

# Value Connection

Arkansas Health Network's Newsletter



As we come to the close of 2023, we reflect on another year of growth and opportunity for Arkansas Health Network (AHN). We are grateful to continue to positively impact the health and wellness of our Arkansas community.

**2024 will be a landmark year for AHN in several ways.** Reacting to the **changing Medicare enrollment landscape**, we will be exploring more opportunities through evolving Value-Based Care contracts. We continue to expand our **Employer Based Population Health (EBPH) contracting portfolio** and plan to grow further in the coming year. AHN will also continue to work diligently to provide the best **resources and technologies to our participating providers** – including quality metric guides, Innovaccer dashboards, Hierarchical Condition Categories (HCC) coding education, etc.

We want to thank you for your role in helping make AHN one of the most successful Clinically Integrated Networks (CIN) and a “best practice” in the area and the industry. We wouldn't be where we are today without the support of true partners like you!

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

## In the News: The Evolution of Arkansas Health Network

AHN President & CEO, Bob Sarkar, recently sat down to talk with **Health Innovations**, a national publication, about our evolutionary success as an industry leader. They discussed our URAC accreditation accomplishment, growing provider network, MSSP ACO success, and more! [Read the full article here.](#)

### IN THIS ISSUE

Message from Board Chair and CEO

In the News: The Evolution of AHN

HCC Optimization Initiative Update

AR NetPartners Welcomes Unity Health

Do You Have Any Roster Updates?

Humana MA PY2021 Earned Shared Savings

Becker's 2023 CFO + CEO Roundtable

MSSP Quality Payment Program Reporting

AHN Leadership Team Changes

Medication Cost Assistance Options for Patients

Follow us on



# HCC Optimization Initiative Update

As mentioned in our Fall '23 newsletter, AHN has created a task force for an end of the year push to accurately capture chronic conditions and improve the accuracy and completeness of medical documentation and coding among our Medicare Shared Savings Program (MSSP) ACO attributed patients.

**HCC coding optimization and the completion of Annual Wellness Visits (AWVs) will be top priorities for the MSSP population as we move into 2024.** Practices can expect more interaction from our team regarding these focus areas.

## AR NetPartners Welcomes Unity Health

AHN is thrilled to announce that we will be collaborating with Unity Health in our **Medicare Shared Savings Program (MSSP) ACO** as well as **managing their employee health plan** through our AR NetPartners employer-based population health (EBPH) model. We are excited to see the opportunities that this partnership will bring!

## Do You Have Any Roster Updates?

We cannot stress enough the importance of updating AHN with any practice changes that impact our network roster. Just as you send updates your payors, it's equally important to update AHN.

Please send our Provider Network Operations Specialist, Millie, all practice changes including **provider adds/terms** and **practice manager/credentialing contact info** to help keep our roster current:

[mildred.franklin@commonspirit.org](mailto:mildred.franklin@commonspirit.org)

# Humana MA PY2021 Earned Shared Savings

AHN recently received our final performance metrics for Humana MA PY2021. We were able to save a total of \$3.8M through advanced care management, and **earned \$1.9M in shared savings**. Thank you to all of our providers for your hard work, without you none of this would be possible! We looking forward to exploring more MA opportunities in the coming year.

## Becker's 2023 CFO + CEO Roundtable

Our very own Bob Sarkar and Camille Wilson had the opportunity to both speak at and attend Becker's Healthcare 11th Annual CFO + CEO Roundtable in November. They hosted a session called **URAC Accreditations: A Best Practice for all Healthcare Sectors**. Bob was also a panelist for The Behavioral Health Business Plan: What You Need to Solve Today's Big Challenges.



## Board of Managers Update

We want to recognize Dr. Nutan Bhaskar for his service as an AHN board member. Thank you for your many years of dedication and support of quality care in Arkansas. We are actively searching for a replacement for his seat on the board.

# AHN Leadership Team Changes



Join us in extending our best wishes to Pam Burgoyne, AHN Market Director of Operations, who retired in late December. Pam has been an invaluable member of our team since 2021, and her presence will be greatly missed. She has contributed significantly to all aspects of the operations vertical including legal, compliance, marketing, data and analytics, and finance, to name a few. A heartfelt thank you to Pam for her service and dedication to Arkansas Health Network!



