

OPTUM Newsletter: April Focus – Alcohol Awareness Month

PHYSICIAN & PRACTICE CHANGES/UPDATES

New Providers

- **Katherine Bourne, MD** has joined **Beverly Anesthesiology Associates**, 480 Maple Street, Suite 233A, Danvers, MA 01923 978-304-8690 (F) 978-304-8697
- **David Goldberg, MD** has joined **Lahey Cardiology, Beverly** at 75 Herrick Street, Suite 206, Beverly, MA 01915 978-927-8400 (F) 978-922-1452
- **Joseph Gross, MD** has joined **Lahey Infectious Disease, Beverly** at 85 Herrick Street, Beverly, MA 01915 978-816-3131 (F) 978-816-2091
- **Ambika Hoguet, MD** has joined **Ophthalmic Consultants of Boston**, 104 Endicott Street, Suite 303, Danvers, MA 01923 978-524-0050 (F) 978-524-0051
- **Michael Kearney, MD** has joined **Urology Consultants of the North Shore** at 400 Highland Avenue, Suite 6, Salem, MA 01970 978-741-4133 (F) 978-741-7742
- **Jennifer Schwartz, MD** has joined **Lahey Cardiology, Beverly** at 75 Herrick Street, Suite 206, Beverly, MA 01915 978-927-8400 (F) 978-922-1452
- **Jonathan Silver, MD** has joined **Lahey Cardiology, Beverly** at 75 Herrick Street, Suite 206, Beverly, MA 01915 978-927-8400 (F) 978-922-1452
- **Cameron Stock, MD** has joined **Lahey Clinic, Inc. Thoracic Surgery** at 41 Mall Road, Burlington, MA 01805 781-744-3170 (F) 781-744-5641

Physician/Practice Changes

- **Peter Dempsey, MD, a Lahey Neurologist**, has changed his schedule. He will no longer be seeing patients in Beverly. His new schedule is Monday mornings at One Essex Center Drive, Peabody, MA 01960 and Monday and Friday afternoons at 41 Mall Road, Burlington, MA 01805.
- Effective 1/1/2018, **Randolph Maloney, MD** of the **Wound and Hyperbaric Medicine Center and North Shore Vascular Diagnostic Laboratory** at has terminated his NEPHO affiliation.

SAVE THE DATE

MD Orientation

Date: May 1, 2018 @5:30 P.M.
Place: 500 Cummings Center, Suite 6500
 Good Harbor Conference Room
 Beverly, MA 01915
RSVP: Alycia Messelaar ☎ 978-236-1784
 or via e-mail at Alycia.Messelaar@Lahey.org

Office Manager Meeting

Date: May 9, 2019 @ 12:00 P.M.
Place: 500 Cummings Center, Suite 6500
 Good Harbor Room
 Beverly, MA 01915
RSVP: Judy O’Leary ☎ 978-236-1739
 or via e-mail at Judith.O’Leary@Lahey.org

2018 NECOMG ANNUAL MEETING

Reminder

- The **NECoMG Annual Meeting** will be held on June 21, 2018 @ 7:00 a.m. in the Beverly Hospital Lecture Hall with video-conferencing to AGH and LOCD.
- Shareholder physicians will be receiving a voting/proxy packet in the mail soon.
- There are two Primary Care seats and one Specialist seat up for renewal.
- Please see below for information on the Speaker and the Candidates.

Speaker



Chrissy Daniels is a national thought leader in patient experience and health care value. She joined Press Ganey in August, 2017 and brings to her role of consulting partner more than 20 years of expertise in advancing the patient experience and building an engaging and collaborative culture. She is also widely recognized for her pioneering work in the areas of consumerism and physician performance data transparency.

Prior to joining Press Ganey, Chrissy was Director of Strategic Initiatives at University of Utah Health Care, responsible for teaching and coaching physicians, leaders and staff on the importance of patient experience as a measure of quality. In this role, she was also responsible for designing the University of Utah Health Care’s online physician review process, making the system the first in the country to electronically survey its patients and post the results publicly online.

In addition, Chrissy worked closely with hospital, physician and executive leadership to drive culture change around improving patient experience and value in every encounter across the system. This work resulted in system-wide initiatives targeting leadership and team development, communication, and motivation which evolved into a model for cultural transformation.

