

## INSIDE THIS ISSUE:

- MEETINGS 1
- CIN 2
- PROVIDER OPERATIONS 4
- MIPS UPDATE 5
- MSVIA 9
- FAMIS UPDATE 11

## QUARTERLY PROVIDER NEWSLETTER SPRING 2017

*ADDRESSING THE NEEDS OF OUR PROVIDERS AND BUILDING THE FOUNDATION FOR MORE AFFORDABLE AND ACCESSIBLE HEALTH CARE OPTIONS*

## UPCOMING MEETINGS

### GATEWAY HEALTH MEDICAL MANAGEMENT COMMITTEE

May 9, 2017	@ 5:30pm	Gateway Health Conference Room
June 13, 2017	@ 5:30pm	Gateway Health Conference Room
July 11, 2017	@ 5:30pm	Gateway Health Conference Room



### ADVANTAGE POINT HEALTH ALLIANCE BLUE RIDGE

May 17, 2017	@ 11:30am	Key CIN Updates: Martinsville Office Managers and Insurance Managers
May 24, 2017	@ 11:30am	Key CIN Updates: Danville Office Managers and Insurance Managers

# YOUR ATTENDANCE IS NEEDED

Office Managers and Insurance Managers  
You Are Invited

To a Luncheon Where We Will Share Critical Information on the

## Clinically Integrated Network (CIN)

Wednesday, May 17, 2017

11:30AM – 1:00PM

Chatmoss Country Club

550 Mount Olivet Road, Martinsville, VA 24112

- ◆ CIN Plans for 2017
- ◆ EMR Integration
- ◆ Financial Opportunities for Practices
- ◆ Full Lunch Provided

**Key To Improving Care Delivery Across Our Communities**

**Must RSVP By: Friday, May 12<sup>th</sup>**

**To Tiffany Stolzenhaller by**

**Email: [tstolzenhaller@gatewayhealth.com](mailto:tstolzenhaller@gatewayhealth.com) or Fax: (434) 799-3837**

Practice Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Attendee's Name: \_\_\_\_\_

Attendee's Name: \_\_\_\_\_

Attendee's Name: \_\_\_\_\_

Attendee's Name: \_\_\_\_\_

# YOUR ATTENDANCE IS NEEDED

**Office Managers and Insurance Managers  
You Are Invited**

**To a Luncheon Where We Will Share Critical Information on the**

## **Clinically Integrated Network (CIN)**

**Wednesday, May 24, 2017**

**11:30AM – 1:00PM**

**Danville Golf Club**

**2725 W Main St., Danville, VA 24541**

- ◆ **CIN Plans for 2017**
- ◆ **EMR Integration**
- ◆ **Financial Opportunities for Practices**
- ◆ **Full Lunch Provided**

**Key To Improving Care Delivery Across Our Communities**

**Must RSVP By: Friday, May 19<sup>th</sup>**

**To Tiffany Stolzenhaller by**

**Email: [tstolzenhaller@gatewayhealth.com](mailto:tstolzenhaller@gatewayhealth.com) or Fax: (434) 799-3837**

Practice Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Attendee's Name: \_\_\_\_\_

Attendee's Name: \_\_\_\_\_

Attendee's Name: \_\_\_\_\_

Attendee's Name: \_\_\_\_\_

YOUR GATEWAY HEALTH PROVIDER OPERATIONS TEAM		
Name	Email Address	Phone 434-799-3838
John Holshouser	jholshouser@gatewayhealth.com	Extension 3017
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Niki Prignano	<a href="mailto:nprignano@gatewayhealth.com">nprignano@gatewayhealth.com</a>	Extension 3062

## We Need Your Email

As more and more of our communications occur electronically, we want to be sure we have the most up-to-date email address for you and your practice. Please inform Catina Evans, [cevans@gatewayhealth.com](mailto:cevans@gatewayhealth.com) or Niki Prignano, [nprignano@gatewayhealth.com](mailto:nprignano@gatewayhealth.com) of any changes or updates to your email address.



## Insurance, Plan, or Benefit Changes

Please remember that insurance plans and benefits can change from year to year. Please check insurance cards for new co-pays, deductibles and other insurance information. If you have questions regarding the plans that you participate in, please do not hesitate to contact Catina Evans at [cevans@gatewayhealth.com](mailto:cevans@gatewayhealth.com).



