



Summer 2007

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## PRESIDENT'S LETTER

For many years, many of you have said that holding us accountable for our patients' health was one sided. After all, if the patient isn't motivated or incented to change his/her behavior and lifestyle, there is only so much we can do. So far, the most common approach for engaging the patient/member has been high front end deductibles (except for preventive health, the member pays for care until the deductible is met, then the coverage kicks in). We are now seeing patients being encouraged to seek care from "preferred" physicians in a tiered network. Of course, we don't know how we are being evaluated and thus tiered. We will see if ProfSoft (see article on page 3) will help us look inside the black box that the payers use to create the tiers. So far, these approaches have economic implications for the members, but the member may not have translated that into changing behavior to save money. Actually, there usually isn't enough money to make it worthwhile to even use the "preferred" physician.

But, there may be hope on the edge of the radar. Some employers are getting serious about providing incentives for their employees to be healthier. This goes beyond being the "right thing to do" to the value of having a healthy work force. Employers are establishing variable premiums based on lifestyle choices, such as smoking. Although this may be controversial, it is a step in the direction of individuals paying for their risky lifestyle, rather than everyone else paying for it. The member/patient is accountable. We are also seeing employers create discounts from the employee share of the premium for employees who engage in healthy activities: exercise program, annual physicals, routine testing, taking healthy living courses, etc. One employer (through its third party payer) is tracking whether employees are getting their prescriptions filled. If not, the employer pays more of his share of the premium. These programs are actually working! You may not see a big change in your patients, but you will over time.

While the activities and incentive programs being promoted by the employers and the payers may not seem like much, the idea is catching on. I think we will see more of this in the future. We will need to be supportive and work with patients who are trying to change. We have been asking for incentive programs for patients, we need to play our part also.

Enjoy the rest of summer!  
Barbara Crowley, MD  
President

## INTRODUCING THE HEALTHY LIVING CLUB

With so many community resources, classes and programs out there, it has become difficult to know where to send your patients for help with a chronic illness or for encouragement to improve or maintain their health. That is just one of the many reasons why Hannaford and MaineHealth have partnered to create the Healthy Living Club ~ an employee health improvement initiative in the Greater Portland area. The Healthy Living Club is a pilot which began in May 2007. Free and confidential for all MaineHealth and Hannaford employees and their family members, the Healthy Living Club is a personalized program that targets individuals with heart disease and/or diabetes or pre-diabetes and connects them with local community resources, programs and services that best meet their needs and health goals. The Healthy Living Club is also dedicated to helping all individuals improve upon and maintain their overall health and wellness. By joining the Club, members have access to:

- An **Individualized Self-care Report**
- A **Self-care Action Plan**
- Pertinent and timely **health education information** from credible sources
- A **Health Resource Specialist (HRS)**. The HRS program is for members with cardiovascular disease or diabetes. A HRS is a person who members can call as much as they need to get guidance on the local programs and resources that will best serve them.
- Local resources**, programs, support groups and classes, including:
  - Supermarket tours
  - Weight management programs
  - Healthy cooking classes
  - Nutrition classes
  - Diabetes self-management classes
  - Cardiac rehab programs
  - Living Well Classes
  - And many more!
- An **Interactive website** with a member blog and Ask the Doc e-mail feature

- The **Healthy Living Club Monthly Dish**: a monthly e-communication that lists all local community programs and services for the month
- The **Healthy Living Club Quarterly Newsletter**
- Fantastic incentives** to encourage and motivate members to become their healthiest selves!

In order to expand the Healthy Living Club to other areas throughout Maine and encourage many more individuals to improve their health, we need your practice's help! When you see patients that work for MaineHealth or Hannaford, please encourage them to join the Healthy Living Club by emailing [hlc@mmc.org](mailto:hlc@mmc.org), going to our website [www.hlcME.org](http://www.hlcME.org) or calling (207) 541-7558. By enrolling as many people as possible, the Healthy Living Club will be able to properly evaluate the pilot program and take it to other employers in Maine in the future. Thank you for taking the time to help MaineHealth and Hannaford employees improve their health! If you have any questions, please contact the Healthy Living Club at 541-7558 or via email at [hlc@mmc.org](mailto:hlc@mmc.org).

