Provider Perspective

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New Year Reflection: Changing Landscape for the Delivery of Care

By: Timothy P. Donelan, MD

The turning of time brings personal and professional reflections on medical practice and the changes that surround the delivery of care. The complexity of our nations’ health system, at a time of fiscal restraint in the marketplace, is creating everyday challenges with no clear solution to fix it. How physicians deliver care is also in flux as patients seek counsel through many less traditional channels. Intense competition globally for the engagement of patients and access to professional advice spells change that will generate market solutions.

As your practice, facility or system responds to the cultural shift of a global marketplace, Sanford Health Plan recognizes these shifts as well. Our effectiveness as an insurance carrier has to include recognition of the care models that are evolving and changing our mutual landscape.

At Sanford Health Plan, our efforts are to align with high quality delivery that is measurably the most beneficial for hard working premium payers. In that, we see opportunity to coordinate with many care models as they evolve in the marketplace.

As a primary care physician, I understand the competitive marketplace and the overshadowing burdens of the everyday practice environment. The obstacles that get in the way of good care and a sustainable relationship with patients has many causes, not the least which is external interferences from government regulations, insurance mandates, and consumerism itself.

Data is abundant attesting to the value of relationship. Nothing is more foundational to good care, but the models that create this are ever changing. Since we understand the value of the patient – physician relationship, we take great interest in recent efforts by primary care physicians to form Direct Primary Care (DPC).

Direct Primary Care is not new. It is a model of care with some proven data on reduced patient cost whilst improving quality and outcomes. It professes better access, lower overall costs, and a better overall patient experience. The value of this care deserves attention as another service model that we expect to emerge in response to the market. The recent article in Jama, by Levine et al titled, Quality and Experience of Outpatient Care in the United Stated for Adults With or Without Primary Care, attests to the value of front line clinicians.

I hope you enjoy the following honest open discussion as we explore the Direct Primary Care model sponsored by the American Academy of Family Physicians.

In conclusion, I believe the “market is all of us”. If DPC is viable, it has to pass the market litmus test of time. This may be the time for a primary care change signaled by growing DPC. If the market creates something that works, does it work for all? We take this opportunity to view this holistically via point-counterpoint.

Thanks for choosing the vocation of medicine and your endearing care for our members and your patients.

Timothy P. Donelan, MD
Vice President, Medical Officer
Sanford Health Plan
The “Direct Primary Care” Model: More Questions than Answers?

By: Steve Nelson, MD

Against a backdrop of dissatisfaction with the electronic medical record, compensation increasingly yoked to quality and cost, administrative hassles with third party payers, tight patient scheduling and increasing rates of burnout, primary care physicians are considering practice model alternatives to conventional fee-for-service. “Direct Primary Care” (DPC) is one such model.

The American Academy of Family Practice (AAFP) states, “The direct primary care model gives family physicians a meaningful alternative to fee-for-service insurance billing, typically by charging patients a monthly, quarterly, or annual fee (i.e., a retainer) that covers all or most primary care services...” and supports this practice alternative.

Alternatively, the American College of Physicians offers qualified support for the model (Doherty) and the American Academy of Pediatrics (AAP) recommends more study.

Although the DPC model currently accounts for a small percentage of all primary care practices, its presence appears to be expanding in the marketplace. (Doherty)

How might the expansion of DPC be perceived by patients, payers, the larger medical community, state and federal governments, and society as a whole? Widespread adoption of the DPC model will likely raise some very interesting questions (Doherty; AAP):

