

THE QUARTERLY COMPASS

FALL 2024
Newsletter





It's hard to meet expectations when they are not always clearly identified. Being involved in the world of health care right now we hear about increased costs and lower revenues with many healthcare organizations at a point of making personnel cuts, shuttering facilities, or scaling back service. Even locally in the treasure valley we have seen these challenges and some of you have your own personal experience. While Saint Alphonus Health System has not been immune to these issues, our organization with the support of Trinity Health, remains strong in its commitment to support patients, providers, and the communities we serve.

As we look ahead to 2025, we expect continued challenges in market dynamics as payers shift and disruption is anticipated. But it is our expectation we will persevere through the turmoil in collaboration with our network providers. Often day-to-day focus can drift and objectives blur, but our assurance is to help clarify expectations in which the provider community feels supported and finds success in managing their populations. The primary drivers haven't changed, patients still need access to care when and where they need it. Medical records must accurately reflect the acuity of those patients in order align reimbursement and a team-based approach is needed to support patients between clinic visits with additional resources like care managers and community health workers. Industry data shows these efforts contribute to a better patient experience and are effective in managing the cost of care, two basic expectations we are all working towards. We will continue to face strong headwinds in the upcoming year, but our Health Alliance team will be working hard toward better visibility of targets and tasks required to be successful in our advanced payment models (APMs). With visibility will also come accountability, we must hold one another accountable to achieve the high performance we are capable of so that both patient and provider can benefit from those outcomes.

As always thank you for the high-quality care you provide and being a valued partner in our network.

Stacy Meyr, DC

President

Saint Alphonus Health Alliance & Community Health and Well-Being

Additional Articles:

1. Interested in becoming a Civil Surgeon?

A Civil Surgeon performs medical exams for patients working through the immigration process. There are currently extremely long wait times in and around the Treasure Valley. In collaboration with a local non-profit organization, who is seeking interested individuals and will subsidize the application and processing fee for any interested practitioners. You can learn more at the following website: [Designated Civil Surgeons | USCIS](#). If you would like more information on the available subsidy, please contact our Alliance President, Stacy Meyr, DC at stacy.meyr@saintalphonus.org



Saint Alphonus Health Plan is 4 STARS in 2025



- **First 4 Star since its inception**
- **Highest HEDIS® & Health Outcomes Survey scores among Trinity Health Plan contracts**
 - **Key Star Increases**
 - Follow up after ED visit for patients with Chronic Conditions
 - Rating of Drug Plan
 - Medicare Plan Finder Price Accuracy
 - Health Plan Quality Improvement



Panel Discussion

The Alliance recently held our semi-annual network breakfast with a focus on how the provider experience impacts patient experience. We had dynamic presentations on topics including Success in a Value-Based World, presented by Dr. Ryan Heyborne; Modern Electroconvulsive Therapy (ECT), from Dr. Jacob White and Navigating Mental Health Resources panel discussion including Dr. White, Evelyn Baldeon, LMSW; Deb Smit, LCSW; and Kevan Finley, CEO of Cottonwood Creek Behavioral Health. Our event included care partners which support our provider network.



Dr. Heyborne



Each day, healthcare professionals are tasked with delivering high-quality care while maintaining processes that eliminate barriers to care. Integrating the Medicare Annual Wellness Visit (AWV) and routine Annual Physical Exam (Preventive exam) presents a unique opportunity to enhance patient care and maximize clinic efficiency within the Medicare Advantage plans. Many providers are seeking strategies to establish streamlined operational structures that meet the demands associated with providing a high level of quality healthcare. Implementing workflows that incorporate dual visits can be instrumental in achieving such goals. By exploring the benefits, best practices, and key considerations for dual Preventive Physicals and AWV visits, healthcare professionals can improve performance outcomes, patient experience, realize potential cost savings, and create more manageable workflows.

It is highly beneficial for healthcare professionals to conduct the routine Annual Physical in conjunction with the Annual Wellness Visit (AWV) for Medicare Advantage patients. This integrated approach can be effectively implemented by taking strategic steps that encourage and support necessary changes within a clinic's established processes. Below are several key strategies to assist in achieving the goals of conducting both the annual Physical Exam and Medicare AWVs during a single visit.

1. Pre-visit Planning

- a. Review the patient information available, including any chronic conditions, medications, procedures, medical history, etc.
- b. Provide enough time for the appointment to ensure all points are covered.
- c. Prepare the patient during the scheduling process by reminding them of the appointment type and what they can expect.

2. During the Visit

- a. Medicare Annual Wellness Visit (AWV)
 - i. Complete each calendar year
 - ii. Have the patient complete a depression screen.
 - iii. Have the patient complete functional assessment.
 - iv. Complete list of risk factors.
 - v. Update immunization record and order immunizations.
 - vi. Update preventive checklist.
 - vii. Make new schedule of preventive and early detection interventions.
 - viii. Advanced Care Planning
 - G0402 > One Time Benefit – Initial preventative physical examination (IPPE) or “Welcome to Medicare” preventative visit.
 - G0438 > One Time Benefit – Annual Wellness Visit, includes a personalized prevention plan services (PPPS), first visit
 - G0439 > Annual Wellness Visit, includes a personalized prevention plan services (PPPS), subsequent visit.
 - G0468 > Federally Qualified Health Center (FQHC) visit, IPPE or AWV; an FQHC visit that includes an IPPE or AWV and
- b. Routine Annual Physical Exam
 - i. A comprehensive preventive medicine evaluation and management of an individual, including an age and gender-appropriate history.

