



Happy Holidays from your IHANY team

As we approach the end of a challenging year, the IHANY team would like to take this opportunity to wish everyone a very Happy, Healthy and Safe Holiday Season. We have come together this year to live our promise to provide care for all in mind, body and spirit. We do this by listening, partnering in achieving our health goals and making it easy.

The IHANY team continues to partner with our network to innovate our care delivery and making access easier for our patients and providers. The IHANY network strives to provide connected care for all we serve because connected care is better care. We are certain 2022 will bring challenges but we are well positioned to address them and continue to succeed together.

This Month's Priorities

- Annual Wellness Visits (AWV):** Our most recent performance indicates that as a CIN we are at 28% AWW (Claims paid through the end of September 2021). For 2021 we need to exceed 50%. To help move the dial and address patient education on AWW the IHANY team has developed a Medicare AWW Patient Education Document you can use. Click the image to the right. If you would like copies, posters or have any other questions please reach out to [Brian Pinga](#).
- GPRO:** Starting **January 3, 2022** we will begin the GPRO abstraction process. Thank you to all our Primary Care practices who have connected with the IHANY quality team to discuss the logistics of the abstraction. We will be reaching out to our speciality care partners as needed during Q1 2022 for data that would be required for quality gap closure.
- Promoting Interoperability:** Please make sure you have completed your Security Risk Analysis (SRA) for 2021. You have until **12/31/2021**. This is a mandatory annual requirement for those TIN required to report PI. If you have any questions please contact [Laura Graham](#).



What is an AWV?

The Annual Wellness Visit (AWV) is a yearly appointment with your care provider to update your health records and ensure you are up-to-date on receiving preventive healthcare services (coverings and vaccinations).

Who is Eligible?

All Medicare Part B members who have not had a Medicare AWV or "Welcome to Medicare" visit in the past 12 months.

What does the AWV cost?

Patients pay nothing out-of-pocket for this visit. However, during your visit if you require further tests or screenings other than those listed below, a co-payment or deductible expense may occur.

Is the AWV the same thing as a physical exam?

No. An AWV is a yearly visit with your provider to create a personalized preventive health plan, whereas physicals are for addressing chronic illnesses and performing routine lab work. However, your care provider may elect to perform additional services during an AWV which may have additional costs.

What should I do if I haven't had an AWV in the past 12 months?

Call your primary care provider and ask to schedule your AWV. Talk to your provider about what you can do to prepare for the visit and what they would like you to bring.

What is covered as part of the AWV?

- Update of your age, race, address, and contact information
- Update of your medical and family history
- Update of your list of current care providers

- Measurement of blood pressure, height and weight
- Screen for memory changes
- Review of movement ability and risk of falling

- Written preventive screening plan for the next 5 to 10 years
- Advanced Care (end-of-life) Planning
- Review of current medications



Mission Statement

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.



Source: National Health Network

Welcome to the HCC Coding Catch-Up

Sharing guidance on new and existing ICD-10-CM (HCC) 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-CM (HCC) codes.

The two coding topics for December include:

- HCC overview
- Status codes

All HCCs must be documented at least once per year. One of the most critical and basic requirements in coding a medical record is proper documentation of a diagnosis to capture the most accurate HCC code. To establish the presence of a diagnosis during an encounter, providers should validate each diagnosis via MEAT, which represents **monitor, evaluate, assess, treat**.

- **Monitor** signs and symptoms or disease progression with ongoing surveillance of condition
- **Evaluate** current state of condition through physical exam, test results, response to treatment
- **Assess** condition through discussion, review of records, counseling, or order further testing
- **Treat** condition with medication, therapeutic services, or referral to specialist

Status codes are common missed opportunities surrounding documentation and coding. They influence a patient's health but are not actual acute illnesses or injuries.

Click [here](#) to review the HCC Overview Quick Guide.

Click [here](#) to review the Status Code Quick Guide.

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 are available now 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.

Specialty Spotlight

IHANY Network Specialty Practices: Pulmonary & Critical 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 our Pulmonary & Critical Care practices provide services to the Greater Capital District along with Montgomery and Fulton counties.

Schenectady Pulmonary and Critical Care Associates (SPCCA)

SPCCA is a large pulmonary, sleep medicine, and critical care group comprised of board certified sleep physicians, interventional pulmonologists, and board critical care specialists. They service Saratoga, Schenectady, Montgomery, and Fulton counties. SPCCA covers St. Mary's hospital in Amsterdam, Sunnyview Rehabilitation Center in Schenectady, and Ellis Medicine in Schenectady. They have offices in Clifton Park, Schenectady, and Amsterdam. As well as have a fully accredited sleep lab in Amsterdam.

For location and contact information click [here](#).

SPHP Pulmonary and Critical Care

At Pulmonary & Critical Care Services, they believe that comprehensive medical care involves a partnership with the physician, the patient and the staff. SPHP remains committed to offering the most current treatment options and services available. They are also sensitive to a patient's needs and respect their dignity and cultural preferences.

Services include a full pulmonary function laboratory which enables them to offer a variety of diagnostic and therapeutic tools that were previously available only at a hospital. This provides the patient with a convenient choice of facilities and allows SPHP physicians faster access to information needed in the care of their patients.

SPHP Pulmonary and Critical Care also offer spirometry, chest X-ray, ECG, oximetry, Endobronchial ultrasound (EBUS), and a Sleep Center.

This practice is accepting new patients.

For location and contact information click [here](#).

For information about outpatient pulmonary rehabilitation services click [here](#).

Population Health News

SPHP Receives National Recognition for New Behavioral Health Treatment Model

St. Peter's Health Partners (SPHP) is receiving state and national recognition for its new integrated behavioral health model in primary care, designed to greatly increase the number of patients receiving treatment for mental health issues like depression and anxiety.

Learn more about the new treatment model, read this [SPHP News article](#), or watch the video [here](#).

Education

SPHP Medical Grand Rounds – Save the December Dates

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

Meetings are held 8:00 a.m. to 9:00 a.m. on Wednesdays

Wednesday, December 1, 2021

Taryn Guy, BS, MA
Regional Director of Diversity and Inclusion
Mitigating Unconscious Bias

Wednesday, December 8, 2021

Sarah Elizabeth Pesek, MD
De-Escalating the Surgical Treatment of Breast Cancer

Microsoft Teams Meeting Link: click [here](#)

For questions, contact:

Kathy Kindness, Medical Librarian, kathy.kindness@sphp.com
Website: <https://www.sphp.com/colleagues/continuing-medical-education>

CMS MLN Network: Diabetes Resources for You & Your Patients

Medicare covers these preventive services to detect and treat diabetes:

- [Diabetes screenings](#)
- [Diabetes self-management training](#)
- [Diabetes Prevention Program](#)
- [Nutrition therapy services](#)

New diabetes cases have increased among non-Hispanic Blacks and existing cases are highest among American Indian and Alaska Native people.

Use these resources and talk to your patients about their risk factors:

- [Medicare Diabetes Prevention & Diabetes Self-Management Training \(PDF\)](#) fact sheet
- [Medicare Diabetes Prevention Program Expanded Model \(PDF\)](#) booklet
- [National Diabetes Month](#) webpage
- [CMS Office of Minority Health: Health Observances](#) webpage

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

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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](#)
