

June 21, 2018

Practice Management

Become a Price Transparency Pioneer Today with NYACP's Early Adopter Incentive Program

Would you like to lead the way? As part of the Helping Physicians Empower Patients initiative, NYACP has an opportunity for members interested in becoming transparency pioneers to apply for an Early Adoption Incentive Program Grant. Practices who agree to participate will receive:

- No-cost practice consultations and assessment
- Tools, learning resources and best practice guidance at no cost
- Skill building and training support
- Flexible learning/Peer Discussions
- Awards between \$3,000 and \$4,500 per practice

This initiative aims to spread awareness and use of currently available transparency tools. We will provide the skills to facilitate constructive quality and cost conversations with your patients. The overall goal is to help you empower your patients to make informed decisions to improve outcomes. Early adopters are a critical piece in providing key insights and measuring progress. The requirements are simple. We expect participating practices to:

- Assign a project lead
- Be available for a visit with our Project Coordinator at your convenience
- Participate in initial, interim and final Practice Assessments
- Participate in training on tool use and best practices
- Engage in monthly check-in communication
- Collect and provide data as needed
- Be willing to participate in additional learning opportunities
- Be an Ambassador and share success stories, key insights and best practices

We will kick off the year-long program this summer and spots are limited! To be considered for an Early Adopter Incentive Program Mini Grant Award, [please submit an application](#) for each practice location by June 30, 2018.

To learn more about the Helping Physicians to Empower Patients Initiative please visit the Empowering Patients Resources page where you will find available transparency tools and resources to help facilitate the conversation.

Even if you do not want to become an early adopter, [please complete our Survey on the Availability of Quality and Cost Information](#). Thank you to all of our members who have responded with valuable information!

New Webinar: A Frank Discussion: Provider Concerns and Barriers to Value Based Payment in NYS PCMH

With the changing landscape of state, federal and commercial Value Based Payment contracting, is your practice in a good position to achieve value based care? Please join us for a frank and open discussion which provides you with an opportunity to share your concerns, experiences, and any barriers you can identify.

Moderator: Marcus Friedrich, MD, MBA, FACP, Chief Medical Officer, Office of Quality & Patient Safety (OQPS), and the NYSDOH NYS PCMH Team.

Date: July 9, 2018

Time: 12:00 noon - 1:00 pm

Click [here](#) to register.

Quality Payment Program Look-Up Tool Now Includes 2018 MIPS Eligibility and Predictive Qualifying APM Participant Data

Today, the Centers for Medicare & Medicaid Services (CMS) updated its [Quality Payment Program Look-Up Tool](#) to allow physicians to view 2018 Merit-based Incentive Payment System (MIPS) eligibility and Alternative Payment Model (APM) Qualifying APM Participant (QP) data—in one place. The tool previously called the MIPS Participation Status Tool has been renamed the Quality Payment Program Participation Status Tool to reflect the improvements CMS has made.



Enter your National Provider Identifier (NPI) in [the tool](#) to find out:

- Whether you need to participate in MIPS in 2018
- Your Predictive QP status

Note: The Predictive QP status is based on calculations from claims with dates of service between 1/1/17 and 8/31/17. To learn more about how CMS determined Predictive QP status, please view the [Predictive QP Methodology Fact Sheet](#).

Physicians Can Also Check 2018 MIPS Clinician Eligibility at the Group Level and APM Predictive QP Status at the APM Entity level:

To check your group's 2018 QPP eligibility:

- Log into the CMS [Quality Payment Program website](#) with your [EIDM credentials](#)
- Browse to the Taxpayer Identification Number affiliated with your group
- Access the details screen to view the eligibility status of every clinician based on their NPI

A list consisting of all NPIs associated with your TIN is now available for download as well. The downloaded file also includes eligibility information for each NPI. This enhancement was made in direct response to stakeholder requests for this helpful function.

The CMS Roadmap for Combating the Opioid Epidemic

Current estimates show that over two million people suffer from opioid use disorder. In order to decrease that number, it is crucial that Medicare beneficiaries and providers are aware that there are options available for both prevention of developing new cases of OUD and the treatment of existing cases.

CMS is working to ensure that beneficiaries are not inadvertently put at risk of misuse by closely monitoring prescription opioid trends, strengthening controls at the time of opioid prescriptions, and encouraging health care providers to promote a range of safe and effective pain treatments, including alternatives to opioids. CMS is focused on communications with beneficiaries to explain the risks of prescription opioids and how to safely dispose of them, so they are not misused by others. CMS is focused on communications with beneficiaries to explain the risks of prescription opioids and how to safely dispose of them, so they are not misused by others.