Dual Preventative



- ii. Physical examination
- iii. Counseling/anticipatory guidance/risk factor reduction interventions,
- iv. The ordering of appropriate immunization and laboratory tests.
- v. Document the comprehensive nature of the examination, details of counseling provided, and any interventions or tests ordered. (new patient, 65 years and older)
 - 99387- new patient
 - 99397- established patient

Working diligently to implement routine Annual Preventive Physical Exams and Medicare AWWs visits will assist healthcare providers in offering an effective approach to patient wellness, improving healthcare delivery and patient experience within the Medicare Advantage realm.

** Routine Annual Physical exams are not covered by straight Medicare. They are a benefit provided by area Medicare Advantage plans. Below are the links to the payer platforms detailing the benefit within our area.*

Component	Initial preventive physical exam (G0402)	Annual Wellness Visit (G0438-G0439)	Preventative medicine services (99381-99397)
Health risk assessment	Not explicitly required	Required	Not explicitly required
Age and gender-appropriate history	Required	Required	Required (not itemized)
List of current providers and suppliers	Not required	Required	Not required
Cognitive assessment	Not required	Required	Not explicitly required
Depression risk assessment	Required	Required	Not explicitly required
Functional/safety assessment	Required	Required	Not explicitly required
Written screening schedule	Required, including electrocardiogram (EKG), if indicated	Required	Not explicitly required
List of risk factors/interventions	Not explicitly required	Required	Required
Advance care planning	At beneficiary's discretion	At beneficiary's discretion	Not required
Age and gender-appropriate physical exam	Required	Not required	Required
Measurements [height, weight, body mass index (BMI), blood pressure (BP), etc.]	Required as part of exam	Required	Not explicitly required
Ordering of lab/diagnostic procedures	Not required	Not required	Required
Review of current opioid prescriptions (specific requirements defined in reg)	Required	Required	Not explicitly required
Screening for potential substance use disorder	Required	Required	Not explicitly required
Furnishing of personalized health advice and referral to health education or preventative counseling programs	Required	Required	Not explicitly required

[2024 Medicare Advantage preventive screening guidelines \(uhcprovider.com\)](https://uhcprovider.com)

[docushare-app \(humana.com\)](https://humana.com)

[3-1336NI Preventive Care Flyer \(cloudinary.com\)](https://cloudinary.com)

[Claims Processing Procedures and Guidelines | THP Medicare](#)



Hypertension Considerations

Dr. Michael Twomey,
SAHA Executive Medical Director



Blood pressure control is a routine, everyday consideration in primary care medicine. About half of our population has hypertension, yet only 40% of those are well controlled (<130/80). Providers have long been focused on treating those above 140/90, but too often we are undertreating and underemphasizing more aggressive management in our younger population. With increased prevalence of diabetes (from 6% to 8% since 2004) and obesity (30% to 41% since 2000), we are seeing a confluence of upstream effects that could lead to future strokes, heart attacks, and disability.

This is an area where insurance companies, providers, and patients align. We all agree this is an important topic, yet we still struggle with overall rates. Trinity Health, in partnership with the American Heart Association and the American Medical Association, dug into these root causes to develop a systematic plan to tackle HTN.

What resulted was a 3-step program called MAP BP. This proven method covers many of the pitfalls of current hypertensive care through Measuring Accurately, Acting Rapidly, and Partnering with Patients.

Measure Accurately: Obtain accurate, representative BP readings. When providers do not trust the result in the chart, they become concerned with potential side effects and plagued with inertia. Accurate results are the cornerstone of this process. One of the most effective ways to start, is by using an AMA/AHA poster in each office reminding patients and staff alike of how to take a correct BP (avoiding common issues like taking over clothing, with a full bladder, while talking, or with legs crossed). I will often have patients take a photo of this in clinic to serve as a reminder of how to get accurate at-home readings. Remembering to repeat the blood pressure once elevated, entering at home BP's into the medical record, and developing a plan for follow up is best practice for your nursing staff.

Act Rapidly: Once we have confidence in the blood pressure, the burden falls on the provider to manage that number. On average we increase medication therapy only 1/7 times when a BP is >140/90. If we did nothing else but increased treatments 2/3 times, we would improve hypertensive control over 80%! A helpful tip when prescribing includes using combination pills, especially the CCB/ARB products as they maximize best in class medications in those tiers. Remember, adding on a new class of medicine lowers BP 3x more than increasing an existing medication!

