

July 2021



## Who we are...

The Innovative Health Alliance of New York, LLC. (IHANY) is a collaboration among doctors, health systems and health care providers in New York's Capital Region aimed at improving the health of the communities we serve by working together in new, more coordinated ways. In today's evolving health care landscape, clinical integration is essential to achieving better health for the community, better care for individuals and lower costs of health care.

## This Month's Priorities

1. **CMS Reporting, Promoting Interoperability (PI):** CMS released their **2021 Promoting Interoperability Guide**, please review and let us know if you have any questions. We will have a Promoting Interoperability (PI) education in August. **Remember, each TIN in IHANY will need to report at least a 90 consecutive day period of data for PI directly to CMS (If your TIN doesn't meet or apply for an exception from reporting PI).** October 3, 2021 will start the last 90 day period of the performance year. Please run your EMR PI performance report this month so we can review and make corrections before October 3rd. Please contact **Brian** or **James** with any questions.
2. **MIPS Dashboard/Reports:** In preparation for CMS' change in quality data reporting for the 2022 performance year we are asking that all participants set up their MIPS Dashboards in the EMR and/or run their MIPS Quality reports. Brian will be following up with everyone so we may track current performance and make any workflow corrections needed for the 3 main eCQM metrics for 2022 (more detail is in the GPRO education series slides).

**Monthly Repeat: Schedule your patients for their Annual Wellness Visits (AWV):** For 2021 CMS has determined that you can utilize telehealth to do an AWV. **REMINDER:** You can also do **advance care planning (ACP)** via telehealth and/or during an AWV. See the Population Health News section later in this notice for 2021 Medicare telehealth code updates.

## Specialty Spotlight

### IHANY Network Specialty Practices:

## Urology/Urological Surgery

As a Clinically Integrated Network, continuing to promote in-network referrals will allow for our system to grow and manage costs.

With that in mind, we will have feature spotlights on IHANY partners and affiliates within this newsletter to ensure we keep you informed of our diverse resources.

This month we would like to highlight the Urology practices in IHANY.

### SPHP: Capital Region Urology

St. Peter's Health Partners provide a full spectrum of urological services covering kidney, bladder, and prostate conditions, as well as men's health and fertility, and female pelvic health. Whether it's a serious diagnosis like cancer, or a pesky but painful stone, we offer up-to-the-minute, minimally invasive treatments and surgeries which result in less scarring and fewer complications.

Click [here](#) for more details.

### St. Mary's Urology Health Center

The St. Mary's Urology Health Center is devoted to clinical excellence in urology care. An educated patient is extremely important in making informed decisions about healthcare and their urology treatment options. We are available for support throughout each step of the process from diagnosing urology disorders to performing urology treatments and procedures. Our highly skilled team of physicians, nurses, and support staff is dedicated to work for the best interest of our patients.

Click [here](#) for more details.

*If you are an IHANY Network Specialty practice and would like your location featured in a future IHANY Monthly, please email [Brian Pinga](#).*

## Education

### GPRO 2021 Quality Measure Education Series



#### 2021 IHANY GPRO Education Series

Brian Pinga CPHQ, CPht  
Director of Quality Improvement &  
Practice Operations

***Did you miss the webinars? Here are links to the recordings:***

[Volume 1](#)

[Volume 2](#)

[Volume 3](#)

**The slides of all 3 volumes have been consolidated into one slide deck for your convenience. Click the image to the right of the header of this section to access a PDF copy.**

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## IPRO Webinar

### QPP Performance Year 2021: Promoting Interoperability (PI) and Improvement Activities (IA) Performance Category

Wednesday, July 14th | 12:00 PM – 1:00 PM EDT

[Register here](#)

**PLEASE NOTE:** IHANY participants get automatic credit for Improvement Activities but each TIN is required to report Promoting Interoperability (PI) directly to CMS during the 2021 reporting period (Q1 2022).

The Improvement Activities performance category measures participation in activities that improve clinical practice while the Promoting Interoperability performance category promotes patient engagement and electronic exchange of information using certified electronic health record technology (CEHRT). This webinar will help your practice/organization understand what is required for the Improvement Activities and Promoting Interoperability performance categories and how to submit data for the 2021 QPP Performance Year.

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## Contract Update

### Medicare Shared Savings Program

On 12/31/2021 IHANY's Medicare Shared Savings Program Track 1 contract with CMS will end. **After an extensive evaluation process, IHANY with the full support of the Governing Board is pleased to announce IHANY will be joining one of the largest and most successful ACOs in the CMS Medicare Shared Savings Program, Trinity Health Integrated Care ACO (THIC).** Established in 2018, THIC is comprised of over 3,000 providers from 5 states across the country, has over 70,000 attributed Medicare Fee-For-Service beneficiaries and has earned nearly \$45 million in shared savings.

THIC is enrolled in the Medicare Shared Savings Program "Enhanced" Track, a more advanced version of the Medicare Shared Savings Program (MSSP) Track 1 in which IHANY has been enrolled. Like the MSSP Track 1, CMS will share savings if the ACO reduces cost and demonstrates high quality care for the attributed Medicare Fee-For-Service population.

However, the Enhanced Track:

- Offers the potential for a higher shared savings rate.
  - Enhanced Track is a two-sided risk model that offers the potential to share in up to 75% of savings and 40-75% of losses. MSSP Track 1 offers up to 50% of savings and is one-sided risk model (shared savings only).
- **Qualifies as an "Advanced Alternative Payment Model" under CMS's Quality Payment Program and therefore offers the potential for 5% incentive payment and exclusion from MIPS.**

**There are several reasons why we believe joining THIC and participating in Medicare Shared Savings Program Enhanced Track is great opportunity IHANY's MSSP participants:**

- THIC has earned shared savings each year since its formation in 2018. For performance year 2019, the most current data available, THIC earned \$13,720,667 in shared savings.
- THIC has qualified for the Advanced Alternative Payment Model 5% incentive payment and exclusion from MIPS every year.
- Large ACOs of the size and scale of THIC demonstrate more consistent performance.
- In the unlikely event of a loss, **providers are not at financial risk.**
- **IHANY is better positioned for success** than at any other point in our history due to:
  - Improved EMRs across network participants
  - Strong quality performance w proven track record of performance improvement with focus & additional subject matter expertise with new Director of Quality Performance Improvement
  - Added subject matter expertise with new Director and focus on Clinical Condition Documentation and Risk Adjustment
  - Implementation of Integrated Care Coordination System and Post-Acute Care Management
  - Improvements in managing ambulatory care sensitive conditions
  - Launch of whole-person care model, ONEcare
- IHANY team will be actively involved in THIC and continue to provide to your practice tools and support for success in population health management.

**If you would like to join THIC ACO and participate in the Medicare Shared Savings Program Enhanced Track, please sign the attached participation agreement and return it to [IHANYNetworkMgmt@sphp.com](mailto:IHANYNetworkMgmt@sphp.com) by **July 21, 2021**. These are the two CMS deadlines to add new participants for 2022—there is no flexibility. Participants that miss these dates will need to wait until 2023 cycle to join THIC.**

**Lastly, please note: because IHANY's Medicare Shared Savings Contract with CMS is ending 12/31/2021 (reporting done by IHANY via GPRO during the 1st Quarter of 2022), groups that decide not to join THIC will be responsible for reporting MIPS on their own beginning with Performance Year 2022.**

## Updates from CMS

### Mental Health: Medicare Covers Preventive Services

Medicare covers mental health preventive services, including the initial preventive physical examination, annual wellness visit, and depression screening. Your patients pay nothing if you accept assignment. Talk to your patients about their emotional, psychological, and social well-being.

More Information:

- [Medicare Wellness Visits](#) educational tool
- [Medicare Preventive Services](#) educational tool
- [Preventive Services](#) webpage
- [CDC Mental Health](#) webpage
- Information for your patients on **"Welcome to Medicare" preventive visit, yearly "Wellness" visits, and depression screenings**

Taken from 5/20/21 MLN Connects Newsletter

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## Cognitive Assessment: What's in the Written Care Plan?

Do you have a patient with a cognitive impairment? Medicare covers a separate visit for a cognitive assessment so you can more thoroughly evaluate cognitive function and help with care planning. Any clinician eligible to report evaluation and management services can offer this service, including physicians (MD and DO), nurse practitioners, clinical nurse specialists, and physician assistants. The Cognitive Assessment & Care Plan Services (CPT code 99483) typically start with a 50-minute face-to-face visit that includes a detailed history and patient exam. Use information you gather from the exam to create a written care plan.

The resulting written care plan includes initial plans to address:

- Neuropsychiatric symptoms
- Neurocognitive symptoms
- Functional limitations
- Patient or caregiver referrals to community resources, as needed, with initial education and support

Effective January 1, 2021, Medicare increased payment for these services to \$282 (may be geographically adjusted) when provided in an office setting, added these services to the definition of primary care services in the Medicare Shared Savings Program, and permanently covers these services via telehealth.

Get details on Medicare coverage requirements and proper billing at [cms.gov/cognitive](https://www.cms.gov/cognitive).

Taken from CMS listserv send 6/22

## Population Health News

### A New Guide on Universal Screening for Health-Related Social Needs from the CMS Accountable Health Communities Model

Participants in the CMS [Accountable Health Communities Model](#) use the [Accountable Health Communities Health-Related Social Needs Screening Tool](#) to quickly identify health-related social needs, such as food insecurity, housing instability, and lack of access to transportation, among community-dwelling Medicare and Medicaid beneficiaries. The Screening Tool enables staff to take the next step of connecting beneficiaries with community resources that can address their unmet needs.

A new [user guide](#) can help health care or social service providers in a wide range of clinical settings use the Screening Tool. The guide also provides key insights for implementing universal screening for health-related social needs based on the experiences of organizations participating in the CMS Accountable Health Communities Model.

## Reminder: Medicare and Telehealth 2021

Telehealth has become a very useful tool to keep connected with our patients during the pandemic. To find what services are covered under telehealth for 2021 click [here](#) for the link from CMS.

Some important services to note that can be done via Telehealth:

- Advance Care Planning
- The Medicare AWV codes (HCPCS codes G0438 and G0439) are on the list of approved Medicare telemedicine services. **CMS states that self-reported vitals** may be used when a beneficiary is at home and has access to the types of equipment they would need to self-report vitals. The visit must also meet all other requirements.

## We are here to help you.

### Your IHANY Practice Support Team

**Ashley Zapp**, Manager of Care Coordination

**Brian M. Pinga**, Director of Quality Improvement & Practice Operations

**Eileen M. Jones**, Director of Clinical Condition Documentation

**James Renner**, Sr. Project Management Specialist

**Lisa Kelly-Armstrong**, Director of Network Mgmt. & Operations.

You can find all of our past newsletters on our website, click [here](#).

Learn more about IHANY

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