



# RELIANCE

Physician Organization of Michigan

Volume 3, June 2020



## COVID-19 Webinar Series

There is still an opportunity to view Michigan Osteopathic Association Provider Impact Series and Michigan State Medical Society webinars:

- Developing a Plan to Re-Open Your Practice
- Creating a Disaster Plan for Your Practice
- Documenting and Coding after "Seeing" Your Patients

[Click Here To Learn More!](#)

MSMS Events:

Recorded webinar: MSMS Town Hall on Race Inequalities and COVID-19: Contagion, Severity, and Social Systems.

Click for: [Slides](#), [Video](#)

COVID-19 Tele-town Hall Series for Physicians:

- Testing, Tracing, and Tracking - June 11
- Best Practices for Implementing Telemedicine June 18
- Leading Through Crisis: Financial Guidance and Strategies - June 25

[Click Here To Learn More!](#)



## Personal Protective Equipment

The MOA has partnered with a local vendor to offer a COVID-19 Response Catalogue to offer online orders and delivers supplies to your doorstep. It lists Country of Manufacture. ([link](#))

We are so glad we were able to help you get PPE and get a head start to acquire that stockpile. Should we have an reemergence of COVID-19 in the fall, we want to make sure you are prepared.

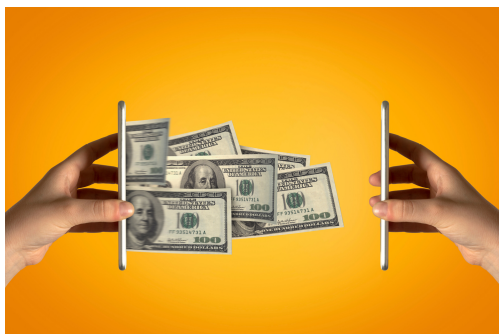
Here are some contacts for you to make so you can have that on hand.

- For Wayne County Emergency Manager contacts, click [here](#)
- For other Michigan counties, click [here](#).
- Pure Michigan Business [Connect](#)
- Small Business [Association](#) (must be member)
- Michigan Chamber of Commerce [lists](#) companies that identify what they are selling

## Continuing Medical Education

State of Michigan Executive Order 2020-82 is allowing clinicians to submit COVID-19 hours worked toward their continuing education courses or programs required for licensure. Effective to June 09, 2020 and must be submitted by June 23, 2020. Make sure to watch to see if the June 9 date has been extended.

Michigan State Medical Society is offering several CME credit On-Demand Seminars for free. These are available to non-members as well.



## Advantasure PEC Revenue Opportunity

CMS has temporarily expanded telemedicine services to help patients needing routine care to stay in their homes to contain the spread.

Starting June 15, 2020 through August 31, 2020, Advantasure PEC offices will have an opportunity to earn an additional incentive for each CDI Alert completed in conjunction with a telemedicine visit.



## BCBSM and BCN Present A Prescription for Success

Blue Cross is offering sessions in the morning to target physician office staff who are responsible for closing gaps relating to quality measures and creating a positive patient experience. The afternoon sessions are tailored for coders, billers, and administrative staff. Sessions are each week and on a different day to hopefully better accommodate schedules.

TOPICS:

HEDIS/Star Measures

Patient Experience

Updates on Telehealth and CPT



## CMS and MDHHS Snippets

- A federal judge invalidated work requirements for hundreds of thousands of Medicaid recipients in Michigan.
- Michigan Department of Health & Human Services: Medicaid Policy Bulletins
- CMS COVID-19 blanket waivers for Health Care Providers --updated 6/5
- President Trump and CMS Announce Lower Out of Pocket Insulin Costs for Medicare's Seniors (5/26)
- For MDHHS Bulletin 20-43, dated June 1, including the updates to the Medicaid Provider Manual, Non-Emergency Ambulance Transport Clarification and Code Updates.



## Incentive Opportunity - The Registry

Reliance Physician Organization of Michigan is happy to announce to its practices that we are working on a registry that will be a data repository primarily for quality measure data and also for ED/IP admissions/discharges. Our goal with The Registry is to have enough data points available for a large number of your patients so the patients quality needs can be managed at a population level, i.e. who are my diabetic patients that are out of control, what other services do they need, which of my patients need a mammogram, etc. Our Registry can also be used to collect data points from multiple sources that an EMR might not have access to such as statewide labs as well as the potential to share this data with others including health plans to close gaps in data.

At this time, the data is only as good as the feeds coming in and the ability of The Registry to identify it and to publish it appropriately. Actual text is not easily converted and, for our paper offices, that data needs to be manually entered. We are working diligently to ensure the connections are there and that the data is accurate and timely. If you have any questions as to how we can help you to access The Registry, I will look forward to speaking with you.

