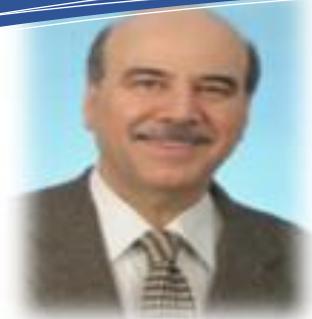


News & Highlights



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What's up Doc?

From Dr. Imad Mansoor, OPNS CMO

BCBSM PPO Pathway to Risk Update

OPNS has reported to physicians ongoing changes announced by BCBSM moving the Risk-Bearing model based on cost and performance towards Blueprint for Affordability model. Like the Risk-Bearing Organized System of Care (OSC) program, Blueprint holds physicians financially accountable for their cost performance, but it also measures quality of care. Physicians who successfully manage the cost of care share in the savings, and those who do not, share in the costs

Blueprint for Affordability is the next generation of Blue Cross' value-based programs. This Table outlines 2020 as well as the 2021 program proposal. BCBSM states these changes are driven by healthcare market dynamics including CMS value-based reimbursement models and large employer group demand for greater affordability.

	2020+ Path to Risk	2021 Blueprint for Affordability
Lines of Business	Commercial and MAPPO	Commercial and MAPPO
Risk Arrangement	Greater Risk	50% upside and downside risk
Performance Measurement	Commercial PPO: Trend compared to overall network attributed average MAPPO: Compared to Medical Loss Ratio (MLR) target	Commercial PPO: Trend compared to overall network attributed average MAPPO: Compared to Medical Loss Ratio (MLR) target
Cost Measurement	TBD: aligned cost measurement	Total Medical and Rx, including bad debt charity, medical education costs
Contracting Entities	Additional entities considered (i.e. POs, Clinically Integrated etworks)	Additional entities considered (i.e. POs, Clinically integrated Networks)

According to BCBSM, PGIP will continue to co-exist with Blueprint. Starting in 2020, PGIP will move away from rewarding on cost and trend performance, and shift to increasingly rewarding physicians based on quality, performance transformation and capabilities that enable better cost performance.

OPNS success will depend on continuous performance improvement as we are compared to overall network trend. **OPNS recommends** practice units identify a physician champion to review cost and utilization data. OPNS 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 performance.

Primary Care Physicians are encouraged to consider the cost and utilization patterns of Specialists when referring patients for care.



From the desk of Rodger Prong

Cost and Quality Strategies

It's true that non-compliant Pts are still the biggest problem in health care but health plans looking at all of the data say it has shown that practices that appear to be more successful at keeping costs low and maintaining quality by employing some of the following strategies - Please note that I'm just a messenger so I'm happy to listen but the ideas originate from the health plans;

Place of Care: Standardize using Urgent Care instead of ER whenever possible and using Freestanding Surgical Centers as possible and using Chiro when reasonable for "benign" back injury. Accompanying plan comment: I know that if you stop communicating to physicians and members about the benefits of using the proper Place of Care, you will see an increase in costs due to improper usage. So, please don't stop that communication. What you need to start thinking about is discovering changeable patterns at the practice location. This is difficult because each practice does not have the same issue as the next and PCP practice patterns vary wildly so they can be hard to standardize. For many, the medical expenses are the cost driver but for others it is pharmacy expenses. Also widely variable practice to practice is In-Patient and Out Patient usage and number or location of Referrals and Pharmacy usage.

Pharmacy Fund: Reviewing Generic Prescription that could replace brands being prescribed is old news but still a problem at some practices but it's also wise to look at generic to generic costs. Generic use rate is consistently high for all but there are cost differences in generics. It's hard to find one drug leading to significant savings because it varies by practice but attentive practices are performing better in their Pharmacy Funds. POs with specialists in their group should know that some specialists that have significant cost inconsistencies are Dermatology and Ophthalmology.

Depending on the practice "small numbers" where only a few members are affecting the cost may be the place to start looking for savings. In a past analysis of one practice that had a high ER rate it was discovered that two of the three PCPs had a good rate but the third was extremely high. After pointing this out it was revealed that each PCP used their own MA. The PCP with the high ER rate had a MA who was a single mom, and had to pick up her kids, so she had the front office advise members who called after 3:30 to go to the ER to be seen. Not all opportunities to save are as easy to find or impact but **here are some of the more common effective interventions:**

Delivering Telemedicine seems to help.

