CMO
MONTEFIORE CARE MANAGEMENT
connections
A Newsletter for
IPA Network Providers

April 2019

Contents

Hierarchical Condition Categories (HCC) Update

Medical documentation should be accurate and specific for correct diagnosis coding. Medicare includes vascular disease and morbid obesity for risk adjustment in their HCC model. Conditions for risk adjustment must be documented during a face-to-face encounter with the patient at least once a year. The only way Medicare will know the diagnosis exists is from your accurate, clinical documentation.

Vascular Disease

Provide an accurate picture of the true severity of the condition and refrain from using "rule out" and other uncertainties such as "questionable" or "suspicious" when assessing the condition. Document and code for signs and symptoms until the diagnosis is confirmed. This will give Medicare and other payers a true picture of your patients' health.

The following vascular conditions are in the Medicare HCC risk adjustment model.

I73.9 to I79.1	Peripheral Vascular Disease Intermittent Claudication
I70.0 to I70.799	Atherosclerosis
I80.10 to I80.299	Phlebitis and Thrombophlebitis
I82.210 to I82.C29	Other Venous Embolism and Thrombosis

Morbid Obesity

Documentation that states "patient is morbidly obese" without a supporting assessment cannot be coded. Include the BMI in the record, but this is not enough to support coding Morbid Obesity. The physician must make the diagnosis and include the supporting assessment and plan for the condition. Assessment documentation examples could include diet discussed, exercise encouraged, nutritionist referral, and counseling.

Per the HCC guidelines and the CDI clinical resource manual, BMI 35.0–39.9 with comorbidities related to the obesity can be documented as Morbid Obesity. Some related co-morbid conditions are: hyperlipidemia, diabetes, hypertension, sleep apnea, osteoarthritis, CVD, fatty liver, asthma, lumbago, gout, CKD, joint disease, CAD, heart failure, atrial fibrillation, stroke, obesity, GERD, metabolic imbalances, venous thrombosis, cholelithiasis, and some malignancies.

Morbid Obesity is in the Medicare HCC risk adjustment model.

E66.01	Morbid (severe) Obesity due to Excess Calories

Overweight and Obesity *are not* in the risk adjustment model.

E66.3	Overweight
E66.9	Obesity

The link below leads to a brief webinar on Clinical Documentation Improvement in the primary care setting and an overview of key diagnoses that are important to Medicare.
https://www.cmocares.org/mipa-resources

Members of the HCC Coding team are happy to answer any of your questions.
Please feel free to call the HCC coding department at 914-378-6629 or send us an email:
CMOHCCCoding@montefiore.org

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Time Frames for Urgent and Non-Urgent Utilization Review Requests

To enable us to serve you and your patients better and comply with all regulatory requirements, we ask that you only include Urgent, STAT or ASAP, etc. on requests that meet the definition and criteria cited below.

Under 2016 NCQA Standards for Utilization Management – UM 5 Timeliness of UM Decisions— an Urgent Request is:

"A request for medical care or services where application of the time frame for making routine or non-life-threatening care determinations:

- Could seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state, or
- In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request."

If the service you need is not truly urgent, please do not put Urgent, STAT or ASAP on your request/fax cover sheet.

CMO adheres to the following NCQA UM 5 Element A time frames for timeliness of non- behavioral healthcare decision making:

- Urgent pre-service decisions: within 72 hours of receipt of the request and all necessary information
- Non-urgent pre-service decisions: within 14 calendar days of receipt of the request and all necessary information

CMO's usual time frame for making a decision on non-urgent pre-service requests is 3 business days if all information is received.

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Montefiore Center of Excellence for Alzheimer's Disease Spring Symposium

The Montefiore Center of Excellence for Alzheimer's Disease is pleased to present a special Continuing Medical Education program on ***The Latest Word in Alzheimer's Disease: Causes, Mechanisms and Treatments,*** **by Dennis J. Selkoe, MD,** The Vincent and Stella Coates Professor of Neurologic Diseases at Harvard Medical School and the Co-Director, Ann Romney Center for Neurologic Diseases at Brigham and Women's Hospital.

