

A quarterly newsletter for participating providers and clinic staff, with up-to-date information on network happenings and featuring timely articles and relevant educational content about value-based care, team members and current events.

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Public Health Emergency Ending: Medicaid Protection Information

Medicaid Protection was put in place to provide continued Medicaid coverage for individuals who may have otherwise been ineligible during the COVID-19 pandemic. Congress passed a bill in December 2022 that ends the continued coverage requirement on April 1, 2023. According to the Idaho Department of Health and Welfare, about 150,000 Idahoans stand to lose their Medicaid benefits.

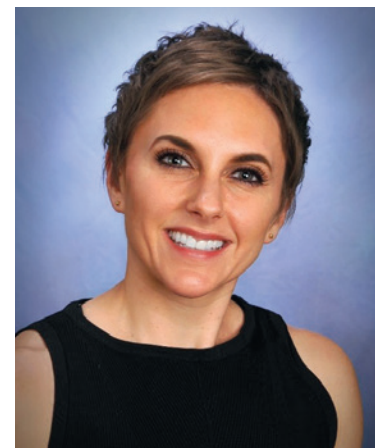
To ensure patients do not experience a gap in coverage, please encourage those who received an eligibility reevaluation notice from Health and Welfare to complete the process as soon as possible, and to keep their contact information current with the state to receive important notifications. Patients can complete the reevaluation process at idalink.idaho.gov or over the phone at 877-456-1233. More information is available at healthandwelfare.idaho.gov/medicaidprotection.

Leadership Spotlight: New Leader Named at Health Partners

Amy Gonzalez
Vice President of Network Operations, Health Partners

In October 2022, Amy Gonzalez stepped into the role of vice president of network operations after serving in the interim position since February. Amy started with St. Luke's Health Partners in 2016 in finance and has enjoyed expanding her scope of work to serve our Idaho communities through value-based care agreements.

Amy is originally from upstate New York. Before moving to Boise in 2010, she worked at PricewaterhouseCoopers in Boston, partnering with private equity firms to perform financial due diligence and advise on the merger and acquisitions of companies spanning various industries. Prior to joining Health Partners, Amy worked at Micron Technology, Inc. preparing public company SEC filings and solving technical accounting issues.



Medical Musings

The Importance of the Patient Experience

Jon Schott, MD
Chief Medical Officer, Health Partners

We all know that patient experience is critical to success in our value-based care journey. In 2023, 43% of all STARS measures will be related to experience. Our network's performance in STARS is critical to our financial success.

At the same time, medicine is an inexact art. Things like guidelines and checklists are helpful in decreasing clinical variation, but if care is not based on a therapeutic relationship, we may not succeed in delivering high-value care. Our patients are much more complex than a jet or other machine, and their care is further complicated by tight schedules and limited access. Developing a therapeutic relationship with each patient is just another competing priority.

Health Partners is a resource for your clinical group that wants to think through how to evolve the model of care. We recognize that time and resources are strained. We continue to be amazed at the care you deliver daily, and thank you for your dedication, compassion and excellence.



Insulin Costs Capped for Medicare Patients

As of Jan. 1, 2023, the cost of insulin for patients on a Medicare Advantage or Medicare plan is capped at \$35 per 30-day supply. The cost of vials and pens is now the same copay; some plans may offer additional savings. The net result will be potential savings of thousands of dollars annually for patients on insulin. This benefit has not been widely advertised to date, which is why we want to make sure you are aware. Some other considerations based on this information include:

- Switching from vials to pens, which may be easier to use.
- Switching to a lower tier insulin when clinically appropriate, as some plans will have \$0 copays.
- When clinically appropriate, switching from a high-cost class of medication (like GLP-1 or SGLT2 inhibitors) to insulin.

Team Member Spotlights

Care Coordination and Care Management

The Health Partners care management team is working towards NCQA accreditation and is in the process of developing additional care programs to better serve the needs of our populations. In doing so, the team is now under new leadership, and we have added some additional key members, featured below.

If you are interested in referring one of your Health Partners patients for care management services or support, you may send in EPIC using “AMB REFERRAL TO SLHP CARE MANAGEMENT” if you work within St. Luke’s Health System. Independent providers employed outside of the health system may email caremanagement@slhs.org or call our secure line at 208-493-0332.



Heidi Rutz

Director of Care Management,
Health Partners

Heidi Rutz stepped in as the interim director of the Health Partners care management team in October 2022 during a pivotal time of change and transformation, both for the team and the work. She has since accepted the permanent

role of director. She is passionate about all things care management and has experience leading teams in a variety of areas including acute care, ambulatory care, public health and clinically integrated networks. She enjoys working to find innovative solutions to improve patient access to care, health outcomes and patient experiences.



Mike Amo

Senior Director of Care Management,
St. Luke’s

Mike Amo joined St. Luke’s in November 2022 with more than 20 years of health care experience, including critical care nursing, nursing leadership, accreditation and value-based care strategy. Mike has led diverse teams

throughout his career, most recently serving as the director for the clinical team at Saint Alphonsus Health Alliance, overseeing value-based programs, high-risk care management and vendor implementations. As the senior director of care management over the entire health system, he will have direct linkage to Heidi and her team with oversight of care management work within Health Partners as well, to ensure alignment and streamlined processes whenever possible.

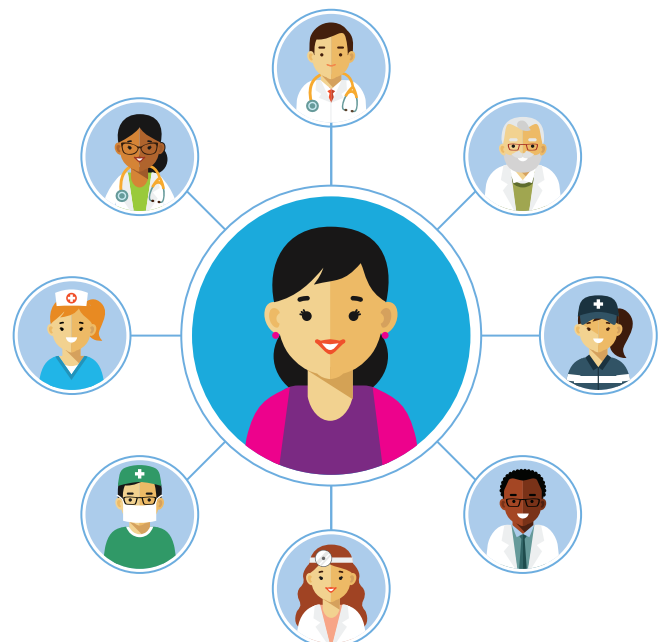


Ashley Knight

Director of Clinical Transformation
and Accreditation, Health Partners

Ashley started in her role as director of clinical transformation and accreditation with Health Partners on Jan. 9. She has a background in nursing, including care and utilization management in both payer and

inpatient hospital settings. She most recently came from Cambia Health Solutions, where she oversaw a chronic disease management program and supported organizational work towards population health management strategy development and program evaluation.



Coding Connection: Heart Health



Documentation and Coding Tips

Acute Myocardial Infarction

Acute myocardial infarction (AMI), also known as a heart attack, is usually an emergent condition treated as an inpatient encounter, with follow-up and ongoing care provided in the physician office. Office chart audits often indicate the myocardial infarction is older than the four-week time frame or there is no documented date when the myocardial infarction occurred, which may lead to incorrect code assignment. Coding acute myocardial infarction is quite complex, please see specific chapter guidelines for appropriate sequencing and proper code selection.

Acute myocardial infarction:

- Specified as acute or with a stated duration of 4 weeks (28 days) or less from onset.

Subsequent acute myocardial infarction:

- Patient has a new acute myocardial infarction occurring within 4 weeks (28 days) of a previous acute myocardial infarction.

Old myocardial Infarction:

- After the passage of 4 weeks (28 days) or a healed myocardial infarction, documentation should reflect there is a past myocardial infarction diagnosed by ECG or other investigation but currently presenting no symptoms.

Clearly document the following elements for the accurate and specific assignment of the correct ICD.10 code(s) for acute myocardial infarction:

- **Date of onset:** Always include the date and if more than one infarction occurs within a 4-week period, include both dates.
- **Type/subtype:** ST elevation myocardial infarction (STEMI) or non-ST elevation myocardial infarction (NSTEMI), Type 1-5.
- **Episode of care:** Initial or subsequent.
- **Artery/vessel location/site:** Left main, left anterior descending, right coronary artery, left circumflex, or anterior/posterior wall.
- **Underlying cause, if known:** Atherosclerosis of the coronary arteries, blood clots, sudden severe stress.
- **Workup/treatment plan:** List any medications used specifically for AMI, oxygen therapy, referrals, surgical intervention.

Documentation and Coding Examples

Acute myocardial infarction: Patient suffered a ST elevation acute myocardial infarction involving the right coronary artery 2 weeks ago and presents to the clinic for post-hospital follow-up. The patient reported no chest pain since discharge and was given refill prescriptions for beta-blocker and anti-platelet agent today.

Assign code: I21.11 ST elevation (STEMI) myocardial infarction involving right coronary artery.

Rationale: Office visit is within the 4-week (28 days) or less time frame. Provider clearly documents timelines and site.