**REMINDER: ALL PROVIDERS PLEASE  
SIGN-UP FOR PROVIDER CONNECTION  
ON OPTIMAHEALTH.COM**

Ability to:

Check Claim status • Claim Reconsideration  
View Eligibility • Create OB Auths  
Access Provider Manual • Access In-Office  
Lab List

**Questions, contact:**

**Sheryl D. Motley, Network Educator  
Optima Health Plans  
(p) 336-949-9108 ♦ (f) 336-949-9303**

## 12 Little-Known Facts About MIPS

By MSOC Health  
April 14, 2017

Most practices that don't successfully report 2017 data for Medicare's new Merit-Based Incentive Payment System (MIPS) will face a 4% reduction in Medicare payments in 2019. On the other hand, you could potentially receive an increase in your payment rate by optimizing your MIPS score. CMS offers extensive education about the program at [www.gpp.cms.gov](http://www.gpp.cms.gov).

We'll go beyond the basics to answer some FAQs and share some of the little-known facts that might surprise you.

### **Q: What's the minimum I have to do to avoid the 4% reduction?**

A: You need a MIPS score of 3 (out of 100 points). To get 3 points, you can do any of the following:

- Report 1 quality measure to CMS on 1 Medicare patient
- Attest to 1 improvement activity performed consistently during any 90 days in 2017
- Attest to the 4 measures that make up the Base Score of the Advancing Care Information (ACI) category – these are from the Modified Stage 2 Meaningful Use measures and you must meet the threshold of 1 patient or answer Yes for each measure during any 90 days

### **Q: Why would I worry about doing anything more than the minimum?**

A: There are three important reasons.

- First, MIPS will get more difficult in future years with a 12-month reporting period and a likely threshold of 50-60 instead of 3 – this is the year to get your processes in place.
- Secondly, a score of 70 or higher will give you a significantly higher increase in 2019 payments because you will share in a \$500 million additional incentive fund.
- Finally, the MIPS score will be published at [www.medicare.gov/physiciancompare](http://www.medicare.gov/physiciancompare) and will be marketed by Medicare, AARP, Consumer Reports and your competitors as the gold standard in evaluating the value of different physicians and practices.

**Q: If I don't have an Electronic Health Records system, does MIPS apply to me?**

A: Yes, however without a 2014 Certified EHR, you will be unable to earn any points in the Advancing Care Information (ACI) category so your maximum possible score will be 75 instead of 100 points. You can still earn points in the Quality and Improvement Activities Categories. Please note that if you have never participated in the Meaningful Use program, there is a [special one-time exception](#) to the 2016 Meaningful Use program that can eliminate the scheduled 3% reduction in 2018 payments.

**Q: Do I get a higher score if I report data for 12 months instead of just 90 days?**

A: Not necessarily. You can report for any period of time between 90 days and 12 months; your score is based on the data you report. Choose the reporting period that maximizes your score.

**Q: Do I have to use the same 90-day reporting period for each category?**

A: No. You can select a different reporting period for each of the 3 categories: Quality, Advancing Care Information (ACI-similar to MU) and Improvement Activities.

**Q: What should I consider in choosing whether to report as a Group or as Individual Clinicians?**

A: Most importantly, unless you plan to use the GPRO website to report quality measures, you'll make the decision at the time you report – in early 2018. Here are factors to consider:

- Which approach provides the highest MIPS score and the greatest revenue impact? When reporting as a Group, each provider in the group will have the same score and the same payment adjustment. When reporting as Individual Clinicians, each provider will have a different score and be paid at a different payment rate in 2019.
- Are some providers excluded due to Low Volume? If so, they are not required to report as Individual Clinicians but would be included as a member of the Group.
- In a multi-specialty group, do some providers have 6 great quality measures to report on while another specialty struggles to find 6 measures that make sense for them? In this situation, Group reporting may be beneficial as you can select measures that apply only to one specialty within your practice.

**Q: What happens if I move to a new practice by the payment year (2019)?**

A: Your MIPS score will move with you. If your practice reports as a Group in 2017, each clinician in the group receives the same MIPS score. In your new practice, your 2019 payment rate will be based on the MIPS score you earned in 2017 regardless of which

practice you were in. If you had 2 MIPS scores in 2017 because you worked in 2 different practices that year, your 2019 payment under a new TIN will be based on the higher of the two scores.

**Q: I only see patients in the hospital, am I excluded from MIPS?**

A: Probably not. There are only three exclusions from MIPS:

- Low Volume Exclusion: Less than \$30,000 in Medicare Allowables OR less than 100 Medicare patients during a 12 month period.
- New Medicare Provider Exclusion: 2017 is the first year that the provider billed to Medicare under their NPI number.
- Advanced Alternative Payment Model: Provider is deemed a participating provider in a Medicare Advanced APM (see next question).