Nasser Nasser

Click [here](#) to access the registry. For assistance: [nnasser@relianceaco.org](mailto:nnasser@relianceaco.org) or (248) 516-3270

## Patient Centered Medical Home

Nearly 20,000 providers in Michigan, including primary and specialty care physicians are actively working to implement PCMH capabilities. Of those, 4,704 primary care physicians from 1,738 medical practices across the state were designated as a BCBSM Patient Centered Medical Home in September 2019. Designated practices are those that have made the most progress in implementing PCMH capabilities, and that have achieved strong performance on quality, use and efficiency measures.

### Results:

Program results are tied to the PCMH designation program. These results compare the 2019 pool of 1738 PCMH designated practices to their non-designated peers using 2018 claims data. These results suggest that PCMH practices have lower utilization and stronger performance on quality metrics than their non-designated counterparts. These kinds of results can lead to a higher Value Based Reimbursement to the practice. Please contact one of the PCMH Consultants for more information.

### **Designated versus non-Designated results:**

Adult ED visits 24% lower and Children 28% lower

Adult Primary care sensitive ED visits 30% lower and Children 35% lower

Adult Ambulatory Care Sensitive Inpatient discharges were 38% lower

Adult Hi-tech radiology were 12% lower

Hi Tech standard cost PMPM was 6% lower

Adult low-tech radiology were 11% lower and Children 9% lower

Low Tech standard cost PMPM was 10% lower

## COVID-19 Statistics

	Confirmed deaths (absolute)	Population (in millions)	Deaths per million
Belgium	9,619	11.42	842.14
United Kingdom	40,883	66.49	614.88
Spain	27,136	46.72	580.78
Italy	34,043	60.43	563.33
Sweden	4,717	10.18	463.22
France	29,251	66.99	436.67
Netherlands	6,031	17.23	350.01
Ireland	1,691	4.85	348.41
USA	111,851	327.17	341.88
Switzerland	1,934	8.52	227.09
Ecuador	3,690	17.08	215.99
Canada	7,970	37.06	215.06
Brazil	38,406	209.47	183.35

From the same Henry Ford Health System COVID-19 Literature on the right, we have these articles:

Antibody Response (3/28)

Effectiveness of Quarantine

Obstetric Anesthesia Care Considerations

Aerosol and Surface Distribution in Hospital

Airborne Lifetime of Small Speech Droplets

## CHAMPS

The Community Health Automated Medicaid Processing System is the web-based MDHHS Medicaid processing system. Effective in January 2018, MDHHS says that any individual or entity that provides services or order and prescribes services, for individuals with Michigan Medicaid coverage MUST enroll in CHAMPS.

It is used solely for the purpose of screening providers participating in Medicaid & does not enroll providers in Fee-For-Service Medicaid.

For CHAMPS Provider Enrollment:

[Click Here To Learn More!](#)

## Telehealth Guidance

Looking for some guidance while integrating your office? The Department of Health & Human Services have created a site that will help you with:



- Planning your telehealth workflow
- Preparing for patients telehealth
- Up to date information on policy changes during the COVID-19 pandemic
- Billing and reimbursement as well as some legal considerations.

[Click Here To Learn More!](#)



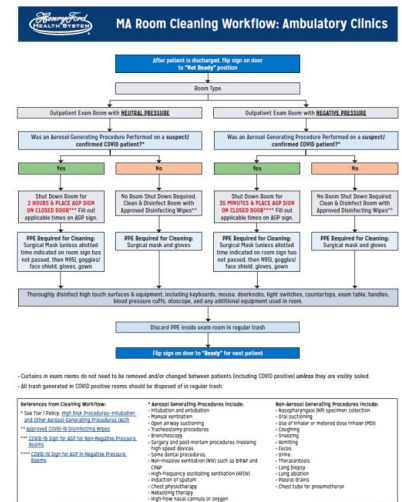
Henry Ford Health System has some very detailed information regarding PPE, cleaning and re-opening preparation for independent offices. They provided a workflow piece (click on it to open), and a few more articles we thought would interest you.

Diagnosis and Treatment Guidelines for Ambulatory Care Providers

[Click Here To Learn More!](#)

COVID-19 Literature Review: selected papers. Last updated 5/19

[Click Here To Learn More!](#)



## Insurances



For all BCBSM entities: e-referral & authorization information ([link](#))

Waiver of cost share for telehealth visits & COVID-19 extended. 6/9

[Click Here To Learn More!](#)

- BCBSM and BCN provider only area with current guidelines ([link](#))
- BCC also has a great navigational tool for you to use. ([link](#))



The most recent McLaren COVID-19 updates including updated benefit coverage, Hospital, Outpatient & Professional Services Authorization updates & telemedicine guidelines.

