November 2018 Issue 30

# **CCPN**Update

#### **Highlights**

CHA Partnership • P. 2

AMH Tier 3 Details • P. 5

MediQuire Collaboration • P. 6

PTN Enrollment Extension • P. 7

**November Medicaid Bulletin** 



## **Preparing for 2019**

With the end of 2018 quickly approaching, CCPN is busy working on several things which will impact our members in 2019 and beyond. First, for any practice which has not enrolled in the Transforming Clinical Practice Initiative/Practice Transformation Network (PTN) program, CMS has granted an enrollment extension through November 30. Please see more about this final opportunity to participate on page 7.

In addition, over the last several months, CCPN has been focused on moving towards full clinical integration by identifying a value-added, user-friendly quality data reporting solution for our members. After much research, MediQuire, Inc. has been chosen as our data reporting partner. An article about the new collaboration with MediQuire is on page 6.

CCPN staff have created an implementation timeline and are currently identifying practices for the first implementation groups. If you would like more information on this please contact the PTN coach who works with your practice or Melissa Tunstall at mtunstall@communitycarenc.org.



Steve Wegner, M.D.

CCPN is also assisting practices as they evaluate their Medicaid Advanced Medical Home designation options. An outline of the services which CCPN, in collaboration with CCNC, can offer is on page 5.

If you have questions about how CCPN and CCNC can support you as an Advanced Medical Home please contact Tiffany Ferguson-Cline at tferguson-cline@communitycarenc.org.

This is a critical time for North Carolina clinicians. We want to help you get the information you need to make the best decisions for your patients and your practice. If you have feedback to share with me as to how CCPN can provide this information as efficiently and effectively as possible, please contact me at <a href="mailto:swegner@ncaccesscare.org">swegner@ncaccesscare.org</a>.

#### **Carolina Health Alliance Partnership**

CCPN is excited to announce a partnership with Carolina Health Alliance (CHA), a broker providing various insurance options to employers, including an employer-based Direct Primary Care (DPC) component.

Under DPC, participating practices get paid a fixed, per member per month fee for employees and their dependents.

The per member per month fee is paid to the practice whether the patient comes to the office or not.

Carolina Health Alliance's DPC covers a fixed set of primary care services, such as acute care visits, preventive office visits, and limited labs and procedures.

In addition to the PMPM, there is also an opportunity to earn a care outcome bonus by meeting certain quality metrics and a referral pattern bonus.

We will initially be piloting the CHA initiative in counties in the Triad and Southeastern regions of the state.

More details will be provided soon to practices located in those regions.

If you are interested in participating, please contact Jessica Whelan at 919-926-3894 or <a href="mailto:jwhelan@communitycarenc.org">jwhelan@communitycarenc.org</a>.

#### 2019 Annual Clinician Conference

Mark your calendars for the 3rd Annual Clinician Conference to be held at the Grandover Resort in Greensboro on May 19 — May 20, 2019.

# SAVE THE DATE



# 3rd Annual Clinician Conference



#### **Hurricane Florence**

CCNC is pitching in to help with Medical Assistance in the aftermath of Hurricane Florence.

For more details, visit the CCNC website.

For information on assistance and those who need help buying food after the hurricane please visit this link.

For HIE information about accessing patient information after Hurricane Florence please visit this link.



#### **Reducing Non-Emergent ED Visits at Covenant Pediatrics**

Covenant Pediatrics is a dually enrolled PTN and CCPN practice located in Matthews, NC. Dr. Anthonia Emezie and her team at Covenant Pediatrics pride themselves on their close relationships with the families they serve and the high quality of care they provide at every visit. They have a strong focus on preventive care and keeping kids as healthy and happy as possible.

Earlier this year, the team at Covenant Pediatrics identified an area of opportunity around non-emergent ED visits and their associated costs. From there, PTN Coach Lacey Marolf led the team in running PDSA (Plan, Do, Study, Act) cycles and implementing new workflows, data collection, and outcome analysis.

The first step in the PDSA cycle was to determine the effectiveness of the current system for receiving notifications when one of their patients was seen in the ED. While testing the process, the team discovered they were only being notified of 50% of their patients who had visited an ED. This prevented the practice from any consistent tracking or follow up.

Next, a new notification and follow-up process was implemented. PTN Coach Marolf introduced process mapping to help document the new workflows and standard time frames associated with the follow-up.

She also connected the practice to the Medicaid reporting system and Provider Portal to ensure they had timely access to reports of their patients who had been seen at any hospital, regardless of affiliation or location.

As part of the new processes, the practice now contacts and offers an appointment to every child 24-48 hours



The medical providers and staff at Covenant Pediatrics meeting with PTN coach Kacey Marolf

after an ED visit to ensure proper follow up, care coordination, and education.

