



# MedChi Spring House of Delegates

**Gene Ransom, CEO**  
**April 30, 2017**  
**Arundel Mills, MD**

# Agenda



## **OPERATIONAL UPDATE**

- Finances
- CRISP
- MedChi Network Services
- Membership
- Communications
- Sugar Free Kids
- Fall Meeting Follow Up

## **BIG ISSUES**

- Licensing
- Waiver / Gainsharing
- Tort Reform
- Opioid Crisis



# Operations

# Finances - NEGATIVE Variances



## NEGATIVE VARIANCES

- MEDCHI AGENCY – MedChi Agency has reported that it will miss the 2017 budget significantly and will not make dividend payments this year. This will have a significant impact on the 2017 budget.
- PHARMA Support – we expect to be less than budgeted as we took an active role opposing their industry in Annapolis.

# CRISP/MedChi Outreach



**CRISP is a non-profit health information exchange organization (HIE) serving Maryland and the District of Columbia.**

- **Health Information Exchange** allows clinical information to move electronically among disparate health information systems. The goal of HIE is to deliver the right health information to the right place at the right time providing safer, more timely, efficient, effective, equitable, patient-centered care
- **CRISP's Mission:** To advance the health and wellness of our patients by deploying health information technology solutions adopted through cooperation and collaboration

# CRISP Services for Providers



- **Maryland Prescription Drug Monitoring Program**
  - Monitor the prescribing and dispensing of drugs that contain controlled dangerous substances
- **Encounter Notification Service (ENS)**
  - Be notified in real time about patient visits to the hospital
- **Query Portal**
  - Search for your patients' prior hospital and medication records
- **Direct Secure Messaging**
  - Use secure email instead of fax/phone for referrals and other care coordination



# How To Register:

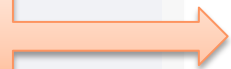
<https://crisphhealth.org/services/prescription-drug-monitoring-program-pdmp/pdmp-registration/>



## PDMP

## Registration

Step-by-step guides to registration



### Prescription Drug Monitoring Program (PDMP) Registration



#### PDMP Registration Guides

- Standard Registration Guide
- Auto-Registration Guide
- PDMP FAQ



#### Ready to Register?

Pharmacists, new prescribers, and delegates can register using the Standard Registration.

Standard Registration

Prescribers with Maryland license, DEA, CDS, and NPI numbers may register using the Auto-Registration.

Auto-Registration

#### PDMP Legislative Changes

PDMP Registration Mandate Fact Sheet

Clinical users register for access to the Maryland Prescription Drug Monitoring Program (PDMP) data through CRISP exclusively. Registration is simple, free of charge, and takes only a few minutes.

Registration for and access to PDMP is available for a wide range of clinical providers and their delegates in Maryland. A recent legislative change REQUIRES that certain providers are registered with the PDMP.

#### PDMP Registration Mandate

Effective: October 1, 2016

**Pharmacists:** Licensed pharmacists in Maryland must be registered with the PDMP by July 1, 2017.

**Prescribers:** Practitioners authorized to prescribe CDS in Maryland must be registered with the PDMP by July 1, 2017. In the future, the ability to obtain a new or renewal CDS prescribing permit from the Maryland Office of Controlled Substances Administration (formerly Division of Drug Control) will be dependent on having registered with the PDMP. This link between the CDS permit and PDMP registration has NOT taken effect yet.

If you currently have access to PDMP, you do not have to take additional steps at this time. You are already registered! Registration occurs only once and if you have ever registered for PDMP access in the past, you meet the legal mandate and are compliant with the PDMP course of instruction requirement under the law.

This one-page PDMP Registration Fact Sheet provides a summary of the mandate and how to register: PDMP Registration Mandate Fact Sheet

Information about all legislative changes impacting the PDMP can be found here: PDMP Legislation

A copy of the new PDMP law (HB437/Chapter 147, 2016) can be found here: HB437/Chapter 147, 2016

#### Who May Register?

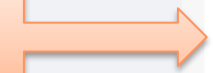
#### Am I Already Registered for PDMP?

#### Ready to Register?

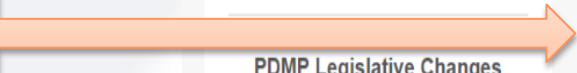
Check to see if you are already registered



Register Here



Instructions on how to register



# MedChi Network Services (MNS)



## **Revenue Cycle Management**

Management of your finances to optimize billing and collections

## **Integrated Electronic Health Records and Practice Management**

Credible guidance and services for health information technology

## **HIPAA Policy Review**

Review of practice current HIPAA policies, and analysis and summary of the policies to determine if compliance requirements are being met.