Prior to this work, Chrissy led hospital and clinic operations for University of Utah Health Care. Among her accomplishments in this role was overseeing \$180 million of hospital construction projects, including two expansions of the University of Utah Hospital.

In 2013, Chrissy was the recipient, with Dr. Robert Pendleton, Chief Medical Quality Officer, of a Robert Wood Johnson Foundation grant to create ValueU, a free, open access training platform where physicians and hospital administrators from around the United States could receive experiential knowledge on the role of transparency as a key driver of high-value health care. Coinciding with these efforts, she was editor-in-chief of Accelerate, an online learning site promoting health care transformation through value improvement. Chrissy received a master’s degree in economics and health administration from the University of Utah.

Candidates



PCP - Eric Sleeper, MD

I am excited to run as a primary care representative to the NECoMG Board. I hope to advocate for measures that promote high quality primary care and optimize physician reimbursement in this rapidly changing healthcare environment.

I currently serve on the on the NECoMG Finance and Contracting Committee which has been helpful in my understanding of the complexities and details of our insurance contracting and NEPHO operations.

As a partner and pediatrician at **Garden City Pediatrics (GCPA)**, I have seen the impact of these contracts on our private primary care practice. It is my goal to ensure we negotiate contracts that make practical sense in providing high quality and efficient patient care. Thank you for your consideration.

PCP - Erin Heiskell, MD

I am a family physician who practices at **Beacon Family Medicine** in Ipswich which I own with two other partners. I have been working in this location for the past 15 years, and I have been very actively involved with NEPHO during that time. In 2004, I assumed the position of leader in my Family Medicine Pod and have since sat on the Medical Management Council. I was appointed to the NECoMG Board of Directors as a primary care representative in 2012. This is my second time running for a three-year term.



The current health care environment is challenging and complicated. The goals thrust upon us by external forces such as government regulators and insurance companies do not always align with what we as clinicians know will most help our patients. It is a constant struggle to provide truly personal care that also balances evidence-based outcomes, fiscal responsibility and our patients own expectations and values.

I consider my position on the NECoMG board to be an honor and one of the most important opportunities I have to attempt to create a positive change. I strive to provide a rational and strong voice representing primary care. Thank you for considering electing me to represent you for another term.



Specialist - Richard Mugge, MD

I have been serving the Beverly Hospital as an otolaryngologist for nearly 20 years. Our practice, **North Shore Ear, Nose and Throat**, now provides all of the ENT care to this hospital system. As our practice has taken an increasing role in providing compassionate and effective care to the patients of the Northeast Hospitals/Lahey Health, we feel the need for more administrative representation and input into the conduct of this business.

This is an exciting but daunting time of change for healthcare and our businesses of medical practice. The formation of the Lahey Health system puts Beverly Hospital in an admirable position with stability, permanent care and coordination relationships, and financial resources, although affiliation with the many parts of Lahey Health is certainly a marriage of different care models. I feel that physicians must take an active role in determining the future of medicine both locally and nationally, for the sake of our patients, our communities, and our businesses. I would be humbled and honored to continue to represent your interests on the NECoMG Board of Directors.

IPA and POD MEETING SUMMARIES

Medical Director Update

- Dr. Di Lillo reviewed the content of what was being shared at Specialist Open Meetings, including how specialists can help with organizational Efficiency, Quality and Patient Experience goals.
- The 2016 Final commercial scorecard and projected 2017 performance projection was reviewed.
- Dr. Di Lillo also shared updates related to what is happening at the system/NewCo level.

Quality

- Liz Isaac reviewed the AQC performance by measure for 2017 compared to 2016, with discussion on performance changes, measure changes, challenges, and action plans for 2018.
- She also reviewed the Massachusetts Health Quality Partners (MHQP) survey launch timeline (now through July) and the survey questions pertaining to provider communication and perception of integration and coordination on the adult and pediatric surveys. Practice colleagues will continue to have opportunities in upcoming months to review survey questions, and prep for any patient questions that may arise regarding the survey.

