

PHYSICIAN AND PRACTICE CHANGES/UPDATES

New Physicians

PCPs:

- **Nicholas Avgerinos, MD** has joined **Lahey Health Primary Care, Beverly** at 30 Tozer Road, Beverly, MA 01915 (P) [978-927-7727](tel:978-927-7727) (F) 978-927-4598
- **Neeraj Mahajan, MD** has joined **Lahey Health Primary Care, Beverly** at 30 Tozer Road, Beverly, MA 01915 (P) [978-927-7727](tel:978-927-7727) (F) 978-927-4598

Specialists:

- **Marianne Feran, MD** has joined **Beverly Pathology Associates**, 85 Herrick Street, Beverly, MA 01915 (P) [978-922-3000](tel:978-922-3000) (F) 781-380-8858
- **Jordan Glicksman, MD** has joined **North Shore ENT Associates**, 104 Endicott Street, Suite 100, Danvers, MA 01923 (P) [978-745-6601](tel:978-745-6601) (F) 978-624-4040
- **Aanchal Gupta, MD** has joined **Lahey Pulmonary, Beverly** at 77 Herrick Street, Suite 203, Beverly, MA 01915 (P) [978-998-4601](tel:978-998-4601) (F) 978-998-4973
- **Michael Moharan, DPM** has joined **Cape Ann Medical Associates**, 1 Blackburn Drive, Gloucester, MA 01930 (P) [978-281-1500](tel:978-281-1500) (F) 978-282-3611
- **Vladimir Ratushny, MD** has joined **Massachusetts Dermatology Associates**, 900 Cummings Center, Suite 311-T, Beverly, MA 01915 (P) [978-225-3376](tel:978-225-3376) (F) 978-560-1245

Physician and Practice Changes

- Effective September 9, 2017, **Family Medical Associates South Hamilton and Manchester** joined **Lahey Physician Community Organization (LPCO)**; the practice's new name is **Family Medical Associates, A Member of Lahey Health** and they are still affiliated with NEPHO
- Effective September 29, 2017, **Lahey Health Primary Care, Beverly (Drs. Waugh, Ellis, DeLuca, Mahajan and Avgerinos)** has relocated from 39R Enon Street Beverly, MA 01915 to 30 Tozer Road, Beverly, MA 01915 (P) [978-927-7727](tel:978-927-7727) (F) 978-927-4598
- Effective September 7, 2017, **Satya Allaparthi, MD**, a hospitalist with Northeast Medical Practice, has terminated his affiliation with NEPHO
- Effective August 31, 2017, **Bethany Tierno, MD** with **Beverly Pathology Associates** has terminated her affiliation with NEPHO
- **Martin Hahn, MD** has announced his retirement from his **North Shore G.I.** effective December 31, 2017
- **Raymond Liggiro, MD** has announced his retirement from **Northeast Eye Care** effective January 1, 2018

cont.

PHYSICIAN AND PRACTICE CHANGES/UPDATES, cont.

Physician and Practice Changes

- **Beverly Surgical Associates** has closed:
 - **George Kacoyanis, MD** has started a new practice, **George Kacoyanis, MD, FACS, LLC**, and will be treating patients at the **Beverly Hospital Wound and Hyperbaric Medicine Center**, 500 Cummings Center, Suite 1800, Beverly, MA 01915 (P) [978-921-1210](tel:978-921-1210) (F) 978-921-1534
 - **Randolph Maloney, MD** has started a new practice, **Randolph Maloney, MD, FACS** at 75 Her-rick Street, Suite 110, Beverly, MA 01915 (P) [978-922-5535](tel:978-922-5535) (F) 978-922-5667; he will continue to see patients for vascular services at his new suite, and he will also be seeing patients at the **Beverly Hospital Wound and Hyperbaric Medicine Center**, 500 Cummings Center, Suite 1800, Beverly, MA 01915 (P) [978-921-1210](tel:978-921-1210) (F) 978-921-534
 - **Carol Naranjo, MD** has terminated her affiliation from NEPHO as of September 31, 2017