However, Hospital-based providers are excluded from the ACI (MU) category. The 25% weight typically assigned to this category is reassigned to the Quality Category making Quality worth 85% of the Final MIPS Score and Improvement Activities worth 15%. Note that the definition of Hospital-based has changed to more than 75% of encounters in POS 21, 22, or 23 (Inpatient, Hospital Outpatient, ED).

**Q: I am participating in a Medicare ACO. Do I have to report MIPS?**

A: It depends on the specific Medicare Alternative Payment Model (APM) you are participating with. Some programs have been deemed “Advanced APMs” and others are deemed “MIPS APMs.” You’ll want to carefully review the information on [www.gpp.cms.gov](http://www.gpp.cms.gov) in order to determine which you are participating with and the specific rules that apply to you.

**Q: What should I consider in selecting the Quality Measures to report?**

A: Probably one of the most difficult issues in implementing MIPS. Be sure to consider the following:

- How will you collect the necessary data and report it to CMS? There are over 250 measures and 5 reporting options – claims, certified EHR, registry, qualified clinical data registry (QCDR), and GPRO Website. Some measures are only available for some reporting options.
- There are different benchmarks for different reporting options. Be sure you are using the correct benchmarks to determine your score. The same measure may have lower benchmarks if you report it via registry as compared to EHR or vice-versa.
- Measures with less than 20 eligible cases, or those with no benchmarks will receive a score of 3.

- Some measures are listed as 'Topped Out' meaning that the national average is > 95%. It is ok to report these for 2017 however they may not be available in 2018 and beyond.

**Q: I am switching to a new EMR in 2017. Under the Meaningful Use program, I would have received a Hardship Exemption for 2019. Does the same exemption apply under MIPS?**

A: You are not exempted from MIPS altogether, but you may apply for a Hardship Exemption for the Advancing Care Information (ACI) Category. Applications will be available in early 2018 and if approved, your Quality Category would be reweighted to be 85% of your Final MIPS Score with 15% assigned to the Improvement Activities Category.

**Q: How are the Improvement Activities reported to CMS and what type of documentation is required?**

A: Improvement Activities can be reported to CMS via an attestation website that will be available in early 2018. You will simply attest that you performed the activity consistently during the 90-day reporting period you have chosen. If you are reporting as a Group, only one provider in the group must perform the activity. CMS has declined to provide further guidance about the requirements of each activity. You will need to retain appropriate documentation to justify and support your attestation in the event of an audit.



Gateway Health is pleased to announce our partnership with the Medical Society of Virginia Insurance Agency (MSVIA). We've selected to partner with MSVIA based on its reputation for providing outstanding service and a full range of insurance coverage options.



### **MSVIA understands you**

MSVIA was created by physicians for physicians. The agency's board of directors is comprised of physicians, practice managers and insurance professionals who have experience with and knowledge of the real challenges you face.

### **What that means for you**

As a wholly owned subsidiary of the Medical Society of Virginia (MSV), MSVIA's revenues benefit Virginia's physicians by supporting legislative advocacy, practice management guidance and other initiatives.

### **What you can expect**

- **Experience:** MSVIA celebrates more than 15 years of serving the physician community, with a professional staff possessing more than 300 years of combined insurance experience.
- **Quality:** MSVIA offers access to top national providers of health, life, disability, dental, professional liability and other property and casualty coverage.
- **Focus:** MSVIA focuses on advising physicians and their practices with a commitment to finding the highest quality coverage for the best value.

### **No-obligation quote**

Gateway Health encourages you to contact MSVIA for a no-obligation consultation. If you have questions or wish to obtain a quote, please contact MSVIA toll-free at 877 | 226-9357 or use the online quoting tool at [www.msvia.org](http://www.msvia.org).

MSVIA is happy to assist.

See the following MSVIA flyer for more information!



# Who better to help you?



Each day thousands of physicians treat their patients with confidence in knowing that MSVIA is their insurance partner. Building on the Medical Society of Virginia's legacy of caring about Virginia physicians, our team stands ready to support you with unbiased guidance and exceptional service.

Request a quote at [www.msvia.org/RequestQuote](http://www.msvia.org/RequestQuote).

MEDICAL SOCIETY OF VIRGINIA  
INSURANCE AGENCY





## Update: Policy Change Produces Good Results!

A new DMAS policy that went into effect in October was designed to keep newborns from losing FAMIS coverage on their first birthday via auto-cancellation. It is working well.

As of December, **3,700 one-year-olds have retained coverage** due to this policy change. Families of these one-year-olds will **still need to complete a renewal application** for coverage to continue.

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## Good News for Non-Resident Kids and Pregnant Women!

