PHYSICIAN ALLIANCE OF THE ROCKIES

THE PARADIGM

Our Journey to Value-based Healthcare

WELCOME TO THE INAUGURAL ISSUE OF THE PARADIGM!

We are excited to partner with you in service of your medical management needs for your United Healthcare Medicare Advantage patients. Since September 1st of last year, Physician Alliance of the Rockies (PAR) has been delegated to manage prior authorizations and out-of-network required referrals. Also, effective April 1, 2017, we have begun to medically manage the inpatient concurrent review process end-to-end.

We have enjoyed getting to know many of you through visits to your office and speaking with you on the phone. We look forward to continuing to build those relationships in the coming months.

Research has shown that efficiencies have been gained by other partnerships in the Denver market with IPAs that have a clinically and financially integrated healthcare delivery system. By forming an IPA model that is more structured and focused around a specific group of physicians, we can support you with the "Triple Aim": improved patient care quality outcomes, improved patient experience, and lower cost of care.

With your signing of the Participating Physician Agreement (PPA) with PAR, you will learn how to earn incremental revenue through shared savings and a risk-based bonus structure. Physicians participating in the IPA will have a unique opportunity to help shape the future of health care delivery as the current fee-for-service model shifts to the value-based care model.

This newsletter will contain general information, updates, and clinical material that will help you and your staff understands the direction and vision for PAR and how your practice will benefit. Our initial focus on clinical material will highlight common scenarios where prior authorization/approval is needed. Our team currently reviews all requests for advanced imaging (CTs, MRIs, etc.), cardiac stress testing, advanced cardiac imaging and a variety of other procedures. Please see our complete prior authorization list on our website, www.paotr.com. In the future, we expect to add review of:

- specialist consultation requests (to optimize use of preferred specialists)
- colonoscopy
- sleep studies
- spinal injections (ESI)

Please be assured that your specialist colleagues must attain approval in the same manner as primary care offices.

DID YOU KNOW?

Physician Alliance of the Rockies (PAR) is locally owned and operated, allowing for greater understanding of the Denver-metro area and the nuances of providing healthcare in this market to better support you and your practice.

PAR has a website that has a lot of great information, including a link to our provider portal to submit and check the status of prior authorizations. It is easy to set up by going to www.paotr.com and click the "Physician Pre-authorization Portal button."

There are no fees with joining PAR and it does not change the contractual relationship between you and United Healthcare.

Why do we intensely scrutinize requests for advanced imaging?

To start, it has been estimated that 20-50% of all “high-tech” imaging provides no useful clinical information to benefit patient care and may be unnecessary. Patients frequently drive many of these requests with a lack of understanding of better options and fear of the unknown. The ease of internet access to medical resources likely does patients a disservice.

All providers should familiarize themselves with the Choosing Wisely website (www.choosingwisely.org). This site identifies frequently used tests or procedures whose necessity should be questioned. A large portion of low value testing turns out to be imaging. Additionally, high tech imaging is expensive, frequently exposes patients to ionizing radiation with risk for future cancers, and uncovers incidental findings that lead to further follow up evaluation and patient anxiety. Please see link for imaging tests that are believed to be overused: http://annals.org/data/Journals/AIM/25337/10TT1.png.

When requests for advanced imaging come through to PAR, our team will review all appropriate clinical notes/data and current guidelines in regards to the clinical question. We might ask your office for prior studies or more data to help determine the appropriateness of the imaging requested. We will frequently have suggestions sent back, aligned with the current clinical guidelines, when it seems that advanced imaging is not indicated.

Ultrasound testing will be utilized when appropriate, based on its lower risk to patients (no radiation) and reduced overall expense. Vascular and renal imaging are especially suited for ultrasound evaluation. A postponement in imaging might be recommended to give time for conservative care to be optimized (joint and low back pain). Occasionally, we may recommend a referral to a specialist instead of advanced imaging if it seems possible that a specialist provider might not need imaging to manage the problem at hand.

There may be some scenarios where more costly tests will be recommended, if it has the potential to streamline care. We will make it a habit of communicating Risk Adjustment Factor (RAF) diagnosis codes that appear in the clinical data being reviewed. These will be sent back to the primary care provider’s office. It will still be incumbent upon the provider to properly document these codes at future office visits to get credit towards your RAF score.

How long will it take to get my prior-authorization of elective services completed?

Please allow enough time before the elective services are to be rendered for PAR to review the diagnosis and other clinical documentation. Typically, PAR will render the medical necessity decision quickly, if all necessary information is provided at the time the request is submitted.

If additional documentation is needed in order to review the request, the requesting provider will be notified. The request will be pended awaiting the additional documentation. This process can significantly increase the amount of time necessary to render a decision.

For UnitedHealthcare Medicare Advantage members, the timeline for authorization on a routine request will not exceed 14 days, as required by federal law. Please only submit requests for urgent care when the issue is such that the test must be done immediately to prevent a serious deterioration in the patient’s health. Scheduling issues are NOT urgent.

The following types of documentation may be required to review requests for services:

- History and results of physical exam
- Signs and symptoms related to the proposed services
- Results of recent diagnostic procedures and labs
- Proposed treatment plan; including documentation outlining conservative treatments and the results
- Supporting documentation including photographs, when applicable

Thank you for your time and let us know if you have any questions or comments about the information provided.

Warm regards,

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