

THE QUARTERLY COMPASS

Winter 2023



SAINT ALPHONSUS
HEALTH ALLIANCE

2023 WINTER NEWSLETTER

Our Challenges and Opportunities for 2023

We were pleased to end 2022 by distributing to our network the largest amount of shared savings, over \$3 million, in the history of the Alliance. This aligned with positive feedback we've received throughout the year in our regular meetings with payers who praised our network for our care management efforts and close attention to proper diagnosis coding to assure appropriate reimbursement from government payers.



This positive news was overshadowed by the challenges all healthcare providers experienced during 2022 as we faced significant financial challenges related to staffing shortages and the worst inflation in a generation. We also saw how non-providers in the healthcare industry – pharmaceutical and insurance companies – recorded some of the highest profits in their histories. This was accompanied by renewed efforts at the federal level to cut healthcare spending that had been bolstered during the pandemic.

We remain confident that our efforts to assure high value care will lead to greater financial stability for our provider network. We aim to be the preferred

network in our service area as demonstrated by our commitment to assuring quality of care while eliminating potentially avoidable utilization of healthcare services.

This issue of the Alliance newsletter contains several articles that highlight how we improve the value of care you provide to your patients.

The Alliance staff are committed to working closely with our network of providers to help you provide the best possible care to your patients and achieve proper compensation for your efforts. We look forward to our continued partnership.

A handwritten signature in black ink, appearing to read 'Charles Chodroff'.

Charles Chodroff, MD, MBA, FACP
President
Saint Alphonsus Health Alliance



New Partnership with Moda Health Insurance



Saint Alphonsus Health Alliance and Moda Health have partnered to offer individual, family and group health insurance plans in Idaho beginning January 2023. These products will exclusively use the Alliance network of providers throughout the Treasure Valley. You may also see them as an option for Medicare Supplemental, which is being offered statewide.

Saint Alphonsus Health System (SAHS) has had a long and successful partnership with Moda for many years serving Eastern Oregon. We've had a positive track record of building strong connections and delivering value for our patients. As Moda Health expands into Idaho, it makes sense to expand our partnership to our Idaho patients utilizing the Saint Alphonsus Health Alliance network. A new choice means our patients have more opportunity to find quality, affordable plans.

Moda Health may be new to Idaho, but they are not new to healthcare. Their parent company, Moda Companies has been delivering healthcare for almost 70 years. Today, Moda Health offers medical plans in Oregon, Alaska, and Texas. Moda Health is committed to providing quality care for its members. Moda Health has NCQA accreditations for select Oregon and Alaska commercial and exchange products.

Moda has begun working collaboratively with the clinical team at Saint Alphonsus Health Alliance to assure optimum care coordination for those with serious or chronic health conditions that require close nursing, social service, and pharmacist support to prevent unnecessary hospitalizations or emergency visits. We are also working closely with the performance improvement team to assure Moda members receive all necessary preventive services that help avoid illness or deterioration of chronic conditions.



Pre-Visit Planning and Annual Wellness Visits

Pre-visit planning can improve the care of patients, improve the efficiency of an office visit, and help collect information that can improve revenue for the practice. When properly performed, whether using a practice's own workflow or using SAHA's new pre-visit planning sheets, an Annual Wellness Visit AWV is a streamlined method to collect and organize patient data before a patient arrives. This frees up more time to discuss concerns with each patient, including gaps in care.

No-show appointments can be significantly reduced, and pre-visit labs and tests are more likely to be completed in advance. Results are discussed with the patient, medications are reviewed, and delays in patient care are avoided. These actions increase patient adherence and satisfaction.

During pre-visit planning, watch for those patients who are due for their AWVs but are scheduled for sick or follow-up visits. This is an opportunity, whenever possible, to flip those visits to AWVs. You are allowed to bill for both an AWV and a routine evaluation and management encounter provided you have appropriate documentation for both encounters.

