Montefiore ACO & Health Improvement

As a health care system serving a preponderance of government program beneficiaries, Montefiore and the Montefiore IPA (MIPA) have long recognized the importance of better care and services for individuals, better health for populations and reduced health care spending—the three-part aim of the new Pioneer Accountable Care Organization program, which we described in the Winter issue of CMO Connections.

Our experience coordinating care for patients across care settings and emphasizing the right care for patients in the right place and at the right time was one of the reasons Montefiore was selected as one of only 32 healthcare Organizations designated by the Center for Medicare and Medicaid Innovation (CMMI) of CMS as a Pioneer ACO.

Our preliminary analysis of the fee-for-service Medicare beneficiaries attributed to physicians in the Montefiore ACO indicates that our care coordination experience and expertise skills will be vital in the successful management of this population.

Of the 21,000-plus beneficiaries for whom we are responsible, more than 17,000 (81%) are 65 years old or older; 7,500 (35%) of them are 80 or older, and approximately 177 of them are older than 100 (the oldest is 112). Almost 4,000 (19%) are under 65; approximately 253 (12%) are 30 years old or younger (the youngest is 5 years old). Nearly 9,000 of them are dually eligible for Medicare and Medicaid.

Cardiac conditions represented 21% of their admissions to Montefiore Hospitals in the past two years, with orthopedics and gastro-intestinal issues each representing 10% of a total of almost 9,500 admissions in 2010 and 2011. Approximately 6,600 ACO beneficiaries had at least one ED visit during the same period, with abdominal pain (5%) and chest pain (4.2%) being the leading presenting diagnoses.

To accomplish the critical objectives of the three-part aim and assist MIPA physicians in caring for their patients, Montefiore and the CMO are expanding a number of evidence-based programs, including: post discharge phone calls; intensive case management and chronic care management; pharmacy reviews; physician home visits; ED patient assistance; and advanced illness management, including palliative and end of life care.

We are also working on the development of clinical practice guidelines for our staff clinicians; Centers of Excellence in cardiology, oncology, orthopedics and asthma; and a readmission predictive model, as well as other initiatives. If you would like more information about the Montefiore ACO, our care management programs and how we can help you care for your patients, please contact CMO Provider Relations at 914-377-4477.

CMO’s Post -N-Track

Post-N-Track (PNT) allows you to:

- View member eligibility
- Check claim status, including date paid, check number and amounts paid
- Create and view authorizations and hospital admissions online
- Attach additional information to existing authorization when requested

All participating IPA providers, including Emblem/ HIP Health Plan participating providers are eligible to use and are encouraged to register today!

Register:
https://cmocares.post-n-track.com/
CMO, THE CARE MANAGEMENT COMPANY, LLC
STATEMENT REGARDING APPROPRIATE SERVICES AND COVERAGE FOR HEALTH PLAN DELEGATED MEMBERS

CMO is dedicated to ensuring the delivery of appropriate care to Health Plan delegated members. This statement affirms CMO’s policy regarding utilization management (UM) decision making when conducted by Clinical Peer Reviewers and CMO staff.

♦ All UM decisions are based on the member’s eligibility, the benefits covered under the member’s certificate of coverage and the appropriateness of care and services.

♦ The CMO does not specifically reward UM decision makers for issuing denials of coverage or services and encourages the use of medically necessary and appropriate care and services to prevent and/or treat medical conditions.

♦ The CMO does not compensate UM decision makers for non-certification of service or offer incentives to encourage non-certification or underutilization of health care services.

New Asthma Center Brings a Multidisciplinary Approach to Refractory Asthma Care

Patients with refractory asthma – a severe type of asthma that cannot be controlled satisfactorily with inhaled corticosteroids – are traditionally seen by either an allergist or a pulmonologist, if they see a specialist at all. At the new Montefiore Asthma Center, however, patients are evaluated by a multidisciplinary team, including allergists, pulmonologists, respiratory technicians and asthma health educators.

“Each of our patients receives an individualized, comprehensive, diagnostic assessment and management plan from a team of professionals,” says Simon Spivack, MD, MPH, Co-Director of the Center, and Chief, Pulmonary Medicine, as well as Professor, Departments of Medicine (Pulmonary Medicine), Epidemiology & Population Health, and Genetics at Albert Einstein College of Medicine. “This pooling of resources and expertise ensures the best possible diagnosis and treatment of this dangerous and debilitating disease.”

