



Volume 6, July 2019

Welcome!

At the May and June meetings of Kootenai Care Network Board of Directors, the shared savings distribution model being applied to performance year 2019 for distribution in 2020 was approved. We would first like to thank the Shared Savings Distribution Subcommittee for their dedication to creating a plan that reflects the stated objectives of the network. Balancing all interests and requirements was no easy feat and they managed these with exceptional professionalism and attention to detail.

We will be scheduling meetings with practices individually to review these changes. Remember, these changes do not affect the payout you will be receiving this September for the work you did in 2018.

Of note:

- 1) Distribution increasingly linked to outcomes
- 2) Redistribution among primary care and specialists based on recognition of primary care impact on achieving measured/required quality outcomes
- 3) Requirement for participation in three meetings (one board approved meeting; one board approved educational program; training on the capture of the illness burden of our population (also known as clinical document improvement for risk adjustment); **AND, if you attend the HCC training session you will satisfy all three of these requirements at once**
- 4) The emphasis on achieving outcomes at the practice level while involving all of the members of the network in achieving our goals
- 5) Definition of engagement criteria which are designed to further commitment to our efforts

Thank you for your continued commitment to Kootenai Care Network.



Dr. Brad Brososky
Chair, Board of
Directors



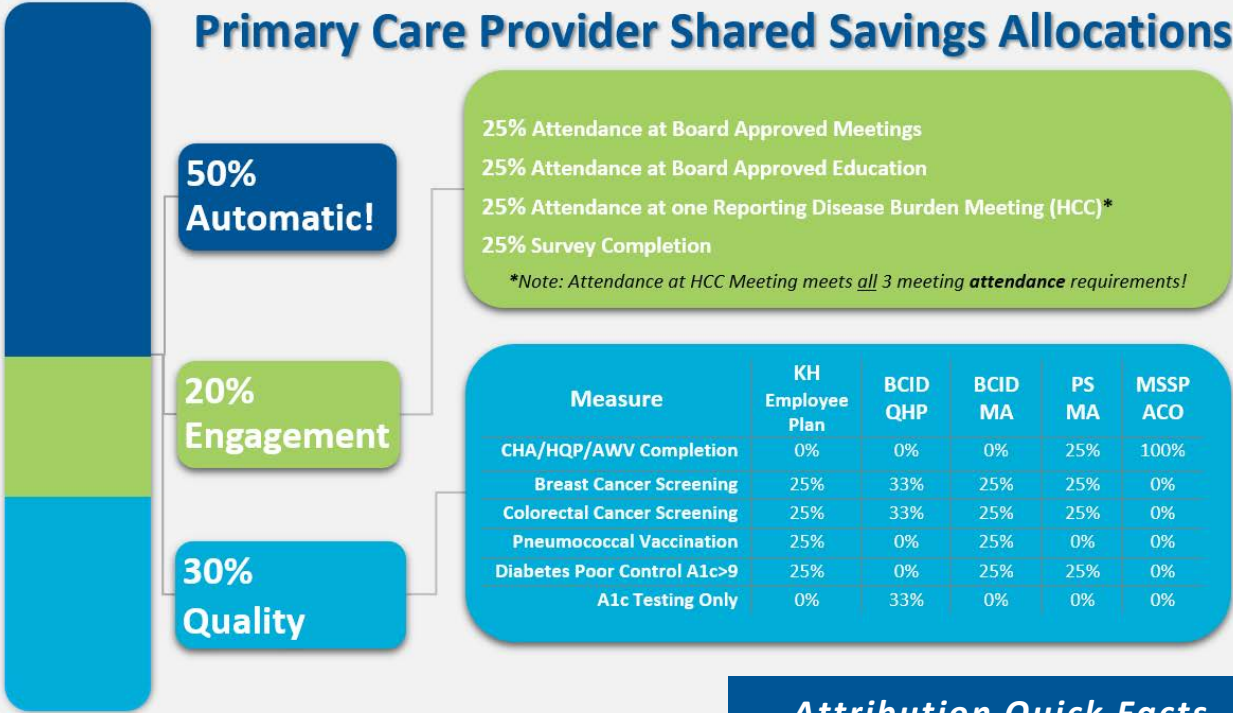
Dr. Karen Cabell
Medical Director



Patricia Richesin
President

Shared Savings Allocations Changes for 2019 with Payout in 2020

Primary Care Provider Shared Savings Allocations

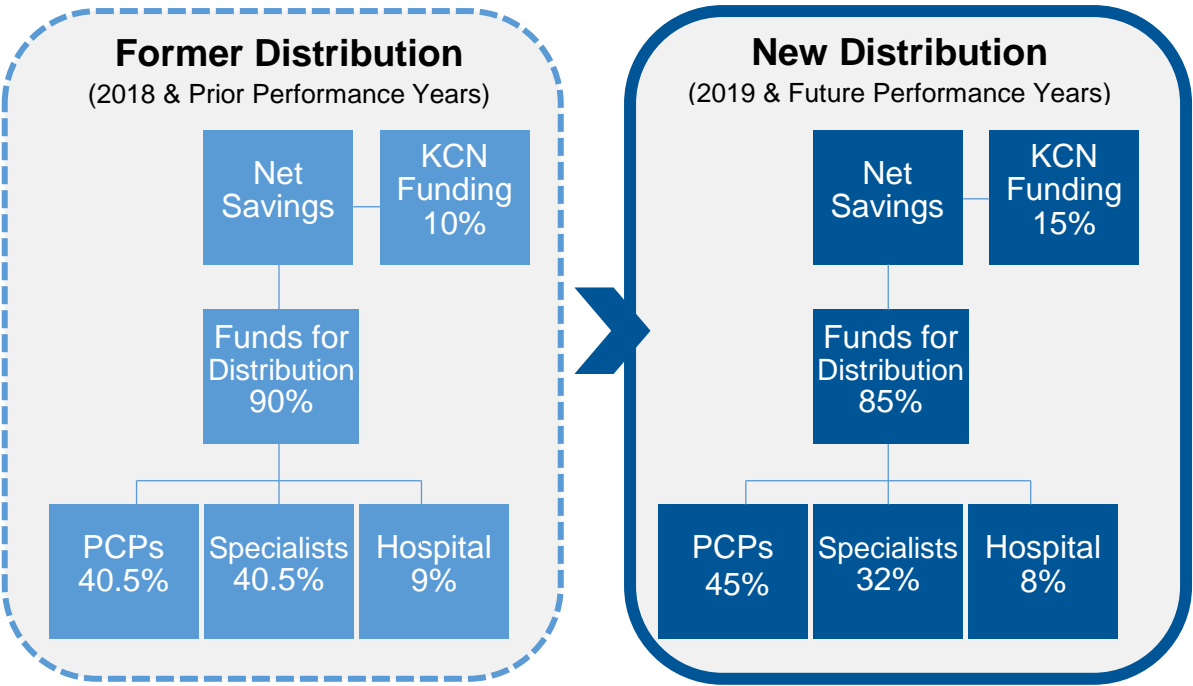


Attribution Quick Facts
Every patient in your panel increases your distribution percentage