SAVE THE DATE

Open Meeting Presentation II

- **Date: Wednesday, October 11, 2017 @7:00 A.M.**
Place: Beverly Hospital Lecture Hall & LOCD
- **Date: Thursday, October 19, 2017 @12:30 p.m.**
Place: Beverly Hospital Lecture Hall & AGH & LOCD
- **Date: Tuesday, October 24, 2017 @5:30 p.m.**
Place: Beverly Hospital Lecture Hall & AGH & LOCD

RSVP: Lisa Driscoll at (P) [978-236-1744](tel:978-236-1744) or Lisa.M.Driscoll@Lahey.org

Please note: For your convenience we are conducting three sessions. The same presentation will be given at all sessions.

MD Orientation

Date: Tuesday, October 24, 2017 @7:30 A.M.
Place: 500 Cummings Center—Suite 6500
Beverly, MA 01915

RSVP: Judy O’Leary at (P) [978-236-1739](tel:978-236-1739) or Judith.O’Leary@Lahey.org

WELCOME

Please join us in welcoming the two newest members to the NEPHO team:

- **Alycia Messelaar, Manager of Provider & Payor Relations**—Alycia most recently worked at Barton Associates, Inc. where she was Team Manager, Provider & Client Relations. Alycia will be the PHO point person for all provider, practice and payor operational issues. Alycia can be reached at (P) [978-236-1784](tel:978-236-1784) (F) 978-236-1777 or Alycia.Messelaar@lahey.org
- **Janelle Jensen, NEPHO Provider Relations & Credentialing Coordinator**—Janelle will be responsible for all initial provider enrollment activities. She will be working closely with new providers, practice managers, Beverly Hospital Medical Staff Office and Lahey Provider Enrollment Department. Janelle can be reached at (P) [978-236-1760](tel:978-236-1760) (F) 978-236-1777 or Janelle.N.Jensen@lahey.org

Please also note that Ann Cabral is now the Manager of Referral Services for NEPHO. Given the increased complexity and volume of referrals along with the important link between referrals and payment, Ann will devote 100% of her time to referral management. We are very grateful that Ann has assumed this full-time role in an effort to provide excellent service to our providers.

NEPHO POD MEETING SUMMARY—AUGUST 2017

Pharmacy

Pharmacy spend reporting focused on respiratory medications comparing Q1 2016 to Q1 2017.

- Inhaled Corticosteroids and Combination Inhalers accounted for 75% of expenses.
- Over \$1.7 million is spent on these classes of medications annually.
- The groups reviewed the LCPN Pharmacy Fact sheet on Asthma and COPD highlighting current treatment and cost comparisons for inhalers.
- Opportunities for savings were discussed with a potential \$120,000 in savings.
- Carol Freedman shared a website with instructional videos for using many of the different inhalers: <https://www.nationaljewish.org/treatment-programs/medications/lung-diseases/devices/instructional-videos>.

Clinical Inertia

Alison Gustafson, NP shared information from an article on *Clinical Inertia and Outpatient Medical Errors* <https://www.ncbi.nlm.nih.gov/books/NBK20513/>. The article reported on a study of more than 80,000 people with diabetes.

- Clinical inertia is defined as lack of treatment intensification in a patient who is not at evidence-based goals for care; causes of clinical inertia were discussed.
- Findings of the study included delays in treatment intensification despite suboptimal control, and a large portion of people remain in poor glycemic control for several years before intensification with an added oral agent or insulin.

