Northeast
Physician Hospital Organization
500 Cummings Center • Suite 6500 • Beverly, MA 01915
(P) 978-236-1744 • (F) 978-236-1777 • www.nepho.org

NEWS

INFORMATION LINE
978-236-1734
CALL FOR UPDATED
MEETING CANCELLATIONS
AND OFFICE CLOSURES

OPTUM Newsletter:
January Focus — Mental Wellness Month *(see page 7 of this newsletter)*

Late Jan 2018

PHYSICIAN AND PRACTICE CHANGES/UPDATES

New Physicians

- **Susan Choe, DO,** Endocrinologist, has joined **Lahey Outpatient Center Danvers** at 480 Maple Street Suite 103, Danvers, MA 01923 (P) 978-304-8451 (F) 978-304-8449
- **Daniel Dolan, MD** has joined the **Beverly Hospital Emergency Department** at 85 Herrick Street, Beverly, MA 01915 (P) 978-922-3000 (F) 978-921-7011

Practice Changes

- Effective 2/20/2018, the suite number for **Drs. Daniel McCullough, Emily Chin and Sokunthrith Thach** of **Lahey Health Primary Care, Beverly** at 900 Cummings Center, Beverly, MA 01915 will change from Suite 107W to Suite 111W

SAVE THE DATE

Office Manager Meeting

Date: February 7, 2018 @12:00 P.M.
Place: 500 Cummings Center, Suite 6500 — Good Harbor Conference Room, Beverly, MA 01915
RSVP: Judy O'Leary (P) 978-236-1739 or via e-mail at **Judith.O'Leary@Lahey.org**

MD Orientation

Date: February 21, 2018 @5:30 P.M.
Place: 500 Cummings Center, Suite 6500 — Good Harbor Conference Room, Beverly, MA 01915
RSVP: Alycia Messelaar (P) 978-236-1784 or via e-mail at **Alycia.Messelaar@Lahey.org**

LAHEY HEALTH URGENT CARE IN DANVERS NOW OPEN

Lahey Health announced the opening of a new urgent care center in Danvers. The Center is conveniently located on the first floor of **Lahey Outpatient Center, Danvers at 480 Maple Stree**t. This facility is affiliated with Beverly Hospital.

"Our goal is to offer patients high-quality care at a lower cost with a high level of satisfaction," said **Cynthia Cafasso Donaldson**, Vice President of Addison Gilbert Hospital and Lahey Outpatient Center, Danvers.

"This urgent care facility helps us accomplish that goal as we can now offer patients access to a convenient and affordable alternative to an emergency room visit."

cont.

LAHEY HEALTH URGENT CARE IN DANVERS, cont.

The new center offers walk-in care for non-emergent conditions such as fevers, ear aches, sprains and strains, upper respiratory infections, cuts and back pain. The 2,000 square foot center has four exam rooms, one procedure room and lab and X-ray capabilities on site.

"Urgent care centers are an important resource to providing care to our patients," said **Miguel Martinez, MD**, Medical Director of Urgent Care. "With shorter wait times compared to an emergency room visit, we're able to take care of a number of non-emergent issues patients are dealing with. This urgent care center will also be staffed with members of the Lahey Health medical staff, who will be able to deliver high quality care to our patients."

The urgent care center is open seven days a week, from 8 a.m. to 8 p.m. Monday through Friday and 8 a.m. to 4 p.m. on weekends. The center can be reached at 978-304-8380**.** For more information, please visit **laheyhealth.org/urgentcare**.

POD MEETING SUMMARY—JANUARY 2018

Medicare Cost Drivers

- Dr. Di Lillo set the stage for 2018 by reviewing ACO cost drivers for the PHO. The potential to earn becomes more challenging since it is based on efficiency. Additionally, we have had losses last 2 years to date. The system has tasked all the units with action plans for cost containment.
- For commercial contracts, there is reduced funding for achieving quality metrics, which have carried our performance in previous years. Dr. Di Lillo reviewed a plan for focusing on sub acute and acute utilization.