As part of a Health Risk Assessment, information from the AWV is used to develop or update a plan to prevent disease and disability based on the beneficiary's current health status and risk factors. Aligning with this goal, all Hierarchical Chronic Conditions (HCC's) diagnosis codes should be prioritized toward the top of the list and captured in documentation and coding during an AWV (ex. morbid obesity, diabetic complications, amputation status).

As a reminder, know all the components of an AWV and ensure you document any refused service such as vaccinations, disease screenings, or management of chronic diseases. SAHA's Performance Improvement team is available for consultation to review your current work flow and provide advice to improve your efficiency with this essential office visit.



Medication Adherence: Statin Therapy for Patients with Cardiovascular Disease



There is overwhelming clinical evidence to support the use of statin therapy for patients with cardiovascular disease to reduce mortality. This is why all of the Alliance's contracts with Medicare Advantage plans have expectations that our providers recommend this treatment to those with cardiovascular disease. However, we know that some patients cannot tolerate the side effects of statins or, for personal reasons, refuse this treatment. In these cases, it's essential that our providers include diagnosis codes on encounters that document these excluded patients.

The statin quality measures, as defined by HEDIS, are:

- Therapy for Patients with Cardiovascular Disease: Assesses males 21-75 years of age and females 40-75 years of age who have clinical atherosclerotic cardiovascular disease (ASCVD) and who received and adhered to statin therapy.
- Statin Therapy for Patients with Diabetes: Assesses adults 40-75 years of age who have diabetes and who do not have clinical ASCVD, who received and adhered to statin therapy.

If you have a patient who is intolerant to statins it is essential that you provide one of the following diagnosis codes on an encounter to assure we are not inappropriately penalized for noncompliance with these quality measures. Proper documentation will include one or more of the following codes for statin intolerance.

G72.0 Drug-induced myopathy

G72.9 Myopathy, unspecified

M60.80 Other myositis, unspecified

M60.9 Myositis, unspecified

M62.82 Rhabdomyolysis

If your applicable patient has reported muscle pain or weakness and meets the above criteria for intolerance, please remember to add one of these codes during your annual visit.



Improving Post-Acute Care



An inpatient hospitalization is often followed by care in a skilled nursing facility (SNF), an inpatient rehabilitation facility (IRF), and at home with a home health provider. These services are essential for full recovery of the patient but can add unnecessary expense if not properly managed. Unnecessary expenses decrease the amount of shared savings our network receives from its payer partners.

The Alliance now has five experienced nurses who will monitor the post-acute care of our patients. These nurses previously managed patients as part of Saint Alphonsus Health System's participation with CMS's Bundled Payment for Care Improvement program that ended in December 2022.

With more than 140 years of nursing experience, these nurses work with area SNFs, IRFs, and home health providers to assure the timely and appropriate post-acute care of our patients. Their efforts will further reduce readmissions and post-acute ED visits, assure appropriate next site of care with the inpatient care team, and coordinate continued care with ambulatory providers. The goals for patient outreach are to ensure appropriate utilization of skilled nursing facility days, smooth

transition to home and follow up with primary care and specialists, disease management education, medication adherence, and coordination of home care services

We believe we have an opportunity to improve the costs of post-acute care based on our current utilization patterns. The average length of stay for our MSSP patients in a SNF is currently 22 days. The average skilled nursing length of stay for a Medicare Advantage patient is 19 days. Reducing SNF length of stay to the Trinity Health stretch target of 17 days would lead to a cost savings of more than \$700,000. Additional savings will be seen through reduced readmissions, reducing unnecessary ED visits, and reducing the length of stay of inpatient rehabilitation services.

While reducing costs is an important aspect of these nurse's work, we believe their efforts will improve the quality of care for our patients by helping assure coordination among all of our network providers for patients who require post-acute care.



