Managing Risk & Quality

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This is a 15 minute webinar session for CNC physicians and staff

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The objective of risk adjustment is to generate and provide information about the risks of morbidity and the risk factors within a specific population. As CMS moves towards value-based care, it is vital that physicians understand how payment reimbursement will be based on the quality, rather than the quantity of care they give patients.

DOCUMENTATION

Reported diagnoses must be supported with medical record documentation. Proper documentation should show monitoring, evaluating, assessing or treatment of the conditions documented. The acronym “MEAT” is often used to describe the elements required in documentation.

SIGNATURE GUIDELINES

All dates of service must be authenticated, signed – with credentials (for example, MD, DO, PA-C, NP, etc.)must be somewhere on the medical record, and dated by the physician or an appropriate extender. Stamped signatures are only permitted if the author has a physical disability. A system of auto-authentication is not consistent with these requirements.

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Know your population

Review member rosters to identify your MA population – review them routinely. Often times, new members will select a primary care physician and never follow through with a visit.

Conduct outreach early

Encourage members to visit with their primary care provider within the first six months of the year. This method allows for CMS to promptly allocate funds to the MA plan and it also reflects the precise RAF for the patient sooner.

Electronic Health Record (EHR) settings

Ensure that administrative settings accurately reflect NPI, taxonomy, and signature requirements.

Utilize EHR templates – these help create consistency regarding patient notes and they also serve to remind physicians about the types of information they need to capture during the visit. Making sure that this information is updated at each encounter.

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Annual Wellness Visit (AMV)

This is the opportune time to assess your patient's chronic conditions, treatments, and coordination of care between providers. Utilizing the health maintenance portion of your EHR can help streamline where quality data is documented.

Alerts for preventive services and wellness - At the point of clinical decision making, identify patient specific suggestions/reminders, screening tests/exams, and other preventive services in support of routine preventive and wellness patient care standards.

Manage Problem List

Create and maintain patient-specific problem lists. A well-designed problem list provides a clear picture of patient issues requiring consideration or intervention and frequently serves as a table of contents for more comprehensive health record details. In addition, problem lists offer a data source for research studies, quality measures, and other secondary data-reporting requirements.

Favorites

Customizing an electronic super-bill or search engines with physicians frequently used ICD-10-CM codes helps to eliminate tedious searching and helps to ensure consistency and accurate coding.

EHR optimization

Capturing information is only the most basic feature of an EHR. The next is using and sharing that information to create more efficient processes and better clinical outcomes – optimizing to meet the needs of the users and the entity.

EHR optimization should include training, workflow redesign to improve efficiencies, eliminating gaps in care and creating better outcomes, not just technology improvement.

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The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 81 measures across 5 domains of care. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis.

Each year health plans must submit HEDIS information to CMS. This information is typically received through claims and passed onto CMS via a certified HEDIS vendor.

In the first 5 months of each year, payers conduct chart chases to close gaps for the prior year's dates of service. You may be contacted by the payer or a third party vendor to schedule a time to come to your office and retrieve records.

Managing Quality – PCP Measures

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ADULT BMI (ABA) (Age 18 – 74) Document weight & body mass index (BMI) every 2 years for all patients who have an outpatient visit. - submit BMI status ICD-10-CM codes via claim

BREAST CANCER SCREENING (BCS) (Age 50 – 74) Mammogram should be performed on women every 27 months. - submit exclusions such as bilateral mastectomy ICD-10-CM codes via claim

COLORECTAL CANCER SCREENING (COL) (Age 50 – 75) Screen for colorectal cancer using Fecal Occult Blood Test (FOBT -every year), Flexible Sigmoidoscopy (every 5 years), Colonoscopy (every 10 years), CT Colonography (every 5 years) and FIT DNA (every 3 years). - submit exclusions such as colectomy status or personal history of colon cancer ICD-10-CM codes via claim

OSTEOPOROSIS MANAGEMENT IN WOMEN (OMW) (Age 67 - 85) Women who suffered a fracture should have a Bone Mineral Density (BMD) test or prescription for a drug to treat or prevent osteoporosis within six months of the fracture.