2018 Commercial Quality Measure Updates

- Liz Isaac reviewed the threshold and weight increases to the AQC contract measures, and reviewed the HPHC quality measures which are familiar due to the work on AQC measures. The increases will cause us to think more creatively about working in a more coordinated fashion across the organization (eg. Chlamydia testing in ER as add-on to hCG test).
- The PROM Depression measure was reviewed, with the goal of establishing processes for Epic and non-Epic practices for initial screening and follow up screening of positive scores. The significant increase in the minimum threshold for the diabetes hypertension control measure requires that we proactively utilize the full year to adjust medications and approaches for patients not yet in control.

Patient Experience in 2018

- Liz Isaac reviewed the contractual impact of patient experience across commercial and Medicare contracts. She also reviewed results of organizations who were early adopters to transparency – public posting of provider star ratings. The Board, POD leaders and Risk Sharing Committee agreed that we need to trial internal transparency (eg. PHO website). Owning the process and offering a chance to promote ourselves is ideal. The goal is to have the ratings on the PHO website by early February.

QUALITY—2018 AQC UPDATES

Happy New Year! With the New Year comes changes to the PHO's AQC contract with BCBSMA.

Changes in Measures

- Five AQC measures will see increases to their minimum and/or maximum performance thresholds:
  - **Eye Exams:** Minimum/Maximum increased from **63.7%-78.8%** to **66.3%- 82.6%**
  - **Chlamydia Screening:**
    - **Ages 16-20:** Minimum/Maximum increased from **62.6%-86.2%** to **71.5%-94.7%**
    - **Ages 21-24:** Minimum/Maximum increased from **68.0%-81.5%** to **72.3%-88.5%**
  - **Adolescent Well Visits:** Minimum/Maximum increased from **67.9%-88.0%** to **71.9%-93.1%**
  - **Diabetes BP Control:** Minimum increased from **56.0%** to **79.5%;** maximum threshold remains unchanged at **91.5%**.
- Two AQC measures will see their measure weights increase from 0.5 point to a full weighted point:
  - **Use of Imaging for Low Back Pain:** Increased from 0.5 to 1.0
  - **Medication Ratio:** Increased from 0.5 to 1.0

Depression Screening

PCPs also have an additional measure to contend with in 2018. **The Depression Screening measure is a patient reported outcome measure or PROM.** A PROM is a method of collecting patients' views on their symptoms, functional status and quality of life from a health perspective at various times and/or stages of illness or treatment. The Depression Screening measure is used to collect baseline PHQ-9 scores and follow up PHQ-9 scores that are greater than 9.

- **Key Components:**
  - Any BCBS patient 18 years old and up who has a face-to-face encounter with a member of the health care team is eligible for assessment.
  - A minimum of 120 PCPs, from at least 20 practices, across the Lahey network are required to screen patients.
  - A minimum of 30% of patients with initial assessment score >9 have a follow-up screening 3-12 months after the initial assessment.
  - A PHQ-9 documented in the medical record within last 365 days will count as an initial assessment. If the patient was screened and was positive, then they would be part of the follow-up screening process.

These are the changes to the 2018 BCBSMA AQC contract. All other prior measures, thresholds and measure weights remain unchanged from 2017. Please contact the Quality Team should you have any questions regarding these changes.

CONTRACTING UPDATES

SCO Update

In September we sent you the offer from Fallon for their MassHealth and Senior Care Options (SCO) products. We would like to provide you with an update about this contract.

- MassHealth has selected two health plans to manage the MassHealth members beginning in March 2018. The two managed care organizations (MCOs) are Boston Medical Center Health Plan (BMC) and Tufts Health Public Plans (THPP). Fallon was not selected to be an MCO. Since Fallon was not selected as a MassHealth MCO, Lahey will partner with THPP and BMC for the MassHealth ACO members and with Tufts for the SCO members. Lahey PCPs will have an exclusive contract with the Tufts SCO and they will not have a contract with Fallon SCO.
- Due to these contract changes, the Northeast PHO will not reassign their SCO members to Fallon's SCO program.
- We will continue the contract with Commonwealth Care Alliance (CCA). Since we provided a notice of non-renewal, CCA had called members to notify them that their PCP no longer participates in CCA. CCA made outreach calls to notify them that they can stay with their PCP and CCA.
- Northeast PHO will also continue to contract with the Tufts SCO. We will not be exclusive with any SCO plans.

