



FIHN Co-Medical Directors Dr. Richard Gough and Dr. G. Johnson Koilpillai

Welcome to FIHN! We have been busy working behind the scenes all summer preparing for our go live date of January 1, 2015 and wanted to bring you up to speed with what we have accomplished. The Network is planning a meeting in November for participants to provide in-depth information and answer any questions you may have. *Please consider important items in italics and bold below for action in preparation for success under contracts in 2015.*

Network Participation Over 80% of all Primary Care Physicians in Frederick are participating in our network. Specialty contracting is currently in its second phase and about 150 specialists participate to date including representation in most all specialties. We are pleased to see that physicians recognize this unique opportunity to collectively prepare for payment reform in advance of payor mandates.

Network Payor Contracting FIHN is working on contracting for shared savings with 2 payors, the Medicare Shared Savings Program (MSSP/ACO) and the FMH Employee Health Plan, both for January 1, 2015. As a reminder, shared savings Agreements do not interfere with your practice's current fee for service contracts with the same payors, you continue to bill and be paid as you are today. Shared savings contracts offer additional reimbursement if at year end the network is able to reduce overall medical cost for the population of patients being managed and achieve success on improving quality and utilization measures.

FIHN applied to participate in the Medicare Shared Savings Program in July. We passed the first round of Requests for Information (RFIs) and are awaiting the next series. We will be notified in November of the final application acceptance or rejection. We successfully surpassed the minimum requirement of 5000 Medicare lives "attributed" to our network, receiving initial attribution of 9,636 beneficiaries. Patients are attributed to the network by Medicare reviewing historical claims submitted by providers in the network looking for primary care visits.

The MSSP contract requires that the network report on quality measures (attached) similar to PQRS and Meaningful Use measures you may be reporting on today. This is to ensure that quality improves as the network reduces avoidable utilization and cost such as unnecessary readmissions, emergency room visits and admissions for patients with chronic disease. Many of the measures can be documented during the Medicare Annual Wellness visit. See the following web site for more information on the visit components: www.medicare.gov/coverage/preventive-visit-and-yearly-wellness-exams.html. We also encourage you to discuss Advanced Directives. Patient resources: www.caringinfo.org/files/public/ad/Maryland.pdf. ***Network PCPs should schedule Medicare patients in for this annual visit in order to increase the number of network attributed members and record the quality measures required under the MSSP contract to qualify for savings. During these visits make note of high risk Medicare members who would benefit from case management and care plans to improve compliance with your medical management and support for their condition. The network plans to utilize care managers to support your efforts with these complex patients and will be collecting this information in the future.***

Beneficiary Notification Medicare requires that the Network mail notices to attributed Medicare patients to give them an opportunity to opt out of the data sharing of their Medicare claim data if we are awarded the MSSP contract. ***Attendance at the November network meeting will be important to understanding questions from patients about this letter which must also be presented to Medicare members at the time of office visits.*** Talking points will be provided for your staff. ***Hold the date: November 12, 7-8:30 A.M. Invitations will be sent out soon.***

The FMH Employee Health Plan shared savings contract for the 2015 benefit year is being finalized. Quality measures under this contract include 4 key areas of improvement compared to well managed populations: Mammography Screening, Lipid Screening for patients with hypertension, Emergency Room Visits/1000 and Outpatient Radiology Utilization. You will receive an Opt-Out notice later this year explaining the terms of this Agreement.

Information Technology Success under shared savings Agreements requires Population Health Analytics IT tools to help integrate EMR data from participating practices to report on the quality measures, improve communication and to sift through the historical claim data shared by the contracted payor to risk stratify the population and identify opportunities. We are in the final stages of reviewing the top vendors (Optum, E-Clinical Works and Explorys). Phil Stiff, Director of Health Information, is initiating a survey of physician practice's EMR systems to prepare for extraction of data from the fields used to record the quality measures such as those attached for the MSSP contract. We appreciate your support when the practice is contacted. Please identify a contact person at the practice for this IT Survey. ***Contact Jennifer Teeter (JTeeter@fmh.org or 240-566-3337) with the individual's name, phone number, and e-mail address, and include your practice name in the message.***

If you have any questions about the above information or would like to get more involved in network activities, please contact Jennifer Teeter by email at JTeeter@fmh.org or by phone at 240-566-3337, or network co-Medical Directors Dr. Richard Gough at RGough@fpcanet.net or Dr. Johnson Koilpillai at JKoilpillai@fmh.org. Thank you for your participation!