Premier Health Group Update

Welcome to our May edition of the Provider Brief! I am excited to provide you with news and updates regarding ongoing initiatives and deliver key information as we work together to improve the health of the patients we serve.

This month we have provided information about Expanded Medicare Advantage and Part D updates as well as CMS' Merit-based Incentive Payment System. You will also read a summary of respiratory bundle work along with valuable information about upcoming blood pressure screening seminars. Lastly, we have the privilege to introduce you to our new Medical Director, Dr. Scott Swabb!

Please feel free to contact us directly at **(937) 499-7441** if you have any questions or if you would like to speak to our Medical Director.

Thank you for all that you do!

Yours sincerely,

Renee George

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Network Operations

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 getting the healthcare they need.

Premier Health Plan'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 Premier Health Group (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**.

Medical Pay Policies

Throughout the year, we update our Policies and Procedures. View the most recent policies and procedures.

Expanded Medicare Advantage and Part D Updates

Centers for Medicare and Medicaid Services (CMS) has recently finalized updates to increase plan choices and benefits. These updates expand opportunities for seniors to choose Medicare Advantage plans that are providing new supplemental benefits tailored to their specific needs.

The new updates for 2020 will give chronically ill patients with Medicare Advantage the possibility of accessing a broader range of supplemental benefits that are not necessarily health-related but may have a reasonable likelihood of improving or maintaining health or overall function of the enrollees' chronic condition or illness.

For example, Medicare Advantage beneficiaries might now be eligible to receive meal delivery in more circumstances, transportation for non-medical needs like grocery shopping, and home environment services to improve their health or overall function as it relates to their chronic illness. Providers are encouraged to contact their Medicare Advantage payor to learn if they plan to cover this benefit.

Summary of Respiratory Bundle Work

Premier Health Group (PHG) is participating in the CMS Model Bundled Payments for Care Improvement Advanced (BPCI-A) with focus on COPD and Simple Pneumonia.

This model has allowed PHG to begin the development of a respiratory bundle to minimize cost and increase the quality of care for a 90-day episode. Elements of this bundle focus upon evidence-based care paths, engagement of care management throughout the episode, open communication between providers, partnering with engaged post-acute care facilities, and the implementation of technology to drive enhancement.

Small scale testing of the new processes will allow for collection of data to assist in the development of improved workflows that will be sustainable and utilized across the system.

It's Time to File for MIPS

The Merit-based Incentive Payment System, or MIPS, is a quality payment program designed by CMS for eligible clinicians who meet low volume thresholds. It is used to tie payments to quality and cost-efficient care, drive improvement in care processes and health outcomes, increase the use of healthcare information, and reduce the cost of care.

MIPS is based on allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS) and the number of Medicare Part B patients who are provided covered professional services under the Medicare Physician Fee Schedule. Performance is measured through the data clinicians report in four areas - Quality, Improvement Activities, Promoting Interoperability (formerly Advancing Care Information), and Cost.

The MIPS Performance Year begins on January 1 and ends on December 31 each year. Program participants must report data collected during one calendar year by March 31 of the following calendar year. To learn more about the program and to check your participation status, please visit QPP Participation Status.

The following are strategies to help you maximize your potential MAC reimbursement:

- **Establish a Chronic Care Management (CCM) Program**- CCM offers a financial incentive for providing a more structured, consistent and proactive approach to patient care between office visits to improve outcomes.
- **Expand Care Coordination**- Providers who monitor a patient's status and coordinate their care as they are referred and/or transition across the continuum of care will be most primed for success.
- **Improve patient engagement**- Successful providers will provide real value for their patients by proactively engaging and communicating with them in a relevant, meaningful way at every stage of their healthcare journey.

Blood Pressure Webinar

The Premier Physician Network (PPN) Quality Team, along with Anthem, has offered a half-hour, online blood pressure webinar for anyone taking blood pressure readings in the PPN offices, to instruct on the standardization of when and how to take patients' blood pressure to help capture the most accurate reflection of patient blood pressure control.

With this goal in mind an online blood pressure webinar has been recorded for you to view at your convenience. The recording is available at https://antheminc.cosocloud.com/p5diocufmq2q/.

Introducing Dr. Scott Swabb

Premier Health Group (PHG) is pleased to introduce our new Medical Director, Scott W. Swabb D.O. FACOI. Dr. Swabb has been in practice for 24 years and remains in private practice at Premier Internists, Inc. in Troy. In addition, he has worked in a variety of important leadership roles at Premier Health for several years. Such roles have included stints as the Chairman Department of Medicine at Upper Valley Medical Center, the Chairman of the Premier Health Group Quality Committee, as well as membership in the Premier Health Physician Partnership Committee and others.

Dr. Swabb strongly believes that PHG has an important responsibility for helping to educate its providers and delivering key information for the successful delivery of care in the world of metrics and the oversite monitoring of care delivery.

“I’m excited to partner with providers to help them navigate the ever-changing value landscape with resources that will make meeting the new challenges in care delivery more satisfying for the patients and providers,” said Dr. Swabb.

Dr. Swabb’s perspective on value comes with an understanding that it means something different for each audience. Patients, for example may value ease of access, and friendly caring providers that listen and that respond to their needs, but insurance companies may value lower cost, performance metrics and reduced hospitalizations. Providers may value connecting with their patients, meeting evidence-based targets for controlling chronic conditions and improving their patient’s quality of life.

“I think value is the balance of all these factors, and to have true value care we will need to meet and balance the needs of patient, providers and payers,” said Dr. Swabb.

This balance is something he has strived for within his own practice as they have implemented evidenced-based medicine techniques. Dr. Swabb and his staff have created a standardized process for the correct performance of in office blood pressure monitoring and have several chronic condition care plans with evidence-based targets, life style modifications and patient education. He credits these changes for improving overall patient care as well as his team’s confidence as they provide it.

“The entire team is able to understand the patient’s specific disease-based goals and they can feel confident in executing their office duties and helping the patient manage their medical conditions,” said Dr. Swabb.

Please join us in welcoming Dr. Swabb!

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 calling the Compliance Hotline at **(888) 271-2688**, which is available 24 hours a day, 7 days a week.

Please see the Premier Health Code of Conduct for additional information about on our non-retaliation policy and about reporting compliance questions or concerns confidentially and in good faith.

Fraud, Waste and Abuse

Premier Health Plan is committed to building healthier communities in southwest Ohio. In one of our efforts to keep healthcare affordable, we seek to detect, correct and prevent fraud, waste and abuse. If you suspect fraud, waste or abuse please contact us at our toll-free number, **(855) 222-1046**.