## **Coding and Compliance Support**

Certified Professional Coder support to perform coding reviews, training, and risk mitigation

## **Insurance Credentialing**

Data gathering and retention of Provider's essential credentialing information

## **Payer Contracting**

Identify appropriate payers and initiate Individual or Group Participation Agreements, as well as negotiate contract terms with payers



# MIPS







## Merit-based Incentive Payment System (MIPS):

Combines PQRS, Meaningful Use and Value Based Modifier into one reporting program

### Pick Your Own Pace:

Positive adjustment is based on successfully reporting selected measures not quantity of data reported



Category	Weight/Replaces	What will you Need to Do?
 Quality	60% PQRS	Most participants: Report up to 6 of approximately 300 quality measures, including: <ul style="list-style-type: none"> <li>➢ One outcome measure OR</li> <li>➢ High-priority measure—defined as outcome measure, appropriate use measure, patient experience patient safety, efficiency measures, or care coordination</li> </ul> For a minimum of 90 days.
 Clinical Practice Improvement Activities	15% New Category	Most participants: <ul style="list-style-type: none"> <li>➢ Attest that you completed up to 4 improvement activities for a minimum of 90 days.</li> <li>➢ Groups with fewer than 15 participants or if you are in a rural or health professional shortage area: Attest that you completed up to 2 activities for a minimum of 90 days.</li> <li>➢ Participants in certified patient-centered medical homes, comparable specialty practices, or an APM designated as a Medical Home Model: You will automatically earn full credit.</li> </ul>
 Advancing Care Information	25% EHR Meaningful Use	Fulfill the required measures for a minimum of 90 days: <ul style="list-style-type: none"> <li>➢ Security Risk Analysis</li> <li>➢ e-Prescribing</li> <li>➢ Provide Patient Access</li> <li>➢ Send Summary of Care</li> <li>➢ Request/Accept Summary of Care</li> </ul> Choose to submit up to 9 measures for a minimum of 90 days for additional credit
 Cost	0% Value Based Modifier	No data submission required until 2018. Cost will be calculated from adjudicated claims and used for future payment scoring.

# The MIPS Navigator™

- Every physician and other clinician, who is subject to the new Medicare Incentive Payment System (MIPS), will receive a MIPS score reflecting that clinician's aggregate 2017 performance on Quality, EHR use and Practice Improvement.
- For 2019, that payment adjustment ranges from a 4% penalty to a bonus which will depend in size on how many suffer the penalty. By 2022, the maximum penalty will have increased to 9% and your Medicare patients' costs will also be factored heavily into your score!
- The MIPS Navigator™ is an online tool that makes it possible for individual clinicians or practice administrators to quickly and easily sort through the various MIPS alternatives and produce a practice specific "2017 MIPS Itinerary/Plan".

# MIPS Navigator™ (cont.)



## By answering a few questions, you receive:

- A step-by-step guide on how to maximize your score, avoid any penalty and get the largest possible bonus (upward adjustment to your fee schedule)!
- Continued access to the MIPS Navigator FAQs and list serve throughout 2017 with the ongoing ability to update your plan.
- The ability to model various MIPS payment adjustments and see what they will mean to your practice in 2019.
- The information you need to know about Alternative Payment Models (APMs).
- The MIPS Navigator™ is available for a nominal fee, heavily discounted for MedChi members.
- To access this fantastic member benefit and increase your potential MIPS bonus contact Colleen George at [cgeorge@medchi.org](mailto:cgeorge@medchi.org) or 410-539-0872 X3360

# Communications



- April 24: Overview of MedChi Business of Medicine Program for Physicians
- April 19: MedChi Releases Digital Versions of Pre-1900 Maryland Medical Journals
- April 13: April is Alcohol Awareness Month
- **April 7: Letter to The Washington Post Editor 4/07/2017 - by Stephen Rockower, M.D.**
- April 5: MedChi Statement on General Assembly Action on Generic Price Gouging Legislation
- March 28: Thank Your Doctor Today (and Everyday) - Honor Your Physician on National Doctors Day
- **March 24: MedChi Statement on General Assembly Action on Key Opioid Measures**
- March 21: March is Workplace Eye Wellness Month
- **March 17: Opioids Talking and Hope - Op-ed in Center Maryland by Gene Ransom, III**

