Administrative Update

MemorialCare Advocacy Day in Sacramento

By Leslie McMain, VP Provider Services & IPA

On April 23rd MemorialCare representatives participated in the 9th Annual Advocacy Day. For MemorialCare this is an educational day for the invited MemorialCare individuals to learn about the California legislative process, and the MemorialCare representatives get to share with California state legislators the impact their decisions have on the healthcare community in California. This year nine physicians, including Stanley Arnold from Edinger Medical Group and Bart Barrett from Greater Newport Physicians, joined Barry Arbuckle, MemorialCare CEO, and a team of other system executives in Sacramento. Meetings were held with high-ranking officials in the Department of Health Care, and leaders from the California Association of Health Plans and the California Hospital Association, as well as many individual state legislators.

The team addressed pending legislation that would impact non-profit institutions directly, as well as other legislative proposals that would improve Medi-Cal funding, which has a significant impact on MemorialCare. Dr. Barrett shared the following comments: “It was clear to me that MemorialCare is committed to the community and to quality care, and is willing to go the extra mile to advocate for our patients. There are many voices in Sacramento that do not share these concerns and I learned how crucial it is to have an organized voice.” With challenges to the MICRA as well as other initiatives and legislation targeting healthcare, it is more important than ever to have our voices heard.

MemorialCare Imaging Centers

By Sharon Saikali, Director, Network Management

To better serve our patients in the Orange Coast, Saddleback, and Long Beach Memorial Hospital Networks, GNP has contracted with MemorialCare Imaging Centers (f.k.a. Simon Med) for outpatient imaging services. During the month of May, GNP will work with staff of the imaging centers to ensure access to the appropriate systems to view images/reports. Both Access Express (AE) and NextGen have been updated to list the imaging centers available for services. GNP prefers that patients access services at the outpatient imaging centers located in Irvine, Huntington Beach, or Newport Beach by calling the central scheduling line at (949) 396-7435. Patients can continue to access the MemorialCare Hospital facilities when appropriate.

Patients can call (949) 493-8799 to access services for the San Clemente facility. In mid to late July, additional facilities will be available to patients in Laguna Beach, and Long Beach. Over the next few weeks GNP Network Management Staff will deliver imaging requisition forms, facility information, and other resources to your office. If you have any questions regarding the new imaging centers or how to access care, please contact GNP Network Management at (949) 574-4505, or contact your Provider Relations Representative.

The New GNP App Is Here

GNP has developed an app for the iPhone and iPad that is available to download today! The app allows users to search for the nearest urgent care centers and Quest lab locations.

Scan the QR code or visit www.gnpweb.com/app on your iPhone or iPad to download the app.

GNP Administrative Staff Are Moving!

By Sharon Saikali, Director, Network Management

Over the summer, GNP/Nautilus Healthcare Management Group will relocate Administrative and Physician Services staff to a new location in Fountain Valley and Tustin. The move will occur over the next several months, during which time we will prepare FAQs to address items that are critical to your offices (i.e., phone, fax, and mail courier).
RAF Coding Spotlight: Drug Dependence
By Jessica Kwon, Pharm.D., RAF

Drug dependence (304.6x) should only be used when there is a psycho-social component to the drug seeking behavior. DSM-V has also made clear that tolerance and withdrawal can be physiological in nature and do not necessarily point to addiction. Drug seeking behaviors can include:

- More use than intended
- Craving for the substance
- Unsuccessful efforts to cut down
- Spends excessive time in acquisition
- Activities given up because of use
- Uses despite negative effects
- Failure to fulfill major role obligations
- Recurrent use in hazardous situations
- Continued use despite consistent social or interpersonal problems

Documentation for drug dependence should include mention of the addictive behavior.

- **Appropriate documentation:** Drug dependent patient using large amounts of opioids against medical advice. Going to multiple providers to acquire.
- **Inappropriate documention:** Patient on fentanyl patch for cancer pain.

CMS Update
The much anticipated CMS Final Notice for Medicare Advantage Plans has brought good news. CMS will be keeping the blended model for at least one more year. Please continue to **code for the following diagnoses:** Old MI, CKD Stages 1-3, Polyneuropathy, Pressure Ulcers Stages 1-2.

Talk to Your Patients About the ER
By Peter Kim, M.D.

Studies have shown that physicians still have a major influence in directing patient care. Patients often go to the ER based on lack of information or misunderstanding of your availability, so it is important to use this influence to educate your patients about appropriate ER usage.

Listed below are items to consider when you are having “The Talk.”

**Appropriate ER Use**
Conditions that may require a more extensive work-up or possible admissions such as chest pain, altered mental status, or severe shortness of breath are appropriate for the Emergency Department (ED). However, in the absence of specific instructions patients are more likely to make up their own minds on what constitutes a valid reason to go to the ER. Based on a chart review of recent ER visits, 30-40% of ER visits do not need to be seen in the ED.

Take the time and spell it out for your patients. An example would be, “Mr. Smith, I want you to go to the ER when (insert red flags) happen.”

**Include Urgent Care**
In non-emergent situations, using the Urgent Care is quicker (short wait time), less costly (1/10th of the cost of an ER visit), and convenient (multiple locations in Orange County). As a bonus, GNP’s contracted Urgent Care facilities will forward you the progress note of the visit.

Urgent Care can manage many of the conditions commonly seen in the ED.

- Respiratory infections
- Lacerations and skin lesions/infections
- Sports injuries, sprains, strains, and fractures (have on-site radiology)
- Skin allergies and rashes
- Fevers, colds, coughs, and sore throats
- Urinary tract infections
- Nausea, vomiting, diarrhea, and abdominal pains
- Foreign body removal
- Most eye injuries
- Headaches and migraine flare management

Talk to your patients about using the GNP website, www.gnpweb.com, for their nearest urgent care facility. Provide a GNP urgent care brochure as part of your discussion.

**Tweak Your Schedule**
To help minimize your patients from going to the ER or the UC, tweak your schedule to accommodate for same day visits. One of the most cited reasons by patients who take themselves to the ER is “I couldn’t get an appointment with my regular doctor soon enough.”

Make an effort to see your same-day appointments as soon as possible, and be sure that your staff knows that it’s you, and not them, who should be deciding whether a patient comes in or not. Although we all have offered patients appointments (on our own availability), it only takes 1 to 2 rejections before patients will simply bypass calling your office in the future and go straight to the ER where they can’t be turned away.

**Remember! It is up to you to guide your patients.**
**Intensive Outpatient Care Program**

By Connie Chiakowsky, RN, Nurse Care Coordinator

Greater Newport Physicians is pleased to announce the Intensive Outpatient Care Program (IOCP), a new Medicare initiative targeting high-risk patients with chronic illnesses and high utilization. GNP is one of 107 groups funded by a grant from the Center for Medicare and Medicaid Services (CMS), Division of Innovation, to improve care for 27,000 Medicare patients in California and Arizona. The goal of this pilot program is to improve the care to high-risk patients with complex illnesses by delivering personalized, quality health care through patient engagement, patient-directed goals, and 24/7 support. This will ultimately help improve the well-being of the patient, increasing their health care satisfaction and lowering the total cost of care.

The philosophy of the IOCP is centered on the belief that the patient’s active participation and engagement with their health care team is a key element that improves their health care, and overall well-being. The focus is team-based care led by the primary care physician, dedicated Registered Nurse Care Coordinators, along with other health care resources to assist in personalized, well-coordinated health care and support. Patients are identified by their PCP and invited to enroll based on their ongoing health condition(s) and serious events, such as frequent emergency room visits and hospitalizations.

Enrollment is voluntary, free of charge, and patients can end their participation any time.

Once the patient is enrolled, a dedicated Registered Nurse Care Coordinator will meet with the patient to discuss their health care needs and concerns, problem solve health issues, and assist with setting up achievable action plans for patient-directed goals. Routine follow-up visits will occur to educate the patient in how to recognize signs and symptoms of exacerbation of illness, provide tools for self-management, and provide support for psycho-behavioral and social needs. The Nurse Care Coordinator will also play an important role in bridging the communication between the patients, PCP, and other health care providers.

The GNP pilot IOCP has already been initiated in a few select practices, and will become more widely available as program processes are refined. Thus far the pilot has been well received by the patients interviewed, and has enrolled 75% of those members. GNP’s hope is to partner with more PCPs in the near future, by offering team-based care management to high-risk patients with complex illnesses.

For more information, please contact Gary Emmons at (949) 574-4435 or gemmons@memorialcare.org.

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**Electronic Prior Authorization (PA) Service with CoverMyMeds.com**

By Alan Phan, Pharm.D., Clinical Pharmacy Services

CoverMyMeds is a website for healthcare professionals to locate, complete, and submit Prior Authorization (PA) forms for any medication for any health plan. This website obtains requests for medications from health plans and electronically automates the request, which ultimately streamlines the prior authorization process. This allows you and your staff to focus less on administrative tasks, and more on patient care.

**And it’s 100% free to use!**

How it works:

1. Access CoverMyMeds at www.covermymeds.com
2. When you start a new prior authorization, CoverMyMeds will select the appropriate PA request for the corresponding health plan.
3. Once the request is started, populate it with the pertinent medical information, sign, and submit for review.
4. You will receive a response from the health plan via fax (generally within 72 hours) or through the CoverMyMeds dashboard.
5. It’s HIPAA compliant.
6. You can have multiple users and prescribers in your office under one account.

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**Save the Date**

**GNP Annual Shareholder/General Membership Meeting**

Tuesday, June 3, 2014 • 5:30 p.m.
2015 Clinical Measures Distribution – Update

The 2015 Minimum Performance reports are now available in the Report Center reflecting quality data for the 2014 dates of service.

As a reminder, the Minimum Performance Reports and AE both now reflect dates of service on a calendar year basis from January 1 to December 31. Things to consider with this new timeframe:

1. All patients who need a screening or test during the calendar year will be listed collectively at the beginning of the year. As patients become compliant with the measure, they will come off the list and your negative list will get shorter!

2. The Minimum Performance Reports and AE quality alerts are now aligned to reflect the same patients who need a quality screening or test.

3. Please refer to the header under the title of each measure and note the criteria description and date of service timeframe to be compliant. In the example below for the Colonoscopy measure:
   a. the measurement year is 2014
   b. the criteria to meet the measure is to have any 1 of the 3 tests performed if they had not had one done already within the timeframe:

   • Fecal Occult Blood test (FOBT) between 1/1/2014 – 12/31/2014
   • Flexible Sigmoidoscopy between 1/1/2010 – 12/31/2014 or a history of one within past 5 years
   • Colonoscopy between 1/1/2005 – 12/31/2014 or a history of one within past 10 years

An example of what would not count is if a patient had an FOBT done in December 2013. The date of service for an FOBT must show that it was performed in 2014 for this measure.

For additional information or questions on quality measures and performance, please contact Lydia Simon, Pharm.D. at lsimon@memorialcare.org or call (949) 574-4518.

The Importance of Patient Surveys – Talk to Your Patient!

It’s Survey Season!
CMS has begun the process of sending out the Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS) and then the Health Outcomes Survey (HOS) to a random sample of Medicare Advantage senior patients. These are two different, but important, patient satisfaction surveys that impact CMS Star ratings. They account for about 30% of a health plan’s total 5-Star ratings. These results are critical to a health plan’s success and ultimately for GNP in terms of patient satisfaction, incentive payments, and overall quality ratings.

The CAHPS survey is typically mailed between March and the end of June. The HOS is typically mailed between April and July. The key questions to ask your patients related to the surveys are:

• What medications are you taking?
• Do you have any bladder issues?
• Do you know how to prevent falls?
• Are you getting more physical activity?
• Are you feeling down or anxious?

The areas of opportunity for us to address are related to discussions around Urinary Incontinence and Fall Risk.

SCAN compiled a list of Best Practices for our physicians to address and initiate management of these conditions. This 5-Star Best Practices document includes a list of key questions from both surveys and corresponding recommendations for physicians to address each item. The recommendations were compiled from various healthcare organizations, including the Centers for Disease Control and Prevention, the Mayo Clinic, Medscape Medical News, and the Cochrane Review. This document is available to view and download on the Quality Measures site in the Provider Portal under Patient Survey Resources.

For additional information or questions on quality measures and performance, please contact Lydia Simon, Pharm.D. at lsimon@memorialcare.org or call (949) 574-4518.