QUALITY

2018 Quality Patient Lists

With April comes the first 2018 quality data from the health plans. In 2017, we added Harvard Pilgrim Health Care (HPHC) and Fallon patients to our quality lists. In 2018, we will add Blue Cross PPO and Tufts Health Plan patients to the lists. The Quality Team will now track quality data and outcomes for the following health plans:

- BCBS HMO
- BCBS PPO
- HPHC
- Tufts Health Plan
- Fallon Health Plan

The monthly patient lists you receive will now include patients from these health plans in the diabetes and hypertension measures. This will vastly increase the number of patients on these lists. Because we want to help our physician practices focus their efforts on patients who most need it, the PHO Quality Team has decided to include on the lists *only those patients who need outreach from the practice to schedule an appointment or lab test, or who have results which are above goal for that measure*. Patients who have scheduled appointments will be monitored by the Quality Staff but will be hidden when the lists are printed and distributed. Also, our Data Specialists, Jennifer and Laureen, will continue to place appointment notes and/or alerts in EPIC and GE Centricity EMRs for patients with upcoming appointments.

Below is a timeline for the distribution frequency for each of the patient lists produced by the Quality Team. Note: “DM” = Diabetes Mellitus and “HTN” = Hypertension.

MONTH	PATIENT LISTS DISTRIBUTED
April	DM & HTN, Cancer Screenings, Well Child Visits
May	DM & HTN, Well Child Visits
June	DM & HTN, Cancer Screenings
July	DM & HTN, Well Child Visits
August	DM & HTN, Well Child Visits

September	DM & HTN, Cancer Screenings
October	DM & HTN, Cancer Screenings, Well Child Visits
November	DM & HTN, Cancer Screenings, Well Child Visits
December	DM & HTN, Cancer Screenings, Well Child Visits

REFERRAL MANAGEMENT

Tufts Health Public Plan – Referral Policy for Tufts Health Together (MCO and ACO)

Effective June 1, 2018 or later, Tufts Health Plan will require referrals for specialist services for members of Tufts Health Together – MassHealth Managed Care Organization (MCO) plan and Accountable Care Partnership Plans (ACPP), except as noted in the MCO plan and ACPP referral chart below. Specifically, members of Tufts Health Together (MassHealth MCO and ACPP plans) will need to obtain appropriate referrals from their PCPs for coverage of specialist services based on the referral chart below, or their claims will be denied.

➤ **Products Overview and Member ID Card Guide**

[Click here](#) to find a guide that provides information about the member ID cards for Tufts Health Together – MCO and ACPP plans.

➤ **Tufts Health Together – MCO Plan and ACPP Referral Chart**

The chart below demonstrates the updated specialist referral policy applicable to Tufts Health Together – MCO and ACPP plans. Note: Lahey/NEPHO patients (both MassHealth ACO and MassHealth MCO) follow the "MCO plan" boxes below.

		2 Then their member can see a specialist in the following MCO plan/ACPP without a referral...				
		MCO plan	Atrius Health	BIDCO	CHA	Boston Children's ACO
1 If a PCP is in the following MCO plan/ACPP...	MCO plan	✓	✓	✓	✓	✓
	Atrius Health		✓			
	BIDCO			✓		
	CHA			✓	✓	
	Boston Children's ACO	✓	✓	✓	✓	✓

PAYOR UPDATES

Fallon – Modifiers

[Click here](#) to read Fallon’s Modifier Payment Policy.

Health Connector

As of March 1, 2018, MassHealth managed care eligible members have new health plan options, which include the Accountable Care Organization (ACO) health plans. With this transition, the Health Connector is aware of some instances of Assister and member confusion related to consumers on Health Connector plans.

