Premier Health Group Update

Welcome to the latest edition of the Provider Brief! As we begin a new year, I am happy to provide you with several important updates to assist you as we partner together to care for our patients and their families.

In this issue we provide information about the Clinically Integrated Network (CIN) and how it enables health care providers to join together in a high-performance network to provide high quality, efficient care.

We also offer additional details about Medical Mutual of Ohio which recently became Premier Health Employee plan's third-party administrator (TPA) and changes to Premier Health Employee Plan ID cards.

Lastly, we discuss important news about new CMS regulations known as the Protecting Access to Medicare Act (PAMA).

As always, please contact us directly at **(937) 499-7441** with any questions or if you would like to speak with our Medical Director, Scott Swabb, DO FACOI.

Yours sincerely,

Renee George
President, Premier Health Group

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Directory Updates

A person who enrolls in a health insurance plan relies on provider directories to access in-network providers for their care. When the information is incorrect, it can create a barrier to members getting the health care they need.

Premier Health Group's provider directories, utilized by our employee members, should be updated every 30 calendar days for continued accuracy. Practices must provide accurate office location, phone number(s) and hours of operation data to PHG. It's important to notify us when this information changes.

Please communicate all provider changes (i.e. new providers, terminations, office changes, accepting new patients/not accepting new patients, etc.) to the PHG team using the Provider/Change of Address/Deletion Form. This form is a fillable PDF file, which means you can type the needed information directly into the form on our website. Please email the completed form to **PHG@PremierHealth.com** or fax to **(937) 641-7377**.

Clinically Integrated Network (CIN)

Many health care providers are joining with others to form what are known as Clinically Integrated Networks (CINs) to respond to the challenges of health care reform as it shifts from a fee-for-service model to a value-based reimbursement model.

A CIN is a legal structure that facilitates sanctioned collaboration among health care providers to share resources and data, and maintain certain measures in quality, value and efficiency. This structure allows providers to stay competitive by promoting a higher level of coordinated care at a lower cost. This in turn, helps them negotiate optimal reimbursement rates and create lower cost, higher-quality of care under one unified network destination.

Premier Health Group has established a CIN – known as **Premier Health Group Select**. Our Physician Relationship Managers (PRMs) have started contacting with providers to request their participation in Premier Health Group Select since it offers the opportunity to earn additional reimbursements. We are excited to partner with providers as we work together to achieve the shared goal of delivering outstanding, high-value care to the patients we serve.

Who Are the CIN's Stakeholders?

To meet the CIN's goals, three sets of stakeholders align:

- **Physician partners** including high quality, efficient providers across the care continuum. The CIN will include academic, employed, and independent physicians
- **Premier Health Group** who seeks to achieve better patient quality outcomes and experience through differentiated care delivery
- **Payers** who are committed to market share growth and CIN promotion, with contracts co-created with the CIN to be mutually beneficial

How Can Physicians Benefit?

As part of Premier Health Group Select, — physicians focused on quality, performance, efficiency, and value to the patient can:

- Benefit from and enhance the CIN's network-based contracting activities
- Improve outcomes for patients through clinical collaboration with like-minded, quality-focused providers
- Receive financial incentives and support under qualifying initiatives
- Access knowledge, clinical information and robust support for population management and disease management
- Learn from an extensive repository of shared data

If you have questions, please contact PHG at **(937) 499-7441**.

Medical Mutual of Ohio TPA

Effective January 1, 2020 Medical Mutual of Ohio became the third-party administrator (TPA) for the Premier Health Employee plan. Premier Health Employees are being offered two health plans. These include the Premier Health Traditional Plan and the Premier Health Saver Plan. The Premier Health Group (PHG) network is continuing to serve as the Tier 1 provider network for the Premier Health Employee Plan.

To receive payment for claims for dates of service in 2019, you must submit all claims by May 1, 2020 as stated in the contract. **Submit claims to Premier Health Plan, not Medical Mutual.** Timely filing requirements and current reimbursement rates apply.

For employees covered by the Premier Health Traditional or Saver Plans, **claims with dates of service on or after January 1, 2020 should be submitted directly to Medical Mutual. The Medical Mutual payer ID is 29076.** PHG current reimbursement apply for both plans as well.

You will work directly with Medical Mutual on all inquiries related to eligibility, benefits, claims and care management requests, as you do today for your Medical Mutual patients.

Please feel free to contact PHG directly at **(937) 499-7441** with any questions.

