



KCN A Year in Review

Volume 8, July 2021

First, foremost, and always....thank you for the incredible efforts and sacrifices over the past 18 months. Words, written and spoken, are insufficient to acknowledge all that happened and continues to happen in support of extraordinary care in our communities.

Now, welcome to the re-launch of the Kootenai Care Network newsletter. In 2020, we found that it was so much more important to keep you informed in the moment by:

- Immediately launching bi-weekly calls with Dr. Cabell, Dr. Harvey, Dr. Scoggins, Dr. Hoopman and others, to interact, keep you current, and manage issues of testing, vaccinations, use cases and supply resources for services and equipment, changes in programs and regulations, and impact in our community.
- Developing daily updates still being distributed to all Kootenai Health medical staff, participating providers in the network, as well as practice leaders, and other health care organizations throughout north Idaho.
- Fielding large call volumes to identify the right resource for the right answer; leveraging the network daily to identify new ways to accomplish great outcomes for those we serve.

To the work of the network, we achieved some remarkable results despite all of the obstacles as we:

- Maximized our 2020 quality measure performance to receive 100% of the shared savings we generated .
- Managed the total cost of care while maintaining access to care.
- Increased our focus on chronic care management for our vulnerable populations.
- Have expanded our network regionally and added a managed Medicaid contract to the portfolio.

Nationally, non-Covid services for Medicare beneficiaries declined by an average 6.6% while we experienced a decline of only 3.7%. We turned down the dial in alignment with our situation and responded to fluctuations purposefully. In this newsletter you will learn about those among you who contributed substantially to your success during the year.

And, speaking of success, we will be distributing shared savings from our 2020 contracts in late September. More details to come about the meeting to share results as well as payment distribution once we receive final numbers.

Your work matters!

Dr. Brad Brososky
Chairman, KCN Board of Directors



Dr. Brad Brososky
Chair, Board of Directors



Dr. Karen Cabell
Medical Director



Patricia Richesin
President

In this Issue...

- 2 Go Live of Medicaid VCO
- 3 Network by the Numbers
- 4 HCC is Critical
- 6 Quality Updates
- 8 Updates to 2021 Engagement Criteria
- 9 MSSP Pathways to Success

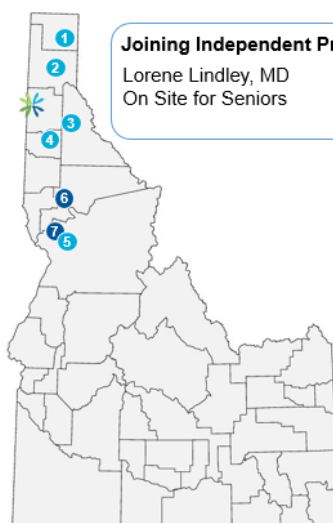
Go-Live of Medicaid Value Care Organization

The Idaho Healthy Connections Medicaid Program is transitioning to a Value Based Payment Program beginning July 1, 2021.

The Idaho Medicaid Value Care Program is unique from other states because it is not a capitated managed care model between Health Plans and Providers. Instead it is a shared savings program, where Providers work with regional Value Care Organizations to reduce total cost of care and improve quality outcomes for their Medicaid patients.

What Does that Mean for Me?

- Fee-For-Service Payments from Medicaid will continue as well as primary care Case Management
- Kootenai Value Care will work with the State and participating Providers to improve quality and cost outcomes as we do for all of our other arrangements
- Distribution of any earned shared savings will be in alignment with our shared savings distribution practices as approved by the board



Kootenai Health

CAHs Joining KVC:

- 1 Boundary Community Hospital
- 2 Bonner General Hospital
- 3 Shoshone Medical Center
- 4 Benewah Community Hospital
- 5 Syringa General Hospital

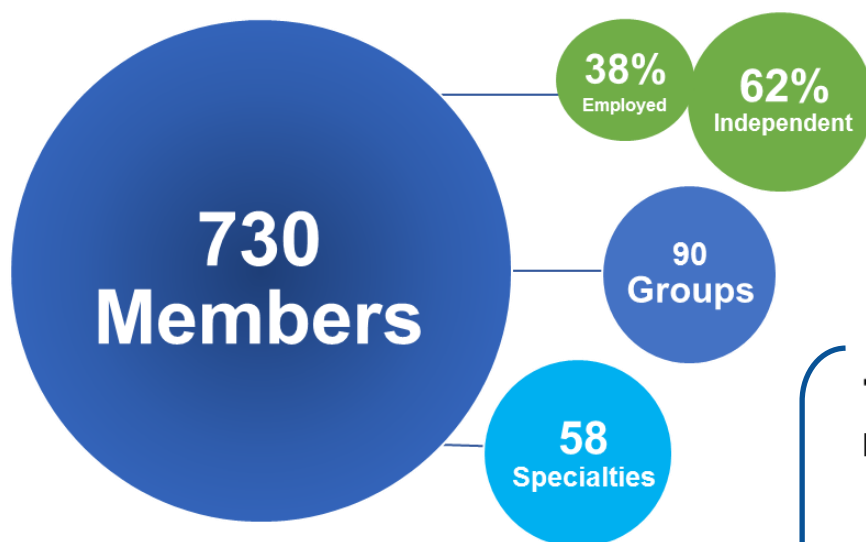
Current KH-Owned CAHs:

- 6 Clearwater Valley Hospital and Clinics
- 7 St. Mary's Hospitals and Clinics

With the formation of Kootenai Value Care, we now have **eight** hospitals in the Network. Having an existing Clinically Integrated Network in the region was seen as a strength from those organizations newly joining. It was also made possible by the support of the Northwest Hospital Alliance.

Network by the Numbers

With the addition of the Medicaid Value Care Organization, Kootenai Care Network has grown to 8 hospitals, 7 Health Plan contracts, over 730 members and is responsible for \$325 million of contracted medical spend.



Lightbeam Population Health Analytics

590,000+ Patient Files
69 Interfaces
23 EMRs
7 Health Plan Claim Feeds

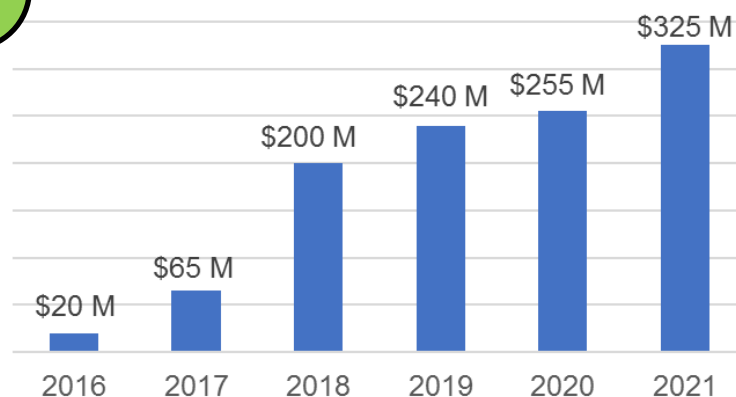
8 Hospitals



7 Health Plan Contracts

Kootenai Health Employee Health Plan
Blue Cross of Idaho QHP
Blue Cross of Idaho Commercial
Blue Cross of Idaho Medicare Advantage
PacificSource Medicare Advantage
Medicare Shared Savings Program ACO
Medicaid Value Care Program VCO

Contracted Medical Spend



Hierarchical Condition Coding (HCC) is Critical!

Let's not lose our momentum!

- Hierarchical Condition Category (HCC) Coding is critical in capturing and clearly reporting the illness burden of our patient population.
- Risk score is a driving metric for payment in:
 - Medicare Shared Savings Program
 - Medicare Advantage
 - Medicaid Value Care Organization
 - Qualified Health Plan
- As a Network we have the ability through Lightbeam, our population analytics tool, to evaluate what HCC codes have been submitted in the past and use that information to ensure recapture of all of those diagnoses that still apply to our patient population. This is accomplished through the utilization of the **Lightbeam HCC Face Sheet**. **Learn more from our team about this valuable tool.**
- Accurate capture of the illness burden of our patient population is so important to design programs and services that will improve clinical outcomes and have the funding necessary to care for patients that are at risk or have rising risk scores.

"The patient's past diagnoses that were coded, billed and counted for HCC risk are very helpful to know what to select for this year." - Dr. Duane Craddock, Coeur d'Alene Pediatrics

Risk Score and Value Based Payment Success

Risk score is and will continue to be a tremendously important performance metric in **achieving Value Based Payment success**.

If your risk scores are not accurately reflecting the acuity of the population being managed, the **global budget is not appropriately aligned**.

Inaccurate risk scoring places **too much pressure on cost reduction** to succeed in Value Based Care.



Courtesy, Centers of Disease Control and Prevention

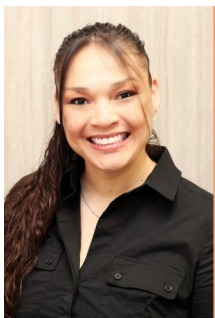
Meet the Clinical Documentation Improvement (CDI) Team

What is CDI?

Clinical Documentation Improvement aims to enhance provider education on clinical documentation. With the ultimate goal of capturing the accurate risk burden of our patients.

Introducing the CDI Team! Chanel Taylor MSN, RN and Deborah Seltzer CPC, CRC work as a team to be a resource for all Providers and Coders in Kootenai Care Network to provide support and education as we embrace Hierarchical Condition Coding for Risk Adjustment. The CDI team can help clinics establish workflows for HCC recapture, review charts to look for potential missed opportunities, or suggest ways that clinical documentation can be improved. Please feel free to reach out any time with questions or requests for help.

Chanel Taylor – Ambulatory Clinical Documentation Improvement Specialist



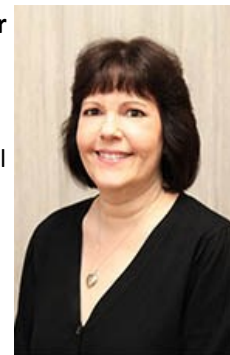
Chanel Taylor, MSN, RN, is the current Clinical Documentation Improvement Specialist for the Kootenai Care Network. She is a master prepared registered nurse with her MSN in Nursing Informatics. Coming from Georgetown, TX, she began her career as an ICU trauma nurse directly out of nursing school. After a year in a level 2 trauma hospital, she fell in love with the opportunities of comforting the terminally ill and was a hospice nurse for 5 years. Her role with the network, which she calls a blessing, was made possible through the diligent efforts of Shelley Janke, KCN Director of Quality and Care Coordination. The CDI team is mission-critical to assist KCN practices in raising the level of understanding while advancing optimized workflows to do this work. This is a service requested by providers and practice leaders and now it is here!

Email: Ctaylor@kh.org

Phone: 208-625-3603

Deborah Seltzer- Risk Adjustment Clinical Coding Reviewer

Deborah (Deb) Seltzer, CPC, CRC is the current Risk Adjustment Clinical Coding Reviewer for Kootenai Care Network. She began her career in healthcare as a Licensed Practical Nurse 20 years ago in inpatient and outpatient environments, and returned to the field of healthcare 5 years ago in the role of a Certified Professional Coder; then went on to obtain her Certification in Risk Adjustment Coding. She is passionate about capturing the full picture of a patient's disease burden through accurate coding so that we can help define the professional, clinical, and health plan resources needed to have the very best clinical outcomes. Deb has started a Coders Affinity Group, which meets monthly, to provide education and exchange of ideas in the best practice of coding, documentation improvement strategies and improved communication with Providers. She is excited to be part of the team to assist KCN practices in strengthening HCC coding efforts and leaving no condition uncaptured.



Email: dseltzer@kh.org

Phone 208-625-4008

Upcoming HCC Education Trainings



| | |
|--------------------|---------------|
| August 19, 2021 | 5:00-6:00 pm |
| September 7, 2021 | 7:00-8:00 am |
| September 23, 2021 | 12:00-1:00 pm |

Quality Updates

2020 Quality Award Winners!

Quality Award (Practice):



Hayden Lake
Family Physicians

Engagement Award (Provider):



Dr. David Johnson
Kootenai Clinic Gastroenterology

Non-provider Network Champion:



Mike Cummins
Ironwood Family Practice

Innovation Award (Provider):



Dr. Michael Harvey
InCyte Diagnostics

Speaking about Dr. Harvey's role in high throughput PCR testing for COVID, Dr. Karen Cabell stated,
"Such innovative use of a variety of lab testing modalities to get us to a great testing platform...He came up with the idea of using the equipment the way we do to get us high throughput testing."



KCN ECHO Launch

Finding significant value in the work of ECHO (Extension for Community Healthcare Outcomes) programs elsewhere in the country, in January 2021 KCN initiated a pilot using the model. Dr. David Johnson, Gastroenterologist and 6 participating PCPs were our first partners in this work.. After 3 successful pilot sessions, the training has been expanded to all network PCPs with **65 Providers participating** to date and now includes GI and Cardiology topics on a monthly basis. This model has been adopted by many rural communities that have limited access to specialists. Primary Care Providers are able to join a video conferencing session that includes a brief lecture by a specialist, case review, and resource sharing. Participating **PCP's are able to increase their capacity to provide best practice specialty care within their practice.**

Upcoming ECHO Session:
Gastroenterology
July 26, 7:00—8:00 am
Topic: Cirrhosis

"The ECHO program is a great opportunity for primary care to **engage with our local community specialist colleagues** to strengthen skills and confidence in handling common specialty conditions so that we can use our increasingly burdened local specialty resources more effectively. I have appreciated the opportunity during these sessions to have **live discussions on topic relevant cases/situations**-- in a time when most of my CME is static, largely non-interactive, and much less engaging!" - Dr. Brittany Burns, Coeur Vitality (ECHO Participant)

Quality Updates

Medicare ACO Quality Reporting Changes

Please note that as of July 13, 2021, CMS is proposing a change in this requirement but, until finalized:

Through the new MIPS APM Performance Pathway, CMS will be moving away from Web Interface (GPRO) reporting and transition to EMR based reporting using MIPS CQM/eCQM measures.

| 2021 Quality Reporting | 2022 Quality Reporting |
|--|---|
| 10 Measures | 3 measures |
| Reporting is patient attribution based | Reporting is practice participation based – <u>all practices in the ACO must report on all patients, all payers from EMR</u> |
| Reporting burden largely on primary care practices | Reporting burden will be on all practices in the ACO (primary care and specialty) |
| Data submitted via Excel file on the CMS Web Interface | Data submitted via aggregated QRDA III file from each practice EMR |

| | | |
|-----|---------------------------------|----------|
| 1 | Diabetes A1c Poor Control | CMS122v9 |
| 134 | Screening for Depression | CMS2v10 |
| 236 | Controlling High Blood Pressure | CMS165v9 |

Specialists Quality Reporting for 2021

- New for 2021 is the requirement for High and Low Impact Specialists to report on one of the three quality measures identified above. Twenty percent (20%) of any shared savings available for specialty practices, will be tied to successful reporting on the identified measure. Practice will be responsible for tracking the measure and reporting out on a quarterly basis.
- Specialists will be more involved in quality reporting for the Medicare ACO due to the changes outlined above. Reporting on one of the three identified eCQM measures during 2021 will help our ACO prepare for these reporting changes in following performance years.

2021 Quarterly Report Due Dates

Quarter 1: April 16, 2021

Quarter 2: July 16, 2021

Quarter 3: October 15, 2021

Quarter 4: January 14, 2022



Changes in Engagement Requirements for 2021

Meeting Requirement Reinstated, but Virtually!

As part of our commitment to the safety of our community providers, KCN has transitioned all meetings to WebEx through the last year and into 2021. As providers and the rest of the world have become accustomed to virtual meetings, our Committees and Board decided that meeting requirements should be reinstated for 2021.

Updated engagement criteria for 2021 was announced to KCN Practices via email on March 4, 2021.

Board Approved Meetings include the Board and Committee meetings listed on the last page of this newsletter. Our Medicaid VCO Town Halls hosted in January and February 2021 also counted as a Board Approved Meeting and attendance was taken at those virtual events.

Board Approved Educational Events include Hierarchical Condition Coding (HCC) Trainings hosted via WebEx. *See page 5 for dates* KCN Project ECHO trainings are also available to Primary Care Providers virtually and count as a Board approved educational event.

Compliance Attestation is a practice-level, self-report that your practice is compliant with required annual trainings on CMS compliance, "Fraud, Waste & Abuse", and HIPAA. There are links to this training and an attestation form to complete at kootenaicarenetwork.org

The **Provider Survey** will again be administered this fall. Survey participation is **mandatory** as your feedback is extremely important for us to continue to build systems of care that are meaningful to your practices

| 2021 Engagement Criteria | PCP Weight | Specialist Weight |
|--|------------|-------------------|
| Attend one Board Approved Meeting | 25% | 25% |
| Attend one Board Approved Educational Event | 25% | 25% |
| Compliance Attestation > Available Now at KootenaiCareNetwork.org | 25% | 25% |
| Survey Completion > Coming Fall 2021 by email to each provider | 25% | 25% |

Pathways to Success 2022

Medicare Shared Savings Accountable Care Organization

Moves into 5 year Pathways to Success Program!

Kootenai Accountable Care (KAC) is slated to begin a new contract period with Medicare on January 1, 2022. Our initial contract as Medicare Shared Savings Program ACO Track 1 was extended to December 31, 2021 due to the pandemic. Consistent with our original plan, KAC will enter the new program, Pathways to Success, that advances us along a glide path to risk with our 1st year (Performance Year 2022) in shared savings, and subsequent years advancing in risk over our 5 year contract. Joining us in Pathways will be two new entrants, Boundary Community Hospital and Syringa Hospital, both of which have been in other Medicare ACOs before joining us.



And We Are Positioned for Success

- Achieved **exceptional performance** designation under MIPS in 2019, resulting in a 1.52% payment adjustment to 2021 fee schedule
- Maintain consistent **high performance in quality measures** impacting processes and clinical outcomes
- Developed and adopted several network **clinical pathways** designed to improve patient care
- 65+ **highly engaged** community providers involved in board/committees
- Robust **population health analytics tool** with several years of EMR and claims data
- Through 2019 across our contracts, **reduced spend by more than \$44 million** including **reducing 2019 Medicare spend by almost \$8 million**

Committee Calendar

Board of Directors, Dr. Brad Brososky, Chair

1st Wednesday of Month, Noon to 1:30 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. Hollie Mills, Chair

2nd Thursday of Month, 7:00 to 8:00 a.m.

Quality Committee, Dr. Sean Park, Chair

3rd Wednesday of Month, Noon to 1:00 p.m.

Contract & Finance Committee, Dr. Scott Magnuson, 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, Trent Munyer, CRNA, 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. If you are interested in attending, let us know as schedules may be subject to change to accommodate holidays or special events.

Patricia Richesin

President

prichesin@kh.org

Dr. Karen Cabell

Medical Director

kcabell@kh.org

Dr. Dave Chambers

Associate Medical Director

dlc@ironwoodfp.com

Shelley Janke

Director Quality and
Care Management

sjanke@kh.org

Elena Kutko

Manager Population Health
Modeling and Analytics

ekutko@kh.org

Shelby Harbison

Project Manager

sharbison@kh.org

Shonnel Oson

Executive Assistant

sooson@kh.org

KootenaiCareNetwork

KootenaiCareNetwork.org

208-625-6611 | KootenaiCareNetwork@kh.org