# Communications (cont.)



- March 15: Senator Adelaide Eckardt Receives MedChi Award
- March 14: March is Colorectal Cancer Awareness Month
- March 9: Drug Discount Program Saved Marylanders Nearly \$50M Since 2010 - MedChi gets clarity on high deductible plans
- **March 3: Vaccines are a Lifelong Public Health Tool - Op-ed in The Baltimore Sun by Gene Ransom, III**
- February 6: Hearts Aren't Just For Valentines Day; February is American Heart Month
- January 24: January is Cervical Health Awareness Month
- January 9: MedChi Achieves Accreditation With Commendation For it's Continuing Medical Education Program



# Drug Price Transparency Press Conference 1/10/2017

14





# Sugar Free Kids

## Montgomery County Healthy Vending Bill 1-17



Thank you, Montgomery County Council!  
Because of you, people who live, work and play in the county have healthier snack and drink options to choose from. You've made the healthy choice the easy choice!

SUGAR  
FREE  
KIDS  
MARYLAND

- **Passed 9 – 0 on April 18, 2017, requiring all vending machines on public property to have 50% healthy options.**

## Maryland National Capital Parks and Planning Commission Healthy Vending Resolution



- **Resolution ratified on April, 19.**
- **Calls for 50% healthy items for 2 years and future determination of a higher healthy percentage.**
- **Matches Montgomery and Prince George's County bills on placement, pricing, and labeling requirements.**

# Fall 2016 HOD Follow Up



Resolution	Topic	Action
7-16 (failed)	Maintenance of Certification	Legislation passed to prohibit the BOP from requiring certification & maintenance for licenses from specialists (HB 1054/SB 989).
8-16	Maryland HIT Incentives	Letter sent to physicians and included in newsletter urging them to apply by 1/1/2017 deadline.
9-16	Medicaid Payment	Achieved the 94% rate in the FY 2018 budget despite DLS projection of \$100.6 million shortfall in Medicaid.
11-16	Standardize credentialing in regards to application date received	Based on lobbyists advice, working on new offering for physician credentialing that will be launched in 2017.
12-16	Drug Price Transparency	MedChi supported legislation which did not pass. (HB 666 / SB 571)
13-16	Eliminate Tax Liability for Student Loans	Incorporated into 2017 legislative platform

# Fall HOD Follow Up



Resolution	Topic	Action
14-16	Cap non-economic damages for PAs	Incorporated into 2017 legislative platform.
17-16	Physician Wellness Task Force	Dr. Buckley working with CFHM.
18-16	Support Maryland Dermatologic Society on APMs	Communicated with HSCRC; working on technical issues.
20-16	Notification of price increases by drug companies	MedChi supported the price gouging bill (HB 631), which passed the General Assembly.
21-16	MCMS “Early Payment” Membership Model Program	2017 dues billing sent to Montgomery County members based on the model.
22-16	Safety standards / definitions for cosmetic procedures	Lobbyists working with Maryland Society of Plastic Surgeons.

# Fall HOD Follow Up



Resolution	Topic	Action
24-16	Require schools to provide information about skin cancer risks	Incorporated into 2017 legislative platform.
25-16	Work to improve health of minority groups and police relations	This is on the Board Agenda for May 18, 2017.
26-16	Create a Council of Health Professionals	Past President Tyler Cymet is the chair. Group has held several meetings.
28-16	Hospitals offer medical staff health care not affiliated with place of employment.	Working with Physician Rehab on next steps.
29-16	Use of antibodies in agriculture	Legislation passed to ban use of antibodies for non-medical purposes for cattle, swine & poultry.

# Big Issues





# MedChi is Working to Educate Physicians on New Licensing Requirements





# Background Checks



- The Maryland Board of Physicians now requires Criminal History Record Checks (CHRC) for renewals, reinstatements, and initial physician license applications, effective October 1, 2016. For many physicians, the 2017 renewal will be the first time a background check is required.
- Physicians must complete and submit a CHRC with their license application. Go to an authorized electronic fingerprinting location before completing your renewal.
- According to the Board of Physicians, some physicians have been pre-reporting previous acts prior to the background check deadline. To date, the Board has been lenient with regard to offenses that are old and pre-reported. The Board **will not** be lenient with licensees who fail to report after the mandatory background check alerts them to a problem.
- If you or a colleague have a criminal item to report and have not self-reported yet, please reach out to MedChi prior to completing the CHRC. As your professional resource, MedChi is here to keep you informed. If you have any questions about the new law, please contact MedChi at [info@medchi.org](mailto:info@medchi.org) or 1-800-492-1056.
- Failure to submit to a Criminal History Record Check may result in a disciplinary action by the Board.



