctor or patient that referred them.

# CHAMPS Enrollment

CHAMPS Enrollment/Requirement for Prescribers In accordance to Michigan Department of Health and Human Services (MDHHS) Bulletin (MSA 17-48), any individual medical provider or entity that provides services, or orders and prescribes services for individuals with Michigan Medicaid coverage must enroll in the Community Health Automated Medicaid Processing System (CHAMPS). Enrollment in CHAMPS is solely used for screening providers participating in Medicaid and does not enroll providers in Fee-For-Service Medicaid. Medicaid rules prohibit payment to providers not appropriately screened and enrolled. Providers who prescribe drugs to Medicaid beneficiaries must also be actively enrolled in CHAMPS. MDHHS will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS this is in accordance with MDHHS Bulletin (MSA 19-20). Claims for drugs prescribed by a provider who is not enrolled in CHAMPS will be denied. This applies to all providers who prescribe drugs, including medical residents. Prescriptions for MI Medicaid members will reject at point-of-sale. The reject code/message displayed to the pharmacy will read: "889: Prescriber Not Enrolled in State Medicaid Program." To avoid interruptions in beneficiary drug therapy, prescribers are encouraged to enroll in CHAMPS as soon as possible. For information about the provider enrollment process and how to get started, visit [www.michigan.gov/MedicaidProviders](http://www.michigan.gov/MedicaidProviders). This link provides information for healthcare providers who provide services to Medicaid beneficiaries or would like to enroll as a Medicaid provider.

It provides links to CHAMPS, billing and reimbursement resources, training, policy documents. Providers who have questions about the enrollment process or require assistance may contact MDHHS Provider Support at 800.292.2550. Provider General Information: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) CHAMPS Provider Enrollment: <https://milogintp.michigan.gov>.

## Patient Satisfaction Surveys through Survey Monkey 2021

**If you have not already completed your Patient Satisfaction Surveys for 2021, the year is half over!!** The PCMH Team will be glad to send a survey link upon email request. Your office will have 2 weeks to complete the surveys from the date of the email (50 survey Minimum). If you have internal medicine and peds in your practice you will need 25 surveys of each minimum. Upon completion, we will send you a power point of the results. You will need **2 consecutive years** of results to keep/put 4.4 11.4 and 14.9 PCMH capabilities in place. If you did the surveys last year and not this year, we would have to revert those capabilities.





## NEW Implicit Bias Training for Renewal of Licenses:

**Effective June 1, 2021 LARA**

On June 1, LARA finalized the rule language including the new requirement for implicit bias training and is effective for any licenses being renewed on or after June 1, 2022.

The new rules require that health care professionals receive annual training to recognize and mitigate implicit bias. These rules aim to reduce disparities and improve equity in the delivery of health care to Michigan residents through practical education of new and renewing licensed health care professionals.

The Stanford produced Unconscious Bias in Medicine module recommended by BCBSM during the Sept 2020 PGIP Quarterly meets the content criteria in the updated training requirements, although additional training hours may be necessary.

The final rule is attached. This document and others related to the updated rules can be found at: [ARS Public - RFR Transaction \(state.mi.us\)](https://www.arspublic.com/transaction/state.mi.us).

Key Takeaways from the Final Rule Language:

- Training content must include, but is not limited to, 1 or more of the following topics:
  - Information on implicit bias, equitable access to health care, serving a diverse population, diversity and inclusion initiatives, and cultural sensitivity.
  - Strategies to remedy the negative impact of implicit bias by recognizing and understanding how it impacts perception, judgment, and actions that may result in inequitable decision making, failure to effectively communicate, and result in barriers and disparities in the access to and delivery of health care services.
  - The historical basis and present consequences of implicit biases based on an individual's characteristics.
  - Discussion of current research on implicit bias in the access to and delivery of health care services.
- Training must include strategies to reduce disparities in access to and delivery of health care services and the administration of pre- and post-test implicit bias assessments.
- Implicit bias training may be sponsored by a nationally or state recognized health-related organization, an accredited college or university, a state or federal agency, a continuing education program approved by a state licensing board, or an organization specializing in diversity, equity, and inclusion issues.

## 2021 PCMH Virtual Workgroups

**Engagement** in the Patient Centered Medical Home process is very important. It allows your office to get BCBSM updates and ever-changing information regarding the office process and how PCMH/PCMHN fits in. There are only 5 PCMH/N Work Groups sessions left for 2021 (please see below for dates and access or go to OPNS.org under the PCMH tab). Your office will need at least 4 sessions attended to show engagement and be nominated with BCBSM.

### PCMH/PCMHN Virtual Workgroup Sessions Left for 2021

#### Group #1: Tuesdays at 9:30am

##### Access:

<https://global.gotomeeting.com/join/140878285>

7/13 8/10 9/14  
10/12 11/16

#### Group #2: Wednesdays at 9:30am

##### Access:

<https://global.gotomeeting.com/join/971579821>

7/14 8/11 9/15  
10/13 11/17

#### Group #3: Wednesdays at 1:00pm

##### Access:

<https://global.gotomeeting.com/join/546193053>

7/14 8/11 9/15  
10/13 11/17

#### Group #4: Thursdays at 1:00pm

##### Access:

<https://global.gotomeeting.com/join/444887477>

7/15 8/12 9/16  
10/14 11/18

#### Group #5: Fridays at 8:30am Access:

<https://global.gotomeeting.com/join/196255621>

7/16 8/13 9/17  
10/15 11/19

## 2021 New PCMH Capabilities Every 2 Years

Year end for new Capabilities will be **September 30th, 2021**. There were 20 practices that were in need either 1 or 2 new capabilities by the end of September. Several of the offices have already completed this for 2021 but there are still a majority of offices that have not acknowledged that they need to complete new capabilities this year. If you are one of these practices, please complete the new capabilities early and do not wait until the last minute. The PCMH team will need to review the Domain policy update along with one example in order to put the capability(s) in place with BCBSM.

## PCMH/PCMHN Self-Management Training

### **Self-Management Virtual Training August 2nd at 11am!**

This training needs to be completed yearly to put or keep PCMH Capabilities 11.1 and 11.8 fully in place. If your training certificate has expired or is going to expire and your office does not have a self-management trained Care Manager, than a staff member, that can train the rest of the staff, will need to attend a training session. Please contact the PCMH Team to be added to the reminder list for this training session.



# ACP Incentive Opportunity!

## Deadline September 30, 2021

In 2021 OPNS Primary Care and Specialist physicians can earn additional incentives rewards for **Advance Care Planning (ACP)** as part of their annual shareholder payout award. **3 months** remain to qualify for this year's ACP award by meeting the following metrics:

- **Part 1** - PCMH ACP capability 4.16 reported as “fully in place” to BCBSM by **September 30, 2021**, and **5** or more 2021 ACP conversations recorded on the ACP tab in the Physician Direct Focus Registry. (Both components needed to qualify for part 1 of the Incentive.)
- **Part 2** – Admission of completed Advance Directives in the Physician Direct Focus Registry
  - Level 1 - **2-5** Advance Directives executed or updated in 2021 and scanned into the registry
  - Level 2 – **6 or more** Advance Directives executed or updated in 2021 and scanned into the registry.

**199 conversations and 56 newly executed Advance Directives have been entered into the OPNS registry as of July 1, 2021.** Don't delay, get your 2021 conversations and documents in today! For further information or assistance, contact Beverly Walters RN at [bwalters@opns.org](mailto:bwalters@opns.org).

