

President's Letter, Peter Wood.

Maine Providers Assessing Variations and Efficiency (PAVE)

The Maine PAVE Program is a group effort of provider organizations formed to identify and address unwarranted variations in services that can drive up the costs of health care unnecessarily. The PAVE Group consists of the Maine PHO (MMC PHO, KRHA, and SMHS), Eastern Maine Health Care, Central Western Maine PHO, Martin's Point and NovaHealth. Working with Episode Treatment Groups (ETGs) which pull together all of the services related to an identified diagnosis for a patient, the goal is to "drill down" into the ETG to find the "cost drivers" that have significant variation in utilization and costs among the physicians associated with the ETG. Then working with the physicians involved, identify opportunities to change practice patterns, maintaining good outcomes while reducing costs. So, how does this work?

The PAVE group has purchased commercial insurance claims data from the Maine Health Data Organization (MHDO) for the most recently available years (when we started – 2006 – 2008). The data covers all physicians in the state. OnPoint (formerly the Maine Health Information Center (MHIC)) takes the raw data and converts it into ETGs using the Symmetry data grouper, a commonly used and recognized data grouper. The ETGs are then sent to Focused Medical Analytics (a physician owned and managed company in Rochester, NY) to further breakdown the ETGs into the components of the ETGs and the cost drivers. The PAVE Group studies this information to determine which diagnoses merit further investigation based on costs, utilization and degree of variation. Based on that review, the Group is starting with benign hypertension. The plan is for every physician to receive a graph showing where he/she falls in terms of the variations in costs (low cost quartile to high cost quartile) compared to his/her peers. The information will be blinded except for the individual physician. They will also receive the most recently available guidelines and supporting information relating to the cost drivers that have been identified. This will include the prescribing of ACE and/or ARBs. There will be no direct intervention with any of the physicians. In future PAVE initiatives, medical directors will meet with physicians in the different quartiles to better understand the differences and find ways to bring them closer together where the variations are unwarranted.

Future areas that will be reviewed include Coronary artery disease, Ischemic heart disease, Hyperlipidemia, Joint degeneration/derangement, and minor disorders: head, neck, knee, mood disorders, inflammation of esophagus, sinusitis, diverticulitis, tonsillitis, adenoiditis, pharyngitis, and conditions associated with menstruation.

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The specialties that will be involved include cardiology, orthopedics, neurology, general surgery, gastroenterology, ENT, pediatrics, internal medicine and family practice. For more information, contact Jeff Aalberg, MD at aalbej@mmc.org.

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Payor Updates

Harvard Pilgrim Health Care

Effective April 1, 2010, Harvard Pilgrim revised its radiology management program by implementing medical necessity review for certain non-emergency, outpatient advanced imaging services. Please note that providers will be required to provide a diagnosis code when requesting prior authorization for advanced imaging services. Under the revised program, providers must continue to contact NIA to request authorization prior to scheduling CT/CTAs, MRI/MRAs, PETs and Nuclear Cardiology. Effective April 1, 2010, NIA will begin to review certain authorization requests based on clinical criteria, and will issue either an authorization approval number or a medical necessity denial. Denials will result in a written denial notification letter, mailed to the patient, with copies sent to the servicing and requesting providers. Claims that are subsequently submitted for services that did not meet NIA's clinical criteria for coverage, or for which authorization was not requested, will be denied.

Anthem

Effective June 7, 2010, Anthem will implement Milliman Care Guidelines Version 14 for medical necessity review of services that require precertification/prior authorization, as well as inpatient admissions, concurrent and retrospective reviews.

Consistent with the new guidelines, Anthem may adjust the goal length of stay. This means that some covered services that were previously routinely reviewed as full inpatient admissions will be reviewed at the ambulatory service level. The Milliman Ambulatory Surgery or Procedure General Recovery Guideline will be used when evaluating inpatient requests.

On April 1, 2010, Anthem updated its Anthem Online Provider Services (AOPS) with many new and/or revised policies. To view their claim processing edits and reimbursement policies, visit : anthem.com>Provider>Select state>Anthem Online Provider Services>Forms and Reference Materials, Claim Processing Edits.

Aetna

Payment Estimator helps determine patients' out-of-pocket costs. High-deductible health plans can make it more difficult to calculate how much a patient will owe. Aetna's new Payment Estimator for providers is available through Aetna's secure provider website via NaviNet®. The Payment Estimator supplies an estimate of what Aetna will pay a participating provider, as well as an estimate of the amount the Patient will owe.