Specialist Provider Shared Savings Allocations

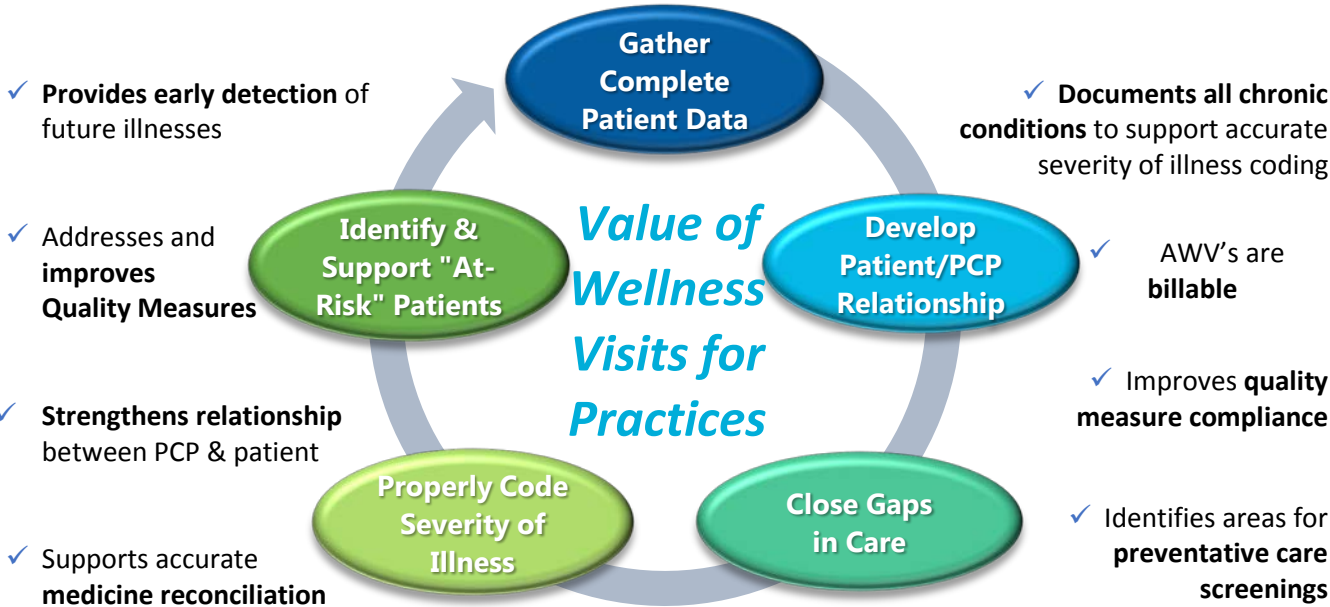


Shared Savings Distribution Changes for 2019 Performance Year



Increased Shared Savings Allocated to Annual Wellness Visits

In May 2019 the KCN and KAC Board of Directors approved the quality targets for shared savings to include completion of annual wellness visits (AWVs). For performance year 2019, PCPs will be required to complete 55% of AWVs for traditional Medicare Patients. This rate will increase to 65% completion rate in 2020. The traditional Medicare ACO (Medicare Shared Savings Plan) has 23 quality measures that must be reported annually. PCPs are accountable for performing Annual Wellness Visits as they drive quality compliance, and accurate reporting of disease burden.



Hierarchical Condition Category (HCC) Coding Begins Again!

Why is HCC coding important?

HCC coding communicates the severity of illness of a patient. HCC coding documents chronic conditions and allows care providers to anticipate the amount of care a patient will need on an annual basis.

"The HCC RAF education provided a good reminder for billing codes and risk codes to be watchful of in my coding."

*Alyssa Shaw, MD
Family Health Associates*

HCC coding needs to be completed every year for a patient?

Yes! Every year a provider needs to accurately document at the highest level of specificity the condition of the patient through HCC coding.

How do I know what conditions have previously been documented on a patient?

Through Lightbeam, our population health analytics tool, your office has access to previous conditions that have been documented for a patient as well as possible conditions that need to be considered based on medications your patient is taking.

KootenaiCareNetwork

Join Us!

KCN Board Approved Educational Event

Please plan on attending this Kootenai Care Network meeting to learn more about Hierarchical Condition Categories (HCC) and Reporting Accurate Disease Burden.

- ✓ Board of Directors approved network meeting
- ✓ Board of Directors approved educational session

This event is an opportunity to learn how to communicate the accurate illness burden of patients via coding.

Educators: Karen Cabell, DO and Shelley Janke, RN

Event Date **September 12, 2019**

Time: 5:30 - 6:30 p.m.

Location: Kootenai Health, Health Resource Center - Ponderosa Conference Room

Space is limited!

Please RSVP to Kim Lasneski at: 208-625-6611 or klasneski@kh.org

Additional Event Dates:

October 24

12:00 – 1:00

Kootenai Health
HRC Ponderosa

December 5

5:30 – 6:30

Ironwood North
Building - 1221 W
Ironwood Drive



Quality & Primary Care Service Line

YOU'RE INVITED!

Primary Care Service Line
Invitation extended to
all Primary Care

September 5, 7:00-8:00 am

**Kootenai Health Resource Center:
Ponderosa**



Dr. David Johnson, Kootenai Clinics Gastroenterology, will present information on how to inspire patients to be compliant with **colorectal cancer screenings**. Dr. Johnson joined Kootenai Clinics Gastro in 2017 and is a Mayo clinic-trained, Board Certified Gastro physician. Dr. Johnson serves on the KCN/KAC Quality Committee and is concerned with the traditionally low rate of colorectal cancer screenings being performed in our region. He wants to work with PCP's to develop an effective approach to encouraging patients to have this important screening completed.



Dr. Maria Rodebaugh presented an evidence-based guideline for the treatment of type 2 diabetes mellitus patients at the KCN Primary Care Service Line on June 6, 2019. The goals of the guideline are listed on the next page (page 6). Every year 1.5 million Americans are diagnosed with diabetes and there are over 84 million Americans age 18 and older that have prediabetes. The guideline includes a toolkit with recommended diabetes medications by formulary that will be helpful in your daily care of patients. The entire pathway and tool kit is on the KCN website.



NEW!

Diabetes Clinical Pathway

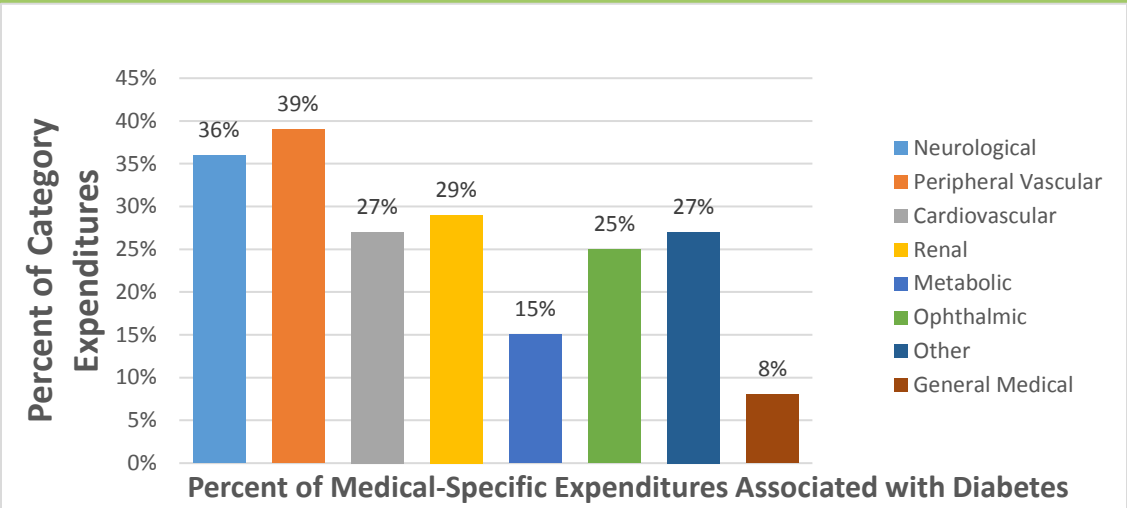
The new diabetes clinical pathway can be found at KootenaiCareNetwork.org

Diabetes HbA1c Control

OBJECTIVE

The purpose of this policy is to provide an evidence-based guideline for the treatment of type 2 diabetes mellitus patients. It is our goal that this policy will:

- Improve patient safety
- Promote evidence based, guideline adherent, and mechanisms cognizant diabetes management
- Promote prompt diagnosis, effective assessment and appropriate treatment of type 2 diabetes
- Better manage pharmaceutical spend within Kootenai Care Network, including patient's pharmacy spend
- Facilitate discovery of comorbid conditions contributing to symptoms
- Improve standardization of diabetes treatment practices in order to make our expectations for our patients more transparent, improve accountability for patients, and increase consistency for staff protocols.