Marolf assisted the practice in analyzing their data to determine effectiveness. The data showed a statistically significant reduction in nonemergent ED visits and nonemergent ED cost from when Covenant Pediatrics started their standard ED follow-up process.

From the beginning of the ED follow -up process which began in May 2018, the practice has demonstrated a 96% reduction in utilization and cost from non-emergent ED visits. Covenant Pediatrics continues to contact all patients, and since May they have seen 20% of their patients back in the office after an ED visit.

This provides opportunity for closer care coordination for their patients and prevention of unnecessary ED visits.

#### **Story ideas?**

If you have suggestions about articles you would like to see in the CCPN Update, please contact:

Shelley Kittrell at skittrell@ communitycarenc.org



#### **Behavioral Health Integration**

In the September CCPN newsletter, we introduced you to the CoCM – Collaborative Care Model – an evidence-based model of integrated care designed for primary care. The CoCM passed an important milestone on October 1, 2018, when the CPT codes were activated by NC Medicaid.

The story of CoCM in North Carolina illustrates the valuable partnerships and advocacy within our state.

North Carolina has a long-standing partnership between the professional organizations of the NC Psychiatric Association (NCPA), NC Academy of Family Physicians (NCAFP), the NC Pediatric Society (NCPeds), and Community Care of North Carolina (CCNC).

Historically, these organizations have worked together to advocate for high quality care for NC Medicaid patients, especially within the primary care and psychiatric settings.

Starting several years ago, a workgroup of executive leadership from NCPA/NCAFP/NCPeds/CCNC began to meet regularly to discuss Medicaid reform.

One frequent topic of conversation was how to integrate behavioral and physical health to improve access, quality of care, and decrease cost for all North Carolinians. Frequently discussed was the CoCM and how to advocate for this important model within our state.

The group leadership continued to advocate with NC Medicaid for activation of the CoCM CPT codes; we recognized that without payment, it was not feasible for our primary care practices to use this valuable model.

We are very pleased to see that NC Medicaid is the second Medicaid program in the US to activate these codes\* and believe that this would not have happened without such a strong partnership and history of advocacy.

Your clinical leadership matters and will be crucial to the success of CCPN as we move forward!

Please continue to participate actively in your professional organizations and consider joining the CCPN Quality Improvement Committee.

If we stand together with one voice, we do have the ability to make meaningful change in our state.

For more information on how to join the CCPN Quality Improvement Committee email Shelley Kittrell at <a href="mailto:skittrell@communitycarenc.org">skittrell@communitycarenc.org</a>.

\*NC Medicaid Begins Using Collaborative Care Codes. Mornan, M. Psychiatric News, October 19, 2018. p 1.

#### **Invoice Questions?**

Did you receive an enrollment fee invoice and have a question?

If so, please contact Jon York at <u>jyork@communitycarenc.org</u>.

#### **AHP Adds New Vaccine to Porfolio**

Atlantic Health Partners, one of CCPN's Group Vaccine Purchasing preferred vendors, has added Dynavax's Heplisav-B vaccine (adult Hepatitis) to its portfolio.

To learn more, please click here.



#### How CCPN will Help You Meet AMH Tier 3

The Department of Health and Human Services (DHHS) developed the Advanced Medical Home (AMH) program as the primary vehicle for delivering care management and moving practices forward in value based reform in the transition to managed care.

Click <u>here</u> to see the 5 broad categories of requirements that you would need to meet if you attest to AMH Tier 3, and how Community Care Physician Network together with Community Care of North Carolina can help you meet these requirements.

#### **New Website Coming Soon**

The CCPN website is getting a new look! The website will have the same address but will have new features which will help us serve our members even better. Be on the lookout for an announcement soon.

In the meantime please check out the current website at <a href="https://www.communitycarephysiciannetwork.org">www.communitycarephysiciannetwork.org</a> for the latest CCPN news and information.



#### **Business Solutions Survey**

CCPN continues to evaluate improved business solutions for our members. We are currently reviewing insurance options and other partnerships that should provide more competitive pricing and benefits.

Please complete our brief <u>Business Solutions Survey</u> to help us gather more information. This survey will take less than 5 minutes to complete.

#### **Board of Managers**

Greg Adams, M.D., Boone, NC

Terry Daniel, M.D., Vice Chairman Eden, NC

Allen Dobson, M.D., Chairman Mt. Pleasant. NC

Beverly Edwards, M.D., Ahoskie, NC

Tagbo Ekwonu, M.D., Charlotte, NC

Stephen S. Hsieh, M.D., Lexington, NC

Larry D. Mann, M.D., Raleigh, NC

Rueben Rivers, M.D., Fayetteville, NC



### MediQuire Partnership

#### Tell Us What's Changed

Have clinicians joined or left your group?

