



Reflecting on 10 YEARS of improving Michigan's health

In 2011, five local physician organizations decided to work together to help positively impact patient care and influence programs affecting physician performance measures and reimbursement. The Physician Alliance (TPA) was born of this common interest. Since then, TPA continuously focuses on new initiatives, problem-solving, collaboration, and many times pushing the boundaries to ensure that physician members have the tools to help patients while also improving their practice performance and revenue. This relentless pursuit of excellence has led to many successes for over 2,300 physician members and millions of patients in their care.

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President's MESSAGE



Dear members,

As another new year rolls in, I get the sense that our society waivers between feeling optimistic that good things will come and frustration and concern that the Covid-19 pandemic pushes on. I thank all of you for your continued commitment to patient care and safety.

While the distribution of the COVID-19 vaccines to ages 5 and older brought some much-needed relief, the pandemic continues to affect all areas of society. And healthcare continues to be especially impacted. Staffing shortages, overwhelmed emergency departments, postponed or canceled procedures and more make it difficult to make big plans for the future.

That's why it's heartening to see the successes achieved last year by our organization and all of you. As we celebrated the 10-year anniversary of TPA's creation, our organization grew to become the largest physician organization in Michigan. Our physicians and practices received high scores in many performance programs, leading to significant revenue gains. These scores and other achievements led to more than \$51 million being distributed in direct and indirect payments to TPA members.

These accomplishments highlight the incredible dedication of our members to provide the best patient care. I am optimistic that The Physician Alliance and our members will continue to see success in our projects and performance.

As the new year begins, focus is on continued successful outcomes in patient care and incentive payments. We do know that changes are coming to some performance programs and initiatives, and while these may initially bring various challenges, our team will be working diligently to seek opportunities for our members to succeed. Our staff regularly meets internally to focus on these challenges and opportunities relating to physician performance, cost analytics and other initiatives impacting our physician organization and members.

The relationships with our partners, particularly Ascension and BCBSM, continues to be strengthened. Our team works closely with our partners to ensure open communication and collaboration on a multitude of projects and general industry issues.

TPA's associates and the practice resource team are constantly looking for ways to support and educate our practices to ensure the highest quality measures, patient care and revenue are achieved. I also encourage your staff and you to take advantage of the myriad of education and information provided by TPA through webinars, e-newsletters, website resources and more. Don't forget to [visit our website](#) to view patient education materials, tip sheets and videos.

I am honored and grateful to work with all of you. TPA's associates and I remain committed to helping your staff and you work to improve patient care. We look forward to another successful new year!

In good health,

A handwritten signature in black ink that reads "Mike".

Michael R. Madden

President & CEO



Working together for success

The ongoing Covid-19 pandemic continued to bring challenges to healthcare during 2021. TPA focused on providing the best customer service to members. This sometimes meant scraping plans and pivoting to new initiatives or goals. However, TPA leadership always kept an eye on supporting patient care and practice performance.

This led to reinforcing partnerships with insurance payers and health systems, improving communication and education to practices, evaluating projects and staff responsibilities, and looking for creative strategies to help practices be successful in performance programs.

Innovative collaboration propels organization and physicians to success

During the ongoing pandemic in 2021, The Physician Alliance celebrated 10 years since its inception. And despite the many challenges facing the healthcare industry, the physician organization also celebrated key accomplishments that positively impacted physician members.

As a facilitator of Blue Cross Blue Shield of Michigan's Physician Group Incentive Program (PGIP), TPA earned the highest rating as a low-cost benchmark performer for the past 10 years. This achievement earns additional incentive dollars for physicians participating in PGIP through TPA. Other notable PGIP accolades include:

Ranked #1 in membership size among independent Michigan physician organizations in PGIP

Ranked #1 with number of BCBSM patient-centered medical home (PCMH) designated primary care practices (124 practices representing 354 physicians)

Received 100% PCMH audit accuracy factor from BCBSM in 2020 and 2021

10 YEARS

The Physician Alliance also worked closely with member practices and partners to achieve additional positive outcomes in 2021:

