



# Newsletter

Welcome to the Rainier Health Network-Accountable Care Organization Newsletter. We aim to publish information quarterly to include important announcements, updates, and reminders you need as a participant in the Medicare Shared Savings Program. This newsletter can be used as a reference to share with all clinic providers and staff as a guide to comply with the policies of this contract. Please send comments, questions, and suggestions to Paulette Cranshaw at [Paulette.Cranshaw@commonspirit.org](mailto:Paulette.Cranshaw@commonspirit.org).

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## ANNOUNCEMENTS

### Annual MSAP Compliance Education Training

The MSSP Federal Regulations at 42 C.F.R. §425 (H)(4)(a) mandates that each ACO participant (who is either a physician or advanced practice provider) receives **Annual MSSP Compliance Education Training**. Rainier Health Network meets this requirement by ensuring you receive this training annually.

You have been notified by email to complete this 10 minute training. **Please return the signed Attestation to your ACO contact, by scanning and sending via email to Paulette Cranshaw at [paulette.cranshaw@commonspirit.org](mailto:paulette.cranshaw@commonspirit.org) immediately, the due date was May 31, 2023.**

We completed the 2022 Compliance Education Training at **99%, let's obtain 100% in 2023!**  
Thank you to many clinics that have already completed their annual training!

### Changes to 2023 Performance Year APM Incentive Payment

#### Details under QUALITY:

\*[What are the benefits of participating in Advanced APM \(RHN-ACO\)?](#)

### Introducing our New Compliance Officer

**David Walsh** is Vice President, MSO and Insurance Compliance for CommonSpirit Health. David is responsible for CommonSpirit Health's population health, managed service organization, and health plan compliance programs. He also leads CommonSpirit's Contracts Administration Team. David is an

experienced healthcare compliance executive with more than 25 years in the health industry. Prior to CommonSpirit Health, he held compliance, regulatory affairs, and operations positions with a number of healthcare companies. David began his career with the Centers for Medicare and Medicaid Services.

## New Contract for RHN Providers

### Regence Accountable Health Network Product Launch Jan. 1, 2023

Virginia Mason Franciscan Health (VMFH) and Regence BlueShield are partnering on an accountable health network that will provide affordable, accessible and high-quality care to patients across the Puget Sound region. The Virginia Mason Franciscan Health Accountable Health Network (VMFH AHN), which launched on Jan. 1, 2023, in King, Pierce and Kitsap counties, will lead to greater collaboration between primary care providers and specialists to help VMFH patients and Regence members reach optimal health outcomes at an affordable cost.

“We are excited to partner with Regence to offer our patients an additional network option to ensure they can continue receiving high-quality care while experiencing better clinical outcomes,” said Dhyan Lal, Division Vice President of Payer Strategy and Accountable Care at Virginia Mason Franciscan Health. “The AHN is part of our commitment to high-quality care, both before and during the pandemic, as exemplified by our recent recognition from Leapfrog Hospital Safety Group and performance in the Washington Health Alliance’s Community Check-up for Medical Groups.”

“We are always looking for partners who can help deliver excellent, innovative and cost-effective care to our members,” said Denise Corcoran, vice president of network management for Regence BlueShield. “We are thrilled to work with Virginia Mason Franciscan Health, one of the largest health systems in the Pacific Northwest, on a new network that will cut costs and improve care for patients.”

**The new VMFH AHN includes the Franciscan Medical Group, Virginia Mason Medical Center physicians and many key physician groups that currently participate in the Rainier Health Network.** The AHN’s hospitals are Virginia Mason Medical Center (Seattle); St. Anne Hospital (Burien); St. Anthony Hospital (Gig Harbor); St. Elizabeth Hospital (Enumclaw); St. Francis Hospital (Federal Way); St. Clare Hospital (Lakewood); St. Joseph Medical Center (Tacoma); and St. Michael Medical Center (Silverdale).

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## QUALITY

### Annual Quality Reporting CY 2022



Thank you to all clinic staff who assisted our quality abstractors with chart audits. Our team of abstractors was able to complete the ACO’s Quality Payment Reporting on time and we are hoping for another year of great results!

This summer, CMS will provide QP Reporting Performance Feedback for each provider/or clinic on the CMS Quality Payment Program website at <https://qpp.cms.gov/>. Remember, CMS **does not** include your quality category of your practice “look up” on the website. You will need to add the ACO full quality

category score to your Improvement Activates and Promoting Interoperability categories to calculate your final score for your practice performance.

To learn more about your Quality Status as a practice/provider, please visit the Quality Payment Program website @ <https://qpp.cms.gov/>.

