Introducing the Trinity Health Mid-Atlantic Clinically Integrated Network

Welcome to the inaugural edition of Trinity Mid-Atlantic Network News. For those of you who are unfamiliar, Trinity Health Mid-Atlantic (THMA) was formed in October of 2018 by the joining together of St. Mary Medical Center, Nazareth Hospital, Mercy Catholic Medical Center, and Saint Francis Healthcare in Wilmington, Delaware, along with their associated home health and LIFE programs, physician practices, aligned joint ventures, sub-corporations, programs and services. In the spring of 2020, Quality Health Alliance (QHA), Mercy Accountable Care (MAC) and Delaware Care Collaboration (DCC) regionalized to align with Trinity Health Mid-Atlantic.

Our Clinically Integrated Networks or CINs have developed a strong network of both employed and affiliated physicians across eight counties, and our geographic footprint encompasses Bucks County, Pennsylvania (an hour north of Philadelphia) to the shore points of Southern Delaware. Our CINs have value-based agreements with virtually every major payer in the Greater Philadelphia area. Collectively, our region now has over 300 primary care physicians, approximately 1,200 specialty physicians participating in our network and close to 100,000 attributed lives.

Dan Bair, FACHE
Regional Executive Director
Clinically Integrated Network
Trinity Health Mid-Atlantic

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Introducing the Trinity Health Mid-Atlantic Clinically Integrated Networks (con’t.)

Regionalization has allowed us to align our infrastructure to facilitate best practices sharing and to create standard processes—the goal of which is reducing patient outcome variation and maximizing our performance across all our value-based agreements. As a result of our strong collaboration with our network physicians, we have collectively earned almost $50M in shared savings across our THMA Medicare Shared Savings Programs (MSSP).

We are also proud to report that our new infrastructure allowed us to quickly pivot our operations to support the COVID-19 pandemic response. Our care coordination teams helped support our participating physicians, and we were able to quickly share vital information to help practices continue to operate effectively under new remote care models.

On behalf of the THMA Regional Leadership Team, I thank you for your continued participation in and support of our Clinically Integrated Networks. Together we are creating healthier communities and reducing unnecessary healthcare spending across Southeastern Pennsylvania and Delaware.

### CDC 2020 Flu Guidance During COVID-19

CDC.gov has a plethora of information to help during COVID-19. This includes pre-clinic activities to perform, how to communicate the importance of vaccine with your patients and supplies and materials. Check out the links below for these helpful resources:

- [Vaccine Resources](#)
- [Flu Resource Center](#)
- [Vaccination Clinic Supply Checklist](#)

### The Time to Prepare for Flu is Now

If the flu vaccine has not been ordered, order it. Obtain your date of delivery and schedule a kick-off to make the event special. And, be sure to inform all your associates so they are aware. If you need help, contact your care coordinator.

<table>
<thead>
<tr>
<th>Quality Health Alliance (QHA)</th>
<th>Affiliated with St. Mary Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy Accountable Care (MAC)</td>
<td>Affiliated with Mercy Catholic Medical Center and Nazareth Hospital</td>
</tr>
<tr>
<td>Delaware Care Collaboration (DCC)</td>
<td>Affiliated with Saint Francis Healthcare</td>
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</table>
Value-based Program Updates

The three Clinically Integrated Networks of the Trinity Health Mid-Atlantic hold a comprehensive and diverse portfolio of value-based agreements with payers across Southeastern Pennsylvania and Delaware, ranging from upside only shared savings arrangements, to upside/downside shared risk arrangements, all the way up to and including full risk arrangements. Our agreements include every segment of the payer market, including commercial products, Medicare, Medicare Advantage, and Medicaid. All three of our Trinity Health Mid-Atlantic CINs are participating in the Medicare Shared Savings Program, the two PA CINs in the Track 3 and now Enhanced Track, which include shared risk, and our Delaware CIN participates in a Basic Track MSSP with glide path to shared risk beginning in 2022. In addition, Mercy Accountable Care holds a shared risk arrangement with Independence Blue Cross for a commercial/Medicare Advantage population and a full-risk arrangement with Cigna for a Medicare Advantage population. Other upside-only value-based arrangements include Aetna Medicare, Humana, Keystone First, United Healthcare, and Aetna Better Health. We even participate with a new payer to the Philadelphia area on the individual health care exchange market, Oscar Health. This key strategy of holding agreements with multiple payers across multiple market segments allows us to hone our quality improvement and total cost of care management expertise with diverse populations and maximize our ability to earn shared savings.