- 914 specialists receiving PGIP RVU value-based reimbursement (5-15%) and 174 primary care physicians received PGIP E&M value-based reimbursement (15–52%), leading to TPA physicians earning more than \$20 million in VBR revenue.
- Distributed more than \$4.1 million to TPA PGIP physicians through the Organized System of Care and physician organization incentive payments.
- Achieved 1.60 score in first year of participation in Commercial Blueprint for Affordability (statewide average is 1.53). (TPA participates in Blueprint for Affordability through Partners in Care.)
- Assisted member practices in reviewing 42,162 gaps in care, closing 6,560 gaps in BCBSM's Health e-Blue database (gap closure rate 15.5%).
- Completed successful BCBSM supplemental data audit.
- Partnered with Ascension Southeast Michigan to coordinate over 900 COVID-19 vaccination appointments for private practice physicians and office staff.
- Launched a new secure member portal, providing access to PGIP physicians and office managers to view practice and patient level reports, required education and more.
- Conducted over 339 coding assistance appointments to members.
- Hosted 13 education webinars focused on improving quality measures, marketing and reputation management, HIPAA compliance and population health management.
- Expanded gaps in care toolkit to include additional social media graphics, letter templates, patient education and more to help improve quality measures.
- Secured and distributed thousands of personal protection equipment to private practices.

The *not so new* E&M coding guidelines for outpatient office visits

Last year brought some continued stresses inside and outside the practice, including a new way of thinking about required documentation for Evaluation and Management (E&M) services. The E&M coding guidelines for outpatient office visits may seem particularly intense! If you are still trying to wrap your head around it, don't feel defeated.

Here is a breakdown of the most important things you need to understand about the guidelines:

1. Certain specialties, such as cardiology, pulmonology, and oncology, will find it easier to get to a certain level of service than others due to the complexity of the conditions of the patient.
2. Electronic medical records (EMRs) were templated for the previous E&M guidelines. These new guidelines are *different*.
3. Documentation to support the level of service comes directly from physician interpretation of the patient and the supporting documentation.
4. It is no longer the amount of documentation or the number of bullets in the History or Exam that support the level of service.
5. Documentation to support the level of acuity of the diagnosis supports the level of service.
 - a. Impressions are descriptive words that are required to support the level of acuity of the patient's diagnosis.
 - i. Impressions are part of the **number and complexity of problems addressed** during the visit (at the time of the visit).
Examples: stable, acute, chronic
6. The **amount and/or complexity of data to be reviewed and analyzed** is now the *focus of E&M audits*.
 - a. Action words such as: "review," "ordered," and "discussed" are vital in the understanding of the work required of the physician.
 - i. Action words cannot be implied. If there are templates that need to be corrected, please make sure that is completed soon!

If any of these items below occur during the day of service, *make sure they are documented in the visit note as completed that day.* These items will give you credit and help support the level of service. Remember: *it is more about the work involved than the number of bullets!*

Items to keep in mind during the documentation process:

Review of prior external notes from another provider.

- This could be a provider transfer from same specialty to a different practice or from the patient's primary care physician.

Review of test results.

- Just documenting test results in the visit note does not indicate that test results were *reviewed*. Again, action words are important.

Ordering of a test.

- This type of documentation needs to be plainly stated. If there is a portion of the visit note that is templated for this, make sure it is correct.

Assessment requiring an independent historian.

- If there is a family member or caregiver present during the visit and contributes information about the patient, make sure this is documented in the visit note.

Independent interpretation of a test performed by another physician.

- If there is a test result from the hospital or another physician that sees the patient outside your practice, make sure that this is documented in the visit note.

Discussion of management or test interpretation with an external physician.

- If there is ANY communication to a physician that is not in your practice, make sure that is documented in the visit note.

For more information on E&M levels of medical decision-making, [view this table](#) from the American Medical Association. ■

The Physician Alliance launches new platforms for disease registry, ADT and more...



The new year launches a new era for The Physician Alliance as it transitions to new technology to support population health management initiatives. The physician organization is now partnering with Care Convene and Health Focus to support a disease registry, admission, discharge and transfer (ADT) transmissions and supplemental data feeds.

In 2020, Philips announced the plan to discontinue use of their Wellcentive solution on Dec. 31, 2021. Wellcentive served as the disease registry for The Physician Alliance and many of its practices for years. Wellcentive was also the platform for admissions, discharge and transfer (ADT) transmissions, Active Care Relationship Service (ACRS) files and supplemental data exchange programs between TPA/Wellcentive and various payers including Blue Cross Blue Shield of Michigan, Blue Care Network, Health Alliance Plan, Priority Health and Total Health Care. Upon learning about the end of Wellcentive, TPA began an aggressive search for a replacement solution.

After an extensive search with TPA's team diligently researching and vetting potential replacements, it was decided that there was not one vendor who could 'do it all' with the high-quality services, expertise and ease of use that TPA demands for its practices. The Physician Alliance will be using the following solutions to replace Wellcentive:

- **Admissions, discharge and transfer (ADT) transmissions:** Care Convene was chosen as the vendor to replace Wellcentive for ADT transmissions. Care Convene is a leader in real time browser and app notifications on the status of patient care transitions and also focuses on statewide ADT alerts, post-discharge care summary continuity of care document, advanced ADT filtering and SMS text alerting. Care Convene has an established relationship with both Michigan Health Information Network (MiHIN) and Blue Cross Blue Shield of Michigan. The Physician Alliance also previously worked successfully with Care Convene during a BCBSM pilot.

- **Active Care Relationship Service (ACRS) file transmissions:** TPA's enterprise data warehouse will be used to aggregate demographics, clinical, claims and other data to format outbound feeds to MiHIN for ACRS files. ACRS file transmissions to MiHIN are managed by TPA IT and clinical informatics staff and do not require practices to log into the platform.
- **Supplemental data transmissions:** Health Focus was chosen as the vendor to replace Wellcentive for supplemental data transmissions to payers because they demonstrated the greatest expertise regarding supplemental data transmissions out of the numerous vendors researched by TPA. Health Focus already works with MiHIN and several Michigan payers. Many Michigan physician organizations currently using Wellcentive are also transitioning to Health Focus for supplemental data transmission services. Supplemental data transmissions are performed by TPA IT and clinical informatics staff and do not require practices to log into the platform.

"One of our (TPA's) top priorities is providing our practices with a robust, trustworthy and user-friendly replacement to Wellcentive," said Michael Madden, president/CEO of The Physician Alliance. "We believe these selected vendors are the best in their fields and are confident that these vendors will offer high-quality services and support to our practices."

The new platforms launched last year to TPA practices. Training of practice staff is underway.

Please direct any questions about the Wellcentive replacement transition to Oleg Savka, vice president, information technology at The Physician Alliance, at oleg.savka@thephysicianalliance.org. ■





Continued support of practices

TPA plans to support PGIP practices through expanded and new organizational initiatives. Some highlights include:

- TPA’s monthly population health and quality webinars will continue through 2022. Visit TPA’s website for dates and registration, plus check out other upcoming events.
- TPA will be offering a new care manager work group in early 2022 to support those participating in specialist team-based care, Provider-Delivered Care Management and Psychiatric Consult Collaborative Care Management Model programs. Stay tuned for details.
- Quality reports, patient lists, required training and other important resources will continue to be uploaded to TPA’s [member portal](#). PGIP physicians and practice office managers are eligible to access the portal. Those who haven’t yet logged into the portal should contact portal@thephysicianalliance.org for assistance.

“The Physician Alliance is committed to helping our practices be successful in these programs,” said Carolyn Rada, RN, MSN, executive vice president of population health management at TPA. “By providing more robust options for information and support, our practices will have many opportunities to improve patient care and reimbursement.”

Patient-Centered Medical Home designation

In 2020, BCBSM moved their Patient-Centered Medical Home (PCMH) program from annual designation to every two years. Primary care practices currently designated as PCMH maintain this status through Aug. 31, 2022.