**\*What are the benefits of participating in Advanced APM (RHN-ACO)?**

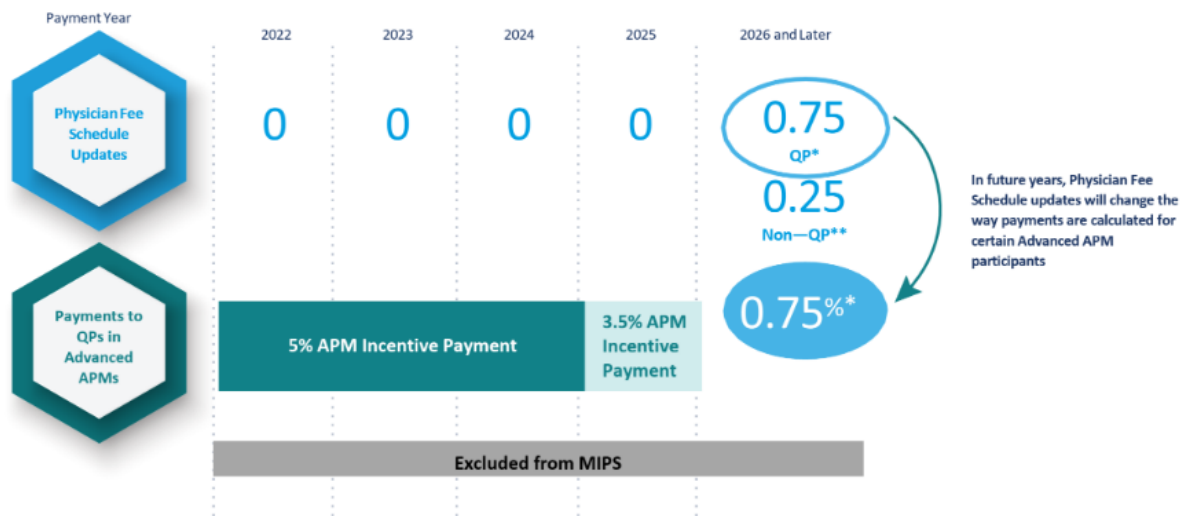
QPs receive the following benefits, which include burden reduction and financial incentives:

- ✓ Exclusion from MIPS reporting
- ✓ Exclusion from MIPS payment adjustments
- ✓ For performance years 2017 – 2022, a 5 percent APM Incentive Payment
- ✓ **For performance year 2023, a 3.5 percent APM Incentive Payment**
- ✓ For performance years 2024 and beyond, an increased physician fee schedule update based on the QP conversion factor

**Reminder:** APM Incentive Payments are paid 2 years after the QP Performance Period. The 2022 QP Performance Period was the last year for which QPs could receive a 5 percent APM Incentive Payment. However, QPs can receive a 3.5 percent APM Incentive Payment for the 2023 QP Performance Period.

**Quality Payment Program Payments for Advanced APMs**

The level of participation in an Advanced APM determines whether a clinician is a QP, allowing them to receive a 5% APM Incentive Payment through payment year 2024, and a 3.5% APM Incentive Payment in payment year 2025.



\*Qualifying APM conversion factor

\*\*Non-qualifying APM conversion factor; non-QPs will receive 0.25% annual update for services furnished beginning in 2026 and may not be excluded from MIPS

**2023 Advanced APMs**

**Qualifying APM Participant (QP)**

Advanced APMs allow eligible clinicians to become QPs. To become a QP, clinicians must receive at least **50** percent of Medicare Part B payments **or see at least 35** percent of Medicare patients through an Advanced APM Entity during the QP performance period (January 1 - August 31).

### **Partial Qualifying APM Participant (Partial QP)**

Not all clinicians who participate in Advanced APMs may achieve QP status. Some clinicians may be eligible to become Partial QPs.

To become a Partial QP, clinicians must receive at least **40** percent of Medicare Part B payments or see at least **25** percent of Medicare patients through an Advanced APM Entity during the QP performance period (January 1 - August 31).

### **How Eligibility is Determined?**

CMS reviews QP Status participation through snapshots based on past and current Medicare Part B Claims and PECOS data. Qualifying Participant (QP) Determinations and Alternative Payment Model (APM) Participation:

<b>Snapshot</b>	<b>Release on QPP Site</b>
Snapshot 1 Covers January 1, 2023 – March 31, 2023	Snapshot 1 July 2023
Snapshot 2 Covers January 1, 2023 – June 30, 2023	Snapshot 2 October 2023
Snapshot 3 Covers January 1, 2023 – August 31, 2023	Snapshot 3 December 2023
Snapshot 4 (MIPS APMs) Covers January 1, 2023 – December 31, 2023	Snapshot 4 March 2024

<https://qpp.cms.gov/apms/advanced-apms>

### **Your APM Incentive Payments are paid directly from CMS.**

Again, if you have questions, please contact Quality Payment Program

- Phone: Monday - Friday 8 a.m. - 8 p.m. ET @ 1-866-288-8292
- Email: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)

To learn more about your Quality Status as a provider, please visit the [Quality Payment Program Website](#).