Paying attention to pre-natal visits helps as does

Revitalizing Annual Wellness to advance Preventative Medicine - paying special attention to:

- ~HGBA1C
- ~Smoke cessation opportunities
- ~Weight reduction opportunities
- ~Evaluate and recommend pt's Employer or Health plan gym benefit
- ~ stress relief with Yoga and/or Meditation

And here are yet some other ideas;

Create a "Preferred provider list" for your PCP physicians referrals. We still have variances in our PT treatments even though BC has Evicore monitoring them. Find the PT clinics that are consistently having less treatments per member but maintaining quality and see if you can direct more members there. This can also be done for other types of services controlled by referral.

~ All surgeries can't be moved to an ASF but some are still unnecessarily going to the hospital instead (colonoscopy?). See if you find patterns by offices.

~ SNF and Home Health also vary and working with certain providers known to utilizing referrals properly.

There isn't usually a silver bullet leading to large cost savings but I believe we are at the stage where doing the same as today will not generate the cost savings in the future.

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.

Effective October 1, 2019, 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. 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

CHAMPS Provider Enrollment: <https://milogintp.michigan.gov>

Quality and Utilization effects PCMH Designation/Specialist VBR

Just recently we sent out emails for any practice that was in the bottom 1/3 or under 30% in their Quality/Utilization score (Utilization scores are watching ER and Radiology utilization and cost). There always several additional reminders are sent out to all the practices to be attentive to the Gaps in care towards the end of December.

In addition to Specialists VBR also being based on Quality/Utilization scores and lower costs, we must emphasize, it is imperative for any PCMH designated practice to maintain their Quality/Utilization scores (higher than 20%) in order to maintain designation, VBR and the ability to participate in the PDCM (Care Manager) Program.





OPNS is participating in Integrated Michigan Patient-centered Alliance in Care Transitions (I-MPACT), a BCBSM PGIP collaborative. I-MPACT works with hospitals, providers, community service organizations, patients, and families to help improve care transitions, and ultimately reduce readmission rates for targeted populations. Since early 2017, OPNS and St. Joseph Mercy Oakland Hospital have been working together to improve care transitions for the Congestive Heart Failure (CHF) patient population. Consistent with processes established between OPNS and St. Joseph Mercy Oakland, we encourage offices to continue to regularly check their Admit, Discharge, and Transfer (ADT) reports.

We highly recommend practices to call patients within 2 days of discharge and schedule a follow-up appointment within 7 days of discharge. The most recent I-MPACT data demonstrates a 5% lower 30-day readmit rate in CHF patients with a scheduled 7-day appointment versus patients without an appointment. Similarly, a kept 7-day appointment demonstrates a 5% lower readmit rate than not-kept. Additionally, transition of care elements including a timely discharge summary with documentation of ejection fraction and follow-up appointment show a 39.3% reduction in readmissions.

Please let us know if OPNS can provide any further assistance with this collaborative project. For more information, contact Jessica Morin, Project Associate, at jmorin@opns.org or visit <http://www.impactcqi.org>.



Michigan Mandates Electronic Prescribing

Michigan Governor Gretchen Whitmer recently signed her State's electronic prescribing mandate into law. **Michigan House Bill 4217** (<http://www.legislature.mi.gov/documents/2019-2020/publicact/pdf/2020-PA-0134.pdf>) mandates healthcare providers to electronically prescribe all prescriptions (including Controlled Substances) with an effective date of **October 1st, 2021**. This bill was initially introduced in 2019 with an effective date of January 1st, 2021. The bill took until summer of 2020 to pass after being amended several times in both the House and Senate.



Patient Satisfaction Surveys through Survey Monkey

Reminder that the 2020 Patient Satisfaction Surveys are due before the end of December 2020. 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). 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.





2020 ACP Physician Incentive

OPNS is pleased to announce that **22 practices (20 PCP and 2 specialists)** qualified for the 2020 Advance Care Planning (ACP) physician incentive award as part of the annual physician/shareholder payout – a growth of 7 new practices since the beginning of the year! This incentive recognized physicians that have an established office process for ACP as defined by the PCMH capability 4.16 and were also able to demonstrate ongoing work in this area by submitting the patient signature/date pages from recently executed Advance Directives.

Physician incentive awards for next year will be established in January and the ACP incentive will likely be offered again in 2021. Please continue to make Advance Care Planning conversations and Advance Directive completion an integral part of your routine office practice for the sake of your patients and so that you may qualify for next year's award. For questions or office assistance with end of life planning processes contact Beverly Walters RN at bwalters@opns.org.



Helix Diagnostics Laboratory Services for OPNS and Reliance Physicians

Helix Diagnostics (www.helixmdx.com) is one of the Michigan's fastest growing labs. "Our commitment to customer service, access, quality, compliance, accuracy, and turn-around time for results set us apart from the rest. We can tailor services to the specific needs of our customers." Says Jim Grossi, CEO.

Helix Diagnostics currently collects and processes OPNS and Reliance employee Covid-19 tests and we welcome the opportunity to expand our relationship to add value to OPNS and Reliance physicians and patients. Here are some highlights of what Helix will offer.

- Helix Diagnostics performs Covid-19 Molecular and Antibody IgG, and full panel toxicology and blood tests
- With Helix Diagnostics, OPNS and Reliance patients will not be sent to collections
- Upon request, Helix will perform in-home collections for OPNS or Reliance patients that are unable or unwilling to leave their home
- Turn-around time for results is 48 hours from receipt of the sample
- Helix accepts all major insurances
- Covid-19 collection tents can be set up for community or public events

Helix Diagnostics clients are physician groups, urgent care centers, colleges and universities, community organizations, county governments and businesses.

Helix Diagnostics is COLA accredited, CLIA and CMS compliant.

Contact information:

6620 Highland Rd., Suite 240
Waterford Township, MI 48327
Phone: 888-275-5221

Welcome New Affiliates

Last Name	First Name	Degree	Specialty
O'Shell	Ashlee	MD	Obstetrics & Gynecology
Pawlusiak	Alexandria	NP	Nurse Practitioner
Below	Grant	DO	Family Medicine
Kraus	Kaitlin	NP	Nurse Practitioner
Olinik	Kelsey	NP	Nurse Practitioner
Muldowney	Michael	PA	Physician Assistant
Pasupulati	Ratnavalli	MD	Internal Medicine
Rami	Salomi	DO	Family Medicine
Samona	Jason	DO	Orthopedic Surgery
Sperry	Deborah	NP	Nurse Practitioner
Xavier	Andrew	MD	Psychiatry/Neurology
Alami	Zahra	MD	Hospitalist
Tapper	Alexander	MD	Urology
Wilson	Alec	MD	Urology



We would like to take a moment to congratulate the following Primary Care Provider 2020 Designated Practice Units:

- Aydin Turan, MD PC
- Clarkston Internal Medicine Pc
- Commerce Pediatrics Associates, PC
- Commerce Primary Care, PC
- Devyani Khambete MD PC
- Edgewood Center Pediatrics, PC
- Faiz Mansour, MD PC
- Farhat Osman, MD PC
- Glenn Bauer MD
- James A. Gibson, MD
- MHP Auburn Hills Medical Clinic
- MHP CAVA -IMPCP
- MHP CAVA -Lakes Internal Medicine
- MHP Clarkston Medical Group
- MHP Kingswood Internal Medicine
- MHP Rochester Hills Medical Group
- Michael Stachecki, MD PLLC
- Premiere Pediatrics
- Rekha Kostecke MD., P.C.
- SJMH Medical Practice -Bloomfield Hills Pediatrics, PC
- SJMH Medical Practice Lake Orion
- SJMH Medical Practice Mercy Place
- SJMH Medical Practice Rochester
- SJMH Medical Practice Union Lake
- SJMH Medical Practice-Bloomfield Internal Medicine
- SJMH Medical Practice-Clarkston Family Medicine
- SJMH Medical Practice-Waterford Adult & Pediatrics
- Sudha N Purohit Md Pc
- Suhad Yaldo MD PLLC DBA Children's Care Medical Center
- Sylvan Lake Family Practice PLC
- Tanir Medical Center, PC
- The Glennan Medical Group, P.C.
- Twin Lakes Medical Associates