TPA will be nominating practices for PCMH designation by BCBSM in the spring. Practices achieving PCMH designation earn an additional 10 percent value-based reimbursement (VBR) on their evaluation and management (E&M) billing. TPA PCMH practices earn another 10 percent VBR due to the physician organization being a low-cost benchmark performer by BCBSM. TPA currently has 124 primary care practices designated as PCMH. ■

What’s ahead for PGIP practices

The Blue Cross Blue Shield of Michigan Physician Group Incentive Program (PGIP) facilitates and supports practice transformation using various initiatives to reward physicians and physician organizations for improved performance in health care delivery. The Physician Alliance facilitates PGIP participation for more than 1,400 of the organization’s physician members.

With the new year kicking off, practices participating in PGIP should note important updates and reminders:

More focus on risk-based care model

The Organized System of Care program retired at the end of 2021. BCBSM offered this program to bring together physicians, hospitals and other care providers to have a shared accountability for a specific patient population.

The transition to BCBSM’s Blueprint for Affordability focuses on balancing the financial responsibility for managing the cost and quality of health care. Physician organizations and health systems partner in a risk-based care model to manage patients’ health while lowering total cost of care. The Physician Alliance participates in this program through Partners in Care, the managed care entity co-owned with Ascension Southeast Michigan.

Admission, Discharge, Transfer (ADT)

NOTIFICATIONS IN PATIENT CARE

Care managers, care team members and providers can use admission, discharge, transfer (ADT) alerts to manage the care of their patient populations as they transition from one level of care to another.

ADT alerts allow the primary care physician (PCP) to know when a patient is admitted, discharged, or transferred to the emergency department, inpatient care or a skilled nursing facility.

In a patient-centered medical home care model, the primary care physician serves as the “quarterback of the patient’s care team” and is tasked with knowing when patients are seeking care outside of their practice. ADT alerts provide “real-time” notification to the practice, enabling the care team to:

- provide outreach to patients to complete the elements of transitions of care
- call the patient post-discharge to check in
- schedule a follow up visit within 7 or 14 days post-discharge
- discuss medication reconciliation

Why do ADT notifications matter to physicians?

Since provider care teams play an important role in patient engagement and health outcomes, updating physicians on patient events and health status changes helps ensure a more seamless coordination of patient care. Having access to patient demographics in ADT allows for more informed follow up calls to help guide what care is needed. This level of coordination of care can help prevent patient readmissions within 30 days (physicians can be penalized for re-admission during this time period).

Tips for improving patient health outcomes through use of ADT alerts:

- use alerts for targeted follow up on patients who have been discharged from an inpatient visit
- care managers can use ADTs to build their patient population for episodic and longitudinal care management
- alerts can be used to identify patients who require medication reconciliation post-discharge
- utilize to know when your patients are in the emergency department so care can be coordinated and follow up can occur post-discharge
- track patients discharged from observation who are at high risk for admission to the hospital
 - alerts can identify those patients discharged from observation so the patient can be contacted for follow up visit
 - utilize data to steer patients to clinical and non-clinical interventions ■

Save more this year with member discount program



The Physician Alliance's Affiliate Partners [program](#) offers special savings on needed products and services to member practices. With these special savings, practices get cost-effective and innovative solutions to help reduce business overhead costs.

Highlights of current partner products and services are listed below. Additional information on each Affiliate Partner can be found on The Physician Alliance [website](#) or directly contact the companies.

Cyber Liability Insurance [Huntington Insurance](#)

Huntington's cyber liability insurance helps physicians reduce exposure from their access to patients' private information. This insurance coverage protects against risk associated with:

- Internet access, E-commerce, data storage
- Loss/damage involving theft or destruction of data

Contact: Rick Loss
rick.loss@huntington.com
(419) 720-7911

Legal Services [Rickard & Associates, P.C.](#)

Get comprehensive legal services and assistance with business operations ranging from general legal counsel to employee issues to compliance and more. Highlights include:

- Audits, compliance, HIPAA readiness
- Healthcare business transactions and more

TPA members receive premium services at a preferred rate.