THMA ATTRIBUTION PROFILE

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Medicare</td>
<td>20,252</td>
</tr>
<tr>
<td>Non Risk Commercial</td>
<td>19,085</td>
</tr>
<tr>
<td>Non Risk Medicare Advantage</td>
<td>11,217</td>
</tr>
<tr>
<td>Non Risk Medicare</td>
<td>7,877</td>
</tr>
<tr>
<td>Non Risk Trinity Health Colleagues</td>
<td>3,910</td>
</tr>
<tr>
<td>Risk Medicare Advantage</td>
<td>1,237</td>
</tr>
</tbody>
</table>

*represents QHA, MAC, and DCC as of June 2020
Annual Wellness Visits

THE IMPORTANCE OF ANNUAL WELLNESS VISITS

It is well documented that establishing Annual Wellness Visits (AWV) with your patients improves their overall health and patient experience. During the AWV providers have the opportunity to spend extra time with patients, screen for serious illness, monitor chronic disease and perform preventative services. In addition to providing quality care, practices can also benefit from implementing AWVs. These improvements can be seen in increased revenue capture, patient attributions and Hierarchical Condition Coding (HCC). AWV are also proven to decrease ER utilization and the total cost of care.

ANNUAL WELLNESS VISIT EXAMPLES:

According to a study performed by Summit Healthcare in East Tennessee, one Affordable Care Organization (ACO) completed Annual Wellness Visits in 60% of the attributed Medicare ACO population:

AND SAW THESE CORRELATIONS

- 28% below market rate in ER visits
- 13% below market rate in hospital admittance
- 38% below the national average in hospital readmissions
- 4.7 – 4.8 increase in patient satisfaction score

IN ADDITION,

- 457,360 Medicare Patients
  - 24% at $140 per visit
  - $15 million
- 457,360 Medicare Patients
  - 50% at $140 per visit
  - $32 million
- $2 million increase in revenue

According to a study performed by Summit Healthcare in East Tennessee

HOW TO PRIORITIZE AWVs

- Prioritizing AWVs for your practice starts by compiling a patient list and the sequence for scheduling.
- First, you should schedule ACO and Medicare Advantage patients. If your ACO and Medicare Advantage patients have not received an AWV, schedule them immediately.
- After that, schedule any patient that has had an AWV to be seen within 12 months of their last AWV (ex: birthday month).

Please click here for additional information and other services which may currently be performed via telehealth.

TRENDS IN AWV
(COVID-19 IMPACT ON PERCENTAGES):

- QHA: January 2020: 42% vs. June 2020: 38%
- MAC: January 2020: 29.9% vs. June 2020: 37.1%
- DCC: January 2020: 33.69% vs. June 2020: 28.84%

MEDICARE WELLNESS CODES QUICK FACTS

- GO402 IPPE Welcome to Medicare Visit
  - Can only be done once per lifetime and within 12 months of becoming Medicare eligible
  - EKG is covered when warranted
  - HCPCS code G0403
  - Medically necessary E/M (99201 – 99215)
  - Append modifier -25 to E/M

- GO438 Annual Wellness Visit (AWV)
  - Eligible after the Welcome to Medicare Visit
  - Establishes a patient’s personalized prevention plan
  - Can only occur once in a lifetime
  - no physical exam

- GO439 Subsequent Annual Wellness Visit
  - Occurs annually after initial AWV performed, no physical exam

- Advanced Care Planning (ACP)
  - Performed during AWV it does not affect the patient’s deductible or co-pay, applicable
  - Reported with modifier 33
Advance Care Planning (ACP)

Declining health and end-of-life decisions are topics that many would probably rather not think about. Although it is difficult, Advanced Care Planning (ACP) is the best way to ensure an individual’s wishes are being met. According to the Center for Disease Control (CDC), whether someone is facing an acute, long-term, chronic or terminal illness, ACP can help alleviate unnecessary suffering, improve quality of life, and provide a better understanding of the decision-making challenges facing the individual and his or her caregivers.

BILLING CODES

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Bill Code Descriptions</th>
<th>Time Requirement</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>99497</td>
<td>ACP including the explanation and discussion of Advance Directives (AD) such as standard forms, by the physician or other qualified health care professional; a minimum of 16 minutes up to 30 minutes, with patient, family member, and/or surrogate.</td>
<td>Minimum of 16 minutes</td>
<td>Physician, Advance Practice Providers (APP), and clinical team members of the physician/APP</td>
</tr>
<tr>
<td>99498</td>
<td>ACP – additional 30 minutes</td>
<td>Minimum of 46 minutes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT II – Quality Reporting</th>
<th>Description</th>
<th>Time Requirement</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1123F</td>
<td>Advance Care Planning discussed &amp; documented. Surrogate decision maker present and documented in medical record.</td>
<td>None</td>
<td>Physician, Advance Practice Providers (APP), and clinical team members of the physician/APP</td>
</tr>
<tr>
<td>1124F</td>
<td>Advance Care Planning when the individual was unable or did not wish to name a surrogate decision maker.</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>1157F</td>
<td>Individual gave a completed advance directive to the provider and placed in chart.</td>
<td>None</td>
<td>n/a</td>
</tr>
</tbody>
</table>

