

VIPN NEWSLETTER



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Blue Shield Contract Renewal Updates

Dignity Health and Blue Shield of California (BSC) completed their contract renewal negotiation in July.

Qualifying BSC-contracted providers (MD/DO only) who are participating in VIPN received a rate increase of 3% per year applied to their current contracted BSC rate. Rate increases are applied prospectively.

Because independent providers (not employed by Dignity Health) are directly contracted with the payer, we are not allowed to facilitate this process.

Amendments have already been sent via DocuSign directly from Blue Shield. If you have not already amended your BSC agreement to reflect this change or if you have any questions, please contact Diana Amaya at Diana.Amaya@BlueShieldCA.com.



Blue Shield ACO PPO: Use of Supplemental Data for Care Gap Closure

We have a value-based contract with Blue Shield. Blue Shield allows us to submit data to help meet quality measure requirements. Please find information below on how data is collected and which method is most beneficial in closing gaps in care for our patients.

Two Data-Collection Methods

There are two data-collection methods used for Blue Shield quality metric submission:

- Administrative data refers to claims data submitted by billing after a visit, procedure, etc.
- Supplemental data refers to additional clinical information not captured in claims.

The two types of supplemental data are:

- Standard supplemental data: data captured from electronic resources, such as EHR information on claims and encounters (employed DHMF – Cerner users only)
- Non-standard supplemental data is data captured from non-standard sources, such as medical chart abstraction, and manually converted into electronic files like Excel spreadsheets (mostly used by independent providers / non-DHMF providers)

Non-Standard Supplemental Data Submission

Non-standard supplemental data submission is a CIN intervention to help practices capture Blue Shield quality measures that have been completed. This method provides a path to submit required data to Blue Shield and officially close care gaps and improve compliance rates.

It is critical that CIN Quality Nurses have access to their providers' electronic medical records to review patient health care data and obtain quality measure compliance documents. Medical chart reviews also assist in evaluating proper documentation.

Submission of non-standard supplemental data must be supported with evidence-of-service documentation. Medical records must contain the following:

- Patient information (name, gender, date of birth)
- Provider information
- Date of service
- Documentation of requirements to complete the care measurement

Some of the more common submissions are for cancer screenings, hypertension and diabetes measures that often require clinical readings or results to validate that gaps were closed. Using the non-standard supplemental data submission has had a substantial impact on improving some quality measure performance. The Blue Shield MY2021 Report showed a significant improvement in controlling high blood pressure (CBP) and comprehensive diabetes care (CDC <140/90).

Quality Metric	CVQCN	NSQCN	SCQCN	VIPN	SCICN
CBP- Controlling High Blood Pressure	75th	95th	95th	75th	50th
CDC-BP <140/90	75th	75th	95th	50th	50th

The best practices learned for non-standard supplemental data submission include:

- Ensure services are completed within the measure's proper time frame
- Ensure all dates are properly documented
- Ensure health care services are properly documented in the patient's medical records

Hierarchical Condition Categories (HCC) Best Practices

Hierarchical Condition Categories (HCC) are not new, but they are being utilized by Medicare Advantage (MA) plans, some Affordable Care Act (ACA) plans and some Accountable Care Organizations (ACO) plans as value-based care becomes more prevalent.

HCC programs identify patients with severe acute conditions and chronic diseases that translate into a Risk Adjustment Factor (RAF) score in addition to the demographic information. The RAF score reflects whether the patient population is healthier or sicker than average, which in turn, affects payments. A RAF score that accurately represents the complex nature of your population is key.

One way to ensure an accurate RAF score is to encourage patients to come in for their Annual Wellness Visit (AWV). While the demographic piece of the RAF score is determined by the patient's age and gender, clinicians can have an impact on the diagnosis piece by seeing patients annually. Only diagnoses assessed or addressed during a program year will count toward the RAF score, and AWVs strengthen the likelihood of closing all HCC care gaps.

2022 Merit-based Incentive Payment System (MIPS) Reporting

If you have not already captured the required Merit-based Incentive Payment System (MIPS) data for performance year 2022, please note that the final continuous 90-day performance period will begin on **October 3, 2022**. The Improvement Activities and Promoting Interoperability categories require you to report data specific to at least one continuous 90-day period (unless otherwise stated).

