

November 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

- Annual Wellness Visits (AWV):** Our most recent performance indicates that as a CIN we are at 24% AWV (Claims paid through the end of August 2021). For 2021 we need to **exceed 50%**. To help move the dial and address patient education on AWV the IHANY team has developed a Medicare AWV Patient Education Document you can use. Click the image to the right. This document was distributed to Quality leads during September. If you would like copies, posters or have any other questions please reach out to **Brian Pinga**.


- GPRO preparation:** Since April we have been providing live and recorded education in preparation for our annual GPRO audit which will begin in January. Before January we need to prepare and make sure that each practice has a designated resource to assist in the data abstraction and gap closure. Meeting notifications have gone out to our contacts at our primary care locations. **We ask that a representative from each primary care organization attend one of the two GPRO prep meetings (Monday November 5 @ 8am or Wednesday November 10th @ 12pm).** If you did not receive the invite please reach out to **Brian Pinga**.
- Promoting Interoperability:** Please make sure you have completed your Security Risk Analysis (SRA) for 2021. **This is a mandatory annual requirement for those TIN required to report PI.** If you have any questions please contact **Laura Graham**.

IHANY Town Hall - "Burnout: The Contagion & What We Can Do About It"

Thanks to all who joined IHANY's Virtual Town Hall Meeting, "Burnout: The Contagion & What We Can Do About It."

If you were unable to attend and would like to listen to the discussion, please click on the link below. **Please note CME credit is no longer available for this program.**

<https://www.ihany.org/news/ihany-town-hall-october-25/>

Welcome to the HCC Coding Catch-Up

Sharing guidance on new and existing ICD 10 codes

CCD = Clinical Condition Documentation, focuses on the complete and accurate documentation of our patients' current and chronic conditions, including assignment of the most specific ICD 10 (HCC) codes.

Per CDC, post COVID-19 sequelae are a wide range of new, returning, or ongoing health problems people can experience four or more weeks after first being infected with COVID-19. These conditions can present as different types and combinations of health problems for different lengths of time.

While all Covid-19 related diagnoses are important to capture, the most crucial to document and code are those that will have a long-term health burden on the patient, such as chronic respiratory failure.

Here are some new codes for 2022 (effective October 1, 2021):

[Click the table below to view in more detail](#)

CODING CATCH UP TOPIC OF THE MONTH - COVID-19 CODING		
ICD-10	DESCRIPTION	NOTES
U07.1	COVID-19 positive	documented as confirmed COVID-19 or positive COVID-19 test; for suspected or possible COVID-19, only code documented signs and symptoms
U07.1, J12.82	COVID-19 positive, pneumonia	code COVID-19 positive with specific COVID-19 manifestation
Z09, Z86.16	COVID-19 follow up, personal history of COVID-19	follow up visit for previous COVID-19 with no residuals; test is now negative
U09.9, J96.1	post COVID-19 chronic respiratory failure (sequela)	code post COVID-19 condition (unspecified) with post COVID-19 sequela; U09.9 should not be assigned for manifestations of COVID-19 positive
U09.9, R43.8	post COVID-19 loss of smell or taste (sequela)	code post COVID-19 condition (unspecified) with post COVID-19 sequela; U09.9 should not be assigned for manifestations of COVID-19 positive
U09.9, M85.81	post COVID-19 multisystem inflammatory syndrome (sequela)	code post COVID-19 condition (unspecified) with post COVID-19 sequela; U09.9 should not be assigned for manifestations of COVID-19 positive
U07.1, U09.9, J96.1	COVID-19 positive after post COVID-19 chronic respiratory failure (sequela)	code COVID-19 positive, post COVID-19 condition (unspecified) and post COVID-19 sequela
ICD-10 U09.9 (bolded) is new for 2022, effective as of 10/01/2021		
Code also: per coding guidelines, 2 codes may be required to fully describe a condition		
Sequencing codes: when COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, except when another guideline requires that certain codes be sequenced first, such as obstetrics, sepsis, or transplant complications.		
https://www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines.pdf		
https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-conditions.html		
If you have questions, feel free to email Julie Eisen, Risk Adjustment Coding Specialist at IHANY (eisenjr@trinity-health.org)		

Contract Update



IHANY providers,

MediGold, a Medicare Advantage insurance plan, has contracted as an affiliated provider with IHANY to bring exceptional care and service to Medicare beneficiaries in the Albany region. MediGold is Trinity Health's own Medicare Advantage plan. Based in Ohio, MediGold insurance plans will be available later this year for coverage to begin January 1, 2022.

