

Value Connection

Arkansas Health Network's Newsletter

Looking to the Future

As we approach the conclusion of 2023, **Arkansas Health Network is diligently identifying areas of opportunity and making strategic decisions for our continued success.** Throughout the year, we have initiated various partnerships and initiatives aimed at enhancing our growth.

One significant development is our collaboration with **Stellar Health**, where we have introduced a new incentive program for providers participating in the Arkansas Blue Cross Blue Shield Collaborative Health Initiative ("CHI"). This program is designed to reward them for delivering high-quality care and addressing care gaps, as a net new revenue opportunity.

Additionally, we've enlisted the expertise of **Validate Health**, an actuarial firm, to assess and pinpoint areas for improvement within our MSSP ACO population. We are also exploring potential opportunities in the Medicare Advantage (MA) space.

Lastly, we've established a **Patient Visits & HCC Optimization Taskforce** dedicated to a year-end push aimed at capturing chronic conditions and improving the medical documentation and coding for our MSSP ACO-attributed patients. This effort is intended to enhance the accuracy of risk adjustment and improve patient care.

We want to express our gratitude for your contributions to our mission of driving meaningful, measurable improvements in quality, health, and financial sustainability for our patient and provider community, all achieved through our commitment to excellence in value-based care.

*Brooks Lawrence, MD, Board Chairperson
Bob Sarkar, MBA, FACHE, President & CEO*

AHN Named in Becker's Top 36 ACOs to Know in 2023

AHN is grateful to be included in [Becker's Healthcare Top 36 ACOs to Know in 2023](#). We want to thank our amazing team! Without you, none of this would be possible!

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Partnership Update

We have begun rolling out our partnership with [Stellar Health](#) to bring our Arkansas Blue Cross Blue Shield Collaborative Health Initiative ("CHI") providers a new incentive program designed to reward clinicians and their staff for assessing care gaps.

We've already seen the real benefits of this tool in these practices. Clinics are receiving monthly payments to award their efforts.

Stellar ALIGN Summit

AHN President & CEO, Bob Sarkar, was a panelist discussing "Managing a Primary Care Network in the Current Environment" at Stellar Health's ALIGN Summit in October. Bob enjoyed sharing AHN's success story and learning from others.



Pharmacy Corner

Importance of Medication Adherence

Non-adherence crosses all levels of society, all types of medicines, and all types of problems. The CDC estimates that non-adherence causes 30 to 50% of chronic disease treatment failures and 125,000 deaths each year in the US.

Tips for Talking to Patients About Adherence

1. Move your patients' prescriptions to 90 days and/or mail order if possible. Going to the pharmacy is often an obstacle. These avenues can also be less expensive.
2. Be aware of your tendency to use medical jargon. Instead of saying, "This will treat your hypertension," say, "Let's try this for your high blood pressure."
3. Don't judge. Instead of, "Why aren't you taking your metformin?" say, "I'm curious to know what happens when you take your metformin."
4. Be aware of costs. Most patients are hesitant to say they can't afford medication, so ask the patient to get back to you if the cost is too high.

Disclaimer: This information is not intended to dictate or substitute your professional judgment in a particular patient

If you are interested in your patient specific information, please contact Claire, AHN Pharmacist, at claire.barlow@commonspirit.org.

Quality Metric Guides

Arkansas Health Network (AHN) providers are committed to providing the highest quality of care to their patients. We support them in their efforts to not only strengthen quality but also to exceed the performance targets of our various value-based programs.

Understanding specific quality and performance metrics is crucial in meeting and capturing these goals. To ensure our provider's success, **AHN's clinical team has put together concise guides on various quality measures.** These guides can be [viewed and downloaded](#) on our website under the "Providers" dropdown.

AHN Team Picnic

Our AHN team members had a great afternoon of food, fun, and fellowship last month. We are grateful to have such amazing coworkers!



PY2021 MSSP Shared Savings Distributions

One of our favorite parts of the job is delivering distribution checks to our participating MSSP partners. Check out some of the deliveries we made in 2023!



Featured from Top to Bottom:

CHI St. Vincent Primary Care, Lawrence Family Medicine, Conway Regional Health System

Do You Have Any Roster Updates?

