

PHYSICIAN & PRACTICE CHANGES/UPDATES

New Providers

- ▶ **Justin Fernandes, MD** has joined **Beverly Shafer, M.D.**, 900 Cummings Center, Suite 112 W Beverly, MA 01915 [978-927-8844](tel:978-927-8844) (F) 978-927-8845
- ▶ **Humera Kausar, MD** has joined **Lahey Infectious Disease, Beverly** 85 Herrick Street Beverly, MA 01915 [978-816-3131](tel:978-816-3131) (F) 978-816-2091

Physician/Practice Changes

- ▶ The following providers have terminated their affiliation with the Northeast PHO
 - **Dennis Stoler, MD** of **Microsurgical Eye Associates**
 - **Ajay Sharma, MD** of **Northeast Medical Practice**
 - **David Goldberg, MD** of **Lahey Cardiology, Beverly**
 - **Noel Wheeler, MD** of **Lahey Pulmonary, Beverly**
 - **Tarun Patel, MD** of **Northeast Medical Practice**
 - ▶ The following providers have closed their patient panel to accepting existing patients only:
 - **Mauri Cohen, MD** of **Lahey Primary Care, Danvers**
 - **Hugh Taylor, MD** of **Family Medicine Associates**
 - **Gail Ellis, MD** of **Lahey Primary Care, Beverly**
 - **Tina Waugh, MD** of **Lahey Primary Care, Beverly**
 - ▶ Effective 9/17/2018, **Patton Park Medical** has changed their EMR to Athena.
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SAVE THE DATE

Open Meeting Presentation II

- ▶ **Date: Tuesday, October 10, 2018 @5:30 p.m.**
Place: Beverly Hospital Lecture Hall & AGH & LOCD
- ▶ **Date: Thursday, October 18, 2018 @12:30 p.m.**
Place: Beverly Hospital Lecture Hall & AGH & LOCD
- ▶ **Date: Tuesday, October 23, 2018 @7:00 a.m.**
Place: Beverly Hospital Lecture Hall & LOCD only

RSVP: Lisa Driscoll at [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: October 22, 2018 @7:30 A.M.****Place:** 500 Cummings Center, Suite 6500

Good Harbor Conference Room

Beverly, MA 01915

RSVP: Alycia Messelaar at**Alycia.Messelaar@Lahey.org or [978-236-1784](tel:978-236-1784)**

IPA and POD MEETING SUMMARIES

Pharmacy

Carol Freedman RPh, NEPHO Manager of Pharmacy, presented cost savings related to pharmacy classes used to treat erectile dysfunction and asthma and COPD. Advair to Airduo switch represents a savings to both patients and system. September pod attendees received lists of their patients who would benefit from the switch.

Care Manager Update

Alison Gustafson, NP distributed a care manager by plan contact list for practices. This will be electronically sent to offices, providers, and placed on the PHO website.

Medicare Shared Savings Program (MSSP)

Dr. Di Lillo presented an update on the 2017 Medicare ACO Performance. Based on savings achieved compared to benchmark, Lahey earned a surplus based on final settlement. The proposed changes for 2019 MSSP were also reviewed.

Reporting

Dr. Di Lillo, Medical Director, distributed the updated meeting attendance report. Dr. Di Lillo also distributed OOPHO detail by provider for June through July timeframe.

- ▶ There has been a decrease in OOPHO referrals since January, and this trend continues.
- ▶ The majority of OOPHO cases are going to Lahey (32%).
- ▶ The top 3 specialties leaving the network numerically are: All pediatric sub-specialties except Ortho, Cancer, and Orthopedics (although the % remains low).
- ▶ Local leakage to North Shore Medical Center was 25 referrals (4%).

Quality Update

Liz Isaac, Director of Quality and Performance Improvement, provided an update on 2018 AQC Quality performance year to date with measure by measure comparison to prior year performance and areas of focus. One area of focus is DM Hypertension and Hypertension measures as these are triple weighted measures.

Alison Gustafson, NP and Carol Freedman, RPh BCGPP presented the next phase of the Hypertension Intervention Program (HIP) in which patients with upcoming visits and history of high BPs will be reviewed in collaboration with respective PCPs for opportunities for therapy for medication adjustment.

The updated JNC 8 Guidelines were also discussed with focus on different strategies to initiate and adjust medications to achieve target BPs.