Old myocardial infarction: Patient presents for a routine check-up following acute myocardial infarction of the left main coronary artery 3 months ago. Patient is asymptomatic and requires no continued care.

Assign code: I25.2 Old myocardial infarction.

Rationale: The acute myocardial infarction occurred more than 4-weeks and no longer receiving current care.

Documentation and Coding Tips

Atherosclerosis of Aorta

St. Luke's Health Partners is committed to helping providers accurately document and code their patient's health records.

Atherosclerosis of the aorta is a common chronic condition in the elderly and is often noted incidentally on a chest x-ray, abdominal imaging, imaging of major vessels, spinal imaging and angiography.

When documenting and coding atherosclerosis of the aorta, it's important to follow these critical tips for compliant code selection.

Documentation tips:

- Define in your note whether you are addressing the valve or the vessel.
 - Many EMR systems default to “aortic” atherosclerosis.
 - “Aorta” refers to the vessel.
 - “Aortic” refers to the valve.
- Where possible and known, document the section of the aorta for further clarity (i.e., atherosclerosis of the abdominal aorta).
- Indicate any clinical significance of the condition and impact on other conditions.
- Note your treatment plan with any current medications, follow-up or lifestyle changes.

Documentation and Coding Examples

Non-specific documentation example—HPI: Patient seen today for AWV. Discussed his aortic atherosclerosis.

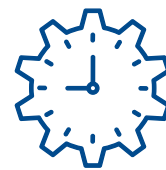
Assessment and plan: Aortic atherosclerosis-stable, follow up in one year.

Rationale: Coding cannot take place where there is conflicting information such as “aortic” in the short description and no further clarification if the vessel or the valve was addressed.

Specific documentation example—assessment and plan:

Patient with atherosclerosis of aorta noted on CT abdomen dated 3-15-2015. Stable-continue Simvastatin.

Rationale: Documentation addresses the location of aorta. Correct code selection is I70.0 atherosclerosis of aorta.



Screening for Hypertension

Hypertension affects nearly 45% of the adult population in the United States. It is a risk factor that contributes to heart failure, myocardial infarction, stroke and renal insufficiency. Hypertension is most commonly diagnosed during an outpatient visit, and treatment substantially decreases the incidence of cardiovascular events.

The U.S. Preventive Services Task Force advises screening for high blood pressure in adults 18 years of age and older. Hypertension is defined as a systolic blood pressure of 140 mm Hg or higher or a diastolic blood pressure of 90 mm Hg or higher. It is recommended that hypertension be diagnosed after 2 or more elevated readings are obtained on at least 2 different visits over multiple weeks.

HEDIS Specifications

Description	The percentage of members 18-85 years of age who had a diagnosis of hypertension and those whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year.
Recommendation	Grade A – high certainty of substantial benefit.
Numerator	The most recent BP reading taken during the measurement year. Must occur on or after the date of the second diagnosis of hypertension. The patient is not compliant if BP is > 140/90.
Denominator	Eligible population
CPT II Code	3074 F – Most recent systolic blood pressure less than 130 mm Hg. 3075F – Most recent systolic blood pressure 130-139 mm Hg. 3077F – Most recent systolic blood pressure greater than or equal to 140 mm Hg. 3078F – Most recent diastolic blood pressure less than 80 mm Hg. 3079F – Most recent diastolic blood pressure 80-89 mm Hg. 3080F – Most recent diastolic blood pressure greater than or equal to 90 mm Hg.

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Reference:

USPSTF, (2021). Hypertension in adults: Screening. U.S. Preventive Services Task Force. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening>

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Provider Network Updates



LPCs and LMSWs Can Join the Health Partners Network

To increase access to behavioral health care, we've opened network participation to include licensed professional counselors and licensed master's-level social workers. To join, please reach out to slhealthpartners@slhs.org.

New Website Updates

We've made some updates to the Credentialing and Contracting page on the Health Partners website, including easy access to many of our forms.

The list of forms now available includes:

- Contract Request Form – Groups
- Contract Request Form – Facilities
- Provider Initial Credentialing Application
- Prescription Plan

Facility Criteria for Participation Guidelines

- Provider Update Form
- Year-to-date list of recently recredentialed providers, updated monthly.
- Health Partners Contracted Payer Product List for 2023

Check out the website updates at stlukeshealthpartners.org/credentialing-and-contracting.

Health Partners continues to evaluate ways to improve our website and the resources available on it. If you have suggestions, please reach out to slhealthpartners@slhs.org and let us know. We appreciate your feedback!

Coming soon!

We have an exciting opportunity in 2023 for behavioral health providers. We will be offering a new Health Partners behavioral health agreement later this year. More information to come!