Partner with Patients: Finally, not all care needs to, or should, occur in the office. A team-based approach is needed to increase home BP reporting and giving patients access to devices at home. Often OTC benefits go unused, which could be the financial power needed to purchase an at home device. Using dietitians, nurses, and community health workers to manage the lifestyle modifications can be a great way to maximize provider efficiency. Finally ensure your front desk staff is rescheduling patients no more than 2 weeks out when the BP is high. With access an issue, we have found excellent results using support staff to perform the initial BP check and only doing an office visit if management changes are needed.

There is much more to discuss when it comes to hypertension prescription practices, workflows, and best practices. We have given the full MAP BP presentation to multiple independent clinics to great response. If your clinic and providers would like more information, I am happy to connect for further discussion! Please contact me at Michael.Twomey@saintalphonsus.org.





Contract Updates – Aetna, Humana & Moda

All network providers should have recently received communications regarding termination of the Aetna Commercial agreement under the Health Alliance, and information on how to contract directly with **Aetna** should you wish to continue participation

A separate communication was also sent regarding discontinuation of **Moda** Medicare Advantage plans in the market, as well as information regarding negotiations in process with **Humana**. If your organization did not receive these communications or you have additional questions, please reach out the Health Alliance for additional information.



WE ARE PLEASED TO ANNOUNCE

Saint Alphonsus Surgeons Who Perform Surgical Cases at the New ASC, Ten Mile Surgery Center

Colorectal Surgery

Boise, Nampa & Caldwell

Phone: (208) 302-2400 | Fax: (208) 302-2455
1072 N Liberty St, Suite 201 | Boise, ID 83704
400 E Flamingo Ave, Suite 200 | Nampa, ID 83687
1906 Fairview Ave, Suite 430 | Caldwell, ID 83605



**Sheev
Dattani, MD**
Cell: (208) 841-2216
Boise & Nampa



**Anthony
Dinallo, MD**
Cell: (973) 703-2361
Boise & Caldwell

Otolaryngology

Nampa

Phone: (208) 302-1000 | Fax: (208) 302-1035
4400 E Flamingo Ave | Nampa, ID 83687



**Marshall
Snow, MD**
Cell: (208) 697-2052

General Surgery

Boise & Caldwell – Minimally Invasive & Robotic Surgery

Phone: (208) 302-2300 | Fax: (208) 302-2355
1072 N Liberty St, Suite 201 | Boise, ID 83704



**Christopher
Reising, MD**
Bariatric & Esophageal
Health, Reflux &
General Surgery
Cell: (208) 616-0789
Boise & Caldwell



**Amber
Taylor, MD**
General Surgery
Cell: (208) 488-0009
Boise

General Surgery

Nampa

Phone: (208) 302-2700 | Fax: (208) 302-2725
4400 E Flamingo Ave, Suite 200 | Nampa, ID 83687



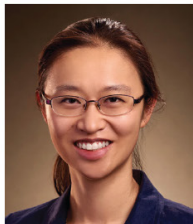
**Katherine
Homer, DO**
General Surgery
Cell: (248) 904-0082



Orthopedics

Boise - Joint Center

Phone: (208) 302-3500 | Fax: (208) 302-3555
6165 W Emerald St | Boise, ID 83704



**Jenny
Jin, MD**

Joint Replacement
& Revision Surgery
(Hip & Knee)

Cell: (408) 781-9291
Boise



**Darin
Jurgensmeier, MD**

Sports Medicine Surgery
Joint Replacement
(Total & Reverse Total
Shoulder Only)

Cell: (801) 362-3491
Boise



**Taylor
Lara, MD**

Joint Replacement
& Revision Surgery
(Hip & Knee)

Cell: (615) 971-8265
Boise & Eagle

Orthopedics

Nampa

Phone: (208) 302-3200 | Fax: (208) 302-3255
4424 E Flamingo Ave, Ste 110 | Nampa, ID 83687



**John
Foote, MD**

Joint Replacement
(Hip, Knee, Shoulder)
Sports Medicine
General Orthopedics

Cell: (208) 405-5837
Fruitland & Nampa



**Aaron
Hoblet, MD**

Hand & Elbow
Surgery

Cell: (253) 278-8676
Nampa



**Aaron
Newton, DO**

Sports Medicine
Surgery & Joint
Replacement
(Shoulder)

Cell: (801) 834-9539
Nampa

Orthopedics

Boise - Coughlin Foot & Ankle Clinic

Phone: (208) 302-3100 | Fax: (208) 302-3155
1075 Curtis Rd, Suite 300 | Boise, ID 83706



**Christopher
Hirose, MD**

Orthopedics

Meridian Health Plaza

Phone: (208) 302-3800 | Fax: (208) 302-3855
3025 W Cherry Ln, Suite 205 | Meridian, ID 83642



**Thomas
Goodwin, MD**

Shoulder Surgery &
Joint Replacement
(Shoulder)

Cell: (208) 866-3441





Clinic Awards were delivered
Tuesday, Oct 8th

Most Collaborative Efforts and Notable Improvements

- Boise Family Medicine
- Boise Health Haus
- Women's Health Associates

Partnership Appreciation

- Two Rivers Medical Clinic
- Doctors Clinic of Elmore County