- Will DPC practices “cherry-pick” the relatively affluent (and perhaps healthier) populations, and thereby shrink the risk pool, drive up premiums, exacerbate disparities in health care, and increase volume burdens on conventional practices with resultant increasing rates of clinician burnout?
- Given the current and predicted future shortage of primary care clinicians, as well as smaller panel sizes typical of DPC practices, will health care access for the population at large be adversely affected by expansion of the DPC model? Will increased patient interest in DPC practices result in skyrocketing retainer prices based on supply and demand?
- As less affluent and sicker patients are left behind in conventional practices and value (quality and total cost of care)-based contracting expands, will the flight of primary care clinicians to DPC snowball?
- Will patients in DPC practices who forgo health insurance experience higher out-of-pocket expenses, particularly for sub-specialty care and hospitalization?
- What becomes of data driven value (Quality/Cost) in the DPC model as compared to conventional practice? Are data analytics scalable to DPC practices- and meaningful for relatively healthy, affluent patient populations?
- Will external oversight of utilization, cost, quality, fraud, waste and abuse decrease, and if so, is that a good thing?
- Will DPC clinicians experience professional disconnection and isolation?

The practice of medicine is a privilege. Physicians have a generally accepted ethical obligation to serve the public welfare (including the poor) altruistically. This obligation is derived from historical precedent and the fact that medical education- tuition and fees notwithstanding- is subsidized not only by private and public funding (Schieffler) but also by patients who submit themselves freely for care by medical trainees.

What impact will expanded Direct Primary Care have on the societal view of medicine as a profession ... or as a calling?

After all is said and done, is the sky really falling? Will DPC ultimately prove to be a panacea... or just a passing fad?

Steve Nelson, MD
Senior Director, Medical Services
Sanford Health Plan

References:
Direct Primary Care: Will it Reach the Dakotas?

By: Scott Boyen, MD

Through my involvement with the American Academy of Family Physicians, I was recently introduced to (and subsequently became very interested in) a newer model of patient care delivery called Direct Primary Care. It wouldn’t surprise me if this is new to you also as there are no registered Direct Primary Care practices in North or South Dakota.

Direct Primary Care, or DPC, is an innovative primary care practice model that gives physicians and interested patients a different option for delivering and paying for primary care services. The movement started as a way to get physicians out from under insurance billing requirements, box checking, prior authorizations, and documentation requirements, but DPC practices have since shown that they also address all of the components of the quadruple aim. Not only does the care model reportedly decrease the cost of primary care services, increase access to a personal physician of choice, increase the time spent with patients, and increase quality, but it also increases physician satisfaction.

DPC is not concierge medicine. Concierge medicine charges a high retainer fee and still bills insurance while with Direct Primary Care, patients typically pay a monthly membership fee and insurance does not get billed. Coupled with the monthly membership, a high deductible health plan is still recommended to wrap-around and cover consultations, emergency room visits, hospitalizations, etc. So what services are included with the membership? Typically, annual wellness exams, clinic visits, minor procedures, EKGs, telemedicine visits, and routine labs are included.

Although skepticism abounds, there is support from major physician organizations. In addition, CMS is talking about allowing Medicare recipients to access DPC practices, and legislation has been introduced to allow the use of Health Savings Account dollars to cover monthly membership fees. Our Nebraska neighbor is involved in a pilot study with their state employee group utilizing DPC services, and there are other states looking at how a DPC-type practice model might benefit the Medicaid population.

If this model is built around trying to get out from under billing insurance and Medicare/Medicaid and all of the perceived hassles, then how does a health plan like ours get involved in this conversation? I believe the care model has its merits and could definitely benefit a health system with a large employee group, a health plan with a myriad of needs among special populations, and those less fortunate who do not have health insurance. The monthly membership fee is flexible and could be adjusted as needed to assist those who need the care the most. With the increased interest in high deductible plans and health savings accounts, fixing primary care costs and saving money spent on primary care services would be beneficial. As we look for alternative ways to deliver care to difficult patient populations and special groups (i.e. farmers), DPC may be one new tool in our toolbox.

Scott Boyens, MD
Medical Officer
Sanford Health Plan

Clinical Practice Guidelines

The Sanford Health Plan physician quality committee has adopted new clinical practice guidelines. The complete and updated listing of these adopted guidelines are available on our website.
Medical and Pharmacy Authorizations – Where do you find this information?

