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**OPTUM Insider Newsletter: October Focus – Breast Cancer Awareness** 

# **PHYSICIAN and PRACTICE CHANGES/UPDATES**

## **New Physicians**

- ► Harish Raja, MD has joined Microsurgical Eye Consultants 31 Centennial Drive Peabody, MA 01960 978-531-4400 (F) 978-531-7106
- Eric Sterne, MD has joined Sports Medicine North 1 Orthopedics Drive Peabody, MA 01960 978-818-6350 (F) 978-818-6355
- ► Timothy Woodward, MD has joined Beverly Anesthesia Associates 480 Maple Street Suite C233 A Danvers, MA 01923 <u>978-304-8690</u> (F) 978-304-8697

## **Physician/Practice Changes**

- George Kacoyanis, MD and Joan Tryzelaar, MD will be opening a Wound Clinic on January 4, 2019 located at Addison Gilbert Hospital 298 Washington St., 4<sup>th</sup> Floor Gloucester, MA 01930
- ▶ Carol Martini, MD of Maura McGrane, M.D. has retired effective 9/1/2018
- ▶ Mahesh Patel, MD of Premier Plastic Surgery has announced his retirement effective 12/31/2018
- ▶ Andrew Lenhardt, MD of Lahey Health Primary Care, Beverly 900 Cummings has closed his patient panel to accepting existing patients only
- Andrew Schwartzman, MD of Northeast Medical Practice has terminated his affiliation with the Northeast PHO
- ▶ **Beverly Speech and Audiology** has moved from **Beverly Hospital** 85 Herrick Street Beverly, MA 01915 to a new office space in the **Parkhurst Building** located at 75 Herrick Street Suite 201 Beverly, MA 01915

## **SAVE THE DATE**

# NP/PA Meeting

**Date**: November 14, 2018 @12:00 p.m. **Place**: 500 Cummings Center, Suite 6500 Good Harbor Room – Lunch provided

Beverly, MA 01915

RSVP: Judith.O'Leary@Lahey.org

or **978-236-1739** 

#### **MD Orientation**

**Date:** November 29, 2018 @5:30 P.M. **Place:** 500 Cummings Center, Suite 6500

Good Harbor Conference Room

Beverly, MA 01915

RSVP: Alycia.Messelaar@Lahey.org or

978-236-1784



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#### **OPEN MEETING SUMMARY**

# **President's Report**

## **Affiliation Update**

▶ Dr. Ezzi provided an update on the future merger with Beth Israel and the approval process.

## 2019 Contract Rate Updates

Dr. Ezzi reviewed the rate increases and changes in contract terms for 2019

## Physician Membership and Patient Membership Updates

Dr. Ezzi reviewed the physician membership within the NEPHO

The breakdown includes:

- As of September 2018 there are 314 providers within the NEPHO
- 62 PCPs and 252 specialists, with 45% of PCPs employed and 24% of specialists employed
- ▶ The NEPHO patient membership has increased by 4%, largely driven by the growth in the MassHealth and Connector plans

# Quality Score and Financial Performance Update

Dr. Ezzi discussed the current Commercial performance for 2017 and Q1 2018

## Lahey Medicare ACO Update

- ▶ 2017: Lahey ACO generated a surplus for CY 2017
- ▶ 2018: Lahey ACO must report on Merit Based Incentive Payment Program-Alternative Payment Method (MIPS-APM) measures to avoid a negative payment adjustment in 2020
- ▶ 2019: The proposed revisions to the ACO model were reviewed
- Lahey will make the decision about participation in a new model once the final rule is published

# **Pharmacy Report**

Carol Freedman, NEPHO Clinical Pharmacist, provided an overview of pharmacy expense trends.

Some highlights of her presentation include:

- ▶ The State's Pharmacy expenses have increased by 5% as compared to 1.6% for all health care expenses
- NEPHO's Q1 2018 expenses are lower than Q1 2017 by 1.3% as the result of several cost saving initiatives

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- ▶ A new Drug Search Application (MMIT Formulary) can help providers find alternative/lower cost medications
- ▶ Improving medication adherence will result in better outcomes: encourage patients to shop around for pharmacy pricing; use coupons; pay cash; consider smart app medication reminders; recommend medication home delivery services

## **Risk Adjustment**

Alison Gustafson NEPHO Population Health NP, provided a presentation outlining the description and importance of Risk Adjustment Coding:

- ▶ The Risk Adjustment Factor (RAF) builds the payment budget for risk contracts
- A small increase in the risk score can lead to a large increase in reimbursement
- NEPHO is focusing on proper coding for Morbid Obesity