We heard feedback from our PCPs that it was important to honor and retain the relationships with the SCO members and their CCA or Tufts SCO care managers. We appreciate this feedback and feel continuing with CCA and Tufts SCO is the best option for patient care.

Thank you for your cooperation during this process. If you have any questions, please contact **Dianne Dobbins** at **Dianne.Dobbins@Lahey.org** or 978-236-1704 or Stacey Keough at **Stacey.Keough@Lahey.org** or 978-816-2010.

PAYOR UPDATES

Boston Medical Center (BMC) — Prior Authorization/Notification Requirements

BMC and their contracted vendors evaluate requests for covered services and determine medical necessity through the use of InterQual criteria (nationally recognized commercially purchased) or internal medical policies that are evidence-based. Prior to scheduling a service, refer to BMC's Covered Services list (for MassHealth plans), Evidence of Coverage (for SCO, QHP and Commercial plans) and the Plan's Provider Manual, Clinical Coverage or Reimbursement Policies, and Provider Communications for coverage and/or processing requirements for the service in question. Check the Lookup Tools for Prior Auth requirements for specific CPT and HCPCS codes. These documents and tools can be found on BMC's website **www.bmchp.org**. For additional information and to view the notification, click **here**.

cont.

PAYOR UPDATES, cont.

BCBSMA - Hospice Benefits for Non-Medicare Members

Last year, BCBS expanded the hospice benefits for their commercial (non-Medicare) members. This change allows earlier access to the coordinated, comprehensive care that hospice provides for all members except Federal Employee Program members. BCBSMA now provides coverage for members with an expected prognosis of 12 months rather than 6 months. Authorization is not required for hospice care or respite services. To view the complete notification, click **here**.

Harvard Pilgrim Health Care (HPHC) - Updated Provider Manual

HPHC has posted a current provider manual to their website. To view the manual, click **here**.

Harvard Pilgrim Health Care (HPHC) - Multiple Units per Day

Like other payors, HPHC reimburses a maximum number of units per day for CPT and HCPCS codes. HPHC has updated their policy to note that multiple dates of service should be reported on a separate line. To view the policy, click **here**.

Tufts Health Plan - Changes to Joint Surgery Program

Effective for dates of service on or after January 1, 2018, Tufts Health Plan will implement changes to its prior authorization program for management of joint surgery. These changes apply to Commercial products (including Tufts Health Freedom Plan). For more information, click **here** to refer to the Joint Surgery Program on Tufts Health Plan's public Provider website.

Tufts Health Public Plans (THPP) - Administrative Updates

Providers are reminded to check claims status using Tufts Health Public Plans' secure provider portal, Tufts Health Provider Connect, 24 hours a day, 7 days a week. If providers need help registering, call THPP's Provider Services Department at 888-257-1985. In an effort to provide quicker access to the service providers need and to address the calls more efficiently, THPP changed the way provider services representatives assist providers of THPP's products with claim inquiries. As of October 9, 2017, representatives will handle up to five claim inquiries per call. For additional information and to view the entire notification, click **here**.

PATIENT EXPERIENCE COMMENT REPORTS—JANUARY 2018

GARDEN CITY PEDIATRICS

- Thank you **Dr. Erica Goldstein** for always helping and providing great care, you always are on time and respectful.
- **Dr. Eric Sleeper** is amazing - gives us the time we need - makes us feel as if we are his only patient!

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

- I have always been completely satisfied and confident with **Dr. Daniel McCullough** and his complete staff for 3 years.
- **Dr. Sokunthirith Thach** was highly professional, warm, caring, and explained the problem with my eye very clearly and thoroughly. I was very impressed with her!

LAHEY HEALTH PRIMARY CARE, BEVERLY—30 Tozer Road

- I'm very happy with **Dr. Gail Ellis** and her staff, if I have concerns, she makes sure my needs are met. They all work together to make things happen in a positive way - thank you.

LAHEY HEALTH PRIMARY CARE, DANVERS—480 Maple Street, Suite 204

- This was my first visit to **Dr. Galina Feldman**. I was very impressed and I am switching to her as my NEW doctor.

LAHEY HEALTH PRIMARY CARE, DANVERS—140 Commonwealth Avenue, Suite 104

- **Dr. Mauri Cohen** is very professional and courteous as always. Also he is very knowledgeable when answering my questions.