- Some examples include: members hearing that their Qualified Health Plan (QHP) insurance carrier is no longer accepted at a particular provider if that provider is also participating in a MassHealth ACO, or provider facilities concerned that certain insurance carriers are no longer contracting with them.
- As a reminder: MassHealth health plan changes, including ACO plans, do not impact Health Connector members.
- Following are some helpful tips. Please share with your staff and others within your organization that work with Health Connector members to help reduce misinformation related to Health Connector health plans.
 - The Health Connector is a separate entity from MassHealth, with different types of commercial health plan options (subsidized and unsubsidized) for individuals, families, and small businesses.
 - Applicants seeking health coverage through the Health Connector or MassHealth can apply for coverage online through MAhealthconnector.org, but these are two different programs with different eligibility and enrollment requirements and processes.
 - The Health Connector maintains separate contracts with the commercial health insurance carriers for the plans that are available to Health Connector eligible members.
 - Health Connector members continue to have access to their same provider networks and are not impacted by the new MassHealth health plan or ACO plan changes.
 - Health Connector coverage will be unchanged through the calendar year. Health Connector members can consider shopping for a new plan when Open Enrollment begins November 1, 2018.
 - Always confirm if an individual is enrolled in a MassHealth or Health Connector plan before advising them about health plan and network changes. There have been reports of Health Connector members incorrectly being told that their networks are changing.

- Here are some steps you can take to assist a member in determining which coverage individuals are enrolled in:
 - If you have access to the MassHealth Eligibility Verification System (EVS), always verify if the individual is eligible for a MassHealth program. EVS will provide information about MassHealth eligibility and information on MassHealth health plan enrollment. It will not provide Health Connector plan enrollment details. Health Connector health plan enrollment can be verified through systems used at your facility to validate commercial health plan enrollment.
 - Ask to see the member's health plan card. All MassHealth members receive a MassHealth card that shows the member's name and their 12-digit member identification number. Members enrolled in a Managed Care Organization (MCO) or ACO health plan will also have a card from their health plan. Members are asked to carry both cards at all times. To view sample MassHealth health plan cards, [click here](#) for the MassHealth Contact Matrix 2018 Managed Care Health Plans. Health Connector membership is displayed on each member's health plan card.
 - If you or someone at your organization has questions about which Health Connector plans or providers are available in your area, please [click here](#) to visit the Health Connector Plan Finder tool.
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Tufts Medicare Preferred – Chart Review

Tufts Medicare Preferred will be conducting chart reviews to find any chronic conditions that were missing from the patient claims. They expect the chart review to begin in July-August 2018 and the date range of the charts being review is January 2017 through current 2018. Once again this year, Optum/Tufts will be using CIOX as the vendor.

UniCare – Tiering

For the plan year starting July 1, 2018, UniCare will be extending current tier assignments. UniCare will continue to use a three-tier approach for categorizing specialty physicians, and will tier them at the individual level. Members in non-Medicare plan options pay different office visit copays for specialty physicians, depending on which of the three tiers their physicians have been assigned to. This document was revised effective March 2018. To view the document, click [here](#).

MASSACHUSETTS HEALTH & HOSPITAL ADVISORY

This *Advisory* updates previous guidance MHA issued to members regarding the requirement for prescribers to check the Massachusetts Prescription Awareness Tool (MassPAT) for prescriptions provided to patients as part of the discharge planning process from an inpatient facility or following an outpatient visit.

Overview of Exemptions from MassPAT Requirements

In October 2017, DPH promulgated the final version of 105 CMR 700.00, implementation of MGL C. 94C, which among other provisions, amended the requirements for prescribers to check MassPAT prior to issuing a prescription for applicable drugs.

The final regulations continued the long-standing requirement that all prescribers must check MassPAT prior to prescribing a schedule II or III narcotic drug, a benzodiazepine, or a Schedule IV-VI drug that DPH designates as a controlled substance. (Please note that at this time DPH has not designated any such drugs.) Under the final regulations, DPH also clarified the term “narcotic” by applying the term to any generic drug product, brand name equivalent of a drug product, or derivative of a drug product listed below:

- Buprenorphine;
- Codeine (and its derivatives), including
- hydrocodone;
- Fentanyl (and its derivatives);
- Meperidine;
- Methadone;
- Morphine (and its derivatives) including hydromorphone;
- Opium (including DTO); and
- Oxycodone.