# Waiver / Gainsharing



# Hospital Payments Have Changed: Focus Shifts from Rates to Revenues



## Old Model Volume Driven

Units/Cases



Rate Per Unit  
or Case

Hospital Revenue

Unknown at the beginning of  
year. More units/more  
revenue

## New Model Population and Value Driven

Revenue Base Year



Updates for Trend,  
Population, Value

Allowed  
Revenue Target Year

Known at the beginning of year.  
More units does not create more  
revenue

# Direction of the Waiver From MedChi's Perspective

- State has submitted CMS a blueprint / strategic plan by the end of the year for Phase II of the Waiver.
- The State intends to align community providers with hospitals using a series of incentives and programs.
  - Two Gainsharing programs are under review by CMS
  - A Medicaid ACO-like model is being worked on by DHMH
  - A new Primary Care model is being developed by DHMH Deputy Secretary Howard Haft
  - Other models will be created



# Gainsharing



- The State is about to allow hospital physician gainsharing in a limited fashion.
- This year, the Maryland General Assembly amended the Maryland Patient Referral Law – Compensation Arrangements Under Federally Approved Programs and Models (HB 403 / SB 369).
- Health care practitioners with compensation arrangements with health care entities funded or paid by federal programs or initiatives are now exempt from Maryland's self-referral law.
- With the passage of this legislation, Maryland's All-Payer Model Contract will more easily advance to the second phase and physicians will have greater opportunities to meet MACRA requirements.



# MedChi/Physician Goals for Waiver



- No Rate Setting – We do not want a hospital-like rate setting program. MedChi wants physicians to have more flexibility and allow for innovation.
- MACRA Compliant - MedChi wants to make sure whatever is created is compliant with Federal rules. In a perfect world, CMS would give credit to Maryland physicians for the risk being taken by hospitals and consider the entire waiver an Alternative Payment Model (APM).
- APMs - No disadvantage with regard to Alternative Payment Models. Other states have been allowed to implement programs that Maryland cannot adopt because of the Waiver.
- Checks and Balances - Fairness for all parties, including patients, physicians and hospitals.
- Protect Patient Rights - Whatever systems or programs that are created should focus on patients' rights. Patients should not have to worry that they are not getting the best healthcare because of a payment system.



# Tort Reform



# Tort Reform

- No changes to medical liability laws
- New disclosure requirements for physicians
  - Effective October 1, 2017, the Board of Physicians will post on its website whether a physician has obtained medical professional liability insurance. This information will be included as part of the physician's profile and based on information received from license renewals.
  - Physicians **NOT** carrying this insurance will also have to post this information in a conspicuous place at their practice and provide written notification to each patient, which must be signed and kept in patient records.

# Opioid Crisis



# Opioid Crisis

- This year the General Assembly and the Governor continued to make Maryland's Opioid Crisis a top priority. Over forty bills were introduced concerning the crisis, ranging from limitations on prescribing, education in schools, access to community supports, and removing restrictions on insurance.
- MedChi worked hard to partner with the State to fight this crisis while also ensuring that physicians had the flexibility to treat their patients' needs. In the end, that balance was achieved through three major initiatives.

# Opioid Legislation



## PRESCRIBING

- As introduced, The Prescriber Limits Act of 2017 would have limited an initial prescription of an opioid to seven days. (HB 1432)
- MedChi worked to remove the 7-day limitation and negotiated with DHMH to adopt a more flexible guideline. This ensured that the bill did not legislate clinical practice.

## TREATMENT

- The Heroin and Opioid Prevention Effort and Treatment Act of 2017 (HOPE Act) expands treatment opportunities in the state. (SB 967/ HB1329)

## EDUCATION

- The Heroin and Opioid Education and Community Action Act of 2017 (Start Talking Maryland Act) expands education programs. (SB 1060 / HB 1082)
- Legislative Council report will address these bills in more detail

# Six Things You Can Do **TODAY** to Help Yourself and MedChi!

- Have the MedChi Agency do an Insurance Review – no cost, no obligation
- Have MedChi Network Services do a practice assessment – no cost, no obligation
- Help our Membership Committee grow our membership – Is your practice at 100%?
- Take a stack of MD Rx cards if you have uninsured or underinsured patients
- Visit with our exhibitors and thank them for supporting MedChi
- Join MMPAC and get involved in our advocacy effort by using our Legislative Action Center
- Do something before you leave today!





# Thanks to the MedChi Staff



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Thank you for allowing me to represent  
the physicians of Maryland!