# **IPA / POD MEETING SUMMARIES**

## **Efficiency: 2017 Medicare ACO**

Dr. Di Lillo, PHO Medical Director, reviewed the 2017 Medicare ACO performance results

- ▶ The Lahey ACO generated a surplus, which also includes a 50% share with Medicare
- ▶ The quality score declined significantly, 81% compared to 90% in 2016
- ▶ This was driven by significant increases in unplanned admissions for Diabetes, Heart Failure and Multiple Chronic Conditions
- Ongoing efforts and new programs for upcoming performance years were discussed

## **Quality – Year End Push**

- Liz Isaac, Director of Quality and Performance Improvement reviewed the current scorecard and year end "push" efforts and focus
- Updated Well Visits patient lists, integration report, and provider scorecards were distributed at October PODs and will continue to be distributed through year end

## <u>Patient Experience – 2018 MHQP Preliminary Results</u>

- Liz Isaac reviewed the results of the statewide Adult and Pedi Surveys administered this spring by MA Health Quality Partners (MHQP)
- Adult providers improved in all 4 domains compared to 2017, with Access domain above the max score
  - Adult providers earned 61% of available points, up from 26% last year
  - There was notable improvement in the Knowledge of Patient domain as the score exceeded the minimum threshold and is comparable to state mean for 2018
- Pediatric providers scored above max for Communication and Access domains and



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experienced declines in Knowledge of Patient and Integration of Care domains

- o 76% of the available points were earned compared to 90% last year
- A drilldown of areas of opportunity by practice will be done

## Reporting

- POD Attendance record through September was shared
- The Q2 PCP Risk Share Report Card by specialty was shared

### WELCOME NEW NEPHO COLLEAGUES

NEPHO is pleased to announce that **Shawn Maria Bromley** has joined our team as the **Director of Contracting and Operations**. Shawn has comprehensive experience in various roles in health care reimbursement and coding. She was most recently employed at Commonwealth Care Alliance and North Shore Medical Center where she was involved in billing and coding functions. Shawn will be responsible for the management of day to day operations of the PHO.

We are happy to announce that **Jessica Bryan** has joined the Northeast PHO as a **Referral and Authorization Lead**. Jessica comes to us from Family Medicine Associates in Manchester where she was a Patient Care Coordinator for this practice. As the Patient Care Coordinator, she verified health plan insurance and benefits, provided front desk support and processed referrals.

We are excited to have Shawn and Jessica as our newest team members. Please join us in offering Shawn and Jessica a warm welcome!

#### NEPHO COLLEAGUES RECEIVE SERVICE AWARDS

The Beverly and Addison Gilbert Hospital Service Award Ceremony was held recently at the Danversport Yacht Club.

The following NEPHO colleagues who were recognized for years of service:

- Jennifer Andersen Quality Analyst 5 years
- ▶ Ken King, RN Director of Outpatient/Ambulatory Case Management 10 years
- Judy O'Leary Administrative Secretary II 10 years
- Maureen Von Zweck Financial/Accounting Analyst 20 years
- ▶ Louis Di Lillo, MD NEPHO Medical Director 25 years
- ▶ Diane Hannify-Broughton, RN Care Manager 30 years



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#### OCTOBER CODING TIP OF THE MONTH

# **Coding Morbid Obesity**

- ▶ The care of an obese or morbidly obese patient may require extra work and cost to treat, in coordination with other acute or chronic conditions being treated at that time
- It is important to document this important medical information as part of the physical exam findings when treating common conditions such as: *Hypertension, Dyslipdemia, Diabetes, Coronary heart disease, Gallbladder disease, Osteoarthritis, Sleep apnea and respiratory problems, some Cancers (endometrial, breast, and colon), Pregnancy and fetal anomaly*

## Coding tips to follow when coding morbid obesity:

Hierarchical Condition Category (HCC 22) is titled Morbid Obesity and it is specific to "morbid obesity." The category includes the following codes:

- ▶ E66.01, Morbid (severe) obesity due to excess calories
- ▶ E66.2, Morbid (severe) obesity with alveolar hypoventilation
- > Z68.41, Body mass index (BMI) 40.0-44.9, adult
- Z68.42, Body mass index (BMI) 45.0-49.9, adult
- Z68.43, Body mass index (BMI) 50-59.9, adult
- > Z68.44, Body mass index (BMI) 60.0-69.9, adult
- > Z68.45, Body mass index (BMI) 70 or greater, adult

#### Additional Coding Tips:

- Accurate coding includes E code for morbid obesity and Z code for BMI
- The treating provider must document obesity, morbid obesity, or any other diagnosisrelated code from a BMI measurement
- Coders and billers cannot infer obesity from a BMI value or percentage
- ▶ BMI codes should never be a primary diagnosis code (per ICD-10 CM)
- **BMI** may be documented and accepted from any clinician and signed off by a physician
- Morbid Obesity (1<sup>st</sup>) BMI (2<sup>nd</sup>) and can be coded during any visit

Remember risk adjusting codes help build the future budget to care for your patient. Documenting accurately will ensure quality care and sufficient funding for future management of care.