Join us in welcoming **Millie Franklin**, our new **Provider Network Operations Specialist**. She is responsible for maintaining the AHN provider network database.

Just as you send updates your payors, it's equally important to update AHN. Please send Millie all practice changes including provider adds/terms and practice manager/credentialing contact info to help keep our roster current:

mildred.franklin@commonspirit.org

Patient Visits & HCC Optimization Taskforce

PY 2022 MSSP Results

We have recently received the MSSP ACO results for Performance Year 2022. We met the quality performance metrics, with a composite quality score of 75.89. However, AHN did not meet the CMS cost targets and therefore, was not eligible for shared savings for PY2022. Factors that contributed to the financial performance deficit:

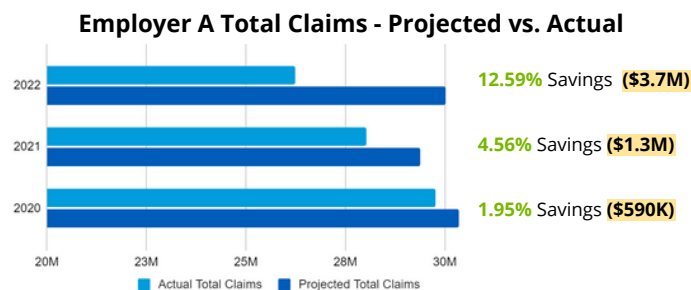
- PY2022 risk scores/risk ratios were low which impacted our benchmark adjustment.
- PY2022 healthcare expenditures increased, particularly in the inpatient arena.

Patient Visits & HCC Optimization Taskforce

We have created a task force for an end-of-the-year push to capture chronic conditions and improve medical documentation and coding of our MSSP ACO-attributed patients. This push is intended to enhance risk adjustment accuracy and improve patient care. We appreciate your dedication to high-quality care and look forward to continuing our work together.

AR NetPartners Continued Success

AR NetPartners has provided population health management services for a large Arkansas employer health plan for the last six years. We have achieved total plan savings for five of these six years. Most notably, we were able to save them **\$3.7M in 2022**. More to come for 2023!



Medicare Risk Scores and HCC Coding

What is Hierarchical Condition Category (HCC) Coding?

HCC coding is a risk adjustment model designed to estimate future patient healthcare costs. **It is important to remember that one of the critical goals of HCC coding is to predict the use of Medicare members' medical services in the coming year.** For this reason, HCC diagnosis coding looks at all conditions a patient has been diagnosed with over the past year, which places great importance on recording comorbidities.

Overall, risk adjustment models like HCC bring more clarity to the healthcare system and helps bring reimbursements in line with quality and value rather than volume.

What is Risk Adjustment Factor (RAF) Scoring?

CMS calculates a risk score, or "risk adjustment factor" (RAF) score, using a formula that considers many factors, including age, sex, race, health status, and use of Medicare services. Each demographic adjustment and HCC carries a score/weight within the model.

Why is Risk Scoring Important for Providers?

- Risk score used to benchmark spending, which impacts Shared Savings:
 - **Higher score** = higher spending benchmark, higher likelihood of savings
 - **Lower score** = lower spending benchmark, lower likelihood of savings
- Example: Total spending for a patient in a year = \$10,000
 - **Scenario 1** = Low risk score, benchmark \$9000, estimated savings (-\$1000)
 - **Scenario 2** = Higher risk score, benchmark \$11,000, estimated savings \$1000

Opportunity for HCC Coding with AWWs

AWVs are an opportune time to update a patient's HCC codes. Identified ICD-10 codes at the AWW may be cross-walked to an appropriate HCC code which can impact the patient's RAF score. This RAF score may be impactful for ACO benchmarking and Medicare Advantage reimbursement purposes.

AWV HCPS Coding:

- G0402** Initial preventive physical examination; face-to-face visit; services limited to new beneficiary during the first 12 months of Medicare enrollment
- G0438** Initial visit; AWW includes personalized prevention plan of service (PPPS)
- G0439** Subsequent visit; AWW includes PPPS

Advanced Care Planning Codes:

- 99497** Advance care planning; includes explanation and discussion of advance directives, completion of the standard forms by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with patient, family member(s), or surrogate
- 99498** Advanced care planning; each additional 30 minutes; (List separately in addition to the 99497 code)

