

What's Hot: Important Updates

2015 Value Modifier Quality and Resource Use Reports (QRURs) Available

On September 26, 2016 CMS released QRURs for group practices. These QRUR reports display information about how a group practice performed under the Value Modifier (VM) which evaluates performance on cost and quality metrics calculated from PQRS data and Medicare claims. The reports also include detail about penalty and bonus information that will impact Medicare Part B reimbursement for services furnished in 2017.

For TINs that participated in a Shared Savings ACO, the 2017 VM will be calculated using a quality-tiering methodology. The Cost Composite will be considered "Average Cost", and the Quality Composite Score will be calculated based on quality data submitted under MSSP reporting and the ACO's performance on the 30-day All-Cause Hospital Readmission measure for the 2015 measurement period.

What you need to do:

- 1) Obtain your group's QRUR. Visit [How to Obtain a QRUR](#)
- 2) Review reports for discrepancies on penalty and bonus information. The deadline to appeal decisions is **November 30th**
- 3) More information can be found on the CMS QRUR FAQ page [2015 QRURs and the 2017 Value Modifier](#)

New Screening Recommendations for Diabetes

November is National Diabetes Awareness month and several prominent guidelines have recently expanded the recommendation on screening asymptomatic patients for diabetes in addition to continuing screening symptomatic patients per existing protocols. The Annals of Internal Medicine (10/27/15) recommends screening as part of cardiovascular risk assessment in adults age 40 – 70 who are overweight or obese; earlier screening should be considered if there are additional risk factors. The American Diabetes Association (Standards of Medical Care in Diabetes – 2016) and the American Society of Clinical Endocrinologists (April 2015) recommend testing all adults starting at age 45, regardless of weight, and testing all asymptomatic adults of any age who are overweight or obese and have one or more additional risk factors.

Rationale for early screening is to identify more individuals with prediabetes and in the earlier asymptomatic stage of diabetes. Studies show that associated diabetes microvascular and macrovascular complications CAN and DO affect people with prediabetes. Studies show that 21%-40% of patients newly diagnosed with Type 2 Diabetes already had some level of retinopathy and 50% of people had evidence of end organ tissue damage at time of diagnosis. The Summary of Recommendations are below:

Diabetes Screening Recommendation

Annals of Internal Medicine	<ul style="list-style-type: none"> • Screen adults age 40 – 70 who are overweight/obese • Consider earlier screening if additional risk factors • Screen every three years
American Diabetes Association	<ul style="list-style-type: none"> • Screen all adults starting at age 45 regardless of weight • Screen all asymptomatic adults who are overweight/obese with ≥ 1 risk factor regardless of age
American Society of Clinical Endocrinologists	<ul style="list-style-type: none"> • 45 years without risk factors • Screen others at younger age with risk factors • Glucose values in normal range can be screened every 3 years • Consider annual screenings for patients with 2 or more risk factors

Please contact the Diabetes Clinical Specialist, Elizabeth Nalli at enalli@mmc.org with any questions.

Value-Based Agreement Updates for 2017

The MaineHealth ACO has negotiated new and revised value-based agreements effective January 1, 2017. We recently mailed a notification letter to our contracting contacts at participating practices and practice groups announcing the upcoming changes. If you are a participating provider and are not already credentialed with Cigna (new), Humana (new), Anthem (revised), and Aetna (revised), please visit their websites and follow their credentialing instructions. An updated, comprehensive list of MHACO agreements is [linked here](#). If you have any questions about the mailing, please contact us at MHACOinfo@mmc.org.

Guidelines for the Treatment of Major Depressive Disorder in Adults

The Behavioral Healthcare Program (BHCP), in collaboration with the BHCP Quality Improvement Workgroup of the MaineHealth Accountable Care Organization, has put together a [Guideline for the Treatment of Major Depressive Disorder in Adults in Primary Care Settings](#). The guideline is intended to be a resource for primary care and other practitioners to guide decision-making in the management of your patients with depression.

The guideline summarizes a core knowledge base, suggests algorithms for both initial assessment and ongoing management, and summarizes currently available antidepressants commonly used in the management of adult depression in the outpatient primary care setting based on the current scientific evidence and clinical consensus of experts in the field. We hope you find these guidelines helpful in your management of these conditions.