An affiliation with MediGold is part of IHANY's ongoing efforts to keep improving the health of the communities we serve. Creating this additional option for our Albany community members will improve their access to affordable, high-quality health care from IHANY providers and facilities.

The value of a provider-sponsored health plan, like MediGold, is that the provider sponsored model allows the health plan and the provider network to collaborate more effectively to deliver coordinated, quality care with aligned incentives. MediGold's network strategy is to contract with select providers, focusing on Clinically Integrated Networks (CINs) and those that are in alignment with providing the same level of high-quality care.

Click [here](#) to watch the video below to learn more about how strengthening the relationship between MediGold and your health ministry can benefit your patients, you as the provider, and Trinity Health.

If you have questions that arise, please feel free to email them to MediGoldNetworkManagement@medigold.com

Thank you.

Medigold Provider Orientation Webinars

In partnership with IHANY, MediGold (a new Medicare Advantage plan as of 1/1/2022) will be conducting three Provider Orientation webinars in October and November.

November 4, Noon- 1:00p.

Since MediGold is new to the market, they would like to take this time introduce themselves and orient the practices to learn more about how they will operationally work together.

Highlights of the overview include:

- Claims billing
- Verifying eligibility
- Sign up for electronic remits and payments
- Prior-authorization Process
- Referral requirements
- Quality and risk (Gaps in care)
- Other tools available from MediGold for the providers

Please send an email to chris.brino@medigold.com if you have not received an invitation and would like to attend.

Specialty Spotlight



IHANY Network Specialty Practices: Home Visiting Primary Care

As a Clinically Integrated Network, continuing to promote in-network referrals will allow for IHANY to provide better health to the populations we serve.

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 Home Visiting Primary Care.

Remember the days when there were house calls? We do!

St. Peter's Health Partners Medical Associates (SPHPMA) is bringing primary care services into patient homes to help those individuals with chronic illnesses manage their conditions when they are unable to get to a medical office.

With recent enhancements in technology, SPHPMA team of advanced practitioners and collaborating physician deliver the same high quality primary medical care in your home that you would receive in a traditional medical office.

They specialize in caring for people with chronic conditions, such as:

- Respiratory issues, including COPD and pneumonia
- Cardiac issues, including congestive heart failure
- Diabetes
- Dementia

Home Visiting Primary Care is available in the immediate Capital Region area, short-term or long-term. Services can be used for just a few months to help patients get back on track after frequent emergency department visits and/or hospitalizations. Individuals who regularly require in-home services or have a physical condition which makes it difficult for to leave the home may qualify to receive their services on an ongoing basis.

SPHPMA is a Medicare and Medicaid provider. They accept most private health insurance plans. The cost of this service is the same as an office visit. They simply bill the patient's insurance as a primary care provider. The patient may pay a co-pay if their insurance requires them to do so.

Initial funding for this program was provided by the New York State Health Foundation. The Eddy Memorial Geriatric Center Foundation is currently funding the uncovered costs of this program to ensure homebound patients have access to primary care.

SPHPMA's regular office hours are Monday - Friday, 8 am - 4 pm.

Nurse Practitioners are on call after hours, including weekends and holidays.

For more information or to register for Home Visiting Primary Care, please call (518) 279-5700.

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

Population Health News

IHANY Post Acute Network January 2022 Launch

As part of IHANY's participation in Trinity Health Integrated Care Enhanced ACO, we are excited to announce that we will be launching IHANY's High Performing Post-Acute Network in January 2022. The purpose of the Skilled Nursing Facility (SNF) network is to advance the work of the CIN and improve our cross-continuum management of patients to achieve the triple aim.

The network will be comprised of 11 skilled nursing facilities that expand across the IHANY footprint. The goal of this network is to improve overall health outcomes of our attributed lives by ensuring clinically appropriate lengths of stays, comprehensive discharge planning, and ongoing case management and support as needed to reduce risk for readmission.

The facilities in our network that have a CMS overall star rating of 3 and above will have the advantage of taking part in the CMS SNF 3-Day Waiver program. Our newly hired Post-Acute coordinator, Lyndsey House, RN CRRN, will be responsible for partnering with these facilities to assist with complex discharge planning, sharing of data and best practices, and acting as an added layer of support.

Lyndsey House is a graduate of Albany Memorial Hospital School of Nursing. She worked for Sunnyview Rehabilitation Hospital as a Certified Registered Rehabilitation Nurse (CRRN) for the past 12 years. Lyndsey is a subject matter expert in the care and rehabilitation of Neurovascular and Cardiopulmonary patients.

Lyndsey spent the second half of her career at Sunnyview as part of the Case Management Department where she specialized in complex transitional care management with a special focus on the pulmonary system. Additionally, Lyndsey has experience in homecare and values the unique lens working with patients in their home environment brings to patient centered care. Lyndsey finds most fulfillment in complex discharge planning while being a part of an interdisciplinary team. In working alongside each discipline, Lyndsey has gained much knowledge and insight into the importance of collaborative, patient centered care.

IMPAQ Health News: Providing Resources for People Managing Chronic Pain and their Care Providers and Families

The opioid epidemic continues to be a major health crisis—and treatment options for those who experience chronic pain, particularly those with disabilities, are often neither simple nor straightforward. The [Knowledge Hub](#), developed by experts from the American Institutes for Research (AIR), provides evidence-informed resources to address specific issues and knowledge gaps. AIR's newest ["In the Field" post](#) highlights resources from the Knowledge Hub for individuals managing chronic pain, their care providers, and their families. (IMPAQ is an affiliate of AIR.)

2021 CAHPS Survey Communication Guidelines

As part of IHANY's CMS Shared Savings Program (SSP) and Merit Based Incentive Program (MIPS) reporting each year we must report the results of a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Last year we were given full credit and not required to administer due to the pandemic. This year, as in year's past, Press Ganey will be administering our survey. We ask that you review the CMS guidelines below to ensure compliance with the survey.

The Merit-based Incentive Payment System Survey (MIPS CAHPS), like all patient surveying, is meant to provide unbiased feedback from your patients about the care they experienced. To help ensure that all group practices are being rated fairly based on the care they provide, the Centers for Medicare & Medicaid Services (CMS) has created guidelines for communicating with Medicare beneficiaries both verbally and in written form about the survey. In addition, CMS has provided guidelines for administering other surveys in conjunction with the MIPS CAHPS survey.

The following communication guidelines are included in the MIPS CAHPS Quality Assurance Guidelines published by CMS.

Purpose of the MIPS CAHPS Survey

The MIPS CAHPS survey allows participating group practices the opportunity to assess the quality of care they are providing to their patients, helping ensure the patients get the right care at the right time.

Use of MIPS CAHPS Survey with Other Surveys

Groups, survey vendors, and their agents are encouraged to avoid asking any MIPS CAHPS survey items of beneficiaries with fee-for-service Medicare four weeks prior to, during, and four weeks after the MIPS CAHPS survey administration for the 2021 performance period (generally anytime from early September 2021 to mid-February 2022).

This restriction does not apply to other CMS surveys. For example, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys will still be administered if a group practice beneficiary has an eligible hospital discharge and is randomly selected to receive the survey.

Communicating with Beneficiaries about the MIPS CAHPS Survey

Survey vendors and group practices are allowed to notify beneficiaries that they may be asked to participate in the administration of the MIPS CAHPS survey. However certain types of communications promoting the survey (either oral, written or in the survey materials, such as cover letters and phone script) are not permitted, since they may introduce bias in the survey results.

Groups, survey vendors, and their agents are not allowed to:

- Attempt to influence or encourage beneficiaries to answer survey items in a particular way
- Imply that the group, its personnel or its agents will be rewarded or gain benefits for positive feedback from beneficiaries by asking beneficiaries to choose certain responses or indicate that the practice is hoping for a given response
- Offer incentives of any kind for participation in the survey
- Show or provide the MIPS CAHPS survey materials (pre-notification letter, cover letter, or survey) to beneficiaries prior to the administration of the survey
- Indicate that the group's or provider's goal is for all beneficiaries to rate them a "10", "Yes", or "Always"

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Education

CMS QPP Alternative Payment Model (APM) Incentive Payment Webinar

Starting with Performance Year 2022, which affects Payment Year 2024, IHANY will be a member of THIC Enhanced ACO model, which is exempt from MIPS adjustments but eligible for an APM Incentive Payment. Below is a webinar held by CMS explaining the bonus and the payment process.

QPP Alternative Payment Model (APM) Incentive Payment Webinar – CMS subject matter experts discussed details related to the APM Incentive Payment, including how the APM Incentive Payment is issued and how to confirm eligibility and receipt of the payment.

- September 30, 2021 Webinar Recording:
<https://www.youtube.com/watch?v=wAuwECfXfKg>
- [September 30, 2021 Webinar Slide Deck](#)

SPHP Medical Grand Rounds – Save the November Dates

St. Peter's Health Partners Medical Grand Rounds is held virtually at 8am on Wednesdays. CME credits are available for the live events and recordings will be posted 30 days after the event. **These sessions are open to all IHANY providers.**

Details available on the website: <https://www.sphp.com/colleagues/continuing-medical-education>

Upcoming Presentations

November 3, 2021

Thyroid Nodules and Thyroid Cancer: Current Diagnostic and Therapeutic Recommendations and Ongoing Controversy

Presented by Dr. Ujas Shah, MD, General, Laparoscopic, and Endocrine Surgeon with St. Peter's General Surgery

November 10, 2021

Will there be dialysis in the future?

Presented by Dr. Jorge Cerda, MD, FACP, FASN, Chief of Medicine at St. Peter's Hospital, Nephrologist with Capital District Renal Physicians

November 17, 2021

An Update on Comprehensive Musculoskeletal and Concussion Care

Presented by Dr. William Douglas, DO and Dr. Matthew Erby, MD, Physiatrists with Sunnyview Rehabilitation Hospital

November 24, 2021 – Thanksgiving Break

For questions, contact:

Kathy Kindness, Medical Librarian, kathy.kindness@sphp.com

Website: <https://www.sphp.com/colleagues/continuing-medical-education>

IPRO QIN-QIO Coalition Interactive Training: Pathways to Safer Opioid Use

CME and CPE credits available

This interactive training promotes the appropriate, safe, and effective use of opioids to manage chronic pain.

This training is based on the opioid-related recommendations in the [National Action Plan for Adverse Drug Event Prevention \(ADE Action Plan\)](#) by the U.S. Department of Health and Human Services (HHS) Office of Disease Prevention and Health Promotion (ODPHP).

This training is intended for:

- physicians
- nurses
- pharmacists
- health educators
- students

Trainees will learn how to:

- Apply health literacy strategies
- Identify risk factors and opioid medication interactions
- Use a multidisciplinary, team-based approach for treating patients with chronic pain

Click [here](#) to access the training.

Updates from Hixny

Contributing Data to Hixny Meets 2021 MIPS Promoting Interoperability (PI) Requirements

By providing proper documentation, facilities that contribute data to Hixny are automatically qualified to receive credit for the Health Information Exchange (HIE) Bi-Directional Exchange requirement of CMS' Quality Payment Program: Merit-Based Incentive Payment System (MIPS).

The documentation required to receive credit is a combination of information from your EHR system, Hixny's website and your EHR vendor and includes:

- Dated report or screenshot documenting successful receipt and transmission of patient data by a MIPS eligible clinician (at the NPI level) *and/or*
- Documentation from Hixny's website ([found here](#)) confirming data contribution and information about the breadth of organizations in our health information exchange network participants *and/or*
- Letter, email or other documentation from your CEHRT vendor confirming a connection between your EHR and Hixny, including the date of onboarding and a description of the connection type.

You can find the criteria for all 2021 MIPS Data Validation: Promoting Interoperability Performance categories [here](#).

If you have any questions, please reach out to your account manager, RuthAnn Craven at rcraven@hixny.org.

We are here to support you.

Your IHANY Practice Support Team

Ashley Zapp, Manager, Care Coordination

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

Eileen M. Jones, Director, Clinical Condition Documentation

Emily Smith, Risk Adjustment Coding Specialist

James Renner, Manager, Population Health Analytics

Julie R. Eisen, Risk Adjustment Coding Specialist

Laura Wise, Healthcare Data Analyst

Laura Graham, Quality Improvement Specialist

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

Lyndsey House, Post-Acute Coordinator

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

Learn more about IHANY

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