Have you recently changed addresses, phone numbers, or tax identification numbers?

Please let us know!

Contact: Jon York at <u>jyork@communitycare</u> <u>nc.org</u> Community Care of North Carolina, Inc. (CCNC) and MediQuire, Inc. are pleased to begin a collaborative effort to help North Carolina primary care practices transition to value-based payment models.

The partnership will utilize MediQuire's Clarity product, a clinical integration tool for measuring and reporting quality that taps into clinical data in practices' Electronic Health Records (EHRs). The approach will greatly improve practices' ability to measure and report on quality metrics under Medicaid Managed Care and other quality programs.

"We see tremendous value in MediQuire's data solution," said CCPN Board Chairman CEO L. Allen Dobson, Jr., MD. "By effectively harnessing EHR data in a physician-friendly way, we will be able to improve the quality of care delivered and report accurately on these improvements so that primary care physicians are appropriately compensated under value-based payment systems. At a time of unprecedented challenges for primary care practices, this approach has the potential to both improve quality and let doctors focus on patient care, not on managed care contracts or complicated data flows."

CCNC and MediQuire will be initially working with practices participating in the Transforming Clinical Practice Initiative sponsored by the Centers for Medicare and Medicaid Services (CMS) with the aim of promoting payment and practice reform, improving care coordination between providers, establishing community-based health teams for chronic care management, improving quality, and reducing cost.

Participating practices will be provided with an at-a-glance dashboard that shows how the practice is performing on value-based contracts with payers and allow them to drill down to patient-level data to facilitate targeted patient outreach and care gap closures. This program is provided at no cost to North Carolina practices participating in the PTN initiative or to CCPN practices.

There are currently over 300 CCPN practices that are part of the Transforming Clinical Practice Initiative (TCPI)/Practice Transformation Network (PTN). If your practice is already part of the TCPI/PTN program your PTN coach will be contacting you to share additional information about this exciting opportunity. If you have not yet been contacted by your PTN coach and would like to learn more please email Melissa Tunstall at

#### mtunstall@communitycarenc.org.

If your practice would like to join the TCPI/Practice Transformation Network, please see the article on page 7 to learn more about how to do this. The deadline to join is November 30.

CCPN practices which are not part of the TCPI/PTN program will be eligible to participate in this collaboration as well. More information, including how these practices can also participate in this program at no cost, will be forthcoming.

To read the entire press release regarding the CCNC/MediQuire collaboration, please <u>click here.</u>

# **CCPN: Spanning North Carolina**



#### **PTN Enrollment Extension**

Due to the impact of Hurricane Florence on NC, CMS granted an extension for enrolling practices into the free coaching program through the Practice Transformation Network (PTN), until November 30, 2018.

How can this benefit your practice?

- Provides a mechanism to support you as a Tier 3 Advanced Medical Home (AMH)
- Connection to the quality reporting solution (CIRQ) to support value based reimbursements
- Access to an incredibly robust set of resources to secure their future

Am I eligible for Practice Transformation Support?

- NOT currently enrolled in an accountable care organization (ACO)
- HAVE a functioning EHR
- NOT already in the CCNC-PTN

Interested? Contact Jennifer Cockerham:

jcockerham@communitycarenc.org
919-745-2390

# Contact Us

Denise Levis Hewson Chief Operating Officer, CCPN dlevis@communitycarenc.org

Steve Wegner, MD, Chief Executive Officer, CCPN swegner@ncaccesscare.org Shelley Keir Vice President, CCNC skeir@communitycarenc.org

2300 Rexwoods Drive Suite 340 Raleigh, NC 27607

#### **Welcome New Practices**

Asheville Children's Medical Center, P.A

Asheville Medicine and Pediatrics

Avery County Health Department

Blue Sky Pediatrics Asheville

Caiyalynn Burrell Child Crisis Center

Cane River School Health Center (Yancey)

Carolina House

Caswell County Health Department

Cleveland County Health Department

Cleveland Family Health Clinic, PLLC

Community Family Practice, PA

East Yancey School Health Center
(Yancey)

Family Preservation Services of NC, Inc. (Charlotte, Asheville, Columbus, Hendersonville, Rutherfordton)

French Broad Pediatrics

**Gastonia Pediatric Associates** 

Hendersonville OBGYN Associates PA

Jackson County Dept. of Public Health

Magnolia House

Mitchell County Health Department

Mountain House

NeighborHealth Center

Primary and Immediate Care of the Pines

Sona Clinic

Vickery Family Medicine

William C. Hayes, Jr. and Associates

WNC Internal Medicine, PLLC

Yancey County Health Department

Click for a full list of CCPN practices

