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2 JPA Practices Earn National Recognition

2 Eleven area primary care physician practices from Jackson and members of the Jackson Physicians Alliance (JPA) have been recognized by the National Committee for Quality Assurance (NCQA) as using evidence-based, patient-centered processes that focus on highly coordinated care and long-term participative relationships. These local practices have been reviewed under the Physician Practice Connections® – Patient-Centered Medical Home (PPC-PCMH™) program.

3 “The patient-centered medical home is a promising model of healthcare delivery that aims to improve health and healthcare,” said NCQA President Margret E. O’Kane. “The active, ongoing relationship between a patient and a clinician in medical homes fosters an all too rare goal in care: staying healthy and preventing illness in the first place. PPC®-PCMH™ Recognition shares that these practices in Jackson have the tools, systems and resources to provide their patients with the right care at the right time.”

4 The eleven local practices are: Aaron VanWagnen, MD; Allegiance Family Medicine – Summit Woods; Allegiance Family Medicine –



Townsend; Greenwood Pediatric Clinic; Jackson Pediatric Associates; Lorna Pinson MD, PLLC; Lynn VanWagnen, MD, PC; David B. Munro, MD, PC; Riverside Pediatrics; Sacred Heart Pediatrics; and Springcrest Family Physicians, PC.

Recognition means that the eleven primary care practices have met key NCQA PPC-PCMH program components. Early evaluations of PPC-PCMH recognized practices have shown promising results in improving care quality and lowering costs by increasing access to more efficient, more coordinated care.

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BACKQUACK™ ONLINE GAME LOOKS TO IMPROVE SPINE CARE

By Andrew J. Haig, MD

A 45-year-old presents with two weeks of radiating back pain. What should you order? An X-ray? Autopsy? Martini? No sweat . . . BackQuack™ is coming to Jackson!

As of March 1, Jackson was the first community in the nation to improve spine care through an intensive malpractice fest, namely BackQuack™, an on-line video game designed to improve spine care by bad example.

Back pain costs America \$50 billion per year. JPA and other physician groups are increasingly incentivized to decrease unnecessary imaging, surgery, and therapy. However, classical interventions such as continuing medical education and pre-approval

screens have had little effect on waste. BackQuack™ isn’t classical.

Based on extensive evidence-based research, the tool allows gamers to try their best to do their worst as doctors treating two-dimensional patients. Imbedded in the game is a History Form that can be used when meeting with a doctor about back pain as well as a number of downloadable pamphlets on back care related topics. Clinicians who “play the game” also have access to a 400-page online back pain textbook.

The six-month project strives to reach the public and healthcare workers through press releases, physician office materials, and public events. Community and physician surveys as

Payer News

Healthy *Blue Living* qualification forms due

Healthy *Blue Living*SM and Healthy *Blue Living Rewards*SM members need to submit a *Blue Care Network Qualification Form* within 90 days of the start of their plan year. Since many members have a plan year beginning in January, many qualification forms are due at the end of March.

As a reminder, primary care physicians should not charge members for completion of the qualification forms. BCN reimburses physicians directly for completion of these forms.

Electronic submission of qualification forms via Health e-BlueSM is the preferred method.

BCN will pay PCPs \$40 (per member per year) for each qualification form and \$10 per follow-up qualification form submitted electronically. BCN will pay \$30 (per member per year) for each completed and signed paper qualification form that is mailed or faxed to BCN

within the 90-day qualification period. All sections must be completed. Incomplete forms will not be processed.

Thank you for accommodating your BCN members with examination appointments and completion of the qualification forms.

Prior authorization required for epidural injections or facet joint injections

There is a wide range of treatment available for back pain depending on the cause of pain and how long the pain lasts. Most pain improves within a few weeks and may be eliminated with conservative treatment such as appropriate anti-inflammatory medications and physical therapy. There may be instances where further medical treatment may be needed, such as epidural injections or facet joint injections.

Effective April 1, 2011, we will require



prior authorization for cervical or lumbar epidural injections or facet joint injections. This program will apply to BCN commercial (including self-funded groups) and BCN Advantage HMO-POSSM members.

Providers may submit requests for clinical review for these procedures to BCN through e-referral. Users will be prompted to complete an appropriateness questionnaire for clinical review consideration. If the criteria are met, the request will automatically be approved. If the criteria are not met, the request will require further clinical review. Health care providers may also call BCN's Care Management department at 1-800-392-2512 to request clinical review.

A sample of the appropriateness questionnaire will be made available by April 1 on ereferrals.bcbsm.com.

Red Flags Rule Relief for MDs

On Dec. 18, President Obama signed the Red Flag Program Clarification Act of 2010 into law. This legislation was originally introduced to limit the type of "creditor" that must comply with the Red Flags Rule. According to the Federal Trade Commission (FTC), physicians who do not accept payment from their patients at the time of service are creditors and must comply with the Rule by developing and implementing written identity theft prevention and detection programs in their practices. As a result of continued discussions and an aggressive congressional advocacy campaign, AMA efforts prompted the agency to delay the 2008 compliance deadline and legislation now explicitly excludes those who advance funds on behalf of a person for expenses incidental to a service that is provided. Under this definition, the bill's sponsors have stated that physicians, dentists and other professionals would not generally meet the definition of a "creditor," and are exempt from the rule's requirements. However, the FTC may revisit the issue in the future through the rulemaking process.

Preferred Vendor of the Month

As a member of JPA, you are entitled to receive a number of products and services at discounted prices through our Preferred Vendor Program. Currently, JPA has partnered with 12 vendors in various industries to bring you an array of services. Beginning in the last quarter of 2010, JPA developed the Preferred Vendor of the Month program, which is designed to emphasize one of its vendors each month. You may have seen the e-mail blasts in the past, which contain a personalized flyer for the chosen vendor. This year, we have already highlighted the benefits of utilizing Voice Data Network in February and are set to highlight Willis Information Technology for March, Automatic Imaging for April, Jamieson Allen Insurance Agency for May and RMS Healthcare for June. Please watch for these informational flyers at the beginning of each month.

To learn more about all of JPA's preferred vendors, please visit our website at www.jpdocs.com.

BackQuack™ Online Game (Cont'd)

well as insurance databases will determine if BackQuack™ makes a difference in Jackson County. All Jackson clinicians are encouraged to play BackQuack™. Stay tuned for an office staff contest coming soon.

JPA's participation in the project is funded by Blue Cross Blue Shield of Michigan. Overall funding comes from the Center for Healthcare Research and Transformation, and the

program is supported by the UM 3-d Lab and Haig et al., Consulting. To play BackQuack™, visit www.backquack.net.

Andrew J. Haig, M.D. is the BackQuack™ project director and professor of physical medicine and rehabilitation at The University of Michigan. For more information, visit www.haigetal.com or contact Dr. Haig at andyhaig@umich.edu or (734) 763-4200.

From page 1

Allegiance Health awarded \$100K

Allegiance Health has been awarded \$100,000 in recognition of community service programs at the hospital.

This national award, known as the Foster G. McGaw Prize for Excellence in Community Service, was bestowed upon Allegiance Health by the American Hospital Association and the Baxter International Foundation.

The honor recognizes Allegiance for “innovative programs that significantly improve the health and well-being of its community.”

Community efforts cited include a prenatal education program, school-based health centers, financial assistance for prescription drugs, a work site wellness program and partnerships to help give people without health insurance access to medical care.

“Through such efforts, and in collaboration with other community entities, Allegiance Health demonstrates its commitment to elevating both physical and mental health throughout its region,” said John O’Brien, chairman of the prize committee and CEO of UMass Memorial Health Center in Worcester, Mass.

“Receiving this award is especially meaningful because it reflects a two-decade journey to act on our mission for the benefit of our community,” said Georgia Fojtasek, CEO of Allegiance.

Hospital leaders have not yet decided how to spend the \$100,000 prize, but they intend to put it toward a community-service program, said Shannon Scholten, Allegiance spokesman.

Allegiance was selected following an extensive application process and a three-hour presentation in Jackson in October, Scholten said.

Three other hospitals were finalists and will receive a \$10,000 prize. They are Augusta Health in Fishersville, Va., Palmetto Health in Columbia, S.C., and Wrangell Medical Center, in Wrangell, Alaska.



Annual Wellness Visit fees waived

As of Jan. 1, 2011, Annual Wellness Visits (AWV) including Personal Prevention Plan Services (PPPS) are now considered one-time allowed Medicare benefits with the Medicare deductible and coinsurance fees waived. That means beneficiaries who are no longer within 12 months after the effective date of his/her first Medicare Part B coverage period, and have not received either an Initial Preventive Physical Exam (IPPE) or an AWV within the past 12 months are eligible to have the fees waived.

Beneficiaries in their first 12 months of Part B coverage will continue to be eligible for only the IPPE.

Documentation requirements for PPPS include:

- Establish/update medical/family history
- Establish/update list of current providers that are regularly involved in providing medical care to the individual
- Measure height, weight, BMI, blood pressure and heart rate;
- Check for signs of any cognitive impairment
- Screen for depression and functional status (Initial AWV only);
- Establish/update screening schedule for the next 5 to 10 years;
- Establish/update list of risk factors and conditions;
- Furnish personalized health advice and appropriate referrals to health education or prevention counseling services or programs; and
- Voluntary advance care planning upon agreement with the individual.

Other Screening Services that may be performed on the same day as the AWV include: a gynecological exam (pap, pelvic and breast exam, which is only covered once every two years); smoking cessation; and other Evaluation/Management services may be performed on the same day as an AWV.

For more information, visit cms.gov/MLN MattersArticles/downloads/MM7079.pdf.

Michigan chosen for CMS demo

Michigan has been identified as one of eight states selected by the Centers for Medicare & Medicaid Services (CMS) to participate in the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration project.

Under this demonstration project, which is tentatively scheduled to start in October 2011, CMS will join existing multi-payer state PCMH initiatives and contribute PCMH funding for Medicare patients in participating practices. The demonstration will evaluate whether advanced primary care practices will reduce unjustified utilization and expenditures; improve the safety, effectiveness, timeliness, and efficiency of health care; increase patient decision-making; and increase the availability and delivery of care in underserved areas.

The Michigan model, called the Michigan Primary Care Transformation Demonstration (MiPCT), is a three-year project designed to further improve delivery of primary care and lower health care costs. Multiple payers will fund a common clinical model, allowing global primary care transformation efforts and supporting the development of evidence-based care models. The goal is to create a model that can facilitate measurable, significant improvements in population health, and contribute to national models for primary care redesign. It will also help form a strong foundation for successful Accountable Care Organization (ACO) models.

See CMS Demo, page 4

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**Making
Healthcare Better**

Looking for a specific topic in The JPA Examiner?

E-mail comments, ideas or suggestions to ErinW@RMSresults.com.

In the Door

**Welcome the following new JPA
physician members:**

Wanda Iza, MD
Family Practice

Andrea Breese MD
Family Practice



CMS Demo (Cont'd)

From page 3

MiPCT was developed with the PGIP Patient-Centered Medical Home as its foundation, with 477 PGIP PCMH-designated practices (excluding UMHS practices) eligible for participation as of 2010. One question commonly asked is whether any additional PCMH-designated practices will be able to join MiPCT. This was not originally built into the CMS financial model but is a topic for future discussion.

During the three-year demonstration project, participating physician organizations, physician hospital organizations and practices will build on existing PCMH attributes to attain additional depth in PCMH transformation. Focus areas include:

- Care management;
- Self-management support;
- Care coordination; and
- Linkage to community services.

Planning for the MiPCT demonstration project is still in its early stages, with many questions and issues yet to be addressed. A new MiPCT informational website will be available soon, which will contain frequent updates on the evolving MiPCT model and provide ample opportunities for feedback during ongoing development of the demonstration.

For more information, contact Cheryl at (517) 817-2140.

Save the Date!!

JPA General Membership Meeting

April 25th, 2011, 6:00 pm, Allegiance Auditorium

Topics discussed will include: ACO Development, Registry Implementation and Clinical Integration. Contact Cheryl for details.

Don't forget your Practice Manager Survey

If you haven't done so yet, don't forget to fill out your Practice Manager Survey, which is available online at <http://rmsresults.com/survey/JPA2011>.

March Webinar:

Self Management: A Critical Facet in Today's Healthcare Arena
Noon to 1 p.m. March 9th

JPA anticipates having two webinars per month; JPA members should check their e-mail for upcoming topics, dates and times.