[Click Here To Learn More!](#)

And McLaren provider materials.

[Click Here To Learn More!](#)



For Telemedicine, Provider Resources, Billing and Coding, & Patient Coverage FAQs

[Click Here To Learn More!](#)

Aetna's *OfficeLink Updates* Newsletter for June 2020

[Click Here To Learn More!](#)



Meridian has help for providers using telehealth as well as billing assistance for testing, screening and treatment services, CDC print resources, and much more. Provider Resources are located at the bottom of the page.

[Click Here To Learn More!](#)



For THC you can access Billing & Payments, Referral & Prior Authorizations and Clinical Resources [here](#).

For the most up to date COVID-19 [help](#), including telehealth billing & coverage, coverage, prior authorizations and billing for COVID-19 lab tests.



The most recent information for Humana including telehealth, Admin updates as well as diagnosis & procedure codes

[Click Here To Learn More!](#)

Human has a provider Telehealth Toolkit that includes a 'turnkey' set of tools, such as:

- Direct mail and email you can send your patients
- a flyer you can display in your office or email
- FAQs to answer basic telehealth questions.

[Click Here To Learn More!](#)

Humana has asked us to include this Financial Resource Guide to help you negotiate the CARES ACT rules so it most benefits your office.

[Click Here To Learn More!](#)



You can find Molina's latest COVID-19 information including prior authorizations, provider payment, telehealth, behavioral health and more.

[Click Here To Learn More!](#)


There's another area to sign in for Molina Medicare providers

[Click Here To Learn More!](#)

*From the Desk of the Medical Director:*


For Medicare E/M codes billed as telehealth services, CMS has indicated that the place of service code should be the same code that would have been used if the service had been rendered in person (i.e. 11 for office) and that modifier 95 should be also be reported. By doing so, the practice will be paid at Medicare in-office rates. Previously billed services using 02 as the place of service can be re-submitted. Many Medicare Advantage health plans have also taken this approach.

For Medicare and Medicare Advantage health plans, CMS is allowing documentation and diagnoses obtained via real time audio/video telemedicine visits for risk adjustment.

In addition, CMS's interim final rule provides flexibility to physicians during the COVID-19 pandemic including removing requirements related to documentation of history and/or physical exam in the medical record for office/outpatient E/M encounters via telehealth 

Telehealth (either via telephone or audio/visual) can be used to address quality measures including medication reconciliation, care for older adults (medication review, functional status assessment and pain screening, and advance care planning), medical attention for nephropathy (by a telehealth visit with a nephrologist), transitions of care, follow up after ED visits for patients with multiple chronic conditions, and results and dates provided by patients related to diabetic retinal eye exam, A1c control, breast cancer screening and colorectal cancer screening. NCQA is planning on making adjustments to 40 HEDIS/Quality measures given the widespread and scaled up use of telehealth. These changes will be finalized and updates complete in July. Look for additional information moving forward.

CMS has increased reimbursement rates for telephone E/M codes and many Medicare Advantage plans have followed suit.

Medicare Annual wellness visits can be performed by telehealth if provided consistent with applicable CMS state, and health plan guidance. 

Several Health Plans are waiving member cost share for primary care visits, outpatient behavioral health visits, telehealth visits and COVID-19 related medical treatment. This cost share waiving may be retroactive and/or extend through the end of the year. Please note some Health Plans require medical necessity with documentation of the medical indication in covering COVID-19 testing.

Physicians should have their patients check with CVS, Walgreens and other local pharmacies to see if they offer local prescription delivery. In addition to local pharmacies some health plans offer pharmacy mail order services, including 90 day fills. In addition, many health plans are offering early prescription refills. Please see individual health plans' sites for the most up to date guidance related to billing and payment of telehealth services for their individual Commercial, Medicare Advantage, and Medicaid plans.

They're predicting higher rates of no-shows, cancelled appointments and schedule gaps? Have you looked at your scheduling process lately. Patients like the easy button, so anything that you can do to make scheduling easier can only help. If you don't already, you should send recall SMS appointments or postcard reminders to reduce no-shows and help fill schedules. From a patient perspective their experience is ultimately the key to keeping their loyalty so everyone needs to be engaging. A few key tasks can also help reduce no-shows and schedule gaps and if you employ them correctly, you'll see volumes increase.

