NEPHO NEWS

May 2018 Edition

OPTUM Newsletter: May Focus – Osteoporosis

PHYSICIAN & PRACTICE CHANGES/UPDATES

New Providers

- No new providers this month.

Physician/Practice Changes

- Effective 4/27/2018, **Jason Wu, MD** has terminated his affiliation with **Sports Medicine North**.
- Effective 5/18/2018, **Arjun Majithia, MD** of **Northeast Medical Practice** has terminated his NEPHO affiliation.
- Effective 6/30/2018, **Patrick Burke, MD** of **Beverly Radiology Associates** will be terminating his NEPHO affiliation.
- Effective 7/1/2018, **Sokunthirith Thach, MD** of **Lahey Health Primary Care, Beverly** will be terminating her NEPHO affiliation.

Long time NEPHO member, **David Bush, MD** a private practice Primary Care Physician, passed away peacefully at home on May 5, 2018. A celebration of David's life will be held the afternoon of June 9th at the American Legion Hall Post 113, 14 Church Street, Manchester-by-the-Sea, from 1pm to 4pm.

SAVE THE DATE

NP/PA Meeting
Date: June 13, 2018 @ 12:00 P.M.
Place: Addison Gilbert Hospital
Women's Health Conference Room
Gloucester, MA 01930
RSVP: Judy O'Leary 978-236-1739
or via e-mail: **Judith.O'Leary@Lahey.org**

MD Orientation
Date: June 19, 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: **Alycia.Messelaar@Lahey.org**

2018 NECoMG Annual Meeting
Date: June 21, 2018 @ 7:00 A.M.
Place: Beverly Hospital Lecture Hall
RSVP: Judy O'Leary 978-236-1739
or via e-mail: **Judith.O'Leary@Lahey.org**

IPA and POD MEETING SUMMARIES

Beverly Hospital Physical Therapy

Beverly Hospital Physical Therapy colleagues joined the May POD meetings:

- They presented the low back pain initiative including approach to therapy and patient education regarding imaging, maximizing visits, and incorporating exercises at home.
- They also shared local functional outcome data compared to national benchmarks, patient friendly hours, and ways to access care for patients.

Data/Reports

Dr. Di Lillo, NEPHO Medical Director, distributed the following reports:

- March 2018 and 2018 Year-to-Date OOPHO data by provider;
- Q1 2018 Meeting Attendance reports; and
- 2017 Q4 PCP Report Cards.

Pharmacy Update

Carol Freedman, RPh, NEPHO Manager of Pharmacy Services, discussed the following:

- Cost savings opportunities with antidepressant class;
- Depression medication adherence measures; and
- The new Shingles vaccine, Shingrix, and a comparison chart to Zostavax.

Quality

Liz Isaac, NEPHO Director of Ambulatory Performance Improvement, reviewed a variety of topics related to quality metrics:

- The PROM Depression measure –
  - PHQ-9 Screening Epic Best Practice Advisory (BPA);
  - BPA response rate data by ACU and the existing PHQ-9 screening flowsheet in Centricity; and
  - The goal is to incorporate this as standard rooming practice in all practices.
- The Adolescent Well Visit measure –
  - An analysis of visits that were outstanding in 2017 showed that more than half the opportunity was with kids who are not away at college (ages 12-18), as was previously thought.
  - It was also found that 1/3 of outstanding visits was across family practice providers.

Medical Director Update

Dr. Di Lillo updated the group on:

- Issues related to the opioid legislation, and
- The different smart phrases that can be utilized in Epic to satisfy documentation requirements.

PHARMACY NEWS

Finally, the first generic combination corticosteroid/long-acting beta agonist (ICA/LABA), fluticasone/salmeterol (Airduo RespiClick) inhaler, is now covered by some commercial health plans and/or affordable for cash paying patients. The LCPN P & T Committee has voted generic fluticasone/salmeterol (Airduo Respiclick) as the preferred combination ICA/LABA for patients > 12 years old with asthma and as off label use for patients with COPD when affordability is an issue.

Key Points:

- NEPHO could achieve about $300,000 in annual savings if 70% of current Advair prescriptions were converted.
- Fluticasone/salmeterol (generic Airduo) is not dose-equivalent to Advair formulations. Generally patients should be switched based on Low, Medium and High dosing of current Advair. See chart below.

ICS/LABA Combination Product	***Low Dose***	***Medium Dose***	***High Dose***	***Avg Cost/ Inhaler***
Advair Diskus fluticasone/salmeterol	100 mcg/50 mcg one inhalation twice daily	250 mcg/50 mcg one inhalation twice daily	500 mcg/50 mcg one inhalation twice daily	$255-$415
Advair HFA fluticasone/salmeterol	45 mcg/21 mcg two inhalations twice daily	115 mcg/21 mcg two inhalations twice daily	230 mcg/21 mcg two inhalations twice daily	$285-$455
AirDuo Respiclick and authorized generic version fluticasone/salmeterol	55 mcg/14 mcg one inhalation twice daily	113 mcg/14 mcg one inhalation twice daily	232 mcg/14 mcg one inhalation twice daily	~ $80

- Fluticasone/salmeterol (generic Airduo) is available as a Respiclick inhaler which is different from Advair, available as a Diskus and HFA formulation, so patient teaching will be needed. Click **here** to watch a demonstration of RespiClick use.
- Cost is about $200 – $300 less per inhaler (~$80 Cash) for fluticasone/salmeterol (generic Airduo) vs. fluticasone/salmeterol (Advair formulations).
- Currently, HPHC & Tufts cover fluticasone/salmeterol (generic Airduo) at a Tier 1 copay; BCBS at a Tier 2 copay; Medicare and Medicaid are NOT yet covering this formulation, however patients can use a Good Rx coupon at Walgreens or Rite Aid and pay out of pocket $52 cash without prescription plan use. Patients should check Good Rx or contact their Commercial/Medicare Part D plan for specific coverage.
- Epic or GE Centricity: search in the Database Lookup for Airduo and the generic listing for each concentration will be listed.

For questions, please contact Carol Freedman, RPh, NEPHO Pharmacy Manager, at **Carol.Freedman@Lahey.org** or **978-236-1774**.

QUALITY

Adolescent Well Child Visits in 2018

- For the BCBS adolescent well child/preventive care visit (AWC) quality measure last year, 83% (or 1,727 of the 2,076 adolescent and young adults who were due in 2017) had a preventive care visit.
- For 2018, the goal is to get 93% of this population to come in for their annual exam (200 more patients than last year).
- This is easier said than done in this age group as adolescents don't typically make these appointments on their own nor do they come in independently, to name a couple of factors.

Here are some suggestions to consider to help improve visit rates for this population:

- **Make use of every opportunity** – adolescents who may not come in for wellness visits are likely to still come in at least once during the year for a sick visit. If there is time for an extended visit during the time slot, consider transitioning an acute appointment into a well visit if the patient is due for a well exam.
- **Schedule a well visit instead of a sick visit when possible** – when an adolescent or parent calls for a sick visit and there is no well visit scheduled for the year, consider scheduling the visit as a well visit instead of sick visit, as the schedule allows.
- **Couple scheduling a well care visit with other patient needs:**

  - Needs a sick visit
  - Needs sports physical
  - Needs prescription refill
  - Needs ADHD follow-up, etc
  - Needs school immunization form

  Check for last well visit.

  Schedule for future well visit this year.

- **Build in "checking for last well visit" into everyone's processes** – front staff, schedulers, nurses, providers
- **Adolescent friendly scheduling** – think afternoons, end of day, rainy days perhaps?

Please feel free to call the NEPHO Quality Department at **978-236-1767** with questions or suggestions.

PAYOR UPDATES

BCBS - Preventive Visit Billed in Conjunction with Sick Visit

For claims processed on and after August 1, 2018, BCBSMA will include HCPCS codes G0402, G0438 and G0439 as preventive visits in their preventive/sick payment reduction rule. BCBS will apply a 50 percent payment reduction to the lessor allowable value when one of these codes is billed on the

same day, for the same member, by the same provider in conjunction with a sick visit code (99201-99215.) This applies when the visits are separately identifiable and appended with the appropriate modifier.

Click **here** for more details.

Tufts Health Plan - Avoid Administrative Claim Denials

Tufts Health Plan wants to help providers avoid administrative claim denials. To prevent denials from occurring, a list of administrative claim denials that providers may receive has been created by Tufts, along with tips on how to avoid them. To view the list, click here.

PRACTICE INCENTIVES

In April, the Northeast PHO began formally recognizing colleagues who provide a positive experience for our patients, help us keep care local and meet our quality targets.

This month's gift card winners are:

- **Giana Calcagno at Lahey Primary Care, Danvers** – recognized for her positive patient comment: "Giana the medical assistant is professional & personable – a real delight!"
- **Liz Chiaradonna at Lahey Primary Care, Danvers** – recognized for her positive patient comment: "Liz the Nurse is the best"
- **Jody Gaudet at Sports Medicine North** – recognized for providing timely and convenient access for patients to their high-quality orthopedics team.

We appreciate their efforts in supporting the PHO goal to provide high quality, community health care. We will deliver gift cards to the winners each month, and they will be announced here in the newsletter. Please be sure to look for them!

NEW TELEMEDICINE OPTIONS

Telemedicine (also referred to as "e-health," "online health," or "telehealth") is the use of interactive audio and video communications systems to provide real-time communication between a healthcare provider and patient. The service is conducted over a secured and encrypted channel. Most health plans now offer telemedicine benefit plans that may be selected by an employer group.

Many health plans partner with a telemedicine vendor for these services. Members can use a telemedicine tool by web, phone, or mobile app to connect with a doctor or therapist to receive general medical and behavioral health services as well as prescriptions. Your patients may ask you about these services so we wanted to share this information.

Read more below to see the list of the vendors partnering with the major health plans in our area (and a link to their information online):

Teledoc

- Aetna **https://member.teladoc.com/aetna**
- Fallon **https://www.fchp.org/members/doctors-facilities/teladoc.aspx**
- NHP **https://www.nhp.org/member/perks/Pages/teladoc.aspx**
- Tufts **https://tuftshealthplan.com/member/health-information-tools/digital-tools/telehealth**

Well Connection

- BCBS **https://myblue.bluecrossma.com/health-plan/telehealth**

Doctor on Demand

- HPHC **https://www.harvardpilgrim.org/pls/portal/docs/PAGE/EMPLOYER/DOCTOR%20ON%20DEMAND/DOD-MEDICAL-BH-FLYER-CC6737_5_18.PDF**

LiveHealth

- Unicare **https://www.unicarestateplan.com/LiveHealth.html**

American Well or MDLIVE

- Cigna **https://www.cigna.com/assets/docs/individual-and-families/2017/medical/898764-cigna-telehealth-connection-flyer.pdf**

Are you interested in providing telemedicine in your practice?

Some health plans added a member benefit to cover for telemedicine services rendered by contracted providers. If you provide telemedicine services or are considering this option, please contact Alycia Messlaar, NEPHO Manager of Provider and Payor Relations, at **Alycia.Messelaar@Lahey.org** or **978-236-1784**. Please also see the list of the 3 major Northeast PHO health plans and further details:

HEALTH PLAN	BILLING CPT CODE	PAYMENT RATE	WEBLINK TO POLICY
Tufts	Modifier GT	80% of the In-office rate	https://tuftshealthplan.com/documents/providers/payment-policies/telemedicine
HPHC	Modifier GT or modifier 95	80% of the fee schedule rate	https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MANUALS/PAYMENT%20POLICIES/H-%20TELEMEDICINE_020118.PDF
BCBS	Modifier GT or modifier 95	50% of the Practice Expense Relative Value Unit	https://providers.bluecrossma.com click on Office Resources>Payment Policies and search under the letter "T"

Please note the following:

- Telemedicine does not include the use of audio only via telephone, fax machine, or email.
- Telemedicine services must be provided via a secure and private data connection. All transactions and data communication must be in compliance with the Health Insurance Portability and Accountability Act (HIPAA). For more information on HIPAA and electronic protected health information (EPHI) compliance, please see:**http://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html**.
- It is very important to check the patient's eligibility to confirm coverage for telemedicine services and referral requirements.
- The payers require Place of Service (POS) 02: Telehealth and the GT or 95 modifier.
- Currently, Medicare restricts coverage for telemedicine services to rural counties and geographic areas that are considered to be a Health Professional Shortage Area (HPSA) or areas outside of a Metropolitan Statistical Area (MSA).

If you would like additional information, please contact Dianne Dobbins, NEPHO Director of Contracting and Operations at **Dianne.Dobbins@Lahey.org** or **978-236-1704**.

PATIENT EXPERIENCE COMMENTS

BEACON FAMILY MEDICAL CENTER

- I love the doctors, nurses and all the staff at Beacon Family Medicine. Excellent care always!
- **Jane** at the front desk is the best receptionist in any office.
- Love Beacon family medicine always timely and all providers are excellent.

CAPE ANN MEDICAL CENTER

- Always a very positive visit. They all are wonderful at CAMC!

CAPE ANN PEDIATRICS

- Always a good experience. **Dr. Thomas Carbone** is very nice, courteous and professional.

CENTER FOR HEALTHY AGING

- **Dr. Kevin Ennis** and staff have been supportive and helpful to me, son of patient, and to my mother – can't thank them enough.
- My experience with **Dr. Neil Mann** has been very positive. He is very compassionate and a problem solver w/medical issues.

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

- These people are fantastic.

LAHEY HEALTH PRIMARY CARE, BEVERLY – 30 Tozer Road

- I have been a patient of **Dr. Susan Deluca's** for many years. She is so knowledgeable thorough caring. I couldn't ask for a better physician.
- **Dr. Tina Waugh** always remembers me. She listens very well and explains very well too!

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

- Excellent service – **Dr. Manju Sheth** and staff are always willing to help.

LAHEY HEALTH PRIMARY CARE, DANVERS – 140 Commonwealth Ave, Suite 201

- **Dr. Mauri R. Cohen** was very concerned about giving me the best care and concern for my welfare.

LAHEY HEALTH PRIMARE CARE, DANVERS – 5 Federal Street

- All staff works well with each other.

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

- Good experience with **Dr. Victor Carabba** every time I see him!
- I'm lucky to have her **Dr. Karen Damico** is a very caring and special doctor.

GARDEN CITY PEDIATRIC ASSOCIATES

- Love **Dr. Suzanne Graves** and everyone at Garden City!

NORTH SHORE PEDIATRICS

- **Dr. Lance Goodman** is excellent, prompt, knowledgeable and personable.

NORTH SHORE PREVENTIVE HEALTH CARE, P.C

- **Dr. Roy Ruff** has been wonderful! My condition has improved greatly. His staff, especially **Tara**, is outstanding!

PATTON PARK MEDICAL CENTER

- Excellent experience with **Dr. Michael Edwards** and his staff.

SPENCER R. AMESBURY, M.D.

- This has been our provider for 28 yrs. We could not ask for better care from **Dr. Spencer Amesbury.**

ZAVEN JOUHOURIAN, M.D.

- I have the utmost confidence in **Dr. Zaven Jourhourian!**
- **Dr. Zaven Jouhourian** has always been a great help; anytime I had an issue, he is always there to help.

OPTUM®

INSIDER

Educational and coding information for providers

May 2018 | May is National Osteoporosis Month

FOCUS ON: Osteoporosis and fall and fracture risks

Half of all postmenopausal women will have an osteoporosis-related fracture during their lifetime; 25% of these women will develop a vertebral deformity, and 15% will experience a hip fracture. Osteoporotic fractures, particularly hip fractures, are associated with chronic pain and disability, loss of independence, decreased quality of life, and increased mortality. Although hip fractures are less common in men than in women, more than one-third of men who experience a hip fracture die within 1 year.[1]

The Bone Mass Measurement Act of 1998 broadened the selective screening by mandating Medicare coverage for densitometry services for individuals at risk of osteoporosis.[2]

Each year, 1 in 3 adults aged 65 or older falls; however, less than half mention the falls to their health care providers. Among older adults, falls are the leading cause of both fatal and nonfatal injuries, increasing the risk of early death. In 2010, 2.3 million non-fatal fall
injuries among older adults were treated in emergency rooms, and more than 662,000 were hospitalized. The direct medical costs were $31 billion. The average hospital cost for a fall is $30,000 and increases with age.[3] This major public health problem largely is preventable. Primary care providers should perform a fall-risk assessment.

To lower their hip fracture risk, older adults can:

- Get adequate calcium and vitamin D from food and/or from supplements
- Do weight-bearing exercises
- Get screened and, if needed, treated for osteoporosis

Primary and secondary hyperparathyroidism

Hyperparathyroidism places patients at increased risk for osteoporosis. Therefore, elderly patients with serum calcium >10.5 mg/dl could be considered to be screened for primary hyperparathyroidism. All patients with CKD stage III or higher should be screened for secondary hyperparathyroidism.

Documentation and coding tips

- When coding osteoporosis with a pathological fracture, select the code based on the site of the fracture, not the location of the osteoporosis
- Use adjectives that explain laterality and location to define the pathologic fractures with osteoporosis

Categories M80 and M81 are for osteoporosis with and without current pathological fracture. They include the following types of osteoporosis: age-related, idiopathic, drug-induced, senile, post-menopausal, localized, disuse, post-oophorecomy, post-surgical, post-traumatic, involutional and NOS.

M80 is the category for osteoporosis with a current pathologic fracture at the time of encounter. A traumatic fracture code should not be used for any patient with known osteoporosis who suffers a fracture.

The appropriate 7th character is to be added to each code from category M80 to report episode of care and/or type of healing:

- **A** *initial* encounter for fracture: *Active* treatment for the fracture, including subsequent visits.
- **D** *subsequent* encounter for fracture with routine healing: Active treatment completed and in the healing and recovery phase.
- **G** subsequent encounter for fracture with delayed healing
- **K** subsequent encounter for fracture with nonunion
- **P** subsequent encounter for fracture with malunion
- **S** sequela

Example
Disuse osteoporosis with current fracture of right femur, initial encounter.

M80.851A Other osteoporosis with current pathological fracture, right femur, initial encounter

M81 is the category for osteoporosis without a current pathological fracture due to the osteoporosis, even if the patient has had a fracture in the past.

- If the patient has a documented history of a (healed) osteoporosis fracture, include the status code of Z87.310.
- Do not use a code from M81 if patient has osteoporosis *with* a current pathological fracture: Instead, use a code from category (M80).

Coding hyperparathyroidism

E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism
E21.2	Other hyperparathyroidism (tertiary)
E21.3	Hyperparathyroidism, unspecified
N25.81	Secondary hyperparathyroidism of renal origin

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 verity that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2019. Codes marked with a ✦ directly after them represent new additions to the FY 2018 ICD-10-CM code classification.

This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 2, 2018, the Centers for Medicare & Medicaid Services (CMS) announced that 2018 dates of service for the 2019 payment year model is based on 100% of the 2019 CMS-HCC model mappings released April 2, 2018. See: https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf

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. Wright NC, Looker AC, Saag KG, et al. The Recent Prevalence of Osteoporosis and Low Bone Mass in the United States Based on Bone Mineral Density at the Femoral Neck or Lumbar Spine. Journal of Bone and Mineral Research. 2014;29(11):2520-2526. doi:10.1002/jbmr.2269.
2. Watt, NB. Understanding the Bone Mass Measurement Act. J Clin Densitom 2: 211-217, 1999.
3. Burns ER,Stevens JA, Lee R. The direct costs of fatal and non-fatal falls among older adults - United States. J Safety Res. 2016; 58:99-103. doi: 10.1016/j.jsr.2016.05.001.

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