KNOW YOUR ACO: Alabama Physician Network

ACO NEWSLETTER QUARTER THREE 2021:

- Performance Year 2020 Final Results
- Strategy: Pathways to Success
- Operations: Quarterly Practice Manager Meeting
- Key Slides from Practice Manager Meeting for Reference

APN Participants:
Vincentian Physicians Services
UAB Medicine
Medical West Hospital
Christ Health Center
Cahaba Medical Care

ACO Governing Board:
Chair
Tony Jones, MD
UA Health Services Foundation

ACO Executive Director
Don Lilly
UAB Health System

Secretary
Michael Moore, MD
The Healthcare Authority for Medical West

Treasurer
Sean Tinney
The Healthcare Authority for Medical West

Quality Chair
Stephen Stair, MD, FACP
UAB Health System

ALABAMA PHYSICIAN NETWORK

PERFORMANCE YEAR 2020 FINAL RESULTS

The final results for PY2020 were recently released. Our performance is based on how well we managed Medicare spending per beneficiary (MSPB) for the period between Jan. 1, 2020, and Dec. 31, 2020. To unlock shared savings, we had to perform better than our benchmark and have saved CMS a minimum amount. After that is calculated, it is compared to our quality score and adjusted accordingly. Here is how we did:

Number of Beneficiary (Person Years): 14,414
MSPB: $12,483
Benchmark: $12,469
Quality Score: 96.88

As you can see, we came in very close to our benchmark. In fact, we missed our total expenditures threshold by $211k. To unlock shared savings, we would have had to save Medicare at least $4.8 million or reach an MSPB of $12,141.

We will share more detail on the expenditures and utilization for PY2020 in our next newsletter. Please see our performance on quality metrics in the graphic below. Our performance is better than the mean across all ACOs for many of the metrics. We have opportunities to improve our performance with depression screening, A1c, and hypertension.

THANK YOU FOR ALL YOU DO FOR OUR PATIENTS!

2020 Quality Performance Results

Patient/Caregiver Experience

CMS waived CAHPS for ACOs reporting requirement for Performance Year 2020 and will assign all ACOs automatic credit for each of the CAHPS survey measures within the patient/caregiver experience domain (85 FR 84472)

Care Coordinators/Patient Safety

ACO#	Measure Name	Rate	ACO Mean
ACO-8	Risk Standardized, All Condition Readmission	15.78	15.07
ACO-38	Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions	58.94	49.50
ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91))	1.04	0.95
ACO-13	Falls: Screening for Future Fall Risk	100.00	84.97

Preventive Health

ACO#	Measure Name	Rate	ACO Mean
Aco-14	Preventive Care and Screening: Influenza Immunization	88.99	76.03
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	100.00	81.67
ACO-18	Preventive Care and Screening: Screening for Depression and Follow-up Plan	69.72	71.46
ACO-19	Coloretal Cancer Screening	75.1	72.59
ACO-20	Breast Cancer Screening	80.24	74.05
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	84.00	83.37

At-Risk Population

ACO#	Measure Name	Rate	Mean
ACO-40	Depression Remission at Twelve Month	7.32	13.99
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	20.97	14.70
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	61.04	72.87

KNOW YOUR ACO: Alabama Physician Network

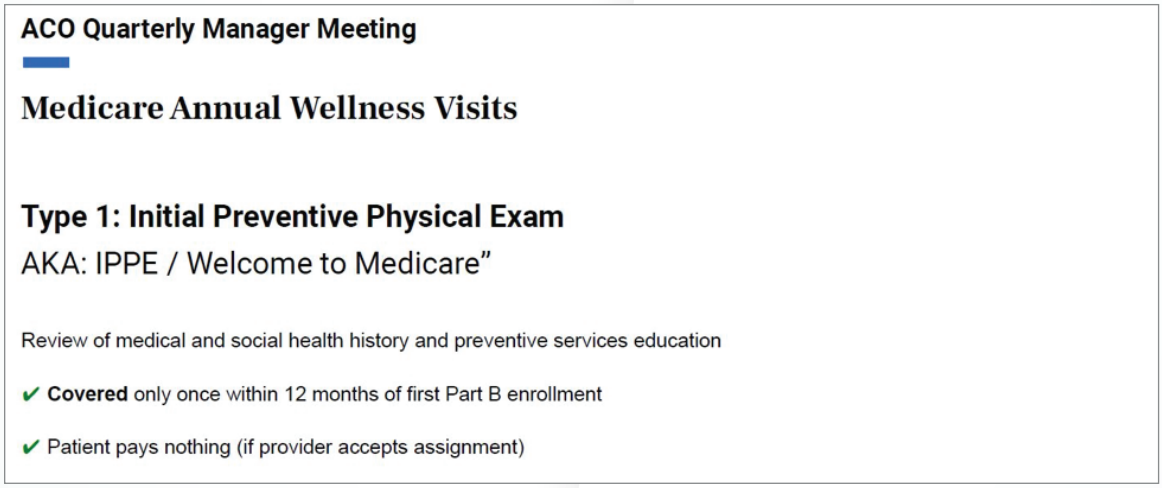
STRATEGY: PATHWAYS TO SUCCESS

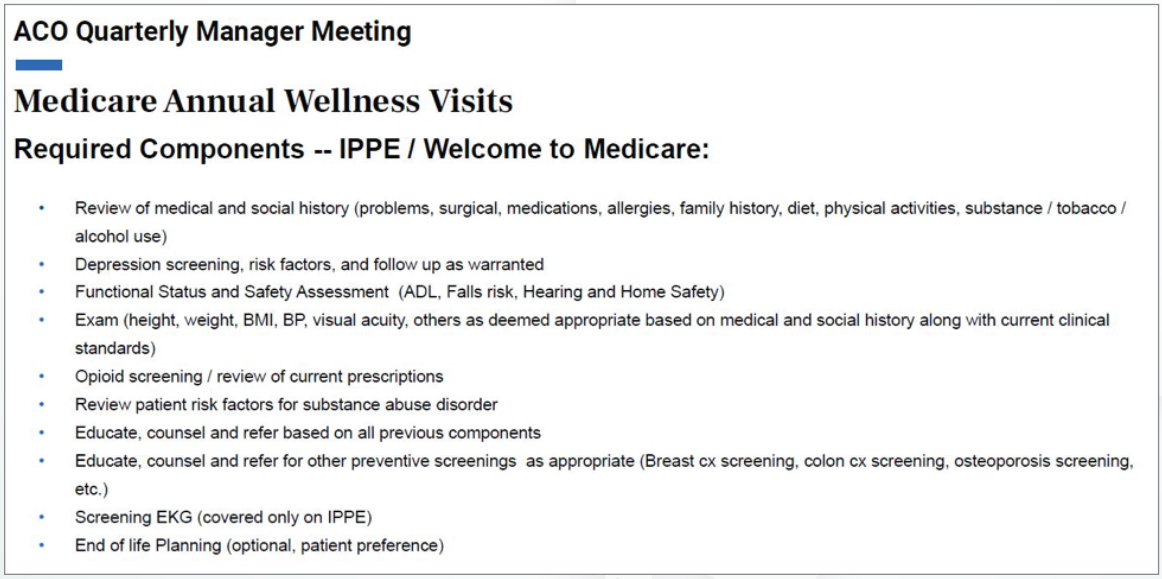
The performance we discussed above represented PY2020, our fourth and final year in the Medicare Shared Savings Program Track 1. Originally, the MSSP Track 1 was a three-year program but was extended due to the COVID-19 pandemic. We have since reviewed our future options and decided to enter into the new ACO program called Pathways to Success. It is a five-year model, with a glide path progressing participating ACOs from Track A and B (where there is no downside risk) to C, D, and E, where there is a two-sided risk. We will begin this model on Jan. 1, 2022, in Track B. We are not eligible to participate in both Track A and B due to the fact that we are an experienced ACO. In Track B, we will remain in the upside-only track for one year. After that, we will be exposed to a two-sided risk model. We are exploring strategic options to more optimally align our ACO structure.