## **PAYOR UPDATES**

### **National Provider Identifier (NPI)**

The NPI is here. Get it, Use it, Share it. The Centers for Medicare & Medicaid Services (CMS) will be disseminating provider information contained in the National Plan and Provider Enumeration System (NPPES) that is required to be disclosed under the Freedom of Information Act (FOIA), in accordance with the NPPES Data Dissemination Notice that was published in the Federal Register. NPPES FOIA – disclosable data will be made available in an initial file that can be downloaded from the Internet, as well as in a query-only database known as the NPI Registry. There will be monthly update files that will also be downloadable from the Internet. CMS will begin disseminating data on August 1, 2007.

CMS has made available a document that will assist providers in making updates, changes, and deletions to the FOIA-disclosable NPPES provider data. The document is entitled, “National Plan and Provider Enumeration System (NPPES) Data Elements – Data Dissemination – Information to Providers” available at [http://www.cms.hhs.gov/NationalProfIdentStand/Downloads/NPPES\\_FOIA\\_Data%20Elements\\_062007.pdf](http://www.cms.hhs.gov/NationalProfIdentStand/Downloads/NPPES_FOIA_Data%20Elements_062007.pdf) on the NPI website. CMS strongly recommends that providers read this document as soon as possible.

### **Medicare Advantage Private-Fee-For-Service (PFFS) Plans**

CMS has announced that in response to concerns about marketing practices, seven health care sponsors have signed an agreement to suspend voluntarily marketing of

PFFS plans. PFFS plans allow the member to seek care from any Medicare approved provider that accepts the plans' payment. This suspension for a given plan will be lifted only when CMS certifies that the plan has the systems and management controls in place to meet all of the conditions specified in the 2008 Call Letter and the May 25, 2007 guidance issues by CMS. The signatories include: United Healthcare, Humana, Wellcare, Universal American Financial Corporation (Pyramid), Coventry, Sterling, and Blue Cross/Blue Shield of Tennessee.

For more information regarding Medicare Advantage Plans being offered in Maine, you can go to our website at [www.MPHO.org](http://www.MPHO.org) and click on the Provide Support tab. On the left, you can then click on Medicare Advantage Plans.

### **HealthPartners**

On July 1, 2007, the fee schedule was updated to adopt the 2007 CMS work adjuster and transitional practice RVUs for services which RBRVS is used as the basis for pricing. The conversion factor and imputed withhold have not changed.

### **Anthem**

On July 1, 2007, Anthem updated reimbursement based upon their standard conversion factor. The highlights are as follows:

- The maximum allowance for the following Evaluation and Management services will be increased by 3%: 99201-99215 and 99241-99245.
- For all other services for which Anthem uses the RBRVS as the basis for pricing, they will adopt both the 2007 CMS work adjuster and transitional practice RVUs.

Other specific details about the July 1<sup>st</sup> changes may be found in the Anthem Maine Network Update dated June 2007, pages 3 & 4.

The Anthem Regional Meeting dates have been set for the Fall. Mark the date for the meeting near you 7:30 am to 12 noon ( 10/10 Augusta, 10/11 Portland, 10/18 Waterville, 10/30 WebCast).

### **Aetna**

Effective May 1, 2007, MedSolutions assumed responsibility for precertification for all high tech outpatient diagnostic imaging procedures for all additional health benefits plans except indemnity Traditional Choice<sup>®</sup> plans. MedSolutions now manages precertification for high-tech radiology for your Aetna patients with commercial and Medicare plans.