It is now easier for lawfully-residing children and pregnant women to qualify for the FAMIS programs! Effective September 2016, individuals who hold non-immigrant visas are considered U.S. "residents" when applying for Medicaid or the FAMIS programs. These "residents" will **no longer have to sign a statement attesting to their intent to remain** in the Commonwealth of Virginia beyond their visa.

Additionally, individuals admitted to the U.S. on non-immigrant visas (*and individuals who do not intend to work in the U.S.*) are **no longer required to apply for a Social Security Number (SSN)** to receive coverage through the FAMIS programs.

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## New Expertise at VHCF

The Virginia Health Care Foundation welcomes Emily Roller as its new Child Health Insurance Program Manager. Prior to joining the VHCF Child Health team, Emily provided training and technical assistance to Virginia's Federally Qualified Health Center (FQHC) Certified Application Counselors (CACs) at the Virginia Community Healthcare Association. Before that, Emily served as an outreach worker for the Virginia Health & Wellness Passport program. Emily will be the new voice on the end of the *SignUpNow* hotline, 804-828-6062, and at SUN workshops. She can also be reached at [emily@vhcf.org](mailto:emily@vhcf.org).

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## A Fresh, New Look for Virginia's Managed Care Website

Do you need to assist your clients with information about Medicaid Managed Care? Virginia's online resource center for Managed Care Organizations (MCOs) has a new look!

Head to the Virginia Medicaid Managed Care website to figure out which MCOs serve your locality or region, and to find your service area's annual Open Enrollment Period. You can check out the redesigned Virginia Medicaid Managed Care website:

<https://viriniamanagedcare.com/learn/open-enrollment>.

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### **Smiles For Children Can Help Prevent Serious Health Risks**

Children who do not visit the dentist are at risk for long-lasting health consequences. Tooth decay is one of the most common preventable diseases seen in children. **Children as young as 12-18 months can get cavities, causing pain.** This may prevent them from eating, speaking, sleeping, and learning properly.

The truth is that nearly all dental disease is preventable. However, too often children do not get necessary preventive care - things like cleanings, X-rays, and fluoride. This not only leaves them at risk for serious dental disease, but it can also impact their overall health. Research has linked dental disease to diabetes, asthma, and other chronic conditions.

The great news is that the 835,000 **children who are enrolled in Virginia's FAMIS programs have dental coverage through the Smiles For Children program.** In state fiscal year 2016, 430,000 of them went to the dentist.

**Smiles For Children** provides comprehensive dental benefits to members under 21 years of age, limited benefits to adults ages 21 and up, and medically appropriate dental benefits to pregnant members over age 20. The **Smiles For Children** program gives coverage for the care they need. It includes:

- Regular dental checkups (*every six months*)
- X-rays (*when necessary*)
- Cleaning and fluoride (*every six months*)
- Sealants
- Information and education about oral care
- Space maintainers
- Braces (*if necessary*)
- Anesthesia
- Extractions
- Root canal treatment
- Crowns

If you work with children in the FAMIS programs, you can help them use the **Smiles For Children** dental program and possibly avoid serious dental disease.

### **Help children get started with dental care.**

The first step is to get them an appointment with a dentist. Finding a dentist who accepts **Smiles For Children** is easy - members can call a toll-free number or use the **Smiles for Children** website.

- **Option 1:** Call 1-888-912-3456. The call center is available 8am-6pm Monday-Friday, and can even help the member make an appointment!
- **Option 2:** Visit the website at [www.DentaQuest.com](http://www.DentaQuest.com).

When they call to make an appointment, members should be sure to tell the dental office that this child is a **Smiles For Children** member. Remind them that on the day of the appointment, they should be sure to bring their child's Medicaid card (either the blue and white card, or their MCO ID card).

### **Questions? Need Help?**

If you have questions about the **Smiles For Children** program, please contact **Jackie Wake, State Outreach Coordinator**, at [Jacqueline.Wake@DentaQuest.com](mailto:Jacqueline.Wake@DentaQuest.com). She can also provide you with a list of dentists in your area who accept **Smiles For Children** members.

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### **Application for Health Coverage to Get One Step Shorter**

The paper Application for Health Coverage & Help Paying Costs (*streamlined, federal application for Medicaid, FAMIS, and coverage through the Marketplace*) will be one step simpler beginning in 2017.

Step 7, entitled "Consent to Share User Profile Information," will disappear. State agencies are now allowed to share clients' information using the Virginia Information Technologies Agency's (VITA's) Enterprise Data Management (EDM) system, which includes the Department of Motor Vehicles and other state agencies, without this additional permission.

This is another step the Commonwealth is taking to make applying for the FAMIS programs easier for families.

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