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#### 2018 CUSTOMER SERVICE SURVEY RAFFLE WINNERS



NEPHO is happy to be sending \$50.00 gift cards to the following physicians:

Tina Waugh, MD — Lahey Health Primary Care, Beverly 30 Tozer Rd.

Ste. 202 and Daniel McCullough, MD — Lahey Health Primary Care, Beverly 900 Cummings Center, Ste. 111U

Thank you for participating in our survey and happy shopping!

#### **PHARMACY UPDATES**

# **Quality Measure: Acute Bronchitis – Increasing the Denominator and Treatment Options**

"Winter is coming" as is peak season for Acute Bronchitis (AB) illnesses! As you know low denominators for this quality measure have correlated to low performance in the past. In reviewing YTD August data, we have noticed a 29% decline in the patient population denominator for NEPHO compared to the same time period in 2017.

Here are some thoughts on increasing patient <u>satisfaction</u> when no antibiotic (abx) is prescribed for AB and for improving the results of this measure before year end:

- **Do code** for Acute Bronchitis, J20.9, as appropriate (will increase the denominator)
- Coding for cough (R05) will trigger J20.9 Acute Bronchitis coding and event will be included in measure; (cough = no abx)
- If antibiotic is needed: use these alternative codes:
  - Use (J22) Chest Cold; Lower Respiratory Infection; Acute Respiratory Infection OR Mycoplasma Pneumonia (J15.7)
- Do offer treatment for AB if appropriate (on Over the Counter Script Pads)
  - Patient with cough: dextromethorphan, guaifenesin, and/or smoking cessation
  - Wheezing patient: albuterol if appropriate
  - Patients with other cold symptoms: acetaminophen, NSAIDS, cromolyn sodium, antihistamine/decongestant combinations etc.
- ▶ Do have a conversation about the why to reduce patient expectation for an antibiotic:
  - Viral (>90% of cases) and usually self-limited, not bacterial, so antibiotics don't work
- Do offer a contingency plan if symptoms worsen

**Bottom Line:** AB and/or cough = no abx; Use OTC Script Pad for alternative treatment options! Contact Carol Freedman <u>978 236 1774</u> or <u>carol.freedman@lahey.org</u> for more information or if <u>OTC Script Pads needed</u>.

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## **QUALITY**

# **Quality Focus for November: Well Child Visits**

- Scheduling well child visits during December can be challenging as both patients and providers are often unavailable due to the holidays
- November is a better month to focus on this important measure
- Most students do not have school on **Veteran's Day (Monday, November 12<sup>th</sup>)** and many college students have the whole **week of Thanksgiving** off from school. At this time of the year <u>a phone call</u> from the practice, rather than a reminder letter, is a more effective way to contact patients who are overdue for their annual well visit
- For patients who no show or cancel, please call as soon as possible to reschedule
- ▶ The PHO well child lists are BCBS patients who need to be seen in **2018** January appointments will not count towards this year's performance
- All BCBS well child visits are calendar year and can be scheduled any time in 2018



# **Best Practice Advisory (BPA)**

Each month NEPHO sends Best Practice Advisory (BPA) reports to practices on EPIC. These reports track every instance where a BPA was initiated within the rooming sequence and the rate of completion. These reports should be reviewed for trends and to identify potential workflow issues. There are five BPA's that this report tracks:

- 1. BMI Screening (Height/Weight)
- 2. Depression Screening (PHQ-9)
- 3. Falls Risk Screening
- 4. Tobacco Screening
- 5. Hypertension (>140/90)

The report that is shared with the respective administrators shows when a BPA "fired" as well as a date field for that measure. If there is no date in this field, the measure was not attested to at the visit. The report also lists the user (typically a medical assistant) as well as payor. Knowing which user is missing these opportunities during the visit allows us to follow up with more support and training. Click link for the *BPAs in Ambulatory Clinics Tip Sheet* 