OPERATIONS: QUARTERLY PRACTICE MANAGER MEETING

Our last Practice Manager Meeting was on August 18, which was our second meeting of the year. Our first meeting centered on annual wellness visits and blood pressure monitoring for our Medicare beneficiaries. In the most recent meeting, we took a deep dive into the required components and billing/reporting codes for annual wellness visits. We included slides from the presentation for your reference.

KEY SLIDES FROM PRACTICE MANAGER MEETING FOR REFERENCE





KNOW YOUR ACO: Alabama Physician Network

KEY SLIDES FROM PRACTICE MANAGER MEETING FOR REFERENCE, continued

ACO Quarterly Manager Meeting

Medicare Annual Wellness Visits

IPPE / Welcome to Medicare BILLING:

- **DIAGNOSES / ICD10**:
  Preventive codes are typically used as primary (Z00.00- preventive exam with normal findings / Z00.01 preventive exam with abnormal findings)
  *Document and submit diagnoses for any and all diagnoses reviewed, discussed, assessed, uncovered through screenings, and/or medicated (refills included).
- **EXAM**
  - G0402 - Initial preventive exam within first 12 months of medicare enrollment
- **EKG (pick one)**
  - G0403 - EKG with 12 leads performed as a screening during IPPE with interpretation and report
  - G0404 - EKG with 12 leads performed as a screening during IPPE, tracing only
  - G0405 - EKG with 12 leads performed as a screening during IPPE, interpretation and report only

ACO Quarterly Manager Meeting

Medicare Annual Wellness Visits

IPPE / Welcome to Medicare BILLING cont'd:

- **SCREENINGS**
  - Medications documented 1159F AND reviewed by provider 1160F
  - Functional status - 1170F
  - Blood Pressure CPT: 3077F-3080F - 1 for systolic and 1 for diastolic (using lowest BP reading of the visit)
  - Body Mass Index ICD-10: Z68.1 - Z68.45 based on specific BMI value
  - Alcohol abuse screening - G0442 (screening and brief counseling) OR G0443 alcohol counseling greater than 15 minutes
  - Tobacco cessation counseling - 99406 (at least 3 minutes and document the patient wishes / outcome)
  - Advance Directive
    - 99497 First 30 minutes (minimum of 16 minutes) (deductible / cost sharing will apply, no modifier needed)
    - 99498 Add-on for additional 30 minutes
    - 1157F - AD or similar document present in medical record
    - 1158F - less than 16 minutes - Advance care planning discussed and documented
    - 1124F - discussed and documented that beneficiary/patient did not wish to or was unable to provide an advance care plan or name a surrogate decision-maker

ACO Quarterly Manager Meeting

Medicare Annual Wellness Visits

Type 2: Annual Wellness Exam

Visit to develop or update a Personalized Prevention Plan (PPP) and perform a Health Risk Assessment (HRA)

✔ **Covered** once every 12 months / 365+1 days for traditional Medicare (after being enrolled more than 12 months if no IPPE) and each calendar year for Advantage/Replacement plans

✔ Patient pays nothing (if provider accepts assignment)

*A problem-focused exam can be done in conjunction with this visit type with the addition of a -25 modifier on the E/M code. A separate workup including the problem HPI + physical exam must be performed and noted.