### **Changes Ahead to Quality Reporting**

Beginning with the 2025 performance year (beyond your current agreement), all Shared Savings Program ACOs will be required to report three electronic Clinical Quality Measures (eCQMs).

There may be actions your practice will take to prepare for this transition and we will keep you informed throughout the 2023 calendar year.

### **2023 Patient Attribution List**

Provider attribution list have been sent by a “secure” Google Share Drive to providers with assigned

MSSP patients, using Medicare claims data. It is sorted by patients who have the highest risk capture opportunity (i.e. recapturing diagnoses codes for Chronic Conditions). Accurately reflecting the acuity of our patient population is one of the key drivers of our MSSP performance.

The provider attribution list also included other important information related to your patients: CY2022 total Medicare spend, ED visits, admissions, and last Annual Wellness Visit (and who the AWW was performed by). Some patients decline data sharing so these fields may be blank. Please note performing Annual Wellness Visits is another key driver of success in the MSSP program.

Please use this information to prioritize scheduling patients for Annual Wellness & Follow up Visits and proper documentations of all chronic conditions.

## Annual Wellness Visits

**Performing Annual Wellness Visits is another key driver of success in the Medicare Shared Savings Program.** AWW's are important to our community and the patients you serve. They impact our Medicare population at multiple levels. As an annual health risk assessment, the AWW provides information needed to create a comprehensive interactive care plan for your patients. The visit also provides a great opportunity to have candid conversations about the patient's health and offer prevention screenings and/or referrals. Additionally, the AWW provides an opportunity for care teams to engage patients in health care related decisions and develop a stronger provider-patient relationship. This relationship is key to crucial decisions and discussions about ongoing health needs including discussion about end of life care.

### Most commonly missed HCCs for RHN:

Row Labels	HCC Weight	Missed HCCs	Missed HCC w/ AWW
108-Vascular Disease	1,016.64	3,530	1,861
40-Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	976.72	2,320	1,284
59-Major Depressive, Bipolar, and Paranoid Disorders	897.95	2,906	1,322
85-Congestive Heart Failure	798.37	2,412	1,224
8-Metastatic Cancer and Acute Leukemia	760.47	286	148
111-Chronic Obstructive Pulmonary Disease	595.29	1,777	871
96-Specified Heart Arrhythmias	557.98	2,082	1,033
47-Disorders of Immunity	534.66	804	419
18-Diabetes with Chronic Complications	487.73	1,615	754
22-Morbid Obesity	471.00	1,884	874
161-Chronic Ulcer of Skin, Except Pressure	467.10	907	485
48-Coagulation Defects and Other Specified Hematological Disorders	375.74	1,957	1,001
100-Ischemic or Unspecified Stroke	330.51	1,437	787
86-Acute Myocardial Infarction	308.68	1,583	819
21-Protein-Calorie Malnutrition	279.83	615	265
12-Breast, Prostate, and Other Cancers and Tumors	277.65	1,851	1,065

23-Other Significant Endocrine and Metabolic Disorders	265.97	1,371	685
52-Dementia Without Complication	262.61	759	354
9-Lung and Other Severe Cancers	249.86	244	125
72-Spinal Cord Disorders/Injuries	238.09	495	256

**Additionally**, it is important to review Vascular Disease, Rheumatoid Arthritis, Mental Health diagnoses, CHF, COPD, and Cancer diagnoses during AWVs

### Prioritizing your AWVs and Focus Measures

- ✓ **Diabetes: Hemoglobin A1c (HbA1c) Poor Control**
  - Higher A1C levels are linked to diabetes complications.
  - Poor control of diabetes is a risk factor for complications, including renal failure, blindness, and neurologic damage. (Medicaid.gov)
- ✓ **Preventive Care and Screening**
  - Colon Cancer Screening
    - Colon cancer is the third leading cause of cancer related death in the United States among men and women combined. (CSC, 2021)
    - Regular screening is one of the most powerful weapons for preventing colorectal cancer. (American Cancer Society, August 2021)
    - People with localized early stage colorectal cancer have a 90% survival rate. (Cancer.Net 2021)
  - Mammograms Screening
    - Early detection of breast cancer greatly improves a woman's prognosis. (CDC.gov)
  - Tobacco Screening
    - Tobacco use screening and intervention is one of the most cost-effective clinical preventive services; improves health status and enhances quality of life.
- ✓ **Screening for Depression and Follow-up Plan**
  - Among older adults, risk factors for depression include disability and poor health status related to medical illness, complicated grief, chronic sleep disturbance, loneliness, and a history of depression. However, the presence or absence of risk factors alone cannot distinguish patients with depression from those without depression.
- ✓ **Controlling High Blood Pressure**
  - High blood pressure is a major risk factor for heart disease and stroke, both of which are leading causes of death in the US

