

MAINE NETWORK FOR HEALTH

MNH NEWS

COLLABORATING FOR HEALTHCARE EXCELLENCE

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MAINE'S PATIENT CENTERED MEDICAL HOME THREE YEAR PILOT LAUNCHES IN 2009!

Primary care physician practices in Maine—together with the patients they serve—now have an opportunity to participate in a **new model of care** designed to improve care and decrease costs. In an era of skyrocketing health care costs, rising rates of emergency department use, and patients and physicians alike frustrated by a fragmented healthcare system, the patient centered medical home pilot is seeking your participation.

The ultimate goal of this “pilot” effort is to **sustain and revitalize primary care** both to improve health outcomes for all Maine people and to reduce overall healthcare costs.

Practices interested in the PCMH pilot will need to be able to demonstrate structures and processes consistent with the medical home model as outlined in the NCQA (and BTE) national recognition programs. Practices will need to commit to quality improvement and waste-reduction initiatives that demonstrate the value of an enhanced payment model. Anthem BCBS, Aetna, CIGNA, Harvard Pilgrim Health Care, and MaineCare will work with these “pilot” practices to provide **alternative payments that recognize the infrastructure and system investments** and will reward practices for demonstrating high quality and efficient care. Practices will be selected for participation by mid-March. Applications are available as of January 5 with a closing date of February 28, 2009.

Dr. Erik Steele, Chief Medical Officer for Eastern Maine Healthcare System notes, “Our current healthcare system is in crisis. Data from around the globe tells us that building a stronger primary care system is critical to improving quality and lowering costs. The medical home model is one way to get there. We are very excited about the opportunity for our practices to participate.”

If you are interested, please follow these steps in sequence:

1. Review Maine PCMH Pilot—Background and Application Process available in the Resource Library section of Quality Counts web site (this provides the details of the application process, eligibility criteria and timeline): www.mainequalitycounts.org
2. Complete the “Medical Home IQ” online practice assessment available at www.transformed.com/MHIQ
3. Contact Dr. Lisa Letourneau about your intent to apply: Letourneau.lisa@gmail.com
4. Complete the application for participation online at www.surveymonkey.com
5. Complete and return a printed, signed copy of the memorandum of agreement found under the Resource Library section of the QC web site: www.mainequalitycounts.org



Visit us online!

www.mainenetwork.org

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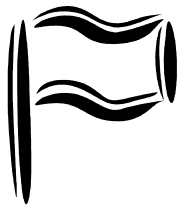
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JOC SCHEDULE

MNH holds regular conference calls or WebEx sessions for provider offices to speak directly with health plan representatives on concerns and issues. Please call 942-2844 for registration information.

Coventry	Feb. 2009 Day & Time TBA
MultiPlan	Feb. 2009 Day & Time TBA
CIGNA/ Great-West	Apr. 9, 2009 10 AM-12 PM
Humana	Jun. 11, 2009 1:30 PM-3:30 PM
MultiPlan	Jun. 2009 Day & Time TBA

TWO PRACTICES RECEIVE TOP HONORS

We would like to congratulate EMMC's Husson Internal Medicine and Evergreen Woods Primary Care on their recent achievements:

- Evergreen Woods Primary care has received Physician Office Link Level 3 recognition for the Bridges to Excellence (BTE) pay-for-performance program.

- EMMC's Husson Internal Medicine has become the first primary care office in the northeast, only the second in the nation, to achieve certification as a Patient Centered Medical Home by the National Committee on Quality Assurance (NCQA).

PLANNING FOR BTE OR NCQA RECOGNITION?

Our Quality Support Program will provide a **free one hour consultation** to help you determine your practice's readiness to apply for national recognition programs such as NCQA or BTE. While we do not endorse a specific national program, we will assist you in determining strengths and areas for improvement through a thorough pre-assessment process.

We will work with you to help plan the steps necessary to advance your practice for potential recognition and pay for performance rewards. For more information or to schedule a free consultation, contact the Quality Support Program at 942-2844.

CALENDAR OF EVENTS

For more information or to register for WebEx events call 207.942.2844.

MeMGMA's annual Third Party Payer Update seminar	January 21	Jeff's Catering Brewer
Update on PTE, BTE and NCQA Recognition Programs	January 28	MNH Webex
Integrating Behavioral Health Services in Primary Care	February 25	MNH Webex
11th Annual HFMA Behavioral Health Summit	March 13	Augusta Civic Center
Facilitating Productive Meetings	March 18	MNH Webex
"First Fridays": Annual HIPAA Update	April 3	MMA, Manchester
QC6: "Raising the Bar: Crossing the Chasm to Achieve Breakthrough Improvements in Maine"	April 17	Augusta Civic Center
The Quest for Excellence XXI	April 19-22	Washington, DC
Creating an Effective Healthcare Team	April 22	MNH Webex
"First Fridays": Electronic Medical Records: Possibilities and Pitfalls	May 1	MMA, Manchester
Access, Efficiency, Planned Care	May 27	MNH Webex
Annual Practice Education Seminar	June 3	Augusta Civic Center



NO-SHOW CHARGES

MNH has surveyed our major payors on the issue of No-Show charges by Practices. There is nothing in the payor agreements that specifies what Practices can or cannot do about No-Shows. It is the member's responsibility to be aware of the policies of the provider offices. Practices may bill the patient for missed appointments in accordance with a written policy of which the patient has been made aware.

