



## PRESIDENT'S LETTER

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We've written about them. You've read about them. And now it looks like they are finally here: Pay for Performance incentive programs with real dollars attached.

Yes, you (PCPs) have done the surveys for Pathways to Excellence (P2E) – but now they are ready to pay out the recognition awards for performance on the surveys and HEDIS scores. If you qualified, you should have received a letter indicating process to receive your check. In 2005, P2E will be repeating the office systems survey and the outcomes report. HEDIS scores will be updated. If you didn't fill out the office survey or didn't plan on going electronic, now is the time to be thinking about it seriously. It may be worth money in your pocket and recognition in the community. Hannaford Brothers is recognizing PCPs as "Physicians of Distinction" if they got a star for each of the three P2E categories. That means that Hannaford Associates and their families get incentives to go to those physicians.

Similar to P2E, Anthem will also plan to financially recognize PCPs who did well on the P2E criteria. More importantly, Anthem is introducing its *Anthem Quality Insights* Primary Care Quality Incentive Program that can result in higher reimbursement in 2006-2007. The criteria and scorecard were distributed at the end of 2004. They are looking at use of electronic systems, generic drug prescribing, and chronic illness outcomes.

Specialists are finally getting a chance to participate in P2E in 2005. An office management and systems survey is being developed that will be distributed later in the spring. The survey is expected to ask about quality management in the office, application of evidence based best practice guidelines, patient surveys, use of electronic systems (EMRs, registries, e-prescribing, etc.), etc.. The Maine PHO and its member PHOs' committees will have a chance to review the survey before it is mailed out.

What does all of this mean for you and the PHOs? As I have stated in previous letters, the move is away from risk sharing to pay for performance. The role of the PHOs will be less about negotiating risk sharing contracts and reimbursement and more about helping physicians achieve the pay for performance goals that are available. It will also be about developing

contracts with payers and employers that will reward performance. We will be providing services that help to support clinical/quality improvement for your patients. We will support systems, such as the chronic illness registries, that demonstrate the impact on outcomes that you are achieving.

With the continuing concerns about the cost and effectiveness of care, the PHOs' role will be to support its members, physicians and hospitals alike, to demonstrate the value they are bringing to our communities.

Terrance Sheehan, MD  
President

## YOUR HEALTH, YOUR CHOICE DOCUMENTS POSITIVE OUTCOMES

Your Health, Your Choice (YHYC) is generating positive outcomes after only nine months of operation. YHYC is an integrated wellness & chronic disease management program operated by Kennebec Region Health Alliance in conjunction with Maine General Health. Participants in the pilot program include employees of the State of Maine, University of Maine System, and Maine General Health.

Key features of YHYC include worksite nurses who administer health risk assessments and foster sustainable behavior changes, along with intensive ambulatory care management for selected at-risk participants. Information regarding health factors such as hypertension, obesity, tobacco use and diabetes is collected. Comparison of initial and follow-up encounters documents changes.

Studies show that at the initial assessment, 46% of participants using medications to control hypertension continued to exhibit high blood pressure. After some nurse counseling, these participants were advised to discuss this condition with their PCP. Follow-up assessments indicate that after this intervention fewer participants continued to experience the same degree of elevated blood pressure.

By Mark Souders & Susan Lyons  
Kennebec Region Health Alliance

## MAINEHEALTH AMI/PCI INITIATIVE

In January 2004, MaineHealth, in conjunction with the Maine Heart Center cardiologists and emergency physicians from across the system, developed the AMI/PCI Initiative to improve the care and outcomes of individuals with Acute Myocardial Infarction (AMI). All MaineHealth hospitals and several additional community hospitals in the area were invited to participate. Participating hospitals were asked to form a team that included an ED physician champion, nurse champion, local cardiologist or internist, and other key individuals key to improving care of AMI in the emergency department (EMS personnel, QI staff, additional ED personnel). Each team is responsible for leading implementation of the initiative and identifying and addressing gaps in care at their hospital. Local teams also attend quarterly meetings to facilitate collaborative learning, share results and plan for continued improvement. The goals of the initiative include:

- 1) Adopting consistent standards of care for AMI patients across the MaineHealth system, in accordance with the most current evidence based guidelines;
- 2) Promoting timely and efficient diagnosis and treatment of patients with AMI, including timely transfer for Percutaneous Coronary Intervention (PCI), when appropriate;
- 3) Improving outcomes for patients with MI and ST elevation across the MaineHealth system; and
- 4) Raising public awareness about the symptoms of AMI and the need to obtain care as quickly as possible following symptom onset.