Precertification is required for the following:

- MRI/MRA
- Nuclear Cardiology
- PET Scan
- CT Scan

The following services are not impacted by this relationship:

- Inpatient radiology services
- Emergency Room radiology services
- Outpatient radiology services other than MRI/MRA, CT Scan, PET Scan and Nuclear Cardiology

### **Harvard Pilgrim**

Harvard Pilgrim has begun plans, subject to CMS approval, to offer *First Seniority Freedom* statewide in Massachusetts, Maine, and New Hampshire beginning in 2008. First Seniority Freedom will be a Medicare Advantage PFFS plan.

### **MAINE HEALTH MANAGEMENT COALITION SPECIALTY INITIATIVE**

The landscape of healthcare is changing rapidly, almost on a daily basis. It is challenging to sort out the myriad of quality programs, and local and national efforts to improve the quality and efficiency of healthcare. There are many innovative efforts underway in Maine of note.

The Maine Health Management Coalition (MHMC) is a unique statewide collaboration of providers, employers, and insurers all working together to improve health care. Primary Care Physicians have been engaged with the MHMC's Pathways to Excellence (PTE) initiative for the last four years. The MHMC is now developing a comparable specialty program.

Maine Health Management Coalition members are seeking reasonable costs for health care. A recent Dartmouth report cited that 30-40% of care is not necessary ([www.dartmouthatlas.org](http://www.dartmouthatlas.org)). Specialists account for approximately 85% of healthcare costs, including inpatient hospital care. National initiatives, such as Care Focused Purchasing and CMS Value Based Purchasing, are focusing on cost and utilization.

In response, the MHMC has formed a PTE Specialty Steering Committee. The committee will address both sides of the value equation: quality and cost. On the quality side, the committee will work with specialists to identify quality indicators that could be the basis of a Specialty quality program. Initially, the focus will be on six specialties: Cardiology, Cardio-thoracic Surgery, Orthopedics, Gastroenterology, Neurosurgery, and General Surgery. Health systems throughout the state

will take the lead in one specialty, convening a statewide group that will identify quality measures.

On the cost side, there is an effort underway to review the value of utilizing Episode Treatment Groups (ETGs) to assess resource utilization/cost data as a performance improvement tool. ETGs are diagnosis groupings of claims data. Many of the payers use ETG analysis as the basis for inclusion in their tiered specialty networks.

The Maine PHO and five other provider health systems (Maine Health Alliance, Eastern Maine Health, NovaHealth, Central Western Maine PHO, and Martin's Point) have purchased a one year license for an ETG analytical product, ProfSoft. ProfSoft contains claims data for all MHMC employer groups and all Anthem business representing approximately 350,000 patients.

The six organizations will make a recommendation to the MHMC in September as to the value of the tool. We will continue to provide updates on the status of these projects.

### **TIERED NETWORKS**

As healthcare costs continue to rise, the employer community is seeking products that engage consumers to become better informed about the importance of quality and costs in choosing providers. Many healthcare plans now include co-insurance and/or deductibles so that consumers are responsible for a greater portion of the health dollar. In some cases, payors are also providing data to consumers and offering incentives to steer them to high quality and/or lower cost providers. Employers are requesting demonstrable value, defined as high quality healthcare delivered more cost effectively.

In response, many of our local payors have introduced tiered specialty networks. In most cases, information is posted in the public website. We encourage you to research the status of your practice with each of these networks. If your practice is not in the first or preferred tier, the payor will be able to provide you information regarding the basis of their decision. Applicable specialties and website links are provided below:

#### **Aetna: Aexcel**

<http://www.aetna.com/docfind/>

#### **Anthem: Value Network**

At this time, Anthem is not publishing information regarding tiered network status on their website. To find out the status of your practice, contact your local Anthem Provider Representative.

#### **CIGNA: CIGNA Care Network**

<http://www.cigna.com/>

**Hannaford: Providers of Distinction**

<http://www.aetna.com/docfind/custom/hannaford/>

A summary of each of the plans follows: