

Value Connection

Arkansas Health Network's Newsletter

Fall 2020

The Excellence Continues - AHN Succeeds in 2019 Contracts

In 2019, Arkansas Health Network (AHN) sustained its impressive record of meeting savings and quality goals across multiple value-based contracts, bringing value to payors, employers, and patients both locally and nationally.

For the 3rd year in a row, AHN will earn shared savings for its **Medicare Shared Savings Program (MSSP)**. In total, AHN saved Medicare **\$12.9M** and had a quality score of 92% in 2019. The ACO will be rewarded with \$7.1M in recognition for these achievements. AHN earned the highest total savings as an individual ACO across all of CommonSpirit Health's national system. Furthermore AHN remains the only Arkansas-based ACO to earn shared savings in this program.

On the direct-to-employer side, AHN created substantial savings for **CHI St. Vincent** and **Anthony Timberlands**. AHN generated savings of **\$738K** for CHI St. Vincent and **\$591K** for Anthony Timberlands in 2019 compared to projected costs (2.4% and 14% reductions, respectively). These financial successes

are indicative of improvements in the health of the population, enhanced relationships with primary care providers, and more appropriate utilization of care in the right settings across the continuum.

AHN is able to meet its financial and quality goals year after year through the innovation and excellence of its multidisciplinary team, proactive care management, engaged provider network, and advanced analytic tools.

For questions or comments, please contact Bob Sarkar (bbsarkar@stvincenthealth.com)

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AHN Leadership Team Welcomes Scott Huse



In September 2020, Scott Huse joined AHN as the Market Vice President for Employer Business Development. This is a new role that is intended to grow and develop AHN's Direct-to-Employer (DTE) services. In addition, he will have direct responsibility for network growth and management.

Scott most recently served as the Director of Operations & Business Development for Employer Health at Community Health Systems (CHS) in Northwest Arkansas for nine years. Prior to that, he worked in health insurance sales for over ten years, with Arkansas Blue Cross Blue Shield and Cigna/Healthsource.

Direct-to-Employer services have figured prominently into AHN's growth strategy and will continue under Scott's leadership. AHN's successes in this field were featured recently in local publications including Arkansas Business. Scott looks forward to future collaboration with members of the employer, broker, and provider community.

For questions or comments, please contact Bob Sarkar (bbsarkar@stvincenthealth.com)



AHN Connect - Mobile App Launches!



AHN is very pleased to announce that it's mobile App, *AHN Connect*, is available for download in both the Apple and Android application stores.

AHN Connect was designed to improve communication and information sharing with AHN's key stakeholders, including patients, employers, and most importantly, network providers.

This version of the App features the following capabilities:

- **Provider Search** - enables all users to look up participating providers in the AHN network
- **Secure Site for Network Providers** - this section of the app will require separate registration for providers to view more sensitive information, such as Shared Savings distributions
- **Push Notifications to Users** - to be used sparingly for important communications.

Download of the AHN Connect mobile app is the criterion for individual providers' "Participation" component for 2020 MSSP ACO Shared Savings. Visit the Apple or Android app store to download today!

For questions or comments, please contact Shahid Shafi, MD (sshafi@stvincenthealth.com)

CMO Note: Annual Wellness Visits

The Annual Wellness Visit (AWV) is a great tool for Primary Care Providers participating in the Medicare Shared Savings Program (MSSP) and their patients insured through Medicare. AWV is a fully covered Medicare Part B benefit, meaning there are no out of pocket expenses for patients once every 12 months. There are two possible CPT codes (G0438 or G0439) which providers could apply for the AWV encounter, depending on whether they have completed another AWV in prior years.

G0438 Personalized prevention plan of service, initial visit - Code can only be used once for the first Annual Wellness Visit. Patients must be enrolled in Medicare at least one year.

G0439 Personalized prevention plan of service, subsequent visit - Code may be used once every 12 months following the initial visit. A patient is eligible for his subsequent AWV one year after their initial visit.

According to CMS, the purpose of an AWV is to "develop or update a personalized prevention plan, and perform a health risk assessment." It comprises of a comprehensive assessment of the patient's physical health, mental health, medical history, functional ability, risk factors, and an opportunity to plan appropriate preventive services, including immunization. It may also include Advanced Care planning.

Benefits to the patient include a comprehensive assessment and proactive preventive care. Benefits to the providers include better care for their patients, opportunity to improve quality scores, appropriate risk scoring by comprehensive coding of patient's diagnoses, and patient attribution. In short, AWV is a win-win proposition for both patients and their providers.

AHN will host a webinar this fall for providers to learn more about AWVs. Additional information and registration for the webinar will be available on the AHN website.

For questions or comments, please contact Shahid Shafi, MD (sshafi@stvincenthealth.com)



PHARMACY CORNER

Immunizations During COVID-19

Compared to last year, vaccination rates have dropped more than 60% in adults 19-49 and 83% in adults over 65 across the U.S. This is likely related to the effect of COVID-19 pandemic on healthcare access and utilization in which people have been encouraged to stay home or shelter-in-place to reduce the risk of transmission of the disease. However, the Centers for Disease Control (CDC) has recommended that maintaining or reinitiating routine vaccinations is paramount to limiting further strain on the healthcare system, especially during the upcoming influenza season.

