From the Desk of the Chief Medical Officer

Welcome to the June 2017 edition of our Provider Brief. We value the opportunity to share news, update you regarding ongoing initiatives, and provide the information you need to help you better serve patients and the community.

Find out the importance of updating the provider directory. Read about the Disease Management programs, and a new feature in Epic that will identify Risk Life patients. Finally, learn more about the HEDIS Adult BMI Assessment and HEDIS Mammography measures.

As always, if you have any questions or would like to speak to our Chief Medical Officer or our local Medical Director, please call (937) 499-7441.

We look forward to our continued work together.

Yours in health,

Jerry Clark, MD, FACP
President and Chief Medical Officer
Premier Health Group
Network Operations

The Importance of Updating the Provider Directory
CMS routinely audits Medicare Advantage (MA) online provider directories. CMS issues compliance notices to health plans if it determines the plan’s provider directory is inaccurate.

A person who enrolls in a health insurance plan relies on these online directories to access care. When the information is incorrect, it can create a barrier to members getting the healthcare they need.

Practices must provide accurate office location and hours of operation data to PHG and notify us when this information changes.

Premier Health Plan’s provider directories must be updated every 30 calendar days, or the Health Plan can be sanctioned by CMS. Please communicate all provider changes (i.e. new providers, terminations, office changes, accepting new patients/not accepting new patients, etc.) to the PHG team using the Provider/Change of Address/Deletion Form. This form is now a fillable PDF file, which means you can type the needed information directly into the form on our website. Please email the completed form to PHG@PremierHealth.com or fax to (937) 641-7377.

Member Outreach
In an interest to do our part to help educate members on proactive care, we will soon send Premier HealthOne, Premier Health Advantage and Premier Health Employee Plan members care gap letters and educational pieces. The mailings that are sent to members will provide specifics about closing care gaps in the following measures:

- Colorectal
- Cervical cancer
- Breast cancer
- Diabetes
  - A1C
  - Eye exam
  - Nephropathy

Contact Numbers
Please reference the table below for contact information.

<table>
<thead>
<tr>
<th>Department</th>
<th>Purpose</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Services</td>
<td>Eligibility, claims inquiries and appeals information</td>
<td>(855) 514-3678</td>
</tr>
<tr>
<td>Medical Management</td>
<td>Prior authorization</td>
<td>(855) 869-7140</td>
</tr>
<tr>
<td>Provider OnLine</td>
<td>Technical concerns</td>
<td>(855) 222-1043</td>
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<tr>
<td>Pharmacy Services</td>
<td>Pharmacy information</td>
<td>(855) 266-0713</td>
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<tr>
<td>Medicare Member Services</td>
<td>Member inquiries</td>
<td>(855) 572-2161</td>
</tr>
<tr>
<td>Commercial Member Services</td>
<td>Member inquiries</td>
<td>(855) 572-2159</td>
</tr>
<tr>
<td>Provider Relations</td>
<td>Provider questions</td>
<td>(937) 499-7441</td>
</tr>
</tbody>
</table>
As always, you can reach out to our Chief Medical Officer or our local Medical Director at (937) 499-7441.

**Risk Life Banner Communication**

On June 1, we launched a new feature in Epic that identifies Risk Life patients through an orange banner that states: *Support for Healthy Living - our care advising programs to help patients live their best, healthiest life.*

We want to provide some additional education on what qualifies as a Risk Life patient. Identifying Risk Life patients is part of Premier’s value based services strategy. The goal of value based services is to improve health outcomes while reducing total cost of care through care coordination. Through effective coordination for handoffs during care setting transitions and using supportive resources to engage members for improved adherence to care plans, quality improves and costs go down - increasing value - and resulting in value based care.

A Risk Life patient represents a Premier patient for which we have a Value Contract - making Premier Health responsible to manage total cost of care. Some examples include patients of our health insurance company, Premier Health Plans, our Next Generation ACO, and Premier Physician Network’s value contracts. As a physician or healthcare team member touching these patients, you share the responsibility to improve quality outcomes and control healthcare expenditures.

*View the Epic tip sheet.*

**Clinical Overview for Providers**

An important inclusion in this month’s provider brief is the *Practitioner Overview*. In this overview, we highlight the different clinical initiatives affecting your practices, as well as your rights as a PHG practitioner. Please note, if you are an office manager receiving this brief, please share this Practitioner Overview with all PHG providers within your practice, as it contains important information for all PHG providers.