Managing Quality – PCP Measures

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DIABETES (CDC) (Age 18-75) Screen all diabetic patients for HbA1c (most recent HbA1c ≤ 9% indicates good glycemic control), nephropathy, and retinopathy – negative screen every 2 years, positive screen every year) - submit HbA1c CPT II codes via claims to identify the level, document the name of the Ophthalmologist, date of exam, and +/- retinopathy

CONTROLLED BLOOD PRESSURE (CBP) Age 18-85 yrs old who have had a diagnosis of hypertension (HTN) at least once during OP visits & telephonic visits, whose BP was adequately controlled (<140/90) during the measurement year - submit exclusions such as ESRD, kidney transplant or dialysis ICD-10-CM codes via claims

RHEUMATOID ARTHRITIS (ART) (Age 18+) Patients diagnosed with rheumatoid arthritis should be dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

MEDICATION RECONCILIATION POST DISCHARGE (MRP) Medications should be reconciled within 30 days post discharge

Managing Quality – PCP Measures

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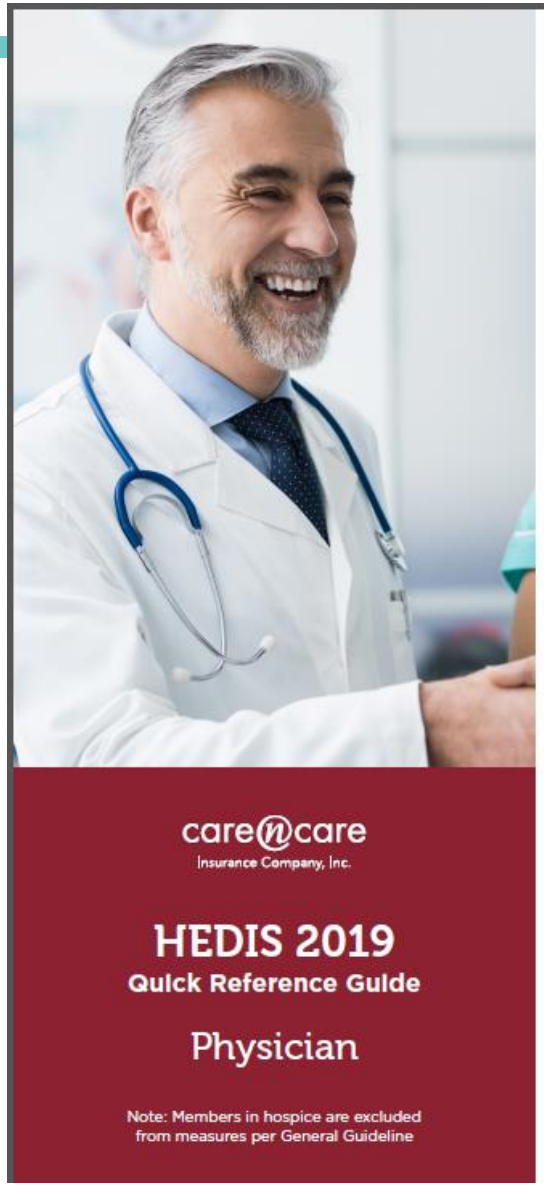