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#### **PAYOR UPDATES**

## Blue Cross Blue Shield of Massachusetts (BCBSMA)

The BCBS base fee schedule was updated as of 9/1/2018. The fee schedule for your specialty is available on the Northeast PHO website: <a href="https://www.nepho.org">https://www.nepho.org</a>. Once you log in to the website, you can go to Provider Information and Fee Schedules. If you have any questions, please contact Alycia Messelaar at Alycia.Messelaar@lahey.org or 978-236-1784

## **BCBSMA Claim Updates**

## Rheumatoid Arthritis (MO5-Rheumatoid Arthritis with rheumatoid factor)

When assessing for osteoarthritis and rheumatoid arthritis (RA), do not use a "rule-out diagnosis code" until the diagnosis is confirmed. Code the patient's symptoms (for example, pain in joints M25.50) until the diagnosis is confirmed. Never code "suspected" conditions in the outpatient setting. Instead, base coding on the documented signs and symptoms or the current condition. Rheumatoid arthritis generally is confirmed by an x-ray of the affected joint and lab work to determine the presence of RA factor. To view the complete notification, click here.

#### PROVIDER RELATIONS

"IMPORTANT All of the following need to be communicated REMINDER!!! to the PHO in advance of effective date:

- New providers (including Nurse Practitioners and Physician Assistants)
- Terming providers
- Changes in a provider's work schedule and/or practice sites
- Changes in whether the provider is/is not accepting new patients
- Practice site changes (e.g. moving to new location, practice name change)
- Coverage group changes
- Office manager change
- Email address changes for providers and office manager
- ▶ Change in billing TIN/Group NPI/Primary Affiliation
- Change in EMR

#### Please note, the typical effective date timing and expectations are as follows:

- ▶ Enrollment for providers new to payor up to 90 days from submission date
- Demographic changes between 30-90 days from submission date

If you would like to communicate practice changes, please contact Alycia Messelaar at Alycia.Messelaar@Lahey.org or 978-236-1784

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#### 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 recognitions are:

**Lisa Cartledge, Essex County OB/GYN Associates,** was recognized for excellent patient outreach efforts scheduling needed appointments.



Lisa Cartledge, Essex County OB/Gyn Associates

**Deborah Wile, Henry A. Frissora, MD**, was recognized for providing timely and convenient access for patients.



Deborah Wile, Henry A. Frissora, MD

**Katelyn Lawrence, North Shore Pediatrics,** was recognized for her positive patient comment on a recent patient experience survey:

"We are beyond grateful for the level of service and care that we've received throughout our son's illness. Both Dr. Dufresne and Katelyn have gone above and beyond".



**Katelyn Lawrence, North Shore Pediatric Associates** 

We appreciate their efforts in supporting the NEPHO 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!



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#### PROVIDER REFFERALS



When requesting a referral . . . . please allow <u>at least 48 hours</u> for the NEPHO Referral Team to process your request. We receive a large volume of requests per day and requests are processed in the order in which they are received. As always, if you have an urgent request and need immediate assistance <u>contact your referral coordinator</u> directly.

Click link for contact listing

#### PATIENT EXPERIENCE COMMENTS

#### Spencer Amesbury, MD

**Dr. Spencer Amesbury** "I feel very grateful to have a doctor who is respectful, caring and sensitive in addition so competent. Feel very confident in **Spencer Amesbury**"

#### **Danvers Family Doctors**

▶ **Dr. Subroto Bhattacharya** and his staff ARE THE VERY BEST!!! The office is very clean. The magazines are current!"

### **Garden City Pediatrics**

- My sons' see **Dr. John Dean**. He is amazing. I drive 30+ minutes for visits because I like him as a doctor so much!"
- ▶ Dr. Elizabeth Humphreys "We feel SO LUCKY to have such amazing care for our children at Garden City!"
- ▶ **Dr. Jacob Kriteman** "Simply could not be more pleased or grateful with the care provided by **Dr. Kriteman**. He is excellent kind and compassionate. Highly recommend!!"

#### **North Shore Pediatrics**

"We love Dr. Shannon Dufresne and everyone at North Shore Pediatrics. We've had a great experience each visit. Thank you!!"

#### **Beacon Family Medicine**

Dr. Aimee Hromadka "Beacon Family Medicine is a top quality office and THE BEST doctor and office personnel I have ever had."

## Thomas Pearce, MD

- ▶ **Dr. Thomas Pearce** and his staff are the best they are caring and all work together for the patient. He is #1 in this area!"
- "I am pleased that Dr. Pearce always explains things clearly and listens to any questions or concerns I may have."

#### **Thompson Medical Associates**

"Always the best care with Dr. Candace Thompson!"