Although some progress has been made in efforts to combat the opioid epidemic, the latest data from the Centers for Disease Control and Prevention indicate the crisis is not slowing down. CMS published a [roadmap](#) outlining their efforts to address this issue of national concern. This roadmap details CMS' three-pronged approach to combating the opioid epidemic, focusing on:

- Prevention of new cases of opioid use disorder (OUD)
- Treatment of patients who have already become dependent on or addicted to opioids
- Utilization of data from across the country to target prevention and treatment activities

See the full text of this excerpted [CMS blog](#).

Education

NYACP Scientific Meeting Poster Competition

Congratulations to our Poster Presenter Winners!



Resident and Fellow Clinical Vignette

- | | |
|------------------------------|---|
| 1 st Place: | Kenechukwu Nwagbara - Montefiore New Rochelle Hospital |
| 2 nd Place (tie): | Sanjana Kashinath - Rochester General Hospital |
| 2 nd Place (tie): | Mukund Das - New York Presbyterian Brooklyn Methodist Hospital |
| 3 rd Place (tie): | Arun Kumar - Westchester Medical Center |
| 3 rd Place (tie): | Mouzamjha Farouqi - New York Presbyterian Brooklyn Methodist Hospital |
| 3 rd Place (tie): | Momcilo Durdevic - Montefiore New Rochelle Hospital |
| 3 rd Place (tie): | Vladyslav Dieiev - Montefiore Medical Center |

Resident and Fellow Research

1st Place: Aditi Bhagat - Stony Brook University Hospital
2nd Place: Baldeep Mann - Metropolitan Hospital

Medical Student Clinical Vignette

1st Place: Ankit Dubey - Metropolitan Hospital Harlem
2nd Place: Mehak Kapoor - Nassau University Medical Center
3rd Place: Aaron Douen - Coney Island Hospital

Resident and Fellow, Medical Student Quality, Advocacy and Public Policy

1st Place: Navneet Kaur - Jacobi Medical Center
2nd Place: Reshma Shah - Albany Medical College

Membership

MLMIC Reports Progress on Berkshire Hathaway Transaction

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GET MORE THAN A POLICY



Below is an update on the sponsored demutualization transaction between MLMIC and National Indemnity Company (the Sponsor), a subsidiary of Berkshire Hathaway Inc. (BHI):

- On May 18, 2018, MLMIC received a copy of a valuation of MLMIC performed by Ernst & Young Investment Advisors LLP for the Department of Financial Services of the State of New York (the Department).
- On May 22, 2018, the Superintendent of Financial Services of the State of New York (the Superintendent) granted MLMIC permission to file its Plan of Conversion from a mutual insurance company to a stock insurance company with the Department.
- The proposed transaction was also recently reviewed by the Department of Justice and the Federal Trade Commission. On May 24, 2018, both MLMIC and BHI were notified that this review was complete.
- On May 31, 2018, MLMIC's Board of Directors unanimously approved the Company's Plan of Conversion and submitted it to the Department for approval. The Plan, among other items, outlines how eligible policyholders will be allocated cash consideration from the Sponsor if the transaction is approved by MLMIC policyholders eligible to vote on the transaction and by the Department.
- On June 1, 2018, the Department completed its financial examination of MLMIC.

MLMIC and the Sponsor will continue to work diligently on the remaining steps of the sponsored demutualization process in an effort to complete the transaction by September 30, 2018. The final action will be subject to approval by MLMIC policyholders eligible to vote on the transaction and approval by the Superintendent.

For more information about the transaction, you can access the [Frequently Asked Questions](#) on MLMIC's website or call 1-888-998-7871.

MLMIC's New Online CME Modules Address Diagnostic Errors

MLMIC has recently announced that a new series of CME modules addressing diagnostic errors is now available online.

High Exposure Liability: Errors in Diagnosis - Parts I & II feature a physician expert and a defense attorney discussing high exposure liability claims associated with errors in diagnosis. The top medical factors that contribute to diagnostic errors are reviewed, and strategies to prevent claims are outlined.

A case study analysis illustrates the key medical and legal issues that impact the outcome of a diagnostic error claim. Risk management strategies to help physicians improve the quality of patient care and reduce their potential liability risk are also provided.

To learn more about MLMIC's CME modules, including how to register and view them, please click [here](#) or call 1-888-998-7871.