Measure	DOS / Measurement year (MY)	Patient	Age	Interval	Codes to be used on claims	
ABA: Adult BMI Assessment	01/01/19 - 12/31/19	All	18-74	Every OV	ICD10: Z681, Z6820 - Z6839, Z6841-Z6845	
ART: DMARD drug therapy for Rheumatoid arthritis	01/01/19 - 12/31/19	RA	≥ 18	Annual	ICD 10: M05.00 - M06.9	
BCS: Breast Cancer Screening	10/1/17- 12/31/19	Women	50-74	Every other year	ICD-10: HX Bilat Mastectomy Z90.13	
CBP: Controlling Blood Pressure	Controlled BP: <140/90 BP recorded closest to end of MY (2019)	HTN DX	18-85	Last OV	ICD 10: DX HTN: I10 HCPCS: BP Codes: • G8476: Most recent BP systolic <140/Diastolic < 90 • G8477: Most recent BP systolic ≥140/Diastolic ≥ 90	
CDC EYE Exam: Comprehensive Diabetes Care Eye Exam	01/01/19 - 12/31/19 • Only **Negative** retinopathy exams are compliant 01/01/19 - 12/31/19 • **Positive or Negative** retinopathy exams are compliant	DM	18-75	Annual	CPT: Eye exam performed by eye provider, documented, and reviewed: • 2022F • 2024F • 2026F	
CDC A1C Poor Control: Comprehensive Diabetes Care A1C Poorly Controlled	01/01/19 - 12/31/19	DM	18-75	Annual	CPT: In office POCT A1C: • 83037 A1C Reporting: • 3044F: Most recent: < 7.0% • 3045F: Most recent: ≥7.0-9.0% • 3046F: Most recent: > 9.0%	
CDC: Neph: Comprehensive Diabetes Care Nephropathy Screening	01/01/19 - 12/31/19	DM	18-75	Annual	CPT: Urine testing documented and reviewed: • 3060F: + Microalbumin test • 3061F: - Microalbumin test • 3062F: + Macroalbumin test	CPT: Urine dip stick in office: • 81000 CPT: Documentation or Nephropathy TX: • 3066F CPT: ACE/ARB therapy prescribed: • 4010F
COA: Advanced Care Planning Care of Older Adults	01/01/19 - 12/31/19	Adults >	≥ 66	Annual	CPT: Advanced Care Plan Discussed & Documented: • 1123F: Plan documented, surrogate decision maker named • 1124F: Patient refused • 1157F: Legal Plan present in EMR • 1158F: Planning discussion in EMR • S0257: Counseling and Discussion • Z66: DNR	
COA: Functional Status Assessment Care of Older Adults	01/01/19 - 12/31/19	All	≥ 66	Annual Comprehensive exam	CPT: Functional Status Assessed: • 1170F	
COA: Medication review Care of Older Adults	01/01/19 - 12/31/19	All	≥ 66	Annual Comprehensive exam	CPT: Medication Review Assessed & Documented: • 1159F: Medication list in EMR • 1160F: Review all medications by prescribing practitioner	
COA: Pain Assessment Care of Older Adults	01/01/19 - 12/31/19	All	≥ 66	Annual Comprehensive exam	CPT: Pain Assessed & Documented: • 1125F: Pain present & quantified • 1126F: No Pain present	
COL: Colorectal Cancer Screening	**Colonoscopy:** • 1/1/10 - 12/31/19 **Flex Sigmoidoscopy:** • 1/1/15 - 12/31/19 **CT Colonography:** • 1/1/15 - 12/31/19 **FIT DNA (Cologuard):** • 1/1/17 - 12/31/19 **FOBT:** • 1/1/19 - 12/31/19	All	51-75	Every 1-10 years	**HCPCS: Colon Cancer Screening Codes:** • Colonoscopy: • G0105: Colonoscopy on high risk patient • G0121: Colonoscopy on non-high risk patient • Flex Sigmoidoscopy: • G0104 **CPT: Colon Cancer Screening Codes** • CT Colonography • 74263: Screening	• 74261: Diagnostic WO contrast • 74262: Diagnostic W contrast **Fit DNA testing billed by Cologuard** HCPCS: Colon Cancer Screening • 81528 • G0328: 1-3 determinations CPT: Colon Cancer Screening • FOBT: • 82270: gFOBT X cards provided • 82274: FOBT 1-3 cards provided
OMW: Osteoporosis Mgmt. in Women who had a fracture	**2021 Star:** 1/1/18 - 6/30/19 **2022 Star:** 1/1/18 - 6/30/20	Women with a Fracture	67-85	Within 6 months of fx	HCPCS: Bone Density Study: • G0130	
MRP: Medication reconciliation Post Discharge	1/1/19 - 12/1/19	Recently hospitalized patients	≥ 18	Visit 30 days after hospital D/C	CPT: Medications assessed: • 1111F: Discharge meds reconciled with Current med list in OP record • 99495: TOC services : Phone outreach within 2 days post discharge & face to face visit 14 days post discharge	• 99496: TOC services : Phone outreach within 2 days post discharge & face to face visit 7 days post
TRC: Transition of Care	1/1/19 - 12/1/19	Recently hospitalized patients	≥ 18	Visit 30 days after hospital D/C	**Rate 3:** CPTs used: • CPT office visit codes • Telephone visit E&M codes • 99495: TOC services : Phone outreach within 2 days post discharge & face to face visit 14 days post discharge	• 99496: TOC services: Phone outreach within 2 days post discharge & face to face visit 7 days post **Rate 4:** CPT used: • 1111F: Discharge meds reconciled with Current med list in OP record
SPR: Spirometry in Assess & DX of COPD	1/1/18 - 6/30/19	Adults with COPD	≥ 40	Once sometime from 2 years before dx to 6 months after COPD dx	CPT: Spirometry codes: • 94060 • 94070 • 94375 • 94620 • 94621	

https://www.cnchealthplan.com/tools-resources/#toggle-id-7

Questions

Please submit coding and documentation questions to RAFeducation@cnchealthplan.com