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Medicare Reform Proposal Offered

The health care reform bill recently introduced in the U.S. House of Representatives is the first piece of health care reform legislation to address Medicare physician pay.

Under the legislation, upcoming cuts to Medicare physician rates would be expunged and the payment formula replaced with a modified system. It would start by erasing required pay cuts that have accumulated under the existing Medicare physician payment formula, the sustainable growth rate formula. After wiping the budgetary slate clean in 2010 by establishing a new SGR baseline and giving physicians a cost-based update for the year, a new system would launch in 2011 that could allow for positive rate updates going forward.

Physician fees are currently cut across the board when annual spending on physician services exceeds a target growth rate based on the nation's gross domestic product. Under the new system, spending would be allowed to expand based on a rate of the gross domestic product plus 2% for evaluation and management services/preventive care, and by the gross domestic product plus 1% for all other services. Certain items that are not paid for directly to physicians -- such as Part B drugs and clinical lab services -- also would be removed from the calculation of the formula, a move that would make it easier for physicians to avoid exceeding the spending targets.

The higher target growth rate for E&M and preventive services is not the only boost to primary care included in the House Democratic proposal. Starting in 2011, the bill also would provide a 5% Medicare bonus for physicians considered to be in primary care specialties, including internal medicine, family medicine, general internal medicine, general pediatrics and geriatrics.

At the urging of the White House, it appears that Congress will begin consideration of the legislation in September.



UOP Quality Improvement Program For BCN, Hap and Priority Under Way

As you know plans and purchasers are demanding the delivery of quality healthcare as defined by compliance with select disease measures, and physician reimbursement is becoming more and more tied to quality performance. Going forward, we believe higher performing networks will see more revenue for physicians and more access to patients.

In order to assist our physicians, your colleagues at UOP have made it a primary function in 2009 to help physicians improve quality scoring in HAP, BCN and Priority Health contracted through UOP. This year UOP will again fund and staff a quality improvement program to work with interested physicians to increase quality.

The program is designed to increase your quality scoring by directing patients to your office for appropriate testing. As part of the program, 3 contacts will be made with your patients in need of testing. The first contact will be a letter generated and mailed by UOP to your patients advising them to schedule an appointment with your office. Approximately fifteen days after the 1st letter is mailed, UOP will mail a 2nd letter to patients. Another fifteen days after the 2nd letter is mailed UOP will make a final contact with the patient via the telephone. [In connection with BCN, those patients who fail to schedule an appointment within 15 days of the telephone contact will be deemed noncompliant and once appropriately documented with BCN, Providers will be entitled to receive \$20.00 for each non compliant member. Please see article on next page for more information about the BCN program.]

As indicated above, improved quality performance can lead to additional revenue for your practice in 2009.

In order to make our program successful, we will need your staff to cooperate by tracking your performance, entering data as required by the plans, and working with UOP staff as they seek to identify patients who have failed to contact your office within the specified time period. We look forward to working with you and your office on this important project. Should you have any questions, please contact Cyndi Kalin x28, or Glenda Jaward x25 at UOP at 313-240-9867.

Blue Care Network Revises 2009 Noncompliant Member Policy

Blue Care Network is offering a revised Noncompliant Member Policy for the 2009 Performance Recognition Program.

A flat amount of \$20 per member will be paid to physicians for noncompliant members who meet the noncompliant conditions that are listed in the attached policy. There will be no credit given in the numerator of the 2009 base PRP score.

Blue Cross will accept the following four reasons:

1. Patient has not responded to three attempts to provide the appropriate care in a 12-month period. At least one of the attempts must be a written communication to the member and one attempt must be a phone call where there is a conversation with the member or parent. The written communication must state the specific noncompliant services needed and the medical need for regular follow-up.
2. Terminal illness.
3. Waiver signed by the patient in the office stating he or she does not want to receive a service for the following measures:
 - Immunizations
 - Breast cancer screening
 - Cervical cancer screening
 - Colorectal cancer screening
4. Inability to reach members who have never been seen in the PCP's office and the member address and phone number are incorrect. This should be well documented in the patient's chart.

Providers or staff must fax all appropriate documentation to BCN Provider Affairs AND enter the service for the member in Health e-Blue in order to earn the \$20 payment.

No documentation or entry into Health e-Blue will be accepted until October 1, 2009 and thereafter, documentation must be faxed to BCN Provider Affairs at 800-431-9358 AND entered into Health e-Blue.

If you have any questions please do not hesitate to contact your Glenda Jaward at UOP or Loli Dorton at BCN at 248-455-3529.

Contact Us

Credentialing	(313)240-9867 x3
Provider Liaison	(313)240-9867 x25 or x28
Provider Services	(313)240-9867 x2
OHSCare Authorizations	(313)240-9873

Patient Centered Medical Home (PCMH) Gains Momentum

Over the next several years, government and health insurers will be encouraging patients to seek medical help at practice units designated as Patient Centered Medical Homes. Physician offices will need to demonstrate they meet specific standards and become a medical home for such patients in order to be eligible to receive an increase of 10% in E & M codes.

PCMH is a way to encourage patients to keep all their health related issues centered in one location. PCMH is about delivering the same quality care with a more valuable experience for the patient, while at the same time reducing health care costs through prevention and early detection. To qualify as a PCMH, providers must demonstrate they have an official relationship with the patient under a patient-provider agreement, must use a patient registry, implement test tracking and coordination of care and must demonstrate linkage to community resources.

UOP has created guides and resources to help you establish and document that PCMH processes are in place. We offer a free registry service, PCMH forms such as the patient-provider agreement, office staff and process training and other literature to help your patients understand the value of PCMH. With the tools offered by UOP, we are confident that you will be able to show that you meet BCBSM standards to be designated as a medical home.

For further questions please contact Glenda Jaward at 313-240-9867 x25, or Cyndi Kalin at 313-240-9867 x28.

Provider Reminders

Credentialing – Please be reminded when you receive a UOP Recredentialing Application, please complete and mail it back ASAP. UOP follows NCQA guidelines and we must recredential you accordingly.

OHSCare – Authorization requests for services or DME require a physician's order and should be mailed or faxed (313 240 9869) directly to UOP. Requests to UOP from vendors will not be accepted.

Health e Blue – If your office has any questions regarding the use of Health e Blue, or you need help with training or loading data, please contact Glenda Jaward at UOP at 313-240-9867 x25.