Quality Push

Liz Isaac summarized BCBS AQC Performance for Aug YTD 2017 with a gate score of 1.23 compared to 0.85 at this time last year. Some measures have posed a challenge to NEPHO, they include:

- Imaging in Low Back Pain (NEPHO is above minimum threshold)
- Acute Bronchitis (NEPHO is close to maximum threshold, continue coding)
- Asthma Medication Ratio (NEPHO is above minimum threshold)
- Depression Medication, 3 month compliance (NEPHO is above minimum threshold)

Ms. Isaac also shared the quality plans for the rest of the year for several measures:

- Breast Cancer Screening:
 - NEPHO staff will analyze the impact of the concierge scheduling project and will apply learning to the Fall “push”.
 - Encourage your patients during all visits to get their mammograms; message them that they may receive a letter from the health coach you are working with.
- Cervical Cancer Screening:
 - NEPHO staff will continue to provide updated patient lists monthly and connect with collaborating specialists.
 - If you have patients on your list that you would like us to schedule with an OB/Gyn, please let us know as soon as possible.

cont.

NEPHO POD MEETING SUMMARY—AUGUST, cont.

Colorectal Cancer Screening

- The PHO will continue to work with North Shore GI and surgeons to provide updated lists and support for scheduling.
- NEPHO staff will analyze results of North Shore GI outreach to patients of 5 practices.
- Please refer patients on your list to NEPHO now if you would like GI/Surgery outreach.

Well Visits

- At the end of August, NEPHO staff sent updated lists of patients needing a well visit via email.
- Ensure your office has a process to reschedule cancellations while the parent/guardian is on the phone.

Diabetes

- NEPHO staff are in the process of reviewing data on statin non-compliant patients; the 2016 non-compliant patients still on the 2017 list will be prioritized.
- A letter will be sent to the patients with an example of a “reminder” app that can be downloaded and used by the patient to enhance compliance .
- Please review and discuss statin compliance at each visit.
- If tolerance is the issue, code appropriately (e.g. myalgia, myopathy).
- Schedule visits and follow-up visits for those with high A1c and/or BP readings.

Hypertension

- PHO staff will review claim data through June and provide updated patient lists highlighting any new patients added by BCBS.
- Ensure that a second reading is obtained to ensure correct reading – no rounding.
- Adjust medications as needed.
- Ensure that follow-up visits are scheduled for high BP readings or for medication changes.

NEPHO POD MEETING SUMMARY—SEPTEMBER 2017

Medical Director Update

- Dr. Di Lillo presented an update on the CDC Diabetes Prevention Recognition Program; LOCD is considering applying for program recognition, provided the program will be utilized.
- Pain clinic access was discussed to illicit comments on pain services and whether there is more need.
 - Responses indicated an overwhelming need for complex Medicaid patients for both addiction and pain management services.
 - A system Opioid Reduction workgroup is being formed and is tasked with determining opiate management goals for the system.
 - The PHO has shared opioid data with prescribers and has observed a 12% decrease in utilization.
 - The shift to Gabapentin, Lyrica and Tramadol/Red Bull abuse was discussed as new trends seen in practice.
- Dr. Di Lillo also updated the groups on current negotiations with BCBS for the next AQC contract.

cont.

NEPHO POD MEETING SUMMARY—SEPTEMBER, cont.

Clinical Inertia

Ms. Freedman reviewed several slides about the research behind clinical inertia as it pertains to diabetes. She presented medication algorithms as part of the continuing conversation about clinical inertia.

Quality Update

Ms. Isaac reviewed the performance to date and identified opportunities for year end push for AQC. Year-to-date PCP Scorecards and updated integration reports were distributed.

