



Western Physicians' Alliance



NEWSLETTER

October 2013

The Evolution of Population Health Management

Insurance companies and self-insured employers are responsible for the health of defined populations. So it's not surprising that both types of payers have deployed some elements of population health management over the years. Among other things, they have:

- Hired disease management firms to monitor and provide extra care for the sickest patients with chronic diseases
- Sponsored wellness programs that encourage health plan members and company employees to exercise, eat right, and take better care of themselves
- Provided health coaching and alerted people to their unmet preventative and chronic needs

Health plans have recently embraced two important vehicles designed to engage physicians and healthcare organizations: The Patient-Centered Medical Home (PCMH), with financial incentives to physician practices, and partnering with

healthcare organizations, such as Independent Practice Associations (IPA's) to help build Accountable Care Organizations (ACO's).

In both models, the key objective is to improve population health. The population that providers are addressing is different and often a broader population than that of an insurer or an employer; but in many respects, the means of improving population health are the same. Therefore, provider organizations can learn a lot from payers in this area and vice versa.

The U.S. Agency for Healthcare Research and Quality (AHRQ) used an approach in formulating the concept of "practice-based population health." This term refers to the responsibility of primary care groups and networks for the health of their patient populations. By extension, it could also refer to IPA's that have formed ACO's. In either case, the population consists of the patients of the physician practice or organization.

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Current Resident or

Saint Mary's Health Plans

Health Plan ICD-10 Readiness

Frequently Asked Questions (FAQs) Updated September 3, 2013

- **Has your organization begun preparing for ICD-10 implementation?**
Yes. Our ICD-10 program has begun and we are in the process of implementing our strategic plan.
- **What strategic activities are you currently focused on implementing?**
We have been implementing a variety of activities across various ICD-10 impacted areas. We have begun analyzing ICD-10-to-MSDRG mapping and are reviewing contract language and rate exhibits for amendments.
- **How long will ICD-10 implementation take for your organization?**
Given the scale of our operations, we forecast an 18-24 month period for implementation work to be complete.
- **What department is leading ICD-10 implementation at your organization?**
As it relates to provider interface and provider contracting, Provider Engagement and Provider Contracting are leading ICD-10 efforts for Saint Mary's Health Plans.
- **When do you anticipate claims will be ready for testing?**
We are still finalizing our testing dates and expect to be ready to test claims during the June - August 2014 timeframe.
- **Will your systems will be ready to accept ICD-10 by October 1, 2014?**
Yes. Based on our current efforts and estimates, we anticipate being ready to accept ICD-10 by this date.
- **Will you accept ICD-9 after the compliance date for dates of service after October 1, 2014?**
No. We will be following CMS guidelines to accept ICD-10 codes only beginning October 1, 2014.
- **Will you accept ICD-10 before the compliance date with dates of service prior to October 1, 2014?**
No. We will be following CMS guidelines and will not accept ICD-10 codes prior to October 1, 2014.