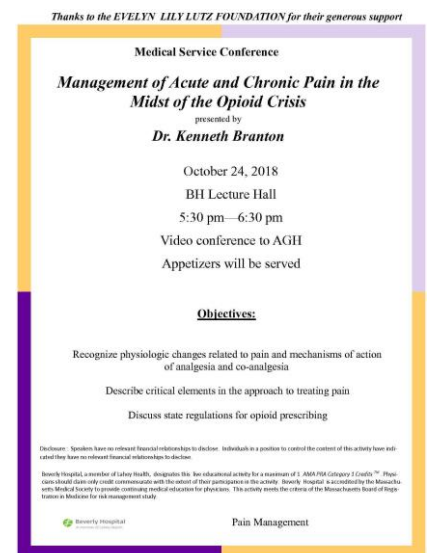
MEDICAL SERVICES CONFERENCE

Management of Acute and Chronic Pain in the Midst of the Opioid Crisis - CME Available

Presented by Dr. Kenneth Branton will be held on October 24, 2018 in the Beverly Hospital Lecture Hall from 5:30 p.m.—6:30 p.m., with video- conferencing to AGH.

Objectives:

- ▶ Recognize physiologic changes related to pain and mechanisms of action of analgesia and co-analgesia
- ▶ Describe critical elements in the approach to treating pain
- ▶ Discuss state regulations for opioid prescribing



Click to enlarge/print

Thank you to the EVELYN LILY LUTZ FOUNDATION for their generous support

PHARMACY NEWS

Medication Prior Authorization Data Collection Pilot Results:

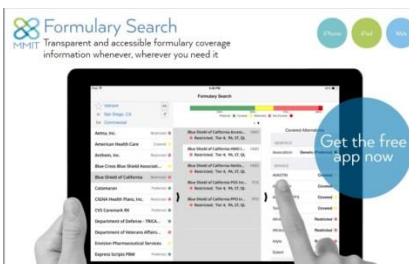
In response to concerns providers have voiced regarding medication prior authorizations (PAs), NEPHO implemented a data collection pilot to assess the processes and best practices within the organization.

In May practices were asked to collect data on medication PAs during a 2 – 4 week snapshot. Data was collected from 11 different practices, (6 Primary Care and 5 Specialty) with 104 individual PA events.

The average PA took about 27 minutes of medical assistant, nurse and/or provider time with about 52% approved, 24% denied and the rest still pending or did not require a PA.

The following is what we learned from this data: *(see attached presentation link below)*

- ▶ Majority of practices utilize “Cover My Meds” platform, an electronic automated on-line program to assist with management and follow-up of the PA for each patient
<https://www.covermymeds.com/main/>
- ▶ Prior Authorization processes with **provider involvement BEFORE** the PA is initiated had fewer PAs on a weekly basis
- ▶ Prior Authorization process with direct PA requests from pharmacies (*Faxed or via Cover My Meds*) had more PAs on a weekly basis (without provider involvement)
- ▶ Generally, the specialty practice PA process (*e.g. specialty meds*) takes more time than PCP practices
- ▶ Finding a formulary alternative is “painful” for some health plans
- ▶ Currently Epic does not provide formulary / alternatives for medications requiring a prior authorization. The health plan websites and/or MMIT Formulary info.mmitnetwork.com/formulary-search can provide covered alternatives



[Click to view slide presentation](#)

If your practice has any best practices or pearls to improve the PA process, please share them with **Carol Freedman, RPh, BCGP** at Carol.Freedman@Lahey.org

QUALITY

Meet the Medication Related Quality Measure: Statin Adherence in Patients with Diabetes

What is the measure?

- ▶ Measures the percentage of patients 40-75 years of age with diabetes, who do not have atherosclerotic cardiovascular disease (ASCVD) who remained on a statin medication (any strength), for at least 80% of the treatment period.
- ▶ The treatment period begins on the first day that a statin prescription is filled.
- ▶ If a patient is not prescribed a statin during the measurement period, they are not included in the measure.

What are the keys to success with this measure?

- ▶ DO counsel the patient to take the medication as prescribed (not as needed).
- ▶ DO explain to patients the cardiovascular benefits and potential side effects of statin therapy (consider alternative statin or adjust dose).
- ▶ DO set the expectation with patients that you/your clinical delegate will be following up soon to see if the medication is being tolerated and if adjustments are necessary.
- ▶ DO consider prescribing 90 day prescription once patient is tolerating statin.
- ▶ **DO code for muscle pain or weakness if this is cause for statin discontinuation. Coding for these conditions removes the patient from the measure. Otherwise, the patient will remain in the measure and will be counted as non-compliant/non-adherent due to the disruption in therapy. See codes below.**
 - **0 Drug Induced Myopathy**
 - **2 Myopathy, due to other toxic agents**
 - **9 Myopathy, unspecified**
 - **82 Rhabdomyolysis**
 - **1 Myalgia**

Please contact Carol Freedman, Manager Pharmacy Services, for more information at Carol.Freedman@Lahey.org or [978-236-1774](tel:978-236-1774)

PAYOR UPDATES

Harvard Pilgrim Health Care

Advance Care Planning Coverage

Most patients don't realize that if they are married and too sick to make healthcare decisions, their spouse is not automatically authorized to make decisions on their behalf. Despite that fact, more

than 70% of Americans don't have an advanced care plan. That's why provider support in patients' documenting patients' wishes is critical to ensure their care plan is known and executed.