Complete and accurate submission of data is critical. MIPS-eligible clinicians will receive a positive, negative or neutral payment adjustment based on 2022 performance. Adjustments will be applied to payment for covered professional services beginning January 1, 2024.

MIPS performance categories include:

- Quality
- Improvement Activities
- Promoting Interoperability
- Cost

Plan to report your data for the 2022 performance year during the MIPS submission period, January – March 2023.

Note: Practices actively participating in the Dignity Health Care Network (DHCN) ACO will report only Promoting Interoperability data. The ACO will collect and submit Quality metrics on behalf of participating practices. The Cost category is calculated by CMS, and specific Improvement Activities are waived for Medicare Shared Savings ACOs.

MIPS Reporting Exceptions

Two exception applications are currently available through the Quality Payment Program (QPP) for performance year 2022:

- **Extreme and Uncontrollable Circumstances (EUC) Exception:** Request reweighting of any or all performance categories if extreme and uncontrollable circumstances interfere with your ability to report data (e.g., COVID-19 public health emergency).
- **MIPS Promoting Interoperability Performance Category Hardship Exception:** Hardship exceptions are available for the following specified reasons:
 - You have decertified EHR technology*
 - You have insufficient internet connectivity
 - You face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress or vendor issues
 - You lack control over the availability of certified electronic health record technology (CEHRT)

*Simply lacking the required CEHRT doesn't qualify for reweighting.



Note: Practices participating in the Dignity Health Care Network (DHCN) ACO are eligible to apply for a MIPS Promoting Interoperability Performance Category Hardship Exception only.

Find exception applications and additional information through the [QPP website](#). Applications can be submitted through **December 31, 2022**.

Next Steps

DHCN ACO Participants:	Non-DHCN ACO Participants:
<ol style="list-style-type: none">1. If you have not already captured the required Promoting Interoperability category data, plan to begin no later than October 3, 2022.2. If you qualify for a Promoting Interoperability Hardship Exception, submit an application to CMS no later than December 31, 2022.3. Send screenshots of your application submission and CMS acceptance notification to: VIPN Physician Practice Liaison, Desiree Pyle, at Desiree.Pyle@DignityHealth.org.4. Prepare to submit MIPS interoperability data to CMS, January 2 – March 31, 2023. Screenshots of your submission summary will be sent to: VIPN Quality Management Nurse, Patricia Ocampo, at Patricia.Ocampo@DignityHealth.org.	<ol style="list-style-type: none">1. If you have not already captured the required MIPS Improvement Activities and Promoting Interoperability data, plan to begin no later than October 3, 2022.2. If you qualify for an exception (EUC or Promoting Interoperability) submit an application to CMS no later than December 31, 2022.3. Prepare to submit MIPS data to CMS, January 3 – March 31, 2023.

MIPS Resources:

2022 MIPS Overview Quick Start Guide: <https://qpp.cms.gov/resources/resource-library> (search for “quick start”). The Resource Library also includes “quick start” guides specific to each MIPS category.

QPP Participation Status Lookup Tool: <https://qpp.cms.gov/participation-lookup>



2022 COVID-19 and Flu Guidelines Now Available

Ahead of the fall season, we are pleased to provide ambulatory resources for the prevention, diagnosis, and management of COVID-19 and influenza.

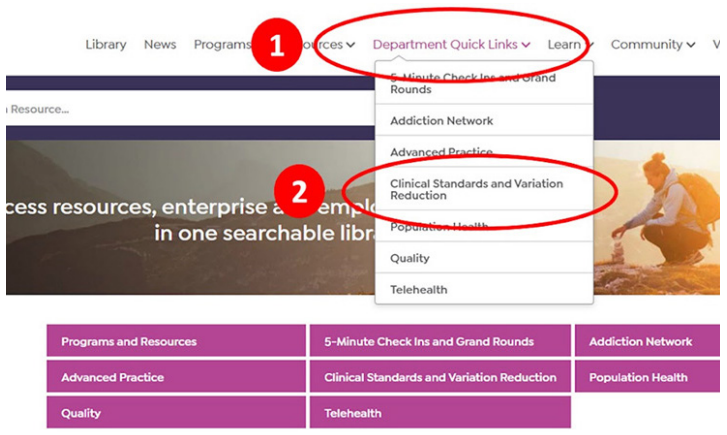
The Clinical Standards and Variation Reduction team has worked with our infectious disease experts and pharmacy experts to produce the [2022 COVID-19/Flu Guidelines](#). These guidelines reference new and previously shared information regarding the upcoming influenza season and ongoing recommendations for COVID-19.