CODING

Documenting Tips for Reporting Diabetes in ICD-9 vs ICD-10

- Historically providers have been educated to document key modifying terms such as uncontrolled or controlled to enhance the level of specificity for proper code selection in ICD-9. Reporting these elements in conjunction with a secondary code to identify any additional co-morbidities was also required as appropriate when indicated.
 - For example, coding Diabetes, uncontrolled with neuro manifestation 250.62, an additional code would be required to identify the neuro manifestation and then both conditions would need to be supported in the assessment and plan.
- Currently in ICD-10, most of the codes are combined and no longer require a secondary code to be submitted in addition to the diabetes combination code. The reporting structure includes the type of diabetes, the body system affected and the complication affecting that body system.
- There are a few that still do mandate a secondary code assignment or specificity (additional digit assignment):
 - Chronic Kidney - to indicate the specific stage
 - Ulcers require additional code specificity – to indicate location
 - Any manifestation reported as “other” - require an addition code to identify the manifestation affecting the diabetes
- When reporting codes and documenting conditions under the ICD-10 guidelines, you may use the combination codes when available but both conditions must still be documented and supported within your assessment and plan.
- Long term insulin use is another reporting that should be captured but is often forgotten. For a patient that is a type II Diabetic, and on a form of insulin, you should not only document this in the plan but report this status – **Z79.4**.
 - For example, Type II diabetic, uncontrolled with Chronic Kidney Disease stage 4 currently on insulin, this would require reporting a total of 3 codes:
 - **E11.22** (DMII w/ Renal manifestation)
 - **N18.4** (CKD stage 4)
 - **Z79.4** (long term insulin use)
 - For Type II diabetic, controlled, with neuropathy, this would require one combination code capturing both conditions (however, documentation should support both of these conditions):
 - **E11.40** (DMII with neuropathy)

PROVIDER ENROLLMENT

Updating Provider and Practice Changes

As you know, it is imperative to keep your individual and practice demographic information up-to-date with all payors. This is important not only to ensure your information is accurately displayed in printed and on-line directories but also so claims are paid timely and accurately. NEPHO Provider Enrollment Department is responsible for informing the PHO payors on these changes while the practices are responsible for updating all other payors. *Please see page 11 of this newsletter to see the list of Payors/Products that NEPHO contracts with (either directly or via Lahey Clinical Performance Network).* Please do not send change requests directly to the payors on this list (for the noted products)—NEPHO needs to track and submit these changes.

Please be sure to make NEPHO's Provider Enrollment Department aware of any of the following type of changes:

- * New providers and office managers
- * Retiring/terminating providers and office managers
- * Change in panel status (whether or not accepting new patients)
- * Changes related to practice location and/or telephone/fax number changes
- * Provider seeing patients at an additional site
- * Changes in coverage group
- * Change in billing tax identification number (TIN)
- * Change in billing and/or credentialing company

Updating Your CAQH Application

You also need to keep your information up to date in the CAQH ProView system in order for the payors to process initial or recredentialing requests. The [HCAS Recommended Credentialing Best Practices guide](#) provides guidance on how to:

- enter or re-enter information in the CAQH ProView system
- correct errors commonly made when submitting a credentialing application; and
- use the self-registration functionality that allows providers to create a CAQH account and establish a user ID number.

Please note that the Lahey Provider Enrollment Department updates CAQH applications for Lahey employed providers.

BCBS—Wait 30 Days Before Submitting Medicare Secondary Claims

Providers are required to wait 30 calendar days before submitting a Medicare secondary claim to Blue Cross Blue Shield (BCBS). Here's how Medicare processes claims: 1) Providers submit a claim to Medicare; 2) Medicare processes the claim and sends providers a remittance advice; 3) When a member has secondary insurance through BCBS Medicare will automatically "cross the claim over" to BCBS so that providers don't have to submit the secondary claim; 4) BCBS processes the claim and send providers the advisory. To view the complete notification, click on the link below.