THE COST OF IMPLEMENTING ICD-10

On August 22, 2008, the Federal Government proposed a new rule that would require all physician practices and clinical laboratories to use a new coding set – the ICD-10-CM code set – as the standard code set for coding diagnoses on all HIPAA standard transactions.

An update of the ICD-9 code set, the proposed rule expands diagnosis codes by a factor of 5, enabling greater specificity in the coding of diagnoses, allowing for expansion in future years, and improving the description of current technologies.

Nachimson Advisors estimated the cost-impact of an ICD-10 mandate on three different provider practices:

- A “typical” small practice, comprised of three physicians and two administrative staff - \$83,290 per small practice.
- A “typical” medium practice, comprised of 10 providers, one full-time coder, and six administrative staff -\$285,195 per medium practice.
- A “typical” large practice, comprised of 100 providers, with 64 coding staff comprised of 10-full time coders and 54 medical records staff -\$2.7 million per large practice.

This change will have some one-time costs, such as training for most staff, changes to superbills, upgrading IT systems for the new code set and changing templates, and reviewing insurance plan contracts for changes to payment and coverage.

In addition to the one-time costs involved, there will also be permanent additional costs. The greater specificity of the ICD-10-CM code set will require more specific documentation in provider records. This will take physicians additional time, adding about 3-4% to their workload.

For more information, go to <http://nachimsonadvisors.com>

CMS PROMOTES VALUE

In response to recent legislation, CMS has created an internal Workgroup that is charged with developing a “Value Based Purchasing” Plan for Medicare physician and other professional services.

Value-based purchasing (VBP) aligns payment more directly to the quality and efficiency of care provided by rewarding providers for their measured performance across the dimensions of quality. CMS agrees that Medicare's current fee-for-service payment systems, which pay on the basis of quantity and consumption of resources, do not support this vision for quality health care.

Through a number of demonstration projects, pilot programs, and other efforts, CMS has launched VBP initiatives for hospitals, professionals, nursing homes, home health agencies, and dialysis facilities.

The Workgroup is organized into Subgroups to address four fundamental planning issues:

- Measures
- Incentive Methodology
- Data Strategy and Infrastructure
- Public Reporting

The CMS Workgroup and Subgroups have prepared an Issues Paper that builds on the experience of current CMS demonstrations and private sector VBP programs to frame the key issues that must be addressed in developing the Physician VBP Plan.

The Issue Paper may be viewed at www.mainenetwork.org.

CMS NAMES NEW ENGLAND ADMINISTRATOR

National Heritage Insurance Corp. (NHIC) will be taking over the Medicare administration duties now performed by three claims processors and two carriers in the five New England states. CMS has awarded the company a contract worth about \$176 million to administer Part A and Part B Medicare claims payment. NHIC will be the first point of contact for the processing and payment of Medicare fee-for-service claims from hospitals, skilled-nursing facilities, physicians and other healthcare practitioners.

Headquartered in Hingham, Massachusetts, NHIC will be the 10th new Part A/Part B Medicare administrative contractor to be named by CMS. They maintain additional sites in Boston, Quincy, Massachusetts, and Biddeford, Maine.

By 2011, a total of 15 new Part A/Part B Medicare contractors will be operating in every state and the District of Columbia.



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**COLLABORATING FOR HEALTHCARE
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MNH CONTRACTED PAYORS

Aetna, Inc. (Commercial Plans)

www.aetna.com
(800) 624-0756

Aetna Medicare Advantage Plans

www.aetna.com
(800) 624-0756

Arcadian Health Plan d/b/a Northeast Community Care

www.northeastcommunitycare.com
(800) 998-3056

CIGNA HealthCare of Maine

www.cigna.com
(888) 244-6264

EBPA/CBA (CompNet Network)

www.EBPAbenefits.com
(800) 525-8788

Coventry (formerly First Health /HCVM)

www.cvty.com
(800) 937-6824

Great-West Healthcare (now part of CIGNA)

www.greatwesthealthcare.com
(207) 828-5084

Humana ChoiceCare (Commercial)

www.humana.com
(800) 626-2741

Humana ChoiceCare (Medicare Advantage)

www.humana.com
(800) 626-2741

Martin's Point Health Care (Generations Advantage)

www.martinspoint.org
(888) 732-7364

Micmac Health Department

www.micmac-nsn.gov/html/micmac_health.html
(207) 764-6968

MultiPlan/PHCS (Private Health Care Systems)

www.MultiPlan.com
(800) 548-3887

Please refer to member cards for appropriate mailing addresses.