As things begin to take off again, I hope that you were able to look under the hood to analyze Revenue Cycle performance. You'll find improvement opportunities by reviewing 5 main areas for reducing denials, improving clean claims, increasing reimbursement and accelerating collections.

1. **Discharged Not Final Billed (DNFB) and Charge Lag:** Is DNFB greater than 2-3 days? If so, find the bottleneck. It could be coding, failed claims, documentation, registration, auditing, charge capture or billing. If it's limited to one area, review staffing to ensure its appropriate. You may need to consider engaging a vendor to help supplement your efforts or as a learning experience.
2. **Coding Accuracy:** You deserve to be paid commensurate to the work you perform. Look for discrepancies. Independent coding audits can uncover missed opportunities. For physician practices, mis prioritization of diagnoses, missing modifiers or improper pairing can be the problem.
3. **A/R Aging:** If total A/R Aging > 90 days is more than 15%, is it concentrated to 1 or 2 payers? Time to look under the hood.
4. **Cash Collections:** The adage, "Cash is King" still rings true, but how is it measured? At hospitals cash collections should be more than 98% of 12 month rolling Net Patient Revenue. In physician practices, Net Collection Rates should be over 95%.
5. **Bad Debt:** Patient A/R is one of the most commonly-overlooked areas in the Revenue Cycle. Bad Debt Write-Offs exceeding 3% of Gross Charges warrant a look. Do patient statements go out regularly? Is someone calling on aged balances or are you enlisting the help of an Early Out vendor to call for you? There is usually opportunity here.

Let's face it, it's easy to get distracted by the monotony of what we do when our jobs are often routine. Our work is critical to sustaining our organizations. The tasks we do have an ROI attached directly to them. What are a few things that can be done to increase productivity?

Click on this link to find out what you can be done to increase productivity.

[Click Here  
To Learn More!](#)

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## New Revenue Generating Programs Available

Reliance Physician Organization of Michigan is pleased to announce two new opportunities for our PCP practices. The first is Vatica, which is available to those practices with a Humana contract through Reliance, and the second is the d-Nav program through Hygieia, which is available to those practices that participate in the BCBSM PGIP program with Reliance.



Vatica Health is a national risk adjustment and quality care solution.



Humana is working with Vatica to assist them in improving in-office risk adjustment for their members. In becoming a participating practice with Vatica, your practice will receive a dedicated administrative and clinical staff from Vatica to assist you in appropriate diagnosis coding of your Humana Medicare Advantage patients. For each signed and completed record in Vatica Health you will receive \$150 per MA patient each year. In addition, Vatica will help surface quality and HCC gaps prior to your Humana patient visits which may improve your practice's value-based care performance. Given the current COVID-19 situation and the expansion of telehealth, Vatica has the ability to work through Telehealth patient visits.



d-Nav is an Insulin Management program that includes an FDA approved mobile app and patented technology, artificial intelligence and clinical support to automate insulin titration. This program assists patients in optimizing their insulin doses at home, based on the changes in their glucose levels. Currently Reliance PO has 25 patients engaged in this program. The average baseline A1c for this group of patients was 9.34, and the average A1c after 3 months in the program was 7.57. The program is now fully virtual, which allows patients to have full access to the program while staying in their home. This is also a fully covered benefit for BCBSM members.

If your practice would like to learn more about either of these programs please contact our Reliance staff

## Healthcare Effectiveness Data & Information Set Measures Tip Sheets (HEDIS)

Comprehensive Diabetes  
Care must include:

HbA1c control  
Retinal eye exam  
Medical attention for  
nephropathy  
Blood pressure control



Medication Reconciliation  
Post-Discharge

Contact a discharged  
patient within two days of  
discharge and schedule  
follow-up appointments  
within 14 days.



Medication Adherence

Ask your patients each visit  
about their medication habits  
& continue with open-ended  
questions. Offer ways to  
improve so they do not forget  
to take medication.







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new website: <https://reliancephysicianorganization.org/>

Meet our staff. We strive to actively participate in the healthcare discussion and create innovative solutions so we may assist you to improve the overall health and wellness of our collective patients. We look forward to speaking with you!

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Reliance Physician Organization demands diversity and inclusion from all staff, board, members, and partners. Our commitment to diversity and inclusion is demonstrated in everything that we do, from our day-to-day interactions to our expectations that all people are treated fairly in the health care delivery system and as equal members of our society.

We commit to actively fight implicit biases and seek to identify and resolve disparities through every project we undertake. Equity, compassion, and integrity, cornerstones of diversity and inclusion, are three of our most important core values. We will have zero tolerance for breaches.