Managing Risk & Quality
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This is a 15 minute webinar session for CNC physicians and staff

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Managing Risk & Quality

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.
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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

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

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>SOL / Measurement year (2019)</th>
<th>Patient Age</th>
<th>Internal Quality Indicators and Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADL: Adult BMI Assessment</td>
<td>02/01/19 - 12/31/19</td>
<td>Age 18-75</td>
<td>BMI ≥ 30: Risk of obesity or ≥ 35: Morbid obesity</td>
</tr>
<tr>
<td>ART: Antiretroviral therapy for Rheumatoid arthritis</td>
<td>02/01/19 - 12/31/19</td>
<td>Age 65</td>
<td>≤ 3 times per year</td>
</tr>
<tr>
<td>BC: Breast Cancer Screening</td>
<td>02/01/19 - 12/31/19</td>
<td>Women 50-74</td>
<td>Every other year</td>
</tr>
<tr>
<td>CBB: Controlling Blood Pressure</td>
<td>Continuous Blood Pressure Monitoring (cMPM) measured at least once every year</td>
<td>Age 18-74</td>
<td>≥ 145 (SBP) or ≥ 90 (DBP)</td>
</tr>
<tr>
<td>CDC: Eye Exams: Comprehensive Diabetes Care Eye Exam</td>
<td>02/01/19 - 12/31/19</td>
<td>Women 40-74</td>
<td>Annual eye exam performed by eye provider, documents, and maintains: - Ophthalmologist - Optometrist - Primary Care Provider</td>
</tr>
<tr>
<td>CDC: A/H: Comprehensive Diabetes Care A/H Performed</td>
<td>02/01/19 - 12/31/19</td>
<td>Women 40-74</td>
<td>Annual eye exam performed by eye provider, documents, and maintains: - Ophthalmologist - Optometrist - Primary Care Provider</td>
</tr>
<tr>
<td>CDC: N: Comprehensive Diabetes Care HbA1c Testing</td>
<td>02/01/19 - 12/31/19</td>
<td>Women 18-74</td>
<td>Annual HbA1c testing performed by eye provider, documents, and maintains:</td>
</tr>
<tr>
<td>COA: Advanced Care Planning: Care of Older Adults</td>
<td>02/01/19 - 12/31/19</td>
<td>Adults &gt; 50</td>
<td>Annual care planning performed by eye provider, documents, and maintains:</td>
</tr>
<tr>
<td>COA: Functional Status Assessment: Care of Older Adults</td>
<td>02/01/19 - 12/31/19</td>
<td>Adults &gt; 50</td>
<td>Annual functional status assessment performed by eye provider, documents, and maintains:</td>
</tr>
<tr>
<td>COA: Medication review: Care of Older Adults</td>
<td>02/01/19 - 12/31/19</td>
<td>Adults &gt; 50</td>
<td>Annual medication review performed by eye provider, documents, and maintains:</td>
</tr>
<tr>
<td>COA: Pain Assessment: Care of Older Adults</td>
<td>02/01/19 - 12/31/19</td>
<td>Adults &gt; 50</td>
<td>Annual pain assessment performed by eye provider, documents, and maintains:</td>
</tr>
<tr>
<td>COA: Comprehensive Cervical Cancer Screening</td>
<td>02/01/19 - 12/31/19</td>
<td>Adults &gt; 21</td>
<td>Every 3 years</td>
</tr>
</tbody>
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**HEDIS 2019 Quick Reference Guide**

**Physician**

Note: Members in hospice are excluded from measures per General Guideline

[https://www.cnchealthplan.com/tools-resources/#toggle-id-7](https://www.cnchealthplan.com/tools-resources/#toggle-id-7)
Questions

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