It is important to note that section 105 CMR 700.012 (G)(3) provides the following updated circumstances in which prescribers are exempt from checking MassPAT:

(a) A registered individual practitioner authorized to prescribe, administer, possess, order, or dispense samples of controlled substances only in Schedule VI;

(b) A registered individual practitioner providing medical, dental, podiatric, pharmaceutical, or nursing care to hospice patients;

(c) A registered individual practitioner treating a patient in an Emergency Department who does not anticipate writing a prescription for a controlled substance in Schedules II through V during that encounter;

- (d) An instance in which emergency care is required and in the professional opinion of the prescriber utilization of the prescription monitoring program is likely to result in patient harm;
- (e) A registered individual practitioner providing medical, dental, podiatric, pharmaceutical or nursing care to hospital inpatients;
- (f) A registered individual practitioner providing medications for immediate treatment in accordance with M.G.L. c. 94C, § 9(b);
- (g) An instance in which it is not reasonably possible to utilize the prescription monitoring program, including when the system is not operational due to temporary technological or electrical failure;
- (h) A registered individual practitioner examining or treating a patient under 96 months of age;
- (i) A registered individual practitioner granted a waiver pursuant to 105 CMR 700.012(I); and
- (j) Other exceptions as defined in guidance issued by DPH.

With the issuance of these regulations, prescribers are now required to check MassPAT when they issue to a patient a prescription as part of the discharge planning process from an inpatient facility or following an outpatient procedure/visit, even if it is going to be filled at an outpatient pharmacy on or off of the hospital's premises. The final regulations also removed a prior exemption for ED physicians who were issuing a prescription for less than a 5-day supply. As a result, all prescriptions issued from the ED must be checked through MassPAT prior to prescribing. Furthermore, given the exemption outlined in subpart (f) above, prescribers who are issuing a medication order for immediate use or a standing order for medications for prolonged use during the course of treatment in inpatient or skilled nursing care would also be exempt from checking MassPAT.

MHA strongly encourages members to also make sure to check the [MassPAT website](#) for additional information and resources, including, but not limited to, those related to registering new providers within your facility or system and usage of a prescriber trend report.

As MHA continues to work with DPH to ensure appropriate implementation of the system, including developing connections between the MassPAT data to hospital EMR systems, we are asking members to let us know of specific issues you may be encountering. In addition, if there are further clarifications needed on the current regulations, please let MHA know so we can work with the appropriate DPH staff. Should you have any questions about the regulations or the clarifications above, please contact MHA Manager of Healthcare Policy Janice Peters at jpeters@mhalink.org or (781) 262-6023.

PATIENT EXPERIENCE COMMENTS

CAPE ANN PEDIATRICS

- I love this office- always answers all questions.

ESDALE MEDICAL GROUP

- **Dr. Amy Esdale** should be cloned!

LAHEY HEALTH PRIMARY CARE, BEVERLY – 100 Cummings Center, Suite 126Q

- I am very pleased with **Dr. Pierre Ezzi**. I feel that he and his staff are providing me excellent care. I have great confidence in him.

LAHEY HEALTH PRIMARY CARE, BEVERLY – 900 Cummings Center, Suite 111W

- **Dr. Daniel McCullough** takes time and truly listens to all concerns and works with you to find the best fit.

LAHEY HEALTH PRIMARY CARE, BEVERLY – 30 Tozer Road

- I was very pleased with the whole experience, and **Dr. Tina Waugh** was very attentive and patient.

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

- **Dr. Galina Feldman** and her team took my health concerns seriously. She carefully and logically reviewed my medical information to help me make decisions about medical treatment.
- **Dr. Manju Sheth** always listens!

LAHEY HEALTH PRIMARY CARE, GLOUCESTER – 298 Washington Street, 4th Floor

- Our whole family just moved to **Dr. Karen Damico's** practice. We are truly impressed with her and her whole staff. She always listens and spends time! Dr. Damico is one of the best care providers we've had.
- I have great confidence in **Dr. Victor Carabba**. He is always respectful and listens to my concerns. Always helpful. Great staff!

LEONARD HOROWITZ, M.D.

- **Dr. Leonard Horowitz** takes time to listen and examine medical and family history.

NORTH SHORE PEDIATRICS

- **Dr. David Danis** is excellent, always educates us and helps us make the best decision.
- **Dr. Lance Goodman** is terrific!

THOMAS PEARCE, M.D.

- I feel comfortable and confident in the care provided by this office.