DATE: Thursday, May 16, 2019

TIME: Reception: 5:30pm. Presentation: 6:30pm

LOCATION: Newburgh Armory Unity Center, 321 South William St., Newburgh, NY 12550

Dr. Selkoe, a graduate of Columbia University and the University of Virginia School of Medicine, is a pioneer in the field of neurodegenerative disease. He has devoted his career to the use of molecular approaches to the study Alzheimer's disease, Parkinson's disease and related basic biological questions. These advances have led to numerous awards, including the Potamkin Prize (shared with George G. Glenner), the Metropolitan Life Foundation Award, and the A.H. Heineken Price for Medicine.

Click here to register to attend in person or by Zoom conference line.

You must register to receive 2 Continuing Medical Education Hours

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Clinical Tool Focus: Healthy Planet

Montefiore Health System is currently implementing Epic's population health module called Healthy Planet. This tool uses the data in patients' health records and other health information systems to give providers a snapshot of their quality performance and the capability to review patient-level information. There will be a link to a portal that connects to Healthy Planet's population health functionality for Montefiore's partners and affiliate hospitals not currently on Epic

Healthy Planet will give physicians and non-clinical administrative and analytic staff access to over 170 different ACO, HEDIS, and CMS quality measures, enabling users to easily monitor their performance and identify gaps in care for their attributed patients.

A combination of Montefiore EPIC data, encounter and pharmacy claims and supplementary data provided by Montefiore affiliates and other entities will be used to determine the level of achievement of the quality measures.

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PCP Incentive Program

Montefiore's PCP Incentive Program, introduced in 2018, will continue this year. The program is designed to fulfill the Triple Aim mission: to enhance patient experience, lower the cost of care, and improve the health of populations.

Eligibility for the program is determined by a multi-step process beginning with a practice's participation with the Montefiore or Hudson Valley IPAs and the practice's panel attribution with Empire and Emblem Health plans. Practices must also be a PCMH (full recognition not required), have an established EMR infrastructure, be a member of a health information exchange and cooperate with CMO's quality program.

Practices have the potential to receive between 10 and 25 percent of their total E&M activity based on their performance in the selected 2018 measures. If a practice's E&M activity falls below 10 percent, they are no longer eligible for incentive payment. The 2018 measures were:

Measure Category	Measure
Pay for Performance	• **Inpatient/Emergency Admission Reduction** • **Adult BMI** • **Colorectal and Breast Cancer Screening** • **Comprehensive Diabetes Care**
Monitoring Only	• **Coding and Documentation** • **Out of Network Utilization**

The network's 2018 performance is currently being evaluated. Practices that qualified for an incentive payment will be notified during the summer. The 2019 measures will be announced shortly.

To find out if you're eligible to participate in this program in 2019 and to learn ways to improve your performance, contact your Quality Improvement Specialist or email CMOQualitySupport@montefiore.org.

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New Children's Medicaid Transformation Behavioral Health Services

Effective January 1, 2019, children and adolescents under age 21 covered by Medicaid with mental health or substance use needs are eligible for new Children and Family Treatment Support Services (CFTSS) as part of their Medicaid benefit. These new services are the first of a number of new services that will be phased in in over the remainder of 2019. Some of the services are new and emphasize identifying mental health or substance use needs earlier, providing support in the home and community, reducing the need for emergency room visits, hospital stays and other out of home placements.

The new CFTSS that began January 1 are Other Licensed Practitioner Therapy Services; Psychosocial Rehabilitation Services; and Community Psychiatric Supports and Treatment.

- **Other Licensed Practitioner Therapy Services**, including assessments for mental health and/or substance use needs; identification of strengths and abilities through individual and group therapies; and provision of these services where individuals and families are most comfortable
- **Psychosocial Rehabilitation Services and Community Psychiatric Supports and Treatment**, including helping individuals and families incorporate therapy goals into everyday life and receive extra support managing medication; assisting patients and families to build relationships and communicate better with family, friends and others; and teaching self-care and how to use coping skills to better manage emotions

If you have a patient who is under 21 and covered by Medicaid who would benefit from the above services, you or the patient can contact the Medicaid Managed Care Plan with which the patient is affiliated. Contact information can be found on the patient's Managed Medicaid health plan card.