Amy Ward will be replacing Pam as AHN Market Director of Operations in January. Amy comes to us from the Arkansas Department of Human Services, where she worked as a Program Manager. She oversaw regulatory, compliance, legal, and financial operations for Arkansas' Medicaid program. We are confident that her analytical skills and business savvy will make her a valuable addition to our team.

## MSSP Quality Payment Program Reporting

On January 1, 2022, AHN entered Medicare's Pathways to Success program under the Enhanced Track. Pathways to Success represents the latest evolution in CMS's goal to move Medicare Shared Savings Program (MSSP) participants into two-sided risk. The Enhanced Track represents the highest level of risk/reward in the current MSSP program and is considered an Advanced Alternative Payment Model (AAPM) under the Quality Payment Program (QPP). To remain in the program and be eligible for certain incentives, certain reporting requirements must be met annually:

Enhanced Track MSSP ACO -- Advanced Alternative Payment Model (AAPM)

- Shielded from MIPS downside risk -- **3.5%** lump-sum bonus applied to practices in payment year
- Streamlined reporting requirements compared to MIPS

### 2023 Reporting Requirements

<b>Quality</b>	Practices do not need to report via MIPS. Requirements met through annual ACO Quality reportings.
<b>Improvement Activities</b>	Practices do not need to report via MIPS. ACO participants receive 100% credit.
<b>Cost</b>	No reporting needed under MIPS.
<b>Promoting Interoperability</b>	ACO groups must report to CMS individually through QPP on an annual basis.

**Please note, ACO participants must report Promoting Interoperability data at the individual or group level to CMS unless otherwise exempt from the Promoting Interoperability category.**

*For additional questions, please contact Camille Wilson, Market VP of Population Health, at [camille.wilson@commonspirit.org](mailto:camille.wilson@commonspirit.org)*

# Medication Cost Assistance Options for Patients

AHN recently developed this flyer for patients to help explain different medication cost assistance programs available to them. For the purposes of this newsletter, we have condensed the flyer. To view a full version, [click here](#).

## 1. Drug Manufacturer Patient Assistance Programs

**What are they:** Programs cover the cost of medications for low-income patients. They can be used by Medicare/Medicaid patients. Patients must meet certain income and insurance coverage requirements.

**Examples:** [AstraZeneca](#), [Genentech](#), [Novartis](#), [GSK](#), [Merck Helps](#), [Viatris \(formerly Mylan\)](#), [Pfizer](#), [Sanofi](#), [Teva Pharmaceuticals](#)

## 2. Drug Manufacturer Coupons

**What are they:** Coupons that are provided by drug manufacturers

**Who is eligible:** Anyone with privately funded health insurance (**no Medicare or Medicaid patients**)

**Examples:** Trelegy, Ozempic, and any brand name medication, especially if there is no generic available

## 3. Discount Cards

**What are they:** Discount cards reduce the cash price of medication at the counter. They cannot be used with insurance and as a result, any cost paid towards prescriptions will not count towards deductibles or a maximum out of pocket. Some pharmacies may not take these due to financial loss.

**Who is eligible:** Anyone

**Examples:** [SingleCare](#), [Good Rx](#), [ScriptSave WellRx](#), [Blink Health](#)

## 4. Pharmacy Discount Plans

**What are they:** Programs offered by pharmacies, usually for a monthly fee, that give the patient access to significant discounts on medications. These work similarly to discount cards but will not result in a financial loss for the pharmacy.

**Who is eligible:** Anyone

**Examples:** Walgreens, Walmart, Kroger, and independent pharmacies

## 5. Government Assistance Programs

**What are they:** Programs paid for and administrated by various state and federal agencies

**Programs available in Arkansas:** [The Medicare Part D Extra Help Program](#), [Access Arkansas](#), [Ryan White Part B/ADAP Program](#), [Senior Health - Arkansas Insurance Department](#)

## 6. Needy Meds

[Needy Meds](#) is a website filled with great resources and links to all of the medication cost assistance options listed above!

Scan to view the full version of this flyer