The Center opened last year and treats both adults (in the Green Medical Arts Pavilion, 2nd floor) and children (The Children’s Hospital at Montefiore, 5th floor). It was founded in response to the huge need for asthma services in the Bronx, and is one of the only centers of its kind in New York City, says Dr. Spivack. “Asthma is a significant chronic health problem in the United States, and the burden is especially great in the Bronx where 16 percent of residents are affected compared to 8 percent nationwide” says Dr. Spivack, who runs the Asthma Center with David Rosenstreich, MD, Chief, Allergy & Immunology at Montefiore, and Professor, Departments of Medicine (Allergy & Immunology), Microbiology & Immunology, and Department of Otorhinolaryngology - Head & Neck Surgery at Einstein. “Our borough also registers higher than normal rates of asthma-related hospitalization and emergency department visits, and the asthma mortality rate is three times the New York State average.”

The high incidence and prevalence of asthma in the Bronx is associated with socio-economic and environmental factors, including stress, anxiety and poor air quality. Allergens such as dust, and air pollutants, can also trigger asthma attacks. Moreover, according to Montefiore researchers, some primary care providers outside the Montefiore network fail to adhere to National Heart, Lung, and Blood Institute guidelines, such as taking accurate spirometric (lung function) readings, potentially impacting diagnosis and treatment.

Many of the Asthma Center’s refractory asthma patients are referred by Montefiore Medical Group primary care physicians, who are often on the front lines of asthma care. Following evaluation and treatment at the Center, these patients continue to be managed by their primary care provider and/or pre-existing specialist, although the Center’s services remain available to patients who need additional management.

Referrals are to be made only by physicians and other primary care givers. The Center is not taking self-referred patients at this time. All types of insurance are accepted. Appointments at the Asthma Center for refractory adult asthmatics can be made through the Department of Medicine Call Center at 866-MED-TALK (866-633-8255). Appointments for the refractory pediatric patients can be made through the Pediatric Call Center (718-741-2450).
Coding Education for Providers

Reporting ICD-9-CM Diagnostic Codes for Resolved Conditions
Remember that a resolved illness should not be coded as though it is still active. Instead, use a “personal history code” to report historical conditions.

If the underlying cause or contributing factor is present, a code should be reported (i.e. COPD as a cause of acute respiratory failure).

Residual effects, such as hemiplegia due to a prior CVA, should also be coded.

Acute Myocardial Infarction (MI)
Acute MI is an emergent condition requiring hospitalization. Patients may occasionally present to their physician’s office at the onset of symptoms of an MI; however, it is expected that the patient would be transported to the hospital setting.

ICD-9 410.xx – Acute MI
The use of codes in this series is restricted to the acute event itself and the subsequent 8 weeks.

412 – Old MI
If the patient is being seen or treated after that 8 week period, the documentation should reflect that there is a history of MI, using ICD-9 code 412 – Old MI.

Acute Respiratory Failure
Acute respiratory failure is an emergency, generally requiring hospitalization. Reporting an ICD-9 code for acute respiratory failure would only be appropriate in the office setting if the patient was initially treated in the physician’s office for the condition prior to being transported to the hospital.

518.81-518.82 – Acute Respiratory Failure
518.84-518.89 – Acute on Chronic Respiratory Failure

V12.69 – Personal History of Diseases of the Respiratory System
To indicate personal history of a resolved condition of the respiratory system, you should use V12.69.

Acute Cerebrovascular Accident (CVA)
Codes for an acute CVA should only be used for patients during the critical episode, i.e. in the hospital setting.

V12.54 – History of CVA (without late effects)
After the patient is discharged from the facility, the correct documentation and coding is “history of CVA,” ICD-9 code V12.54.

438.xx – Late Effects of CVA
If a patient has a late effect of CVA, such as hemiparesis, use the late effect codes to describe the condition: ICD-9 codes in the range of 438.xx–late effects of CVA.

If you have any further questions, please contact:
Esther Manzi, Risk Adjusted Coding & Education Manager at 914-377-4745 or email us at CMOHCCCoding@montefiore.org
Upcoming Disease Management Workshops

CMO offers Pre-Diabetes, Diabetes, CHF and Respiratory (Asthma/COPD) Disease Management (DM) Programs to all members. The CMO Disease Management team supports primary care and specialty providers by educating members on the importance of health maintenance, self-management techniques and the prevention of disease complications. