

KC PA Newsletter

Informed Care. Better Health. Lower Cost.

10/2015

Issue 10

Notes from the CEO

Transcend Training is Helpful to ACO Goals

Practices that are participating in the Humana Medicare Advantage contract with KCMPA and Transcend should take full advantage of all the resources Transcend offers. Transcend offers staff persons who will do many of the care coordination tasks required to maximize your performance goals in that contract. Practices that are closest to achieving performance bonuses have fully engaged Transcend in the practice's procedures, including inviting Transcend to perform chart audits, allowing Transcend's Patient Navigator to schedule patients for visits to your office, and receiving advice and training on risk adjustment from Transcend coding staff. Utilizing Transcend staff frees up your employees to focus on other patients. Their activities are entirely consistent with our goals for that contract. It will benefit you to take their help. In addition, Transcend's training on risk adjustment is helpful for improving your coding on all of your patients. As KCMPA moves slowly toward more sophisticated contracts with Humana and other payers, risk scores for all of your patients will continue to be important. Now is the time to start gaining that expertise.

Better Patient Notification Process Starts November 1st

The CMS requirements for notification of patients attributed to KCMPA-ACO will drastically diminish on November 1st. On that date, we will no longer have to notify in writing each attributed patient and allow them to decline to have their claims shared with us. Here are the new, improved requirements for each ACO practice:

- 1) Display an updated version of the poster in each of your locations. Contact Kerri Craven if you don't yet have one.
- 2) Have copies of the new notification letter on hand in case a patient requests information. Contact Kerri Craven for that as well.

Your office will no longer need to verify if patients received notification. Also, we do not have to request claims. CMS will automatically send them in our monthly claims files. This should improve the percentage of patients for whom we receive claims and reduce the administrative burden on your front desk staff.

Next Board Meeting to Feature Cost Cutting Programs

Part of the November 5th KCMPA board meeting will be devoted to programs designed to save your practice money on medical liability insurance, medical and office supplies, and health insurance. Plan to attend or send someone from your practice to learn more about the opportunities or watch for our emails after the meeting to get involved.

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Upcoming Meetings

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Care Team Consortium
Friday, Oct. 30th at 8:00 AM at Clay Platte Family Medicine.

IT Committee Meeting
Tuesday, Nov 3rd at 9:00 AM by conference call.

KCMPA & KCMPA ACO Board of Directors Meetings
Thursday, Nov 5th at 6:30 PM at KC Medical Society.

KCMPA Webinar Series– Topic: TBD.
Tuesday, Nov 17th, 12:00 -1:00. [Register here!](#)

Quality Improvement Committee Meeting
Thursday, Nov 19th at 5:30 PM by conference call.

Click [here](#) for a list of 2015 meetings

Notes from the CEO
continued

KCMPA-ACO Quality Performance will be on Physician Compare Website in December

The Shared Saving Program aligns with the Physician Quality Reporting System (PQRS) to publicly report quality measure performance on a subset of Group Practice Reporting Option (GPRO) Web Interface measures, reported by both ACOs and group practices. In December 2015, the **Physician Compare Initiative website** will report the 2014 Shared Savings Program ACO quality measure performance for the measures listed in the graph.

Measure #	Description	KCMPA-ACO Performance
ACO-1	Getting timely care, appointments, and information	81.77%
ACO-2	How well providers Communicate	93.54%
ACO-3	Patient’s Rating of Provider	92.30%
ACO-5	Health Promotion & Education	60.23%
ACO-12	Medication Reconciliation	34.06%
ACO-20	Mammography Screening	63.53%
ACO-19	Colorectal Cancer Screening	56.19%
ACO-14	Influenza Immunization	81.73%
ACO-15	Pneumococcal Vaccination	76.27%
ACO-16	Adult Weight Screening and Follow-up	50.60%
ACO-17	Tobacco Use Assessment and Cessation Intervention	57.75%
ACO 21	Proportion of Adults who had blood pressure screened in past 2 years	28.85%
ACO-18	Depression Screening	27.38%
ACO-24	Diabetes: Blood Pressure (BP) < 140/90	73.25%
ACO-26	Diabetes: Aspirin Use	64.11%
ACO-31	Beta-Blocker Therapy for LVSD	53.96%
ACO-33	ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD	68.14%
ACO-30	IVD: Percent of beneficiaries who use Aspirin or other antithrombotic	82.91%

Innovations at the Clinic

Million Hearts Model Applicants

Recently, KCMPA notified members of the opportunity to apply for the Million Hearts Model. This model financially incentivizes providers to use the American College of Cardiology/American Heart Association Atherosclerotic Cardiovascular Disease risk calculator to prevent heart attacks and strokes. We are happy to announce that Cobblestone Family Health, Sunflower Medical Group, and Clay Platte Family Medicine have all submitted an application for the model. Clinic selection will be announced later this year.

Resources at your Fingertips

- [Community Resource Guide](#)
- [TRIA Medication Management](#)
- [Referral Guide to KCMPA Practices](#)
- [Low Income Resources](#)

Dietician and Certified Diabetic Educator-[Melissa Leslie](#).
PCMH Facilitation and Renewal assistance – [Cindy Campbell](#).
Smoking Cessation Materials Request– [Kerri Craven](#).



Health Promotion and Revenue Generating Opportunities: Annual Wellness Visits, Annual Physicals, and Well-Child Screenings

Medicare Annual Wellness Visits (AWV)

A Medicare Annual Wellness Visit is the opportunity for patients and doctors to focus on looking ahead at risks they need to be aware of. It allows for screening of problems such as depression, falls, dementia, and advance directive discussions. But for the third year of the new codes, which began in 2011, only 12% of eligible beneficiaries had Medicare billings for these services. To ensure that the practice is getting beneficiaries in for the AWV, running reports on a consistent basis and scheduling patients for the AWV should be a routine clinic practice. [Full article here.](#)

Annual Healthcare

According to *Choosing Wisely*, patients with certain chronic conditions or risk factors should be seeing their doctor on a regular basis according to recommended guidelines. Preventative care and testing according to recommended guidelines is also an important part of healthcare and blood pressure screenings should be performed at least every 1 to 2 years. Clinics should have the capability to run reports that define the population of their patients by age, gender, chronic illness, to identify which patients are in need for health screenings and services. Then establish a process to ensure these patients are getting into the clinic will not only promote wellness but allow for additional sources of revenue. [Full article here.](#)

Well-Child Care

Child wellness and development visits per AAP guidelines allows the provider to closely follow the patients' health and wellness. Establishing a process where the clinic is actively running reports to determine which patients need to be seen and getting them scheduled should be routine clinic functions.

Patient-Centered Medical Home Tips

PCMH Playbook

According to the PCMH Playbook, transforming into a PCMH may become a financial safe harbor for many small practices as the government and private payers continue to emphasize value over volume. Starting in 2019, practices that certify as a PCMH will be able to reap the benefits of Medicare's new alternative payment model program by receiving a 5% pay bonus while avoiding the down-side risk usually associated with value-based payment models such as accountable care organizations.

"If you are not in a patient-centered medical home (PCMH) now, you should be thinking about one," Bob Doherty, senior vice president for governmental affairs and public policy for the American College of Physicians, said at the organization's annual conference in May. "If you're a PCMH, you don't have to deal with financial risk."

Regardless of how PCMH certification affects the bottom line, practices that undertake the process have their work cut out. Small practices in particular often struggle to navigate the complex and time-consuming process with limited resources.

Click on the below link to read about 7 steps that will help to plan today for a value-based payment future:
<http://medicaleconomics.modernmedicine.com/medical-economics/news/pcmh-playbook?page=full>



PRACTICE SPOTLIGHT: SEPTEMBER 2014



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