Using information from the CDC, the AHN team will educate patients and providers on current recommendations and standards for routine vaccinations, including the following key points:

- Important vaccines for patients over 50 years of age are those to prevent Influenza, Shingles, and Pneumococcal.
- Vaccines should be administered according to CDC immunization schedules (<https://www.cdc.gov/vaccines/schedules>) to provide protection and minimize the number of healthcare visits.

AHN has created a flyer on vaccines for adults 50 years and older which summarizes information on cost, side effects, timing, and other details on each of the three recommended immunizations listed above. This flyer can be accessed on AHN's website at <https://www.arkansashealthnetwork.com/providers/evidence-based-guidelines/>. Patients and providers are also encouraged to review the CDC's Vaccination Guidance During a Pandemic (<https://www.cdc.gov/vaccines/pandemic-guidance>).

For questions or comments, please contact Shahid Shafi, MD (sshafi@stvincenthealth.com)

Freedom From Smoking Program Offered to AHN Employer Clients

Smoking is a high risk and costly habit for patients of all types. Not only does it pose serious health threats which impact patients' well-being, but it also creates a great financial burden for themselves and their employers. Research suggests that businesses who employ and insure smokers experience excess annual costs of nearly \$6000 taking into account healthcare costs, absenteeism, presenteeism, smoking breaks, and pension benefits. According to the American Lung Association, the smoking rate in the state of Arkansas is 22.3% compared to the national rate of 16.4%, which ranks Arkansas 47th among all states in the U.S.



As a result, AHN has announced the launch of a new pilot tobacco cessation program. AHN will facilitate the American Lung Association's Freedom From Smoking (FFS) Program for coworkers of CHI St. Vincent, one of AHN's direct-to-employer clients. The AHN team has three Certified Tobacco Treatment Specialists and trained Freedom From Smoking program facilitators who will lead eight (90 minute) weekly group sessions using a positive systematic behavior approach to quitting tobacco. These sessions will be offered through Zoom.

The first cohort of sessions for CHI St. Vincent coworkers runs from October 26—December 7. AHN plans to facilitate additional cohorts on a recurring basis for CHI St. Vincent coworkers, as well as other employers interested in tobacco cessation.

To learn more, please contact AHN Wellness Coordinator, Debbie Staton (dstaton@stvincenthealth.com)

2021 Proposed Interim MPFS Rule & Impact to AHN

In August 2020, CMS released the CY2021 Medicare Physician Fee Schedule Proposed Rule which contains several updates which will impact AHN's Medicare Shared Savings Program (MSSP) ACO and the annual quality reporting process. The rule is due to be finalized in December to be effective January 1, 2021.

Reduced Number of Quality Metrics

In 2021, it is proposed that our MSSP report on a set of only six total measures (compared to 23 in 2020). See the table on the right for the list of six proposed measures.

Web Interface Reporting Replaced by EMR/Registry

Previously, AHN reported on ACO quality via a web-based interface and manual chart audits. For 2021, reporting must come directly from participating practices' EMRs or a registry. This will rely on discrete data entered into the EMR and will eliminate the ability to supplement EMR data with chart audits.

Quality Reporting & Benchmarking to Include All Patients

Before 2021, annual reporting was required for only a sample of ACO patients. For 2021, practices will be required to report on all patients in their EMR, regardless of payor or ACO attribution. Performance benchmarks will also be based on the performance achieved by all providers across the country and their full panel of patients.

If approved in the final rule, these changes will be effective 1/1/2021. Performance will be reported January—March 2022. Reporting for the 2020 year will be left unchanged. AHN will be in communication with its participating providers to ensure that necessary steps are put in place to be prepared for 2021.

For questions or comments, please contact Rachel Longfellow (rdlongfellow@stvincenthealth.com)

2021 ACO Measures (Proposed)

CAHPS for MIPS (Pt. Experience)

Diabetes A1c Poor Control

Hypertension Blood Pressure Control

Depression Screening & Follow-Up Plan

Hospital-Wide 30-Day All-Cause
Readmission

All-Cause Unplanned Admission,
Multiple Chronic Conditions

New Network Participant Additions

Arkansas Health Network welcomes the following practices to its roster of participants. All new participants are reviewed and approved by the AHN Board of Managers.

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| ◇ Arkansas Ear, Nose, & Throat, PA
<i>Otolaryngology, North Little Rock, (501) 975-7550</i> | ◇ Life Trek, LLC
<i>Psychology, Hot Springs, (501) 424-4984</i> |
| ◇ Arkansas Gastroenterology
<i>Gastroenterology, North Little Rock, (501) 945-0770</i> | ◇ MSC Eye Associates
<i>Ophthalmology, Conway, (501) 327-4444</i> |
| ◇ Arkansas Psychiatric Clinic
<i>Psychiatry, Little Rock, (501) 448-0060</i> | ◇ Pinnacle Chiropractic
<i>Chiropractic, Little Rock, (501) 673-3110</i> |
| ◇ Chiropractic Health Clinic
<i>Chiropractic, Hot Springs, (501) 623-2664</i> | ◇ Pulaski Surgery Clinic, PA
<i>General, Vascular, Thoracic Surgery, North Little Rock, (501) 945-4422</i> |
| ◇ Eye Physicians & Surgeons
<i>Ophthalmology, Jacksonville, (501) 985-0616</i> | ◇ SparkFit
<i>Behavioral Health, Little Rock, (501) 400-8682</i> |

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