**Disease Management Program Content**

Premier Health Plan is committed to supporting you and your patients who have chronic conditions. We offer five disease management programs which support the patient with education on their condition and with self-management tools. Programs are available for diabetes, heart failure, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), and asthma. If you have a patient who could benefit from a program, please call 1-(855) 859-1734 for enrollment information.

**Clinical Practice Guidelines**

Care Advising’s disease management program education and self-management materials are based on nationally recognized, evidence-based guidelines for the conditions. You can access the guidelines on the following websites:
Coordinating Interventions with the Member’s Primary Care Practitioner
Care Advising works with members’ practitioners to coordinate care as needed. For services requiring physician oversight or orders (e.g., DME, medications, physical therapy, emergent/urgent medical concerns, changes to care plan), Care Advisors contact practitioners via phone, client EMR, or in person (for example, if a nurse is embedded in the practice). Care Advisors then follow up with the member to ensure the care coordination efforts have been successful and, if not, the Care Advisor informs the member’s practitioner.

Practitioner Feedback
PHG provides semiannual reports to practitioners alerting them to care opportunities for their patients with one of the identified chronic conditions. The focus of the report is to support you in closing your patients’ care gaps related to their chronic condition. These may include missed services, recommended tests, medications, or other care gaps based on clinical practice guidelines.

On an as needed, individual basis, the Care Advisors or Health coach will alert you to time-sensitive care opportunities, such as an asthma patient increasing his or her use of a rescue inhaler or a heart failure patient reporting weight gain.

For questions, feedback or complaints about Complex or Condition Care, or to request a hard copy of our disease management materials please call or write us at:

1-(855) 859-1734, Monday - Friday, 9 a.m. to 5 p.m. EST

Premier Health Group
Attn: Care Advising
800 N Glebe Road
Suite 500
Arlington, VA 22203
HEDIS: Adult BMI Assessment Measure

HEDIS is a quality and performance assessment tool, required by CMS, which employs standardized measures set by the National Committee for Quality Assurance (NCQA). The review is conducted each January to May 15, and takes a retrospective look at care and services through claims, medical record reviews, and member surveys. The results guide the organization in developing quality initiatives, assessing performance, and building educational programs.

One of the assessments used is the Adult BMI Assessment measure. The measure description is for members age 18–74 with BMI, height & weight documented in outpatient record during the measurement year or the prior year.

Adequate control is defined as meeting any of the following criteria:

- Timeframe: BMI assessment every measurement year or year prior
- Documentation:
  - BMI date and value (age 20 and older) and
- BMI percentile for age 18 & 19 needs either:
  - Value (e.g. 85th percentile) OR
  - Plot on age-growth chart
- Weight and date
- Height and date
- Exclusions by December 31st of the measurement year:
  - Documented pregnancy in MR OR
  - Claims/encounter data for pregnancy
  - Members who are under hospice care

HEDIS: Mammography Measure

One of the assessments used is the Mammography measure. This measure is for patients 50–74 years of age who had at least one mammogram in the past 27 months (on or between Oct 1st two years prior to measurement year and Dec 31st of the measurement year).

Adequate control is defined as meeting any of the following criteria:

- Mammography between Oct 1st, two years prior to the measurement year and Dec 31st of the measurement year
- Exclusions by December 31st of the measurement year:
  - Claim/encounter data for bilateral mastectomy
  - Claim/encounter data for unilateral mastectomy x 2
  - Encounter data for ‘history of bilateral mastectomy’
  - Members who are under hospice care
Compliance Questions?

If you have compliance-related questions or concerns, you are encouraged to report them! If your issues or concerns were not or cannot be addressed through normal channels (i.e., Provider Services or Provider Relations), you are encouraged to contact Compliance anonymously by using the NEW Compliance Hotline at 1-844-348-7822, available 24 hours a day, 7 days a week.

Please see the Premier Health Code of Conduct at: http://www.premierhealthplan.org/About-Us/ for additional information about our non-retaliation policy and about reporting compliance questions or concerns confidentially and in good faith.

Fraud, Waste and Abuse

Premier Health Plan is committed to building healthier communities in southwest Ohio. In one of our efforts to keep healthcare affordable, we seek to detect, correct and prevent fraud, waste and abuse. If you suspect fraud, waste or abuse please contact us at our toll-free number, 1-855-222-1046.