The [2022 COVID-19/Flu Guidelines](#) address:

- NEW: Vaccine Recommendations for Influenza, COVID-19, Pneumococcal
- NEW: 2022 COVID-19/Influenza Testing for SYMPTOMATIC Ambulatory Patients (Pediatric and Adult)
- COVID-19 Symptom Triage & Diagnosis
- COVID-19 Treatment Guideline
- Therapeutic Management of Non-Hospitalized Adults with COVID-19
- Information on Paxlovid
- COVID-19 — Clinic Precautions

In addition, these resources will also be included in the following places for easy reference:

- The next edition of the PE Leader Bulletin
- [PE Resource Library](#) under the [Clinical Standards and Variation Reduction section](#). You can also find the Clinical Standards and Variation Reduction page by selecting the “Department Quick Links” drop down from the top of the Resource Library home page, shown here:



We also cover the guidelines and application here:

- Recent PE Clinical Update/Grand Rounds: Respiratory Viruses and Updated Testing Recommendations (8/16/2022)
[YouTube](#) | [Google Drive](#) | [Podcast](#)
- 5-Minute Check In with Dr. McGinn: Polio, Influenza/ COVID-19 Fall Predictions & Updated Testing Algorithm, Omicron Booster (8/17/2022)
[YouTube](#) | [Google Drive](#) | [Podcast](#)

We appreciate your continued efforts to provide vaccinations at your practices, thus ensuring patients receive them at the appropriate times and ahead of the viral illness season.



Provider Spotlight: Dr. Lyndon and Belinda Senar, MD



Dr. Lyndon and Belinda Senar, MD are pediatricians at Brimhall Pediatrics, 9840 Brimhall Rd #100, Bakersfield CA 93312. They graduated from the University of Santo Tomas Medical School in 1990 in the Philippines. They both have more than 20 years of experience.

In addition to having advanced medical training in pediatrics, they continually pursue ongoing education to stay abreast of the latest in child health care.

“At Brimhall Pediatrics, we consider it both a great joy and responsibility to care for children. Most of us are parents ourselves, so we strive to be understanding and available to the families we are privileged to serve.”

How Care Coordination Reduces Unnecessary ER Admissions

A middle-aged female patient with hypertension, uncontrolled diabetes, chronic kidney disease and a developmental disability was referred to Care Coordination following excessive use of the emergency room for preventable reasons.

Prior to being admitted to Care Coordination, she had 11 emergency room visits within two months in the summer of 2021. The Care Coordination team:

- Developed a trusting relationship with the patient
- Assisted with finding her a primary care provider
- Arranged transportation to facilitate attending appointments
- Connected her with community services to meet her social and financial needs

The team was able to work with both the patient and her support system to develop a plan to manage her chronic conditions, assist with her psychosocial needs and ultimately mitigate avoidable emergency room visits. They continue to follow the patient for education, guidance and support.

The emergency room visits were decreased, and as of this writing, there have been no emergency room visits since January 2022.

For more information on [Care Coordination](#) or to refer a patient, contact call 661-716-7100 extension 6274 or email CCReferrals@DignityHealth.org.

Advance Care Planning and End-of-Life Care for Patients

End of life. It's something patients don't like to talk about, but it's important that their loved ones know their wishes and that those wishes be documented with an advance directive.

As a provider, you are uniquely positioned to guide your patients through the process of preparing an advance directive. Your expertise and relationship with the patient enable you to tailor the discussion to each patient and provide the necessary information needed for them to make an informed decision.

Encourage your patient to identify and include their health care agent in the conversation. Through collaboration among the health care agent, physician and patient, many of the questions and concerns may be addressed.

The VIPN website offers [advance directive documents and other information](#) you can share with your patients.