MWMD
Mary Washington Health Alliance

Message from the Chairman of the MWMD Board

Greetings colleagues and salutations!

I hope that this newsletter finds you and your loved ones safe and sound, as we work through the COVID-19 event, the likes of which most of us have never experienced. As usual, I have been impressed with the collegiality of the medical staff and the willingness to adapt to a very fluid situation. I am concerned that as this pandemic continues that our patience may wear thin, but it is then that we will have to rely on our training and our revalidation of the Hippocratic Oath:

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

Continue to put the patient first while maintaining your own health and safety, in order to continue helping others in need.

Despite the network no longer able to meet in large committees and discussion groups, the work of the Mary Washington Health Alliance soldiers on at a very steady pace. Our committees have been very successful in maintaining their schedules and our Annual Meeting will be held electronically with the help of Microsoft Teams. You will all be receiving an invitation to join soon, so please take the time to set up the application prior to meeting time to optimize your time.

Our Advisory Council has been carefully analyzing our performance in NGACO (Next Generation Accountable Care Organization) from 2019 and strategizing to consider our role as we advance to the next iteration of APM (Alternative Payment Model) to the benefit of our physicians who are scheduled to receive a 5% bonus for their Medicare billings, potentially early this Fall. Processing of Green Sheets continues, incenting our primary care colleagues to complete their AWV's (Annual Wellness Visits) which not only benefit our quality reporting but also the patients themselves, identifying gaps in their care and potential safety concerns that could contribute to poorer health. Our Clinical Care Coordinators, working diligently with our individual high risk and rising risk patients, oftentimes covertly providing much needed support to our patients that we, as clinicians, are unaware of, but blessed to have. Our PCP Forums have been enthusiastically attended and as soon as the COVID starts to hibernate, we hope to resume our friendly educational gatherings. Our Quality Committee recently received a report from Thomas Magrino, Director of Population Health Operations, regarding the progress of our GPRO reporting, a major benefit to all our members, who otherwise would have to report individually. EPIC Connect remains a focus of our IT Committee, working with several practices to upgrade their EMR systems with minimal cost to them. Membership & Operations Committee has been resurrected under the leadership of Dr. Ken McDowell, who has also penned a more detailed article in this newsletter re: finalization of our annual distribution.

Whew! Just writing about all the activity is exhausting. We plan to go over all of this in more detail at our Annual Meeting, April 7th and hope all of you will join in if you can. Until then, in the famous words of Michael Conrad of Hill Street Blues:

"Let's be careful out there" (No comments needed. I know I am showing my age.)

Patrick McManus, MD
Alliance Board Chair

Inside this Issue:

Message from the Medical Director

Benefits Of Taking On Risk

This almost sounds like an oxymoron as one's natural tendency is to avoid risk. Taking care of patients is difficult enough. Why put our bottom line at additional risk while doing so (in programs such as MSSP (Medicare Shared Savings Program), NGACO (Next Generation ACO) and BPCI -A (BPCI Advanced)? There are several reasons:

1) We are gaining invaluable experience on how to best navigate the road from volume to value. As our nation's health care dollars are increasingly tied to value-based programs, our success as a health care system depends more and more on being able to do this well.
2) Participating in these programs give us access to waivers which we have taken advantage of to (i) create QuE programs to the benefit of Alliance specialists and MWHC, (ii) employ advanced practice nurses in our hospitals to improve patient care and relieve physician stress and (iii) provide benefits to our patients such as nebulizers to our COPD patients.
3) These risk-bearing government programs are considered AAPMs (Advance Alternative Payment Models) which provide access to the 5% APM bonus which is based on 100% of our qualified Alliance providers' Part B Medicare billings. These bonuses will be paid out later this year and, in aggregate, should total over one million dollars.
4) Though not specifically an Alliance program, the Mary Washington Medicare Advantage Health Plan (which is a full at-risk program) offers two HMO products which utilize exclusively Alliance physicians.

Medicare Advantage gets us as close to the premium dollar as possible and we feel this represents the future of health care in our region as far as the care of our Medicare beneficiaries is concerned.

What is particularly challenging is that it is becoming increasingly difficult to achieve savings in our local healthcare environment. Why is this so?

1) The rules of these at-risk programs keep changing, generally not in our favor. For example, when we started out in Next Gen ACO, this was presented as a 5 -year program with our spending targets based on our spend in 2014, a relatively high spend year. One year into the program, CMMI moved the baseline up to more recent years for which we had successfully lowered our spend. Clearly, it's more difficult to succeed in a program with "moving targets", especially when those targets are moving in an unfavorable direction.
2) Our health system is advancing. We're providing more advanced care for more complex patients. This costs money. This is appropriate spend but government contracts, as they presently exist, don't account for this. That is, any spend above target is considered excess spend whether appropriate or not.

So, what can **you** do to help us succeed in this increasingly challenging at-risk environment?

1) The patient is always the priority. If we do the best for our patients, we'll always come out on top. However, the "best I can do" does not equate to "everything I can do". On average, 25% of the care delivered to patients is of no or low value (JAMA, 2019;322 (15):1501-1509). Not every patient with a headache needs a head CT. Not every patient with back pain needs an MRI. Not every adult scheduled for surgery needs a pre-op stress test. I know you know this, but the reality is, as a network, we order more lab tests, advanced imaging and surgical procedures than necessary for optimal care.
2) Provide as much patient access as possible so that your patients can see **you** when they have a problem rather than go to urgent care or the ED.
3) Do your best to help the Alliance do their best. Pay attention to our communications (as you are doing right now by reading this newsletter), make communicating with each other a priority, participate on Alliance committees and meet with Alliance staff members when they visit your practices.

The Alliance remains strong and effective. But we can do better and must do better in order to successfully navigate this challenging road from volume to value.

Rick Lewis, MD

Mission: We provide superior healthcare and value through an integrated partnership among patients, providers, and community resources.

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Committee Corner...

Message from
Kenneth McDowell, DO
Chair, Membership & Operations

Greetings Colleagues:

The membership and operations committee is the group inside the Alliance who evaluates and recommends to the Board of Managers the financial renumeration for the work done on our performance measures which, in part, drive the reimbursement for us all. As I write this it does seem less important in the setting of the pandemic but we need to be mindful of the eventual return to normal operations and these performance measures and practice improvements will again take on a more prominent role in our clinical day. As we are all preoccupied with the health emergency, and the rules and regulations we took so seriously a few short weeks ago are suddenly not as important today, we are finding ourselves in more uncertain waters.

I recall the debate going on when the Alliance began and the uncertainty we felt over the changing healthcare landscape moving to performance-based reimbursement. We have come a long way as the Alliance took shape and set common goals and practice strategies. For buy-in everyone was paying the same dues and reimbursed largely the same with a bit of extra reimbursement going to primary care physicians. It was clear from the inception of the performance initiatives that primary care physicians were going to be the initial front lines of practice performance. The committee has balanced this work with the contributions of specialist colleagues in coming up with membership guidelines and financial reimbursement for work specialists are doing to enhance the Alliance as well. As Medicare programs have changed and we have moved into a Next Gen model we have seen more focus on largely primary care initiatives and responsibilities for our covered lives. As our Alliance has matured in the program our risk as a group has increased and meeting performance improvement goals are even more important. The committee takes into consideration the changing initiatives and is now moving from a one-size-fits-all distribution model to a more goal centered incentive reimbursement to those medical specialties which perform added work to enhance the overall performance of the Alliance.

With larger stakes come larger rewards and this year membership will see changes to financial benefits for us all, no matter what specialty you are, for being a member of the Alliance NextGen ACO. Our primary care colleagues currently tasked with the lion share of the initiatives will also see added incentive payments as they align with the goals needed to increase Alliance performance. This may change in the future as government programs and Alliance performance goals adjust. Moving our Alliance to a more mature incentive payment structure focused on combined goals for us all will enhance the work the Alliance is doing as a whole and eventually yield higher rewards for all of us in better patient outcomes and better financial reimbursement as a reward for this enhanced level of care being delivered by all of our Alliance providers.

Welcome New Providers

Cardiology Associates of Fredericksburg
Umer Saleem, MD

FEMA
Benjamin Brown, MD

Mary Washington General Surgery Lee's Hill
Darlene Blanchard, MD
Richard Earnhardt, MD
Bradford King, MD

MWMG Infectious Diseases
Lalita Chulamokha, MD

NOVA Cardiovascular Care
Oluwaseyi Bolorunduro, MD
Mohammed Ghazvini, MD
Kambiz Yazdani, MD

Pathology Associates of Fredericsburg
Minoti Magotra, MD

Radiologic Associates of Fredericksburg
Tamara Carroll, MD
Shashank Parekh, MD

Retina Institute of Virginia
John O'Keefe, MD
Ali Tabassian, MD

Urology Associates of Fredericksburg
Maritza Romero-Gutierrez, MD

Virginia Cardiovascular Consultants
Dennis Dunning, MD

What's New - Updates

MW Medicare Advantage Plan-Referrals

Mary Washington Medicare Advantage

Alliance PCP's and specialists, please note that referrals will be required for the MWMA plan beginning Wednesday, April 1st.

Referrals are Required for:

- Participating Specialists including Chiropractor and Podiatry Care
- Home Health Care - does not include HH Aides (those visits require Prior Authorization)
- Outpatient Therapies – PT, OT, Speech, Cardiac/ Pulmonary Rehab and Supervised Exercise Therapy (SET)

Virtual Annual Meeting

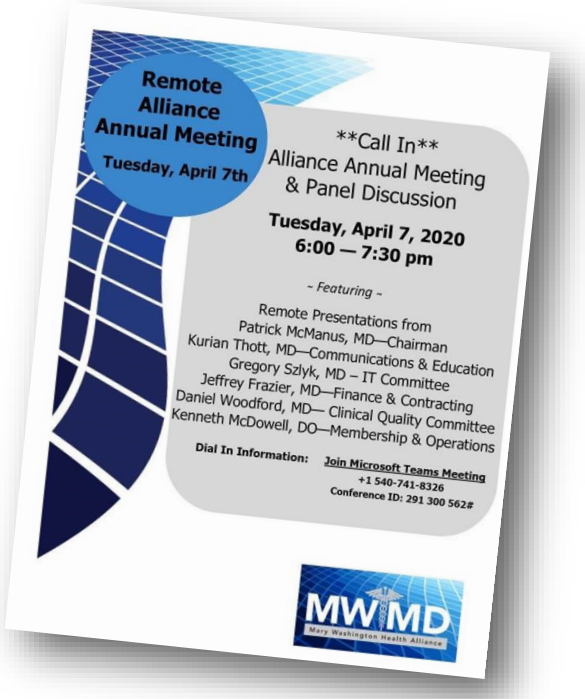
Please join us for an Alliance Virtual Annual Meeting on Tuesday, April 7th at 6:00 pm. Follow this link using your Microsoft Teams application on your desktop

Join Microsoft Teams Meeting

+1 540-741-8326

Conference ID: 291 300 562#

(you will need speakers or a headset), tablet, or smartphone.



Telemedicine & Billing

COVID-19 Billing Guidance

To allow accurate and timely reimbursement for COVID-19 related services, please submit claims using specific codes that our payers' claim systems will recognize. If these recommended codes are used it will facilitate proper payment and help avoid errors and reimbursement delays. Following are the links to recommendations for each payer.

Aetna:
https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.

Cigna:
COVID-19 provider web page on CignaforHCP.com.

Humana:
https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf

Innovation Health: (same as Aetna)
https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.

Optima:
Telehealth must be billed using E&M codes or the telehealth codes 99441 - 99443 with a place code of 02. It is recommended that providers affix the modiifer 95 or GT to E&M codes billed, but it is not required. This applies to new or established patients. No pre-authorization required.

MedCost (formerly VHN)
https://www.medcost.com/providers

Medicare
https://www.medicare.gov/coverage/virtual-check-ins

Advance Care Planning

Below is a link to the MWHC webpage with information on Advance Care Planning resources should you need them.
https://www.marywashingtonhealthcare.com/Posts/2018/June/Advanced-Medical-Planning.aspx

UPCOMING ALLIANCE EVENTS

April 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7 Alliance Annual Meeting Virtual Event 6 pm	8	9	10	11
12	13	14	15	16 Alliance Board of Managers 7 am MWH Exec. CR IT Comm. 10 am FHA Suite 200	17	18
19	20	21	22	23	24	25
26	27	28 Clinical Quality 1 West CR 7 am	29	30		

May 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11 Finance & Contractiing 1W CR 7:30 am	12	13	14	15	16
17	18	19	20	21 Alliance Board of Managers 7 am MWH Exec. CR IT Comm. 10 am FHA Suite 200	22	23
24	25	26Clinical Quality 7 am 1 West CR	27	28	29	30
31						

June 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8 Finance & Contractiing 1 West CR 7:30 am	9	10	11	12	13
14	15	16	17	18 IT Comm. 10 am FHA Suite 200	19	20
21	22	23 Clinical Quality 7 am 1 West CR	24	25	26	27
28	29	30				