Advance care planning is a crucial step to ensuring that patients get the medical care they want when they are unable to speak for themselves due to illness or injury. Without clear end-of-life conversations, family members may be burdened with worry that they will make a choice their loved one would not have wanted, and patients may receive more aggressive treatment than they would have chosen. Conversely, early and frequent conversations among providers, patients, and families about their preferences for end-of-life care can provide the patient with peace of mind that his or her medical wishes will be followed, ease the burden on family members, and prevent unwanted treatment.

While clinical research has found that advance care planning can improve the quality of life for patients with serious, progressive, and potentially fatal conditions, patients rarely initiate these conversations with their doctors and family members. As a result, it's important for physicians to educate patients about advance care options — such as hospice or palliative care — discuss their preferences with them, and encourage them to prepare an advance directive.

Coverage for advance care planning

Recognizing the importance of advance care planning, Harvard Pilgrim encourages you to use the following codes to support these important conversations:

99497 — Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

99498 — Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)

If you or your patients are interested in learning more about how to start the advance care planning conversation, you can find more resources [here](#). Additionally, the National Institute on Aging offers helpful information and resources for patients on the [Advance Care Planning page](#) on their website.

CCA One Care Update

Effective 10/1/2018, the Northeast PHO entered into a non-risk contract with Commonwealth Care Alliance (CCA) for their One Care product. CCA One Care is for adults ages 21-64 who are eligible for both Medicaid and Medicare.

If you have questions regarding your participation in this "messenger model arrangement", please contact Alycia Messelaar at Alycia.Messelaar@lahey.org or [978-236-1784](tel:978-236-1784)

PROVIDER RELATIONS

Office Manager Meeting Highlights

There were 2 main topics at the quarterly NEPHO office manager meeting held on September 12th:

- 1) Outpatient Therapy at Addison Gilbert Hospital (AGH), Beverly Hospital (BH), and Lahey Outpatient Center, Danvers (LOCD)
- 2) Tufts Health Plan Update

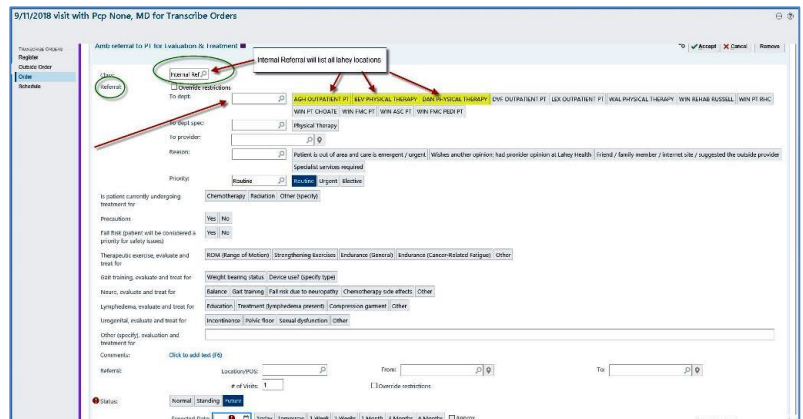
Outpatient Therapy

Melinda Adam, PT OCS, the Director of Rehabilitation and Mandy Lok-Mano, the Manager of Access Services spoke about the outpatient therapy referral process. Melinda outlined their rehabilitation services, which include Physical Therapy, Occupation Therapy, Speech Therapy and Audiology. There are three locations for outpatient therapy services: AGH, The Medical Building at BH and LOCD.

Referrals can be initiated for outpatient therapy in the following ways:

- ▶ Provider creates an order through Epic which goes to the Rehabilitation work queue
- ▶ The patient is given a written prescription and they contact the Rehabilitation department to schedule an appointment
- ▶ The office calls each site directly (best option for urgent requests)

As for Epic Order Entry, this screenshot shows the field where providers with Epic access would have the options to select the Rehab locations.