Our recent provider satisfaction survey indicated there was a need for more education on prior authorizations, including what and where to find the information. The information is available online through our website or portal, or representatives can be contacted by calling the departments. The following outlines the resources available to you for prior authorization information.

1. **MySanfordHealthPlan Portal:**
   Sanford Health Plan’s formularies are made available inside the portal. Inside the portal, a Member’s formulary and other plan documents is located near the bottom of the ‘Member Eligibility’ section.

2. **Website:** [sanfordhealthplan.com/providers](http://sanfordhealthplan.com/providers)

**Pharmacy Information:**

The ‘Pharmacy Information’ page contains:

- Pharmacy department contact information;
- Access to the pharmacy directories;
- Sanford Health Plan formularies;
- Synagis/Prescription Drug Prior Authorization Request and Formulary Exception Form;
- Step therapy medication list;
- List of medications requiring authorization; and
- ‘How To’ directions on submitting an authorization to Pharmacy Management.

**Medical Prior Authorization:**

The ‘Prior Authorization’ page contains:

- Utilization Management department contact information;
- Available options on how to request a prior authorization;
- Medical prior authorization request form;
- Prior authorization list: this is a general list of services that require prior authorization. Further details can be obtained by referencing the member’s Policy/Certificate of Coverage/Certificate of Insurance, or by calling Utilization Management.

**The 3 Points to Consider When Considering a Prior Authorization.**

1. The member is ultimately responsible for obtaining prior authorization. However, the provider’s office is most commonly supplying the information to fulfill this requirement. NOTE: Oncology treatment and services must be entered and authorized through eviti|Connect online at [eviti.com](http://eviti.com) by the provider.

2. All requests for authorization are to be made at least three (3) working days prior to the scheduled admission or requested service. In the event that services are needed in less than three (3) working days, you can request an expedited review.

3. All referrals to non-participating providers or facilities (at the recommendation of a participating provider) require prior authorization.
Clinical depression is one of the most common mental illnesses and is the second leading cause of disability worldwide. Depression is a serious, but treatable, medical condition that can cause people to disengage with their daily lives, complicate and interfere with treatment of other medical conditions, or become deadly if left untreated. 

As a health plan, we have implemented steps to encourage our members to seek effective treatment upon diagnosis and continue that treatment to ensure a healthy, productive life.

Because the primary care practitioner is most often the first (and perhaps only) place that people seek help, Sanford Health Plan has provider tools for these encounters. This information is also available to neurologists, psychologists and counselors to assist in the referral process. These tools include Quick Reference Behavioral Health Cards, which list behavioral health care providers in your region available for referrals. We ask you to consider these as resources for patients that come in with symptoms of a mental health or substance use disorder. Sanford Health Plan has resources and screening tools available on depression, anxiety, ADHD and bipolar disorder.

Quick Reference Cards are available for the following regions:

- Iowa
- Minnesota
- North Dakota
- South Dakota

Optum Rx:

New Pharmacy Benefit Manager
Effective January 1, 2019 — All Members Received New ID Cards

Sanford Health Plan has transitioned pharmacy benefit managers from Express Scripts to OptumRx. Because of this change, all members should have received new ID cards prior to January 1, 2019. The ID cards will include the OptumRx information and must be used to fill a prescription or visit a provider on or after January 1, 2019.

Annual Notices

Member Annual Notices went out in the mail to all subscribers at the end of February. These notices go over any benefit updates to the subscriber’s plan for the coming year. The notices are broken down into sections for the members to help with ease of understanding those benefits. Sections include: Claims, Utilization Management, Pharmacy, etc.

Provider Annual Notices will be coming out later in the year.
Sanford Health Plan takes pride in ensuring our members have proper access and availability to quality health care providers. Annually, Sanford Health Plan quality reviewers survey a sampling of Plan providers using the National Committee for Quality Assurance (NCQA) standards. Providers can view the Providers Access & Availability Standards MM-Q-050, online within the mySanfordHealthPlan provider portal.

Sanford Health Plan’s survey sampled:

- Three percent of primary care providers
- Five percent of behavioral/mental health and/ or substance use disorder prescribing and non-prescribing providers
- Five percent of maternity/OBGYN providers
- Five percent of high-volume Specialty providers
- Five percent sample of high-impact specialty providers

The timeliness of care survey asked various questions including, what appointment options were available for patients with emergent, urgent and routine needs, as well as coverage for after hours and on-call providers.

Congratulations to those providers who met the standards! Providers who did not meet the standards were sent letters with a request for an action plan to bring them back into compliance with the standards. Clinics and participating providers will continue to receive education regarding the standards through the provider newsletter.

**Specialty Referrals**

If a Sanford Health Plan member requires a specialist, and the specialist is unavailable, please assist them by offering alternatives. A similar specialist may offer services right in your own clinic. If specialists are unavailable, and no other options exist in your clinic, please refer the patient to Sanford Health Plan Customer Service at (605) 328-6800 or (800) 752-5863 and our team can assist the patient in finding an alternate practitioner.
How to Access Medical Guidelines

Sanford Health Plan makes medical guidelines available to providers within the mySanfordHealthPlan provider portal.

We follow Milliman Care Guidelines (MCG) medical guidelines in most cases, but also have some of our own developed medical guidelines and add-on addenda. Cite for Guideline Transparency (CGT) provides access to MCG medical guidelines. **Note:** Providers will be required to sign in and receive a pass code each time they access CGT.

To access all of Sanford Health Plan’s medical guidelines, go to the 'Medical Guidelines' tab in the provider portal. To sign up for an account, **CLICK HERE.**

Utilization management (UM) decision-making is based only on appropriateness of care and service and existence of coverage. Sanford Health Plan does not specifically reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service care.

Any financial incentives offered to UM decision makers do not encourage decisions that result in under-utilization and do not encourage denials of coverage or service care. Decision makers sign an “Affirmative Statement Regarding Incentives” verifying the above conditions.

Any questions regarding the medical guidelines should be directed to Utilization Management.
Contact Us:

CONTACT FOR: Eligibility & benefits, claim status, provider directory, complaints, appeals, report member discrepancy information

- memberservices@sanfordhealth.org
  - Customer Service
    - Monday-Friday, 7:30 a.m. to 5:00 p.m. CST | (800) 752-5863
  - NDPERS Customer Service
    - Monday-Friday, 8:00 a.m. to 5:30 p.m. CST | (800) 499-3416
  - ND Medicaid Expansion
    - Monday-Friday, 7:30 a.m. to 5:00 p.m. CST | (855) 305-5060

CONTACT FOR: Preauthorization/precertification of prescriptions or formulary questions

- pharmacyservices@sanfordhealth.org
  - Pharmacy (855) 305-5062
  - NDPERS Pharmacy (877) 658-9194
  - ND Medicaid Expansion (855) 263-3547

CONTACT FOR: Preauthorization/precertification for medical services

- um@sanfordhealth.org
  - Utilization Management (800) 805-7938
  - NDPERS Utilization Management (888) 315-0885
  - ND Medicaid Expansion Utilization Management (855) 276-7214

CONTACT FOR: Assistance with provider portal password resets & logging in fee schedule inquiries, check adjustments & reconciling a negative balance, request explanation of payment (EOP), claim reconsideration requests, W9 form, change/updating information, provider education

- providerrelations@sanfordhealth.org
  - Provider Relations (800) 601-5086

CONTACT FOR: Requests to join the network and contracted related questions, fee schedule negotiation, provider credentialing

- sanfordhealthplanprovidercontracting@sanfordhealth.org
  - Provider Contracting (855) 263-3544

Hearing or speech impaired TTY | TDD (877) 652-1844
Translation Assistance for Non-English Speaking Members (800) 892-0675