Provider Newsletters

You may obtain information referenced above directly from the MPHOC website. The MPHOC website address is – www.mpho.org. Under the Links tab you can access the websites for the health plans, www.anthem.com, www.harvardpilgrim.org, www.cigna.com, and www.aetna.com. You may obtain current as well as older versions of provider newsletters from these payor websites. These newsletters often have policy updates which we encourage you to review.

DID YOU KNOW . . .

**Raising Readers
Celebrates Ten years:
2000—2010**

Books given to date:

1,447,054



MMC PHO Care Coordination Update

We are very excited to announce more than four hundred physicians have signed the Master Service Agreement between Primary Care Providers and Specialists and have accepted and are using the Standard Referral form. Practices began using the Standard Referral form on **March 1st** with the electronic version in Epic available on **March 15th**. Martin's Point is currently in the process of adding the elements of this document into their Centricity EHR. Intermed is collaborating with the MMC PHO in adopting these program elements for their program. Our goal is to insure that every specialty and primary care provider and their staff are aware of this program. The Care Coordination documents are available on the MMC PHO website at www.mmcpHO.org. Click onto the blue "Care Coordination" tab located at the top page to view and download to your desk top. We will also be glad to discuss this program by whatever means is suitable to you. Our contact information is listed below:

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The Important Role of Physicians in Home Health Care

Throughout MaineHealth, there is exciting discussion and new initiatives focused on improving the coordination of care as patients transition across our system of healthcare providers. I have read with interest your success in developing a standardized referral form and protocol between Primary and Specialty Care Physicians, expanding Care Transitions and promoting clinical improvement programs for chronic disease patients. Within this framework, it seems timely for HomeHealth Visiting Nurses to highlight the important role of physicians in home health care.

Our partnership begins with physicians establishing and approving a plan of care that identifies short and long-term goals. In Medicare, this is known as care plan oversight (CPO), the physician supervision of patients that require complex or multi-disciplinary care modalities. In these cases, physicians are central to the revision of care plans, review of laboratory/study results, adjustments of medical therapy and communication with health care providers. Physicians can bill Medicare for 30 minutes of care plan oversight each month if they meet certain coding and documentation requirements.

The physician role is also important with identifying patients that could benefit from home health care services. An article from the American Academy of Home Care Physicians¹ highlighted the following:

- Home care services are provided to patients of all ages with acute illnesses, long-term health conditions, permanent disabilities, or terminal illnesses.
- Between 5% and 10% of all patients in a primary care medical practice receive home care, but evidence shows the need is much greater.

About 20% of patients over age 65 have functional impairments with related home care needs that are often unrecognized during the typical office visit.

Home health care is widely recognized as a cost-effective alternative to nursing home or hospital care for patients. Together, we can reduce unnecessary hospitalizations, improve quality outcomes and help our patients remain safe and independent in the community. If you would like to learn more about CPO or referrals to HomeHealth Visiting Nurses, please contact Karen Hulse, Provider Relations at 1-800-660-4867, x 4338 or e-mail khulse@homehealth.org. To learn more about HomeHealth Visiting Nurses, visit www.homehealth.org.

¹American Academy of Home Care Physicians and American Medical Association, "Medical Management of the Home Care Patient: Guidelines", Third edition 2007

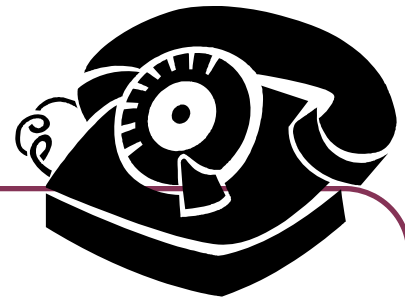
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Behavioral HealthCare Program Referral Line

For many years we have been hearing from Primary Care Physicians that they do not have access to or do not know the behavioral health providers in their area. The Behavioral HealthCare Program (BHCP) is pleased to announce the BHCP PCP Referral Program.

We surveyed the behavioral health clinicians that are part of the BHCP network and asked if they were interested in collaborating with Primary Care Physicians. Based on the survey results, we created a database of information regarding the clinicians' specialties, the insurance companies they accept and their office hours. This was created as a resource for you. Either you or your office staff can call 1-877-854-6144 to receive names of behavioral health clinicians to refer your patients to. Please have the patient's insurance information and the zip code where the patient resides so that we may provide an accurate list of available clinicians with office information for you to give to your patient. The patient will still have to call the insurance company for a referral and call the provider for an appointment.

The communication of information between primary care practices and specialty mental health services regarding the severity of symptoms (the PHQ-9 and/or other rating scales), medications prescribed, substance use issues (including smoking), and medical/metabolic concerns can all be helpful in improving the overall health of your patients. We are hoping that by providing this list to you, you will be able to better build relationships with the behavioral health community.