[Click here to enlarge the screenshot](#)

The Access department faxes the PCP office a request for authorization the same day the evaluation is booked. Melinda provided examples of situations that require urgent access to PT/OT services, such as acute neck or back pain, acute joint sprain/strain or acute onset of dizziness. In such situations, it is best to have the office staff call the clinic directly and speak to the manager and they will do their best to provide an appointment within 24 - 48 hours. [Click here for Outpatient Rehabilitation Locations](#)

Tufts Health Plan Update

Heather Lawson, Tufts Health Plans Education Program Manager, Provider Relations and Communications also presented at the NEPHO office manager meeting. Heather outlined the four divisions of Tufts products:

- ▶ Commercial
- ▶ Medicare
- ▶ Tufts Health Senior Care Options (SCO)
- ▶ Tufts Health Public Plans

An overview of each product and member cards can be referenced at the following [link](#). As a reminder, it is important to use the Tufts Health Plan’s secure Provider Portal to verify member eligibility before the scheduled appointment to determine the member’s plan type, referral requirements and other benefit information.

If your office does not already have access to the secure Provider Portal, you may register by clicking [here](#). Please note there are two separate registrations:

- ▶ Tufts Health Provider Connect (Tufts Health Public Plans only)
- ▶ Tufts Health Plan Provider Portal (Commercial and Senior Products)

The Provider Portal for Commercial and Senior Products offers convenient options for claims status inquiries, eligibility and benefits, referral inquiries and submissions, and inpatient notification request submissions. There is a new option to conduct “free form” searches while looking for claims status inquiries. You can enter any information related to the claim, placing commas and/or a space in between the search items.

Claim adjustments/disputes for Commercial and Senior Products can be submitted online. Claim adjustments/disputes for Tufts Health Public Plans are handled by mail only, which requires a [Request for Claim Review Form](#) to be sent for each claim adjustment request with any supporting documentation to Tufts Health Public Plans.

The address is: Provider Payment Disputes
 P.O. Box 9194
 Watertown, MA 02471-9194

Claim reviews must be filed no later than 60 days after you receive the explanation of payment (EOP)

To avoid the disputes being returned, it is important to list a valid claim number, Tufts Health Plan message code and indicate the appropriate review type on the form.

Member / Claim Information			
*Member ID:		*Member Name:	
*Date(s)of Service (MM/DD/YY):			
*Claim Number:		*Denial Code:	
*Review Type			
Enter X in one box, and/or provide comment below, to reflect purpose of review submission.			
<input type="checkbox"/>	Contract term(s): The provider believes the previously processed claim was not paid in accordance with negotiated terms.		
<input type="checkbox"/>	Coordination of Benefits: The requested review is for a claim that could not fully be processed until information from another insurer has been received.		

Other claim tips include:

- ▶ Submitted claims no later than 90 days after the date of service
- ▶ Submit claims on paper when you need to include an attachment

Heather shared this chart which demonstrates the specialist referral policy applicable to the Tufts Health Together (MCO) plan and Accountable Care Partnership Plans (ACPPs)

***Check mark indicates NO REFERRAL is required.**

[Click to enlarge/print chart](#)

		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	✓	✓	✓	✓	✓

To take this grid a step further:

NEPHO specialists (#2) will NOT need referrals to see patients assigned to NEPHO PCPs (#1)
 NEPHO Specialists (#2) will need referrals to see patients assigned to Atrius PCPs (#1)

THPP services that currently require Prior Authorizations include:

- ▶ Services from out-of-network providers
- ▶ Certain covered services (e.g. elective inpatient admission, surgery)
- ▶ Non-preferred in-network facilities, specialists and providers
- ▶ Daily home health care (HHC) services or for HHC extending beyond six months in duration
- ▶ Certain behavioral health services
- ▶ Certain drug authorizations
- ▶ Advanced radiology imaging services, interventional pain management spinal surgeries and management of joint surgeries

Heather introduced two methods of submitting Prior Authorization requests:

- 1) Online: either through the MedHOK portal via Tufts Health Provider Connect for Tufts Health Together and Tufts Health Direct or directly through the Tufts Health Provider Connect portal for Tufts Health Unify.
- 2) Fax: the [Standardized Prior Authorization form](#) can be completed and faxed to 888-415-9055.

For more information regarding the Prior Authorization process specific to the Senior or Commercial Products, please refer to the individual plans authorization policy by clicking the links provided below.

- ▶ Click the following link for the [Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options Authorization and Notification Policy](#)
- ▶ Click the following link for the [Commercial Authorization Policy](#)

Heather also shared that PCP offices can print the Member PCP Change Request Form by clicking this [link](#) and distributing directly to the patient at the time of his/her visit to be completed and submitted to Tufts. There are additional printable resources for Tufts Members by clicking [here](#).