**Please note, ALL providers can emphasize the value to their patients receiving an AWV annually. The above interventions are important strategies that contribute to high quality scores, but most importantly the health of the patients you serve.**

### Did you know?

- Only 43% of seniors report very good to excellent health
- For this reason, it is imperative to establish preventive care and identify early disease states to improve quality of life and promote longevity for our patients
- Six in ten adults in US have a chronic disease and four in ten have two or more
- 90% of nation's \$3.5 trillion health care costs are for people with chronic health conditions

- Promoting good health includes lifestyle modifications (smoking cessation, healthy eating, exercise) & completing preventative screenings
- While 94% of seniors have a dedicated care provider, gaps persist in key preventive services
- Only 25% of adults aged 50 to 64 and less than 50% aged 65 or older are up to date on essential preventative services, including cancer screenings; accounting for late diagnosis and higher cost of care
- **Seven out of 10 deaths are attributed to chronic disease, many of which can be detected early or even prevented in the screening associated with the Annual Wellness Visit**
- The American Journal of Managed Care printed a study (March 2019) in which the association of AWVs and health care costs, including ED Visits, hospitalizations, and clinical quality measures, were examined in a population of 8,917 Medicare Beneficiaries. The results showed a 5.7% reduction in total health care costs when AWVs were implemented. Beneficiaries who received AWV were more likely to complete preventative services including breast and colon cancer screenings, A1C control and pneumonia vaccination.

#### **Consider the following information and benefits related to the Annual Wellness Visit:**

- Completion facilitates gap closures for essential preventive services like cancer screening
- In one study conducted by the CDC, Breast Cancer Screening increased by 9% when co-pays were eliminated
- Many patients are unaware that **AWVs are a covered service with no out of pocket expense**
- 100% covered by Medicare Part B & Medicare Advantage Plans
- Socializing this has the potential to improve scheduling of annual wellness visits and in turn, promote higher quality lives, improved longevity and fewer overall visits for our patients
- Substantial revenue generator

#### **Substantial revenue generator**

- ❖ A practice with 150 Medicare patients could generate a minimum of \$17,900/year and an additional 4 +RVU for the visit
- ❖ Decreases hospital visits and the need for multiple appointments freeing up valuable appointment and administrative time in the office

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## **COMPLIANCE**

### **REMINDER: Replace old ACO Beneficiary Poster, Patient Notices and Inquiries**



**CMS released a new ACO Beneficiary Notice Posters (attachment).**

Display Medicare Beneficiary Posters: This poster provides information to your Medicare fee-for-service patients you work to improve the quality and experience of care they receive by being part of an Accountable Care Organization (ACO). Every ACO provider **must post signs in their**

**facility**, regardless of specialty or types of services provided.



- **Poster Template (attachment 1):** Complete the poster by adding your practice name and phone number, print and display in a highly visible location in your clinic lobby (attachment).
- **Beneficiary Information Notification Letter - Patient Copy (attachment 2):** Provide a copy to patients prior or at the time of **first primary care visit annually**.

**Note:** RHN-ACO has mailed a copy of the Beneficiary Information Notification Letter to all **NEW attributed patients**. This does not exclude your practice from providing a copy to MSSP patients at the time of their first primary care visit, but is also a requirement by CMS for RHN-ACO to distribute.

- **Beneficiary Notice Inquires (attachment 3)** Print copies and have them available at your front desk for patient's requesting additional information (attachment).

The RHN has on **going audits performed by our Compliance Office**. Your practices has continued to do very well over the past years achieving 100% for these audits. Thank you for continuing to comply with CMS requirements.

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## ADDITIONAL INFORMATION

### Rainier Health Website

Over the past couple of months, we have been working to improve the RHN Website by moving to an advanced platform. The completed improvement enhances the "Find a Physician" feature, allowing patients more information to find you!

Stay tuned for more improvements in the future to the [Rainier Health Network Website!](#)

**Please feel free to give us feedback with items or topics we can provide to your practice.**

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If you have any questions, please do not hesitate to contact Rainier Health Network at [rhn@chifranciscan.org](mailto:rhn@chifranciscan.org) or 253-428-8444.



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