KNOW YOUR ACO: Alabama Physician Network

KEY SLIDES FROM PRACTICE MANAGER MEETING FOR REFERENCE, continued

ACO Quarterly Manager Meeting

Medicare Annual Wellness Visits

Required Components -- Medicare Annual Wellness Visit:

- Perform Health Risk Assessment - patient reported information
  - General Health
  - Depression screening and follow up as warranted
  - Functional Status Assessment (ADL, Falls risk, Hearing and home safety)
  - Screen for substance use / abuse (tobacco, alcohol, etc.)
  - Nutrition, Physical Activity and Sleep
  - Pain assessment
  - Advance Directives
  - Care team members (other health providers)
  - Review of medical and social history (problems, surgical, medications, allergies, family history)
- Exam (height, weight, BMI, BP, others as deemed appropriate based on medical and social history along with current clinical standards)
- Cognitive Assessment
- Opioid screening / review of current prescriptions & substance use disorder screening
- Establish a written screening and vaccination schedule for the next 5-10 years (vaccines, Cx screenings, etc.) *also include documentation that it was provided to the patient
- Establish a list of patient risk factors and conditions where interventions are recommended or underway
- Provide patient's personalized health advice and appropriate referrals to health education or preventive counseling services or programs (fall prevention, nutrition, physical activity, weight loss, tobacco cessation, cognition, etc)
- Advance Care Planning at patient's discretion

ACO Quarterly Manager Meeting

Medicare Annual Wellness Visits

Medicare Annual Wellness BILLING:

- **DIAGNOSES / ICD10**:
  Preventive codes are typically used as primary (Z00.00- preventive exam with normal findings / Z00.01 preventive exam with abnormal findings)
  *Document and submit diagnoses for any and all diagnoses reviewed, discussed, assessed, uncovered through screenings, and/or medicated (refills included).

- **EXAM**
  - G0438 - 1st annual wellness visit after 12 months of medicare enrollment
  - G0439 - subsequent annual wellness visit 366 days after previous AWV for traditional Medicare members (each calendar year for Medicare Advantage plans)

KNOW YOUR ACO: Alabama Physician Network

KEY SLIDES FROM PRACTICE MANAGER MEETING FOR REFERENCE, continued

ACO Quarterly Manager Meeting

Medicare Annual Wellness Visits

Medicare Annual Wellness BILLING cont'd:

- **SCREENINGS**
  - Medications documented 1159F and reviewed by provider 1160F
  - Functional status review - 1170F
  - BP CPT: 3077F-3080F - 1 for systolic and 1 for diastolic (using lowest BP reading of the visit)
  - BMI ICD-10: Z68.1 - Z68.45 based on specific BMI value
  - Pain assessment 1125F pain present / 1126F pain not present
  - Alcohol abuse screening - G0442 (screening and brief counseling) OR G0443 alcohol counseling greater than 15 minutes
  - Tobacco screening documented 1000F
    - Cessation counseling - 99406 (3-10 minutes) with nicotine dependence icd-10
    - Cessation counseling provided (time not documented) - 4000F
    - Cessation Rx provided - 4001F
  - Depression screening - G0444 (can only be billed with G0439 -- bundled/assumed with G0402 and G0438) - 15 minute minimum
  - Advance Directive (99497-99498 (need modifier -33 when billed with G0439 and G0438), 1157F-1158F, 1124F

ACO Quarterly Manager Meeting

Medicare Annual Wellness Visits

Best Practices:

- **EHR Templates**
  - Medicare AWV Male (include wellness orders + PSA)
  - Medicare AWV Female (include wellness orders + mammo, bone density)
  - Medicare AWV w/Diabetes (include wellness orders + foot exam, eye exam, nephropathy screening, lipid, a1c, etc.)
- **EHR Mapping**
  - Map cpt2/hcpcs codes to orders to reduce manual entry (Athena)
- **Pre-Visit Planning / Chart Prep**
  - 24-48 hours prior to the visit
  - Add applicable templates / reason for visit
  - Use payer-provided portals / lists to check for open/closed care gaps or chronic conditions unassessed in this calendar year
  - Request outstanding referral notes / imaging or lab reports
  - Prep CRF/HMR/360/AWV forms
  - Add orders for outstanding quality care gaps and/or labs as appropriate