Please keep the following numbers on hand to potentially save you from longer wait times and internal transfers when you need to speak with Tufts Health Plan:

Contact Information

- Provider Call Centers:
 - Tufts Health Plan Commercial Provider Services: **888.884.2404**
 - Tufts Health Public Plans Provider Services (MA): **888.257.1985**
 - Tufts Health Public Plans Provider Services (RI): **844.301.4093**
 - Tufts Health Plan Medicare Preferred and Tufts Health Plan SCO Provider Relations: **800.279.9022**
- Commercial and Senior Products Behavioral Health Department: **800.208.9565**
- EDI Operations: **888.880.8699** ext. 54042 or **EDI_Operations@tufts-health.com**
- Technical Inquiries: **888.884.2404**, option 6 or **network_tech@tufts-health.com**
- Provider Education: **provider_education@tufts-health.com**

Contact Alycia Messelaar if you would like to receive a copy of the office manager meeting slides by e-mail at Alycia.Messelaar@lahey.org or [978-236-1784](tel:978-236-1784).

PRACTICE INCENTIVES

Practice Recognition

The Northeast PHO recognizes 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:



Ann Wonson, Lahey Health Primary Care, Beverly

Ann Wonson, Lahey Health Primary Care, Beverly was recognized for her efforts to keep specialty care in the Northeast PHO network.



Denise Ryan, Cape Ann Medical Center

Denise Ryan, Cape Ann Medical Center was recognized for excellent patient outreach efforts scheduling needed appointments.



Alicia Fairbank, Garden City Pediatrics

Alicia Fairbank, Garden City Pediatrics was recognized for her positive patient comment on a recent patient experience survey: "You are all wonderful from the check-in/reception - Alicia is the BEST! - to all the nurses and of course the physicians"

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 in the newsletter and posted on our website.

Be sure to look for the new winners in next month's issue!

PATIENT EXPERIENCE COMMENTS

Brian Orr Pediatrics

- ▶ **Dr. Brian Orr's** practice is exemplary in all ways.

Danvers Family Doctors

- ▶ **Dr. Bhattacharya** and his staff consistently provide excellent care – I have excellent confidence in his care. It's always nice to be greeted by name as soon as you step into the office. Office staff and medical staff are very good.

Lahey Primary Care, Beverly – 100 Cummings Center, Ste. 126Q

- ▶ **Dr. Elsie Diaz-Schroeder** I am VERY pleased with my care with this doctor.
- ▶ **Dr. Diaz** REALLY listens and takes as much time as necessary to address my concerns. She also stays on top of my medical issues and is well-informed about them.

Lahey Primary Care, Beverly – 30 Tozer Rd., Ste. 202

- ▶ I needed a same day appointment and was schedule with **Dr. Neeraj Mahajan**. He was excellent....very thorough and I liked him a lot.

Lahey Primary Care, Danvers – 140 Commonwealth Ave. Ste. 201

- ▶ **Dr. Mauri Cohen** has always provided excellent care at this office and I have always felt very comfortable.

Lahey Primary Care, Danvers – 480 Maple St., Ste. 204

- ▶ **Dr. Kristina Jackson** is the best doctor I ever had! Very friendly, courteous and respectful!

Lahey Health Primary Care, Danvers – 5 Federal St.

- ▶ **Dr. Steven Keenholtz** – Excellent CARE and service.

Lahey Primary Care, Gloucester – 298 Washington St. 1st Floor

- ▶ I always feel like an individual, where my health truly matters to **Dr. Amy Esdale** and her care team.

Lahey Primary Care, Gloucester – 298 Washington St. 4th Floor

- ▶ **Kim Graham, NP** is very helpful. She always treats me with courtesy and respect.

Leonard Horowitz, MD

- ▶ I don't remember any bad experience in over 20 years with **Dr. Leonard Horowitz**.

North Shore Pediatrics

- ▶ **Dr. Lance Goodman** is the best! We love him, but we also feel confident with all providers at North Shore Pediatrics.

North Shore Preventive Health Care, P.C

- ▶ **Dr. Roy Ruff** is always “present” for my appointment. He is knowledgeable, patient, and listens attentively to my concerns and provides feedback and references. He is the best and I have complete confidence in his judgement.

Thomas Pearce, MD

- ▶ **Dr. Thomas Pearce** is one of the best! Great visit – very good care given.

Thompson Medical Associates

- ▶ **Dr. Candace Thompson** takes the time to talk and listen to me and is the best ever, have already recommended Dr. Thompson to my friends, can't praise her enough for her concern and care.