Contact: Lori-Ann Rickard
info@larlegal.com
(586) 498-0600

Medical Answering Service [Ambs Call Center](#)

A HIPAA-compliant medical answering service providing a full range of quality services to practices, including a web on call portal, daytime call management and customization options. The Physician Alliance members receive exclusive discounts:

- HIPAA compliant answering service to increase patient satisfaction
- Additional 8% discount applied to all plans and usage
- 1st month free + no set-up fee with 1-year term

Contact: Aaron Boatman or Ryan Ambs
sales@ambscallcenter.com
(586) 693-3800

Medical Debt Collection [Transworld Systems, Inc.](#)

A medical debt collection services company providing TPA members with new automated solutions to improve cash flow and reduce slow pay concerns. TSI provides past due accounts and debt collections services for member practices at exclusive pricing. Highlights include:

- Profit recovery, phone collections
- Insurance resolutions

Contact: Michael Glass
michaelglasstsi.com
(248) 914-0346

Medical Malpractice Insurance [Coverys Insurance Services, Inc.](#)

Coverys provides preferred pricing on several coverage options for comprehensive medical professional liability insurance. Highlights include:

- Exclusive company-direct pricing
- Short easy application process

Contact: Coverys customer service
cis-info@coverys.com
(517) 313-5888

Mortgage and Banking Services [Huntington](#)

Huntington offers exclusive mortgage program benefits to The Physician Alliance through a premier mortgage program for physicians and residents looking to buy or refinance a home. Special benefits include:

- \$300 closing cost discount
- Down payment assistance options

Contact: Sandra Frith
sandi.frith@huntington.com
(586) 749-8355

[Huntington Bank](#)

Take advantage of special rates on deposits, specialty lending programs and personal cash management services.

Contact: Ashley Boday
ashely.boday@huntington.com
(248) 554-6618

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Office Supplies and Solutions

Office Depot/Office Max

A special office solutions program with competitive pricing! Member practices can use store discount cards and web discounts for savings on thousands of supplies. Highlights include:

- Web discounts, low-cost copies, 20% to 55% off office supply item list
- Free next-day shipping on orders of \$50 or more

Contact: Christina Leza

Christina.Leza@officedepot.com
(855) 337-6811 x12734

Practice Marketing Services

4MJ Social

4MJ Social is a marketing agency focused on building medical practice brands and getting patients in the door. As an exclusive benefit, The Physician Alliance members receive:

- 20% off all services

Contact: Bobby Dimovski

bdimovski@4mjsocial.com
(248) 788-6250

Payroll/HR Services

DynamicHR

A single source provider of payroll processing, human resource management, workers compensation and medical benefits offerings. TPA members receive preferred pricing on:

- Payroll processing, workers compensation, and access to proprietary medical health plans
- Free consultation and comparison for your practice

Contact: Andrew Tafel

atafel@dynamichr.com
(248) 648-7886

Telephone Services

Edge Solutions

This Michigan-based company provides innovative telecommunications products and services at discounted rates to TPA members. Highlights include:

- Flat rate pricing for on-site service calls
- Discounted hardware and rental fees

TPA members also receive a complimentary evaluation of current telephone systems and equipment.

Contact: Walt Rush

walt@edgesolutionsllc.net
(888) 918-3343

Vaccine Purchasing Program

Atlantic Health Partners (AHP)

No cost to join, easy enrollment and same vaccine pricing no matter practice size or specialty. TPA members are eligible to receive annual rebate on all vaccine purchases made through Atlantic Health Partners.

Contact: Rand Deuchler

rdeuchler@atlantichhealthpartners.com
(800) 741-2044

Wealth Management

Morgan Stanley

Comprehensive financial services.

Contact: Joe A. Ghanem

Joe.Ghanem@morganstanley.com
(313) 642-5909 ■



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To ensure TPA news and announcements reach you, please share any changes in contact information (name, email, address, phone) with us:

info@thephysicianalliance.org