KCN Target

84+% of diabetic patients must have their most recent A1C \leq 9.0%

Population

Patients 18 to 75 with a diabetes diagnosis assessed between 12/1/2017 and 11/30/2019

Sources: *Diabetes HbA1c Control*. Arizona Community Physicians, Abacus Health, 2019; Table: Petersen, Matthew P. "Economic Costs of Diabetes in the U.S. in 2017." *Diabetes Care*, American Diabetes Association, 1 May 2018, care.diabetesjournals.org/content/41/5/917.figures-only.

Practice Corner

To Do List:

- ☐ Complete annual compliance training & submit attestation to KCN
- ☐ Submit Promoting Interoperability (PI) to CMS

Reminders for Practices

On an annual basis, every practice must have all employees and providers complete **compliance training**. KCN has provided this information along with a practice attestation to be completed:

[KootenaiCareNetwork.org > Provider Member Benefits > Compliance Documents and Training](https://kootenai.carenetwork.org/provider-member-benefits)

Every practice is responsible for submitting their own **Promoting Interoperability (PI)** to CMS. Reporting for 2019 requires a 2015 certified platform. Please work with your staff and/or EHR vendor to make sure you understand the 2019 requirements for a successful submission. For more information contact KCN or go to: [QPP.CMS.gov > MIPS > Promoting Interoperability Measures Requirements](https://qpp.cms.gov/mips)



Congratulations to the 2019 Adult Chronic Care Management Grant Recipients!

**Family Health Associates
Family Medical Care PLLC
Hayden Lake Family Physicians
Ironwood Family Practice**

Transitions of Care: Clarity on Billing

Confusion remains around proper billing and coding for transitional care services. If patients are seen within **7 days** of discharge, the level of medical decision making dictates the allowable billable codes (see chart). If a **high level** of medical decision making is present and the patient is seen within 7 days, **99496** can be appropriately billed. If the medical decision making is **moderate** within 7 days, **99495** must be billed. Please contact your coding team for additional information.

Medicare Billing Codes			
	High	Medium	Low
1-7	99496	99495	TCM not appropriate, bill E&M
8-14	99495	99495	TCM not appropriate, bill E&M

Days from Discharge

Calendar

Board of Directors, Dr. Brad Brososky, Chair
1st Wednesday of Month, Noon to 1:00 p.m.

Primary Care Service Line Collaborative, Dr. Karen Cabell, Chair
1st Thursday of Month, 7:00 to 8:00 a.m.

Shared Savings Distribution Sub-Committee, Dr. Mark Borsheim, Chair
2nd Monday of Month, 5:30 to 6:30 p.m.

Health Information Technology Committee, Dr. Robin Shaw, Chair
2nd Thursday of Month, 7:00 to 8:00 a.m.

Quality Committee, Dr. Michael Williams, Chair
3rd Wednesday of Month, Noon to 1:00 p.m.

Contracting and Finance Committee, Dr. Don Chisholm, Chair
4th Monday of Month, Noon to 1:00 p.m.

Practice Operations Practice Leaders
Last Wednesday of Month, Noon to 1:00 p.m.

Membership Committee, Dr. Mark Mroczko, Chair
Last Wednesday of Month, 5:30 to 6:30 p.m.

*The meetings of Kootenai Care Network are open to all members of the network.
Schedules may be subject to change to accommodate holidays or special events.*

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