• Billing the ACP codes is not permitted on the same date of service as any critical care services.
• Voluntary ACP is a preventable service when billed on the same claim with the AWV (G0438 or G0439) on the same day by the same provider. When coding with an AWV, use modifier 33 (preventive services). When billed with the AWV, the deductible and co-insurance do not apply.
• Minimal documentation: Account of the encounter, noting the voluntary nature, who was present, time spent, forms discussed, and the completed form (if performed).
• The completion of the Advance Directive form is NOT a requirement for billing the service. The service is the explanation and discussion of the form.
• ACP forms can include documents such as a Health Care Proxy, Living Will, DNR/DNAR/AND or a Durable Power of Attorney for Health Care.
• Currently, ACP may be performed during a telehealth visit. In response to the COVID-19 Public Health Emergency (PHE), CMS is proposing to permanently add ACP services to the Medicare telehealth list of services. To read more, click here.

References:
Meet Our Care Coordination Leadership Team

**Rhonda Meredith** has more than 30 years of nursing experience with an extensive background in home health care and hospice. In addition to her skills in clinical leadership, discharge planning, post-acute and community relations, and program development she played a key role in the development and implementation of one of the first successful care transitions pilot programs in New Jersey. Rhonda began working with Saint Francis Healthcare in 2014.

**Allison Patzek** has a decade of experience as a critical care, cardiac and trauma nurse. She has also dedicated much of her career to population health and care management. Under her direction, Quality Health Alliance has shown success in consecutive years by achieving shared savings with positive outcomes in quality scores and care coordination rates and is ranked 6th in the country for shared savings. A board member of the American Case Management Association, she serves on multiple inter-disciplinary collaborations.

**Tanya Vogel** began her career as an electrical engineer, before acquiring a BSN, MSN and Lean Six Sigma certification. As a nurse with 15 years of experience, she was a former director of cardiovascular service lines, primary care, and occupational health. Her vast experience and leadership skills makes her the perfect fit to lead our Acute and Ambulatory Integrated Care Coordination team at Mercy Catholic Medical Center.

**Physician Spotlight**

Our very own **Brian McDonough, MD** hosts a podcast called: Coronavirus Today available on Spotify, Apple and all major platforms. According to Dr. McDonough, “this podcast has a very simple purpose: to explain in easy to understand terms information surrounding coronavirus as the news breaks.”

**Listen and follow to hear more.**

Dr. McDonough is on the faculty of the Saint Francis Family Medicine Residency Program and sees patients at Saint Francis Family Medicine in Wilmington, Delaware.
Breast Cancer Awareness
As a reminder, October is Breast Cancer Awareness Month. It is an annual campaign to increase awareness of the disease. Many of you have a friend or relative diagnosed with breast cancer, and it can be very frightening. It is the second most common cancer among women in the United States. Breast cancer screening can help find breast cancer early, when it is easier to treat. Early detection is key! Click here to take you to the CDC website where you will be able to order a variety of posters and handouts—most of them at no cost.

Mammography Facility Guide

**SAINT FRANCIS HEALTHCARE**
Central Scheduling: 302.421.4141

Saint Francis North Wilmington
*Woman’s Center*
202 Foulk Road, Suite A
Wilmington, DE 19810
Hours: Tuesday, Wednesday, Friday
8:00 a.m. – 2:00 p.m.
Same day appointments available

Saint Francis
*The Woman’s Center Greenhill*
532 Greenhill Avenue
Wilmington, DE 19805
Hours: Monday – Friday, 8:00 a.m. – 4:00 p.m.
Same day appointments available

Saint Francis Hospital Woman’s Center
701 North Clayton Street
Wilmington, DE 19805
Hours: Monday – Friday, 7:30 a.m. – 4:30 p.m.
Same day appointments available on limited basis, according to schedule

**ST. MARY MEDICAL CENTER**

*St. Mary Richboro Imaging*
1059 Second Street Pike
Richboro, PA 18954
Contact Number: 215.710.7460
Hours of Operation:
Monday – Friday, 8:00 a.m. – 4:30 p.m.

*St. Mary Medical Center*
1201 Langhorne-Newtown Road
Langhorne, PA 19047
Contact Number: 215.710.5393
Hours of Operation:
Monday – Friday, 7:00 a.m. – 7:30 p.m.

**MERCY CATHOLIC MEDICAL CENTER**

**MERCY FITZGERALD CAMPUS**
Scheduling: 610.237.2525
Mercy Fitzgerald Wellness Center
1503 Lansdowne Avenue, Darby, PA 19023
Hours of Operation:
Monday – Friday, 8:00 a.m. – 4:30 p.m.

**NAZARETH HOSPITAL**
Scheduling: 215.335.6400  Radiology: 215.335.6120
2601 Holme Avenue, Philadelphia, PA 19152
Hours of Operation:
Monday – Friday, 8:00 a.m. – 4:00 p.m.

Many of our locations offer same-day and walk-in appointments. Please contact the radiology department at the numbers listed for more information.