LAHEY HEALTH PRIMARY CARE, DANVERS—5 Federal Street

- It was my first time seeing **Dr. Margaret Legner** and she made it like I've seen her for years. The nurse was awesome as well!

SPENCER R. AMESBURY, M.D.

- During my annual physical **Dr. Spencer Amesbury** did a "base-line" EKG and discovered I had developed AFib. He saw to it that I understood the needed care and made sure I got it!

THOMAS PEARCE, M.D.

- I was pleased that **Dr. Thomas Pearce** listened carefully to my concerns and explained clearly about my treatments.

Insider

Educational and coding information for providers

Focus on: Major depressive disorder

Facts about major depression[1]

- Eighty percent of older adults have at least one chronic health condition, and 50% have two or more. Depression is more common in people who also have other illnesses (such as heart disease or cancer) or whose function becomes limited.
- Depression often is misdiagnosed and undertreated. Providers may mistake an older adult's symptoms of depression as a natural reaction to illness or life changes.
- Because treatment can have beneficial effects on health outcomes in the elderly, the Centers for Medicare & Medicaid Services (CMS) will reimburse for an annual depression screening.[2]

Major depressive disorder

According to the American Psychiatric Association, major depressive disorder can be seen in patients who have suffered a depressive episode lasting at least two weeks, as manifested by at least five of the following symptoms: depressed mood, loss of interest or pleasure in most or all activities, insomnia or hypersomnia, significant weight loss or weight gain or a decrease or increase in appetite, psychomotor retardation or agitation, fatigue or low energy, poor concentration, thoughts of worthlessness or guilt, and recurrent thoughts about death or suicidal ideation.[3]

Recurrent major depression

Major depression is highly recurrent, with recurrent episodes occurring in 50% or more of patients. An episode is considered recurrent when there is an interval of at least two consecutive months between separate episodes during which criteria are not met for a major depressive episode.[1,3]

Screening for depression[2,3]

Depression screening tools can be obtained from Optum. Screening for depression is a component of the Initial Annual Wellness Visit (HCPCS code G0438). Screening for depression in subsequent Annual Wellness Visits (HCPCS code G0439) or otherwise can be covered by billing with HCPCS code G0444.

Always remember ...

- Providers should document major depressive disorder episodes, severity and/or clinical status such as:
  - Episode (single or recurrent)
  - Severity (mild, moderate, severe, with or without psychotic features)
  - Clinical status (in partial/full remission)

Documentation and coding tips[3]

If the depression is stable and patient does not currently meet criteria, providers should document and code "in remission" status. Partial remission is defined as symptoms occasioning from a previous depressive episode without meeting full criteria (or) a hiatus lasting < two months without significant symptoms. Full remission is defined as no significant signs/symptoms of the disorder during the past two months.

Major depressive disorder

F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.89	Other specified depressive episodes
F32.9	Major depressive disorder, single episode, unspecified

Recurrent major depression

F33.0	Major depressive episode, recurrent, mild
F33.1	Major depressive episode, recurrent, moderate
F33.2	Major depressive episode, recurrent, severe without psychotic features
F33.3	Major depressive episode, recurrent, severe with psychotic features
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified

Major depression in remission

F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2018: "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required." The bolding of ICD-10-CM codes represents categories, subcategories or codes that map to the 2017 CMS-HCC risk adjustment model for Payment Year 2018.

Codes marked with a ✦ directly after them represent new additions to the FY 2018 ICD-10-CM code classification; however, these are not bolded and will not follow bolding conventions as explained until official notice is available.

For more information on Optum and the products and services we offer, contact us at 1-877-751-9207 or email providersupport@optum.com. If you have questions or wish to be removed from this email, please contact your local Optum Healthcare Advocate.

For additional information as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at ncqa.org
For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to: http://go.cms.gov/partcanddstarratings

Optum360 ICD-10-CM: Professional for Physicians 2018. Salt Lake City, UT: 2017.
1. Fisk A, Wetherall JL, Gatz M. Depression in older adults. Annual Review of Clinical Psychology 2009. 5: 363-89.
2. "Depression Screening." Centers for Medicare & Medicaid Service. Department of Health and Human Services, Nov. 2016. Web. 8 Aug. 2017. <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/ MPS-QuickReferenceChart-1.html>.
3. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.