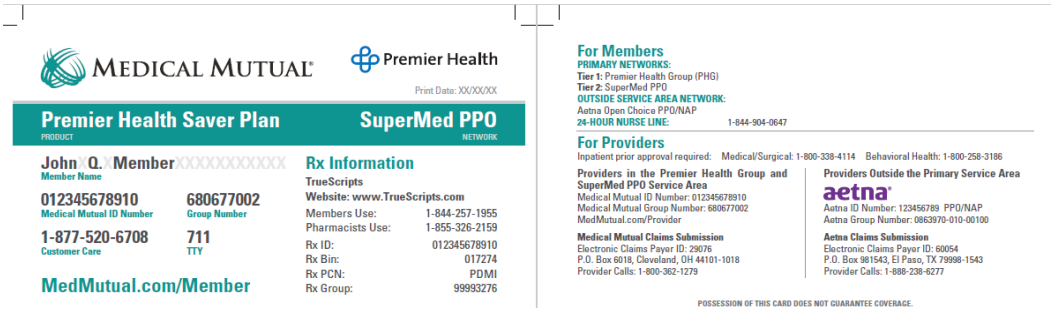
Thank you for your continued commitment to excellence!

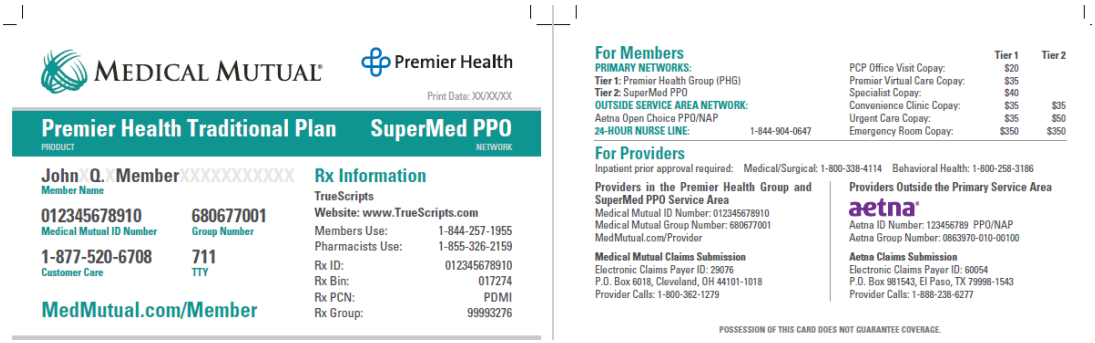
Changes to Premier Health Employee Plan ID Cards

Premier Health Employee Plan is now administered through Medical Mutual. That means new ID cards were sent to all plan participants. Here are a few reminders about how the ID cards work:

- Premier Health Employee Plan ID cards only show the policyholder's name, but the cards can be used by all eligible dependents on the plan.
- All eligible dependents share the same ID card number. Member benefits and copayments are listed in the member copayments section of the ID card.
- Providers can verify eligibility for a plan participant or a covered dependent by calling the VoiceConnect™ 24-hour voice response system at 1-800-362-1279 or by logging into the Provider ePortal at MedMutual.com/Provider.

Plan participants can access their ID cards through My Health Plan, which is Medical Mutual's secure member portal. They can also download the Medical Mutual mobile app to access their ID card on the go. Through the app, plan participants can email or fax their ID card to a provider. For security purposes, providers must retrieve the patient's ID card image within 60 minutes, or the message will expire.





If you have questions, please contact Medical Mutual's Provider Inquiry unit at **(800) 362-1279**.

Protecting Access to Medicare Act (PAMA)

Premier Health is taking the next step to comply with CMS regulations which are part of PAMA, the Protecting Access to Medicare Act. These regulations are aimed at increasing the rate of appropriate advanced diagnostic imaging services provided to Medicare patients and were written by medical providers and societies. Penalties for noncompliance begin in 2021.

Providers need to be aware of the following as these regulations take effect:

- CMS requires that all orders for advanced diagnostic imaging be evaluated by a clinical decision support mechanism (CDSM) to assess the reasonability and medical necessity for the test.
- Premier Health is in the process of switching from ACR Select to the Stanson-Premier CDSM, also accessed through Epic. Because user feedback on ACR Select has not been positive, a transition to Stanson-Premier has been initiated.
- Stanson-Premier will use information in the chart, including anything "entered" in the reason for exam field, to determine suitability for the order. When you order a test in Epic, you may not need to take any additional steps — or you may be guided through additional questions as needed. For assistance, as always, you can consult Technical Education or the ESS (Epic Support Specialist) team.
- The new rules apply to eight clinical areas and apply to all included advanced imaging tests, regardless of who places the order.
- Since 2020 is the first year of operations for the new regulations, there are no penalties for failure to comply.
- Beginning in 2021, failure to comply means CMS will not pay the hospital or the radiologist for the test. Ultimately, providers whose ordering patterns are considered outliers will be subject to prior authorization.

Premier Health's goal is to make this transition as effortless as possible.

Questions or concerns may be directed to Walter Reiling, MD, Chief Medical Informatics Officer at **(937) 499-5127** or **wareiling@PremierHealth.com**.

Compliance Questions

If you have compliance-related questions or concerns, you are encouraged to report them! If your issues or concerns were not or cannot be addressed through normal channels (i.e., Provider Services or Provider Relations), you are encouraged to contact Compliance anonymously by using the Compliance Hotline at **(888) 271-2688**, available 24 hours a day, 7 days a week.