



## NEWS AND UPDATES



### The IP Network adds 2 New Payers!



The IP Network is pleased to announce that we have negotiated contracts with Cigna HealthSpring Medicare Advantage Plan and Solis Health Plans Medicare Advantage Plan, both, with effective dates of January 1, 2019!

Open enrollment for Medicare Beneficiaries is from October 15 through December 7, 2018, for an effective date of January 1, 2019. Many IP Network Primary Care Physicians (PCPs) will be participating in these new plans. All IPN Specialist Physicians will be included for an effective date of January 1, 2019 as well.

The IP Network continues to promote its' "Complete Independent Healthcare Delivery System", around Independent Physicians and Independent Ancillary providers. You will be receiving plan information on both plans soon.

MedAdvantage, is the credentialing entity for Solis Health Plans. If you have not already been contacted by MedAdvantage, you will be soon, to ensure your credentialing eligibility with Solis Health Plans. In order to complete your credentialing with both Health Plans, please send your W9 ([blank copy attached here if needed](#)) and current, updated CAQH# to: [kcarrick@hpofflorida.com](mailto:kcarrick@hpofflorida.com) to ensure your participation.

We believe the solution to rising health care costs, both premiums and out of pocket costs, lies with Independent Physicians. The IP Network is in its 3<sup>rd</sup> year of its Cigna CAC value based agreement, and our first 2 years of performance showed significantly lower costs and higher quality, when compared to the market average, resulting in shared savings payouts to our physicians.

We are currently rolling out our Mobile APP that will give our physicians the tool to refer within the IP Network of physicians. It is very important that we keep our patients within our independent network in order to maximize our performance.

As the IP Network matures as a Clinically Integrated Network (CIN) and continues to add additional payers to our panel, in both contracting and value based arrangements, we will build and protect our patient base and our physician practices.

If you have any questions, please call the IP Network office 407-475-9213 and/or Kaitlyn at x 506.



## CLINICAL CORNER

### Cigna CAC Assistance

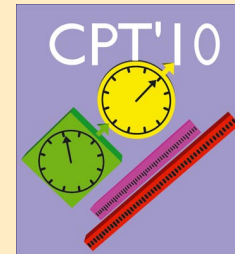
**REMINDER** - IPN's staff will be happy to assist you in meeting the Cigna Value-based quality metrics. Christina Dowlen is currently contacting participating CAC physician offices to schedule their quarterly participation meeting to review quarterly reports and action items. Please contact Christina if you have any questions or to schedule your quarterly participation meeting.

***If you are not currently participating in the Cigna CAC Agreement and are interested in joining, please reach out to Christina (860-907-5495), April (321-544-9907) or Kaitlyn (407-475-9213 x 506)***

## Coding Tips

### **Medical Record Documentation should include:**

- Patient's name and date of service (DOS) on each page
- ALL conditions including those that coexist at the time of the visit, such as chronic and status conditions
- Details to code each condition to the highest degree of specificity
- Patient care treatment and/or management for each condition
- Provider's signature, credentials and date signed
- Information that is Clear, Concise, Consistent, Complete & Legible



As a best practice, assess chronic conditions at every point of service but at least on an annual basis. It is the responsibility of each provider to document clearly and precisely on his or her patient during each visit. Documenting all health conditions provides a more complete and accurate picture of the patient's overall health status.

### **State the Diagnosis**

- Medical record documentation dictates what diagnosis code is assigned
- A diagnosis can only be coded if it is explicitly stated by the provider in the documentation for the current visit
- The diagnosis must be stated in text and cannot be inferred from lab values, medications, radiology reports, patient statements, and/or up and down arrows or other symbols

### **Specificity**

- Documentation must be as specific as possible to code to the highest level of specificity in ICD-10
- Absence of this extra level of detail in the documentation could lead to an unspecified diagnosis code assignment
- Example: A diagnosis of kidney disease is not as specific as a diagnosis of stage 4 chronic kidney disease

[https://providers.amerigroup.com/Documents/ALL\\_CARE\\_MR\\_RiskAdjustmentMedRecordTips.pdf](https://providers.amerigroup.com/Documents/ALL_CARE_MR_RiskAdjustmentMedRecordTips.pdf)

Source – Amerigroup RealSolutions in healthcare

## **Maximize your MIPS Score!**

**Last 90 Days for 2018 MIPS is Fast Approaching: Avoid the 5% Penalty & Receive Your 5% Higher Reimbursement!**

**If you do not report to the 2018 Quality Payment Program (QPP) by the deadline, you could lose 5% on your Medicare payments in 2020. But it's not too late to get back on track!**



### **What is required?**

To receive the highest possible score, you should submit data for each of the three MIPS categories:

- **Quality (50% of your score):** Choose six measures or a block of measures related to your specialty.
- **Improvement Activities (15% of your score):** Choose up to four activities that improve patient outcomes, practice efficiency, or resource use.
- **Promoting Interoperability (25% of your score):** Attest to the five required measures

designed to maximize the use of your EHR, and earn points for meeting additional measures

The remaining 10% of the score, the Cost category, is calculated through administrative claims, so no action is needed on your part.

#### Why should you participate?

- Participation means you will be reimbursed at a higher rate (up to +5% depending on your score) for the year 2020.
- For providers who achieve exceptional performance, there are additional bonuses available.
- Failure to report means all of your Medicare Part B payments for that year will be reduced by -5%.

HealthARCH can assist you with all of your Quality Payment Program needs. Our team of experts is there for you every step of the way, from selecting measures to developing corrective plans to attestation. We can guide you to maximizing your MIPS score and achieving the highest reimbursement for the care you provide your patients. The final 90 days starts October 3<sup>rd</sup>, so don't wait! Contact us today!

Phone: 407-266-4008 or email [Scott.Langdon@ucf.edu](mailto:Scott.Langdon@ucf.edu)

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## MEDICAL & DENTAL SOCIETY WORKSHOP

November 2<sup>nd</sup> (12 pm to 4 pm)

Winter Park Community Center @ 721 W New England Ave, Winter Park, FL

*A Society Member Value Program by*

### TOP AREAS DOCTORS ARE AT RISK *Protect Yourself & Your Practice!*

#### Workshop Topics & Format:

- Interactive Small Group Discussions Lead by Industry Professional Topic Leaders.
- Attendees *Pick 4* of the following 7 "At Risk" Topics to Participate In:
  - **Avoiding Burnout** (Experienced by > 50%)
  - **Practice Fraud & Embezzlement Protection** (About 60% Are Impacted)
  - **Organized to Meet Compliancy Standards** (Many Are Not)
  - **Building & Keeping a Team** (A Big Challenge for All)
  - **Revenue Generation** (Growth vs Stable/Declining)
  - **Violence in the Workplace** (Impacting to All)
  - **Avoiding Lawsuits & Protecting Your Assets** (100% Needed 100% of the Time)
- Every 30 Minutes Attendees Rotate to New Group Topic Chosen at Registration.

**Date & Time:** Friday November 2<sup>nd</sup> from 12:00 to 4:00 (**Lunch Included!**)

**Location:** Winter Park Community Center @ 721 W New England Ave, Winter Park, FL 32789

**Attendees:** Physicians, Dentists, and Practice Managers. Society Members & Non-Members

**[To Register Please Follow Instructions on the Attached Document](#)**



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Integrated Independent Physicians Network, LLC

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