[https://provider.bluecrossma.com/ProviderHome/portal/home/news/news/office-support/all%20networks/reminder%20wait%2030%20days%20before%20submitting%20medicare%20claims%20\(anonymous\)/lutp/b1/vZLLjgNIEEW_pt6AliCkgSUYMFCaQTRqYIMMeHiDeRgDX9_u0Wv6W_1YjDpDSimkE7qh0CFD0ifD9oX2XUquvZaf-3DfeQJe1VU1B1wJ4kDzTN0W2Uwql5eQPANsFcU0Kwzr4kqAmiwZ_OHo6AvrAHAGUcEmgC6mP-kaRD0P5uHnzht_kX0ncCJMaimcnyZTZrKrimyUWUJiu548pi1zF7tHSxevc0qMfx3N0TnLuE-vaZtmBrevpGRBa3Y760FKZOmc1x1LQE92OfwhpvwZiMeVxYE-6moylXk9_Xmq3UsniwmZlqvVAKv6Z4IYKj6o4BLI93kpMmCs_RosgZaPDds9z0rDPwtOrifDDedylcdFmVLGnU7wkw8NGvGTLISKUISNK7-kiQrTjMz1RsvY78cknlO1JfUifDlm7en0nzDu9AczszOPb183uqaYr0hoDgX4d4Shr-Jw9evzdZ1SkPmm1BsJaxhs3DUXAsuigtH2Smm3c4ZPOYH5p9eiB-imgGWYb5iAK7pTZrXE-FEMVenvfXMZd16izYChn-t2lmKUUC6iN8Zr5T5IIPN3YrDqiCHf-LD0RALa-UdIWO1URXKq9cRVYKzMrT0G1KnJMdGq_EXrHhMuhkZzRmf7snRiPE8tAZkkHCHPA-K5FquudHWdniZbb7hmdZfhw-uzQiQvqQ64U_wReg0oq5n5lZPizt3O6Vzb5ezunl-l8IMkByEt7eXKOF3Lv2o-veyccLYDxgLGCPfoP-JXs_wK_sNISu-ZGBi-M_anV4o50SB-Y6Fyud22rNlzCc](https://provider.bluecrossma.com/ProviderHome/portal/home/news/news/office-support/all%20networks/reminder%20wait%2030%20days%20before%20submitting%20medicare%20claims%20(anonymous)/lutp/b1/vZLLjgNIEEW_pt6AliCkgSUYMFCaQTRqYIMMeHiDeRgDX9_u0Wv6W_1YjDpDSimkE7qh0CFD0ifD9oX2XUquvZaf-3DfeQJe1VU1B1wJ4kDzTN0W2Uwql5eQPANsFcU0Kwzr4kqAmiwZ_OHo6AvrAHAGUcEmgC6mP-kaRD0P5uHnzht_kX0ncCJMaimcnyZTZrKrimyUWUJiu548pi1zF7tHSxevc0qMfx3N0TnLuE-vaZtmBrevpGRBa3Y760FKZOmc1x1LQE92OfwhpvwZiMeVxYE-6moylXk9_Xmq3UsniwmZlqvVAKv6Z4IYKj6o4BLI93kpMmCs_RosgZaPDds9z0rDPwtOrifDDedylcdFmVLGnU7wkw8NGvGTLISKUISNK7-kiQrTjMz1RsvY78cknlO1JfUifDlm7en0nzDu9AczszOPb183uqaYr0hoDgX4d4Shr-Jw9evzdZ1SkPmm1BsJaxhs3DUXAsuigtH2Smm3c4ZPOYH5p9eiB-imgGWYb5iAK7pTZrXE-FEMVenvfXMZd16izYChn-t2lmKUUC6iN8Zr5T5IIPN3YrDqiCHf-LD0RALa-UdIWO1URXKq9cRVYKzMrT0G1KnJMdGq_EXrHhMuhkZzRmf7snRiPE8tAZkkHCHPA-K5FquudHWdniZbb7hmdZfhw-uzQiQvqQ64U_wReg0oq5n5lZPizt3O6Vzb5ezunl-l8IMkByEt7eXKOF3Lv2o-veyccLYDxgLGCPfoP-JXs_wK_sNISu-ZGBi-M_anV4o50SB-Y6Fyud22rNlzCc)

Fallon—New PCP Selection/Change Form

Fallon Health has posted a new Primary Care Provider (PCP) Selection/Change Form. To access the form, click the link below and open with Adobe Reader.

