

THE PARADIGM

Our Journey to Value-based Healthcare

4TH QUARTER 2019 ISSUE OF **THE PARADIGM!**

Incentive Performance Results are in for 3rd Quarter!

The Annual Physical incentive is paid when the important and applicable codes related to the PAR UHC Medicare Advantage members condition are indicated on the attestation form and documented in the clinic notes during the performance quarter. Overall, **561** attestations were submitted during the 3rd quarter 2019 by 36 PAR physicians. Approximately **72%** of the total submitted attestations in the 3rd quarter were approved for payment, compared to **75%** for the 2nd quarter.

AS AN IMPORTANT REMINDER TO MAXIMIZE THIS INCENTIVE:

For each accurately completed attestation form submitted with the patient's annual clinical health maintenance/physical visit charted notes, where the high-risk conditions have been appropriately documented and coded, an incentive payment of \$100 will be paid to the PCP. All of the attestation forms and clinical notes will be reviewed to determine the clinical note support for designated diagnoses. The attestations with either no or insufficient documentation and coding for the high-risk conditions checked on the attestation form will not be eligible for the incentive payment. Also, ineligible are diagnoses that appear in the clinic notes that are not designated on the attestation form. Please remember that the incentive payment is a one-time payment per patient per year for completion of the yearly patient physical. Details regarding the process for submission of the completed attestation form to be eligible for the incentive are on our website at www.paotr.com.

The second incentive relates to percentage use of the PAR Preferred Specialist Network for referrals. The overall percentage use of the PAR Preferred Specialist Network during the 3rd quarter is **65%**, which is a slight increase from the 2nd quarter at **63%**. As a comparison, during the 3rd quarter, **80%** of the PAR PCP providers achieved at least the tier 1 performance ($\geq 50\%$) for Preferred Network referrals compared to 2nd quarter with **90%** of the PAR PCP providers achieving at least the tier 1 performance and incentive payment.

To assist with Preferred Specialist Network usage, an alert flag will appear on the Physician Portal when you have **not** selected a Preferred Specialist which allows you to reconsider your referral selection.

AS AN IMPORTANT REMINDER TO MAXIMIZE THIS INCENTIVE:

Prior to proceeding with a non-preferred specialist, you have the option to edit your specialist referral to a preferred specialist, which will significantly impact your incentive payout.

DID YOU KNOW?

PAR has created an incentive in 2019 regarding Nephropathy Screening for your patients!

The details are outlined on page 2 of this Newsletter so be sure to review that information. To qualify, you must have a contract with PAR as of 12/31/19.

We have provided an updated patient list so you know which patients still need a Nephropathy Screening test prior to the end of this year. The patient does not need an office visit prior to the end of the year to get this test completed.

If you have any questions about this incentive or which patients need this screening test, please let us know.

New Additional Incentive for 2019: Nephropathy Screening - Diabetic Patients

The PAR ACO MA shared savings program is a vehicle for facilitating the clinical integration and coordination of ACO providers in order to promote quality and efficiency gains in the delivery of health care. To accomplish those goals, United Healthcare has created an incentive program to reward each ACO for achieving specific objective measures in the delivery of care by ACO providers to United MA members.

The incentive model is outlined by the Financial Performance Program that includes the potential for shared savings incentive payments based on **aggregate of all ACO Provider's actual performance** against an established target/budget of equal to or less than **86%**. The financial target is the ratio of Total Medical Costs to Total Revenue. The current ratio of Total Medical Costs to Total Revenue for PAR is 85%.

However, in addition to the 86% target, the ACO is not eligible to receive payment under the Financial Performance Program if ACO has not met the applicable Eligibility Criteria Requirements described below, which can be amended from time to time.

The current ACO performance is above or close to threshold on all eligibility criteria, **EXCEPT for Diabetic Nephropathy Screening. As a new incentive, each PAR physician who has at least 90% of their eligible diabetic members screened for diabetic nephropathy with a urine test in 2019, will receive a \$50 bonus for each eligible patient screened.** A best practice for diabetic nephropathy urine screening is to send a urine microalbumin/creatinine formally to the lab yearly with the diabetes/physical appointment labs. In fact, if it is 6-9 months old, still send another one when the patient is in the office. Do this for ALL, even the ones who are on ACE/ARB medications. You do not need to bring your patients in for a face to face visit for this test as they can be sent directly to the lab for testing with your order or you can have the urine sent to the lab from your office. If you perform a urine dip in the office, it may NOT get captured.