Within the past year, several tools have been developed to support this initiative, including a common AMI/PCI clinical pathway, an algorithm to promote evidence based standards of care; a communication protocol guiding ED Physicians transferring a patient from their local hospital to Maine Medical Center for PCI; a standardized ED order set for ST elevation MI patients; and an AMI information sheet for patients and families. MMC Information Services has also recently developed a web-based database which will be used system-wide for entering AMI/PCI related quality improvement data. This new tool will eliminate redundancy and promote efficiency of outcome sharing for patients who are transferred to MMC for PCI.

AMI/PCI teams are currently working to achieve 100% use of the AMI/PCI Pathway form and ED Order Set. In an effort to support local hospitals in this effort, MaineHealth provides timely feedback to ED teams about patients who present to their hospital and are later transferred to MMC. The feedback letter addresses whether the patient was appropriately

enrolled on the pathway, whether the REMIS/One-Call patient transfer system was activated correctly and whether the tools of the initiative were transferred with the patient. Quality improvement data, such as the time of arrival at local hospital to time of open artery, is also included, if available.

Successes in the program to date can be attributed to the local AMI/PCI Team members and MMC Interventionalists, working tirelessly to improve the quality of care provided to AMI patients. As the initiative moves into its second year, MaineHealth looks forward to continued collaboration with participating AMI/PCI Teams to find improved ways to ensure the highest level of care for AMI patients in our local communities.

The following hospitals have formed AMI/PCI Teams and have implemented the AMI/PCI Pathway and other initiative tools:

Maine Medical Center  
Maine General Medical Center  
Mercy Hospital  
Mid Coast Hospital  
Miles Memorial Hospital  
St. Andrew's Hospital  
St. Mary's Hospital  
Southern Maine Medical Center  
Stephens Memorial Hospital

Hospitals that have been invited to participate and plan to "go live" soon include:

Goodall Hospital  
Parkview Hospital  
Penobscot Bay Medical Center  
Redington Fairview Hospital

If you would like more information about the AMI/PCI Initiative, please contact Amy Grant, Program Manager, at 541-7536.

## PAYER UPDATES – WINTER 2005

The following is a brief summary of some payer changes that have recently gone into effect and/or will be going into effect in the near future. A more detailed summary may be found at [www.mpho.org](http://www.mpho.org). If you require more detailed information on any of the information below, please go directly to the payers' website.

### **Cigna [www.cignaforhcp.com](http://www.cignaforhcp.com)**

Beginning in January 2005, Cigna made a number of changes to their programs and processes, which include the following:

1. New Medical Management Approach.

2. Changes to Outpatient Precertification Requirements (PHS+).
3. Administration of Precertification Process.
4. Changes to Covered Services and Benefits
5. CIGNA Choice Fund
6. Replacement of SSN.

**Harvard Pilgrim Health Care**  
**www.harvardpilgrim.org/providers**

- Effective January 1, 2005, HPHC and UnitedHealth Group, Inc. are jointly offering PPO products under what will be called Passport from United Health and Harvard Pilgrim Health Care. The best way to identify these members is through the membership identification card. ID cards will feature both the Harvard Pilgrim and UnitedHealthcare logos, indicate whether the member's product is Choice or Choice Plus and include a nine-digit identification number, but with no alpha or HP prefix. Due to a processing error, some of the cards being used by members show the UnitedHealthcare logo on the front and the Harvard Pilgrim Health Care logo on the back. So, it is important that you check the back of the card.
- Effective January 1, 2005, HPHC entered into an agreement with PacifiCare Behavioral Health (PBH) to administer their behavioral health and chemical dependency benefits. If you have questions regarding the new PBH/HPHC relationship, call 1-800-708-4414.
- Policy updates: effective April 1, 2005 there are policy changes for anesthesia and dialysis. Refer to the Harvard Pilgrim website for more details.

**Maine Partners Health Plan / Anthem**  
**www.anthem.com**

- *DirigoChoice*, the new PPO product for groups of 50 or fewer, is effective January 1, 2005. A limited number of people will be allowed to enroll as individuals during the first year for an April 1, 2005 effective date.
  - Effective March 1, 2005, hospitals and other facilities that submit paper UB-92 claim forms should submit them to the following address:  
 Anthem Blue Cross and Blue Shield  
 P.O. Box 533  
 North Haven, CT 06473
- Note: FEP claims should continue to be sent to the current FEP claims filing address.
- Maine Partners Health Plan (MPHP) merged with Anthem Blue Cross and Blue Shield effective December 31, 2004. This means that MPHP members automatically became Anthem Blue Cross and Blue Shield members, but maintain their MPHP product lines until their employers' 2005 renewal. The merger will not change MPHP members' benefits nor will it affect any MPHP member's choice of a personal physician. Provider interactions

with these members and with Anthem Blue Cross and Blue Shield will not change.

- For HMO Maine or HMO Choice group renewals beginning on or after January 1, 2005, high technology radiology services (such as MRIs, PET scans, CAT scans, SPECT and nuclear cardiology) will be covered at the coinsurance level of the member's plan and not at the current \$50 co-payment per service.

**Aetna** [www.aetna.com](http://www.aetna.com)

- In response to physician offices' requests to make communications with Aetna easier, Aetna has consolidated their telephone numbers. Aetna now has only two telephone numbers for their Provider Service Centers.

For calls related to:  
 Indemnity & PPO based benefit plans:  
 1-888-MDAetna (632-3862)

HMO benefit plans: 1-800-624-0756.

These two telephone numbers will also allow providers immediate access to Aetna Voice Advantage®, a voice response, self-service telephone system to verify patient coverage and benefits information, check claim status and obtain important Aetna contact information, 24 hours a day, 7 days a week. This system also includes an option to speak with a customer service representative in their dedicated Provider Service Centers, Monday-Friday from 8 a.m. to 5 p.m.

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**DIRIGO HEALTH RISK ASSESSMENTS**

You may have started to see *DirigoChoice* patients in your office beginning in January. Although members are not required to select a PCP, a \$25 incentive is offered to members (up to \$50 per family) if a PCP is selected upon initial enrollment. To further support the member-PCP relationship, *DirigoChoice* is offering a \$75 incentive to members who have selected a PCP at initial enrollment (up to \$150 per family) for completing a health risk assessment (HRA) and reviewing it with their PCP. A sample HRA is available at [www.anthem.com](http://www.anthem.com). PCPs should bill procedure code 99420 for reimbursement. For more information, contact your Anthem Provider Representative or visit [www.anthem.com](http://www.anthem.com).

**PAYOR SATISFACTION SURVEYS**

Our annual survey for 2004 has been completed. We sent surveys to each practice within the Maine PHO and 98 practice sites (representing 35% of all Maine PHO physicians) completed and returned the surveys. We asked practices to rate each payer on a scale of 1-5 (1 – Poor; 5 – Very Good). The results are as follows:

	<b>CIGNA</b>	<b>AETNA</b>	<b>HMO MAINE</b>	<b>MAINE PARTNERS</b>	<b>HARVARD PILGRIM</b>
<b>Overall Satisfaction with Plan</b>	<b>2.9</b>	<b>3.0</b>	<b>4.1</b>	<b>4.1</b>	<b>3.3</b>
<b>Responsiveness of Provider Representative</b>	<b>3.0</b>	<b>3.1</b>	<b>3.8</b>	<b>3.8</b>	<b>3.2</b>
<b>Timely Notification of Policy Changes</b>	<b>3.3</b>	<b>3.4</b>	<b>3.8</b>	<b>3.8</b>	<b>3.5</b>
<b>Satisfaction with Referral / Auth process</b>	<b>3.5</b>	<b>3.0</b>	<b>4.2</b>	<b>4.2</b>	<b>3.4</b>
<b>Claims Processing</b>	<b>3.0</b>	<b>3.1</b>	<b>4.0</b>	<b>4.0</b>	<b>3.3</b>

Thanks to all who took the time to complete the survey. If you would like more detail on the survey results, please contact me at [moorej@mmc.org](mailto:moorej@mmc.org) or 771-2004.

Jen Moore