<http://www.fchp.org/~media/Files/ProviderPDFs/PCPchangeform.ashx?la=en>

HPHC—GIC Plan Tiering

- The 2017-2018 plan year for Harvard Pilgrim (HPHC) and the Group Insurance Commission's (GIC's) Primary Choice HMO and Independence Plan POS began on July 1, 2017. Any updates to provider tier assignments for these products took effect on that date.
- For the 2017-2018 plan year, HPHC made some changes to their physician tiering methodology, performing tiering at the physician group level for our GIC plans. Previously, tiering was performed at the individual provider level. This change created greater consistency for patient receiving care from PCPs and specialists within the same provider group.
- NEPHO physicians are Tier 2 and Beverly/Addison Gilbert Hospitals are Tier 1.
- For additional product details, please refer to the GIC Primary Choice HMO and GIC Independence Plan POS product pages in HPHC's online [Provider Manual](#). For provider tiering information, please visit the HPHC provider GIC 2017-2018 Plan Year [webpage](#).

HPHC—Improvements to 270/271 Eligibility Response

Effective August 1, 2017, HPHC made improvements to the 270/271 eligibility response transactions to make certain information more quickly and easily accessible for providers. The 270/271 eligibility response transaction now includes a "Y" or an "N" indicator to identify if a referral, authorization, or notification is required for each service type. There is no differentiation between the three — the "Y" or "N" listed covers all of them in one field. For additional information, click on the link below.

https://www.harvardpilgrim.org/portal/page?_pageid=253,10988052&_dad=portal&_schema=PORTAL

cont.

HPHC—New Sleep Program Reminder

As a reminder, effective September 1, 2017, HPHC updated the sleep studies and sleep therapies authorization program. Changes include transitioning to a new vendor, National Imaging Associates, Inc. (NIA), to oversee utilization management of sleep diagnostic studies, including attended and home sleep studies, for members age 18 or older with a risk of sleep disorders who are enrolled in HPHC HMO, POS, PPO, and Access America products. For additional information, click on the link below.

https://www.harvardpilgrim.org/portal/page?_pageid=253,10986108&_dad=portal&_schema=PORTAL

Tufts—Alcohol or Substance Abuse Follow Up Visits

The NCQA has established standards recommending that a medical or behavioral health provider who diagnoses a patient with an alcohol or substance use disorder (SUD) schedule a follow-up visit within 14 days of the initial visit, with two additional follow-up visits occurring within 30 days of the original diagnosis. This standard of care complies with the HEDIS initiation of treatment for alcohol and other drug dependence measurement, an important quality benchmark supported by Tufts Health Plan. For additional information, click on the link below.

<https://tuftshealthplan.com/THP/media/PdfDocuments/8-1-17-provider-update.pdf#page=7>

Tufts—Fee Schedule Updates

Tufts Health Plan reviews its Commercial physician and outpatient hospital fee schedules quarterly to ensure that they are current, comprehensive and consistent with industry standards to the extent supported by its systems. In most cases, changes involve adding fees for new or existing codes to supplement the fees already on the fee schedule. The next update will occur on October 1, 2017. Changes may involve both new and existing CPT and HCPCS codes, and will include the planned quarterly update to physician immune globulin, vaccine and toxoid fee. For additional information and to view the entire notification, click on the link below.

<https://tuftshealthplan.com/THP/media/PdfDocuments/8-1-17-provider-update.pdf#page=5>

Medicare—Evaluation & Management Correct Coding

In a study report, the Office of the Inspector General (OIG) noted that 42 percent of claims for Evaluation and Management (E/M) services in 2010 were incorrectly coded, which included both upcoding and downcoding (i.e., billing at levels higher and lower than warranted, respectively), and 19 percent were lacking documentation. A number of physicians increased their billing of higher level, more complex and expensive E/M codes. Many providers submitted claims coded at a higher or lower level than the medical record documentation supports. Click on the link below and locate the article by title.

https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2017-06-29-eNews.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending#_Toc486414848

PATIENT EXPERIENCE COMMENT REPORTS—AUGUST 2017

BEACON FAMILY MEDICINE

- I appreciate Dr. Curtis Ersings' scope of knowledge, services and referrals. He gives very complete and balanced explanations to my questions.
- Dr. Erin Heiskell is the best!! And all in the practice are wonderful.

CAPE ANN MEDICAL CENTER

- Dr. James Maguire is the best, listens to me. It's a nice feeling to know that your doctors care & feel very confident.
- Dr. Shawn Pawson is always professional, friendly, and kind. He listens and answers all my questions. A very good physician.

CAPE ANN PEDIATRICIANS

- Best pediatric team ever; always so very attentive & most helpful w/things I may not fully understand.

LAHEY HEALTH PRIMARY CARE, BEVERLY (900 Cummings Center, Suite 107W)

- Dr. Emily Chin is the best doctor I have had. She listens so well and explains things in detail.
- I have confidence in Dr. Daniel McCullough's opinions. I appreciate the time he takes to listen to my concerns and answer my questions.

LAHEY HEALTH PRIMARY CARE, DANVERS (480 Maple Street, Suite 204)

- Dr. Galina Feldman is my primary care provider and she is very thorough, answers all my questions and calls personally with results of tests. I would recommend her.

FAMILY MEDICINE ASSOCIATES – South Hamilton

- Dr. Laurence Gordon is a rare breed these days. He listens to your concerns, doesn't dismiss. Offers a full evaluation and gives his recommendation.
- Dr. Hugh Taylor and staff are exceptional in so many ways and my family and I appreciate the kind and informative care.

GARDEN CITY PEDIATRICS

- Dr. Eric Sleeper is our favorite health care provider. My kids love going to the doc because of him. He is thorough, thoughtful, funny & clear. He talks directly to them & trusts our instincts as parents.

PATTON PARK MEDICAL CENTER

- Dr. Michael Edwards is a very professional doctor, who is experienced, caring, respectful, helpful and someone who does his work with excellence - I am very satisfied with his services.

cont.

PATIENT EXPERIENCE COMMENT REPORTS—SEPTEMBER 2017

LAHEY HEALTH PRIMARY CARE, GLOUCESTER

- Have never had a bad experience and have been a patient for many years. Dr. Victor Carabba is the best general practitioner our family could have. His nurse practitioner, Kim Graham, NP is good also. Great team.

LAHEY HEALTH PRIMARY CARE, BEVERLY (900 Cummings Center, Suite 107W)

- We have been dealing with this practice for a little over a year and find it to be outstanding in every respect. This visit is my second opportunity to see Dr. Thach and have been totally impressed.

LAHEY HEALTH PRIMARY CARE, DANVERS (480 Maple Street, Suite 204)

- Have been going to this practice for 5+ years. Always happy with the front desk staff & the excellent medical care. Dr Feldman is patient, knowledgeable. She is an excellent physician.
- Dr. Jackson is really good at diagnosing, and everyone in the office is very friendly and helpful.
- Dr. Sheth has consistently been a compassionate and attentive physician - Concerned about the whole person - physical, mental.

LAHEY HEALTH PRIMARY CARE, BEVERLY (38R Enon Street)

- I have been seeing Dr. Tina Waugh for a number of years and have complete confidence in her care for me. Love her upbeat personality, and concern for my welfare when needed.

LAHEY HEALTH PRIMARY CARE, DANVERS (140 Commonwealth Avenue)

- Dr. Mauri Cohen is great and VERY knowledgeable - a good man.

NORTH SHORE PEDIATRICS

- Dr. David Danis is consistently thorough, caring, and has a wealth of health-care knowledge. His discussion with kids in his office is THE BEST!! Love this place!
- Dr. Dufresne is a wonderful provider! She always takes time to listen and explain things clearly - I would recommend her to any new parent. We love Dr. Dufresne! She had always showed us such amazing care!
- Dr. Seman has been extremely great to work with. We look forward to many more years at this practice with him as our family provider.



Please check plan website for physician specific contract status. Some physicians may have a primary affiliation with another PHO that has different contracts.

NEPHO Health Plan Participation by Payor

Health Plan	Type or Name of Product	PHO Contract
Blue Cross Blue Shield of MA		
Commercial	HMO	YES
Commercial	POS	YES
Commercial	PPO/EPO	YES
Medicare Advantage	HMO	YES - messenger model for non TMP PCPs
Medicare Advantage	PPO	YES - messenger model
Boston Medical Center (BMC) Healthnet		
MassHealth	MassHealth	YES - messenger model
MassHealth	CarePlus	YES - messenger model
QHP	ConnectorCare	YES - messenger model
QHP	Silver	YES - messenger model
QHP	Bronze (Select Network)	No
QHP	Gold (Select Network)	No
QHP	Platinum (Select Network)	No
CeltiCare		
MassHealth	CarePlus	No
QHP	Ambetter	YES - messenger model
Commonwealth Care Alliance		
Dual Eligibles (under 65)	One Care	No
Dual Eligibles (65 and older)	SCO	YES - messenger model
Fallon		
Commercial	Direct	YES
Commercial	Select	YES
Commercial	Preferred Care PPO	YES
Commercial	Tiered Choice	YES
Commercial	Steward Community Care	No
MassHealth	Fallon Medicaid	No
Dual Eligibles (under 65)	Fallon Total Care/CarePlus	No
Dual Eligibles (65 and older)	Navicare SCO	No
Medicare Advantage	Fallon Medicare HMO	No
Medicare Advantage	Fallon Medicare PPO	No
QHP	Community Care	No
PACE	Summit Elder Care (PACE)	No
Harvard Pilgrim Health Care (HPHC)		
Commercial	HMO	YES
Commercial	POS	YES
Commercial	PPO/HPI	YES
Commercial	GIC Primary Choice HMO	YES
Commercial	GIC Independence Plan POS	YES
Commercial	National (Passport, Access America)	YES
Commercial	HMO with Focus Network	PHO PCPs and PHO Primary Specialists only
Commercial	BMC/BI/Lahey/Partners Employee Tiered Plans	PHO PCPs and PHO Primary Specialists only
Commercial	ElevateHealth NH/Limited NH Networks	No
Commercial	BMC Select	No
Medicare Supplement/Individual	Supplement	YES
Medicare Supplement/Employer sponsored	Enhance	YES
Medicare Advantage	Medicare Stride	YES
Minuteman Health (PNA)		
		YES
Tufts Health Plan		
Commercial	HMO	YES
Commercial	POS	YES
Commercial	PPO/EPO	YES
Commercial	GIC Navigator	YES
Commercial	GIC Spirit	YES
Commercial	Select Network	PHO PCPs and PHO Primary Specialists only
Commercial	Steward Employee Choice plan	No
Tufts Medicare Advantage	Tufts Medicare Preferred (TMP)	YES - exclusive plan for limited # of PCPs
Tufts Dual Eligibles (65 and older)	Tufts Senior Care Options (SCO)	YES
Tufts - Network Health		
MassHealth	Tufts Health Together	YES
QHP	Direct ConnectorCare	YES
QHP	Direct Platinum	YES
QHP	Direct Gold	YES
QHP	Direct Silver	YES
QHP	Direct Bronze	YES
Dual Eligibles (under 65)	OneCare/Unify	No
UniCare/GIC		
Commercial	PPO	YES
Commercial	Indemnity	YES