Timely Enrollment of Providers Assures Payment for Services



Enrolling providers into our payer networks is an essential yet time consuming process to assure your providers are appropriately paid for their services. Missing or incomplete documentation will delay approval which means missed opportunity for payment.

Here are tips to ensure a timely and successful application. We need the following Information to enroll a provider:

- Current licensing information
- All education and healthcare training including the month and year completed
- Current hospital privilege information or admission plan
- Current DEA and CDS certificate
- Complete work history (Explain any gaps in the employment history)
- Current professional liability Insurance
- Any adverse legal action documents
- Aliases used on any license, educational documents, or work history.

We often receive incomplete information that delays the effective date of participation. Most common delays are related to:

- Missing or incomplete dates for Education/Training and Work History. At a minimum start and end dates must include month/year. In addition, a complete

history is needed starting with clinical education to current employment. Any gaps in work history greater than 28 days require an explanation.

- Professional liability insurance certification does not contain the minimum limits of \$1M/3M individual/aggregate limits or does not indicate coverage at contracted practice location
- Not disclosing any adverse legal action including criminal history (even misdemeanors) and/or not providing a detailed explanation of the circumstances.
- The provider must log into the Practitioner Portal to review and submit the application. A representative of the group is not able to submit the application on the provider's behalf.

We will contact you if we require additional information to complete your enrollment. Please respond to inquiries timely to help expedite the process.

Questions related to the status of your application can be sent to our shared email box, SAHS-Alliance@sarmc.org.



I recommend this series of webinars sponsored by the Idaho Department of Health and Welfare and Aurrera Health Group, a consulting firm from Sacramento, California with expertise in value-based care.

Announcing: Idaho Rural Hospital and Clinic Value-Based Care Education Series Beginning February 2023

You're invited!

In partnership with the Idaho Department of Health and Welfare's Bureau of Rural Health & Primary Care, Aurrera Health Group will provide a series of free webinars on value-based care to rural health care providers across Idaho, starting in February 2023. Anyone at your organization is welcome to join.

Why attend?

Aurrera Health Group consultants have decades of experience in value-based care and rural payment models, including leadership roles at CMMI (the federal agency responsible for testing value-based care models) and within primary care clinics and health systems engaged in value-based care. From these webinars, you can expect practical, straightforward education and advice to build your organization's capacity and knowledge of value-based care.

The webinars are distinct from other value-based care education; they are customized for the context of safety net providers in Idaho to ensure that they are relevant and useful. Each webinar will be certified for continuing medical education (CME).

Registration Links

Follow these links to register for the webinars. There will be separate sessions for each webinar that are open to CAHs and RHCs only; however, the sessions displayed below are welcome to all participants.

Webinar 1: Overview of value-based care

DESCRIPTION: Review of terms, types of value-based care models, and the regulatory and legislative landscape for value-based care.

- Tuesday, February 28, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).

Webinar 2: Core capabilities

DESCRIPTION: Overview of core capabilities to succeed in value-based care, why they matter, and unique considerations for rural and remote populations.

- Tuesday, March 28, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).

Webinar 3: Financial methodologies

DESCRIPTION: Deep dive into the financial methodologies of relevant value-based care models, including how payments flow and how to monitor financial performance throughout the year.

- Tuesday, May 2, 2023 at 1:00 MT/ 12:00 PT Register [here](#).

Webinar 4: Legal agreements

DESCRIPTION: Advice and best practices from experts on structuring legal agreements between individual providers and risk-bearing entities in value-based care models.

- Tuesday, May 30, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).

Webinar 5: Quality measures

DESCRIPTION: Overview of types of quality measures most common in value-based care models, including common challenges faced by model participants in quality measurement and reporting.

- Thursday, July 6, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).

Webinar 6: Chronic disease management

DESCRIPTION: Case studies of best practices in chronic disease management and other population health process workflows.

- Tuesday, August 1, 2023 at 1:00 MT/ 12:00 PT. Register [here](#).



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