Data below represents Jan – Aug 2019 Dates of Service with Claims Paid Thru August 2019

<u>Eligibility Criteria Requirement</u>	<u>Description</u>	<u>Performance / Threshold</u>
HbA1c Screening – Diabetic	Percent of eligible members who have had a HbA1c test this calendar year.	88% / 80%
Nephropathy Screening – Diabetic	Percent of eligible members who have had a Kidney function test this calendar year.	63% / 85%
BMP/CMP/Renal Panel - Congestive Heart Failure and/or Renal Disease	Percent of eligible members who have had a BMP or CMP or Renal Panel test this calendar year.	83% / 65%
Annual Comprehensive PCP Visit	Percent of eligible members who have had a comprehensive office visit with a PCP this calendar year.	73% / 75%

SAVE THE DATE: Wednesday, November 20th for Upcoming PAR Coding Education Meeting

We are busy planning our 1st PAR Coding Education meeting, which will include a presentation from Dr. Rachel Hills, New West Physicians Medical Director Coding/RAF. This is a great opportunity to discuss accurate documentation within the current health care model for the most common medical conditions. **Please mark your calendar for Wednesday, November 20th at 5:45pm for dinner and a prompt start at 6:30pm for the coding education session. We have limited space available so the first 10 providers to RSVP will be confirmed. Please see attached invitation and RSVP to Jacey Kanani Santos NO LATER THAN WEDNESDAY, NOVEMBER 6TH so we can place an accurate dinner order.** Jacey's email is jacey.santos@nwphysicians.com

We are planning a 2nd PAR Coding Session for Wednesday, January 22nd so if you are not able to attend on November 20th, please plan to attend on January 22nd. A formal invitation will be sent, but please mark your calendars. You do not need to attend both sessions as there will be the same material covered at each session.

For each provider (APC or Physician), we will be paying you \$150 per hour for your attendance at either of these coding education sessions.

Call Us First Campaign

As we discussed at the last PAR Dinner meeting in September, we are in the process of launching the "Call Us First" campaign, which is a multi-pronged patient education program designed to help route patients to the most appropriate healthcare venue.

We will be reaching out to your practice with various patient education tools and communications that will help facilitate this conversation and awareness with your patients regarding contacting your practice first and information directing them to the most appropriate local settings to help address their condition. This may include magnets, flyers, table-top display, and tri-fold brochures to name a few. **Please let us know your feedback so we can develop the customized communication plan that meets you and your patient's needs.**

As a general guide, please communicate with your patients the following pathway post discharge:

For Questions or Concerns After Discharge:

- 1st - Call your Primary Care Provider's Office.
- 2nd - Consider Urgent Care if you have a minor illness or injury (see links to urgent care locations below).
- 3rd - Call Dispatch Health at 303-500-1518 (8am-10pm, 7 days a week). They have emergency medicine trained mobile teams that can be dispatched to your home for a variety of injuries, illnesses and post hospital complications to provide advanced medical care when you are homebound.
- 4th - Go to an Emergency Room located in a Hospital if your condition is life threatening.

AFC AMERICAN FAMILY CARE URGENT CARE

<https://www.afcurgentcare.com/locations/>

NEXTCARE URGENT CARE

<https://nextcare.com/locations/co/>

CONCENTRA URGENT CARE

<https://www.concentra.com/urgent-care-centers>

CARE NOW URGENT CARE

<https://www.carenow.com/locations/>

Medicare Fee-For-Service Conversion to UHC Medicare Advantage Plan

With Medicare Advantage Open Enrollment in full swing (October 15th – December 7th), it is a great time for your Medicare fee-for-service (FFS) members to assess the opportunity to convert to a Medicare Advantage (MA) plan. According to an analysis of both the programs from Avalere Health, a leading healthcare consulting firm, the Medicare Advantage (MA) programs have surpassed Medicare fee-for-service (FFS) in developing positive member healthcare outcomes and reducing care costs.

Medicare Advantage beneficiaries had 23 percent fewer inpatient stays and 33 percent fewer emergency room visits than Medicare fee-for-service beneficiaries during 2017. Inpatient spending was 17 percent lower in Medicare Advantage than Medicare fee-for-service (\$2898 in MA versus \$3477 in FFS), and outpatient spending was 5 percent lower in MA.

The analysis found that annual spending per beneficiary on preventive care services was 21 percent higher in Medicare Advantage than Medicare FFS. Medicare Advantage is more likely than FFS to spend on preventive services in order to prevent the development of more costly chronic diseases.

Medicare Advantage also outperformed Medicare fee-for-service when it came to improving healthcare outcomes, even though MA had a greater proportion of high-risk beneficiaries.

This focus of preventive care and interventions, along with Medicare Advantage plans' care coordination efforts, may avert preventable complications, hospitalizations, and emergency care services and result in better health outcomes and lower overall cost to Medicare for the growing population of high-need, high-cost beneficiaries.

For these reasons, we think this will be an important initiative to partner with you.

PAR has created and attached a template letter specifically to assist with this conversion process and something you can customize with your practice logo to send out to your current Medicare FFS members. This will facilitate these conversations with the overall goal of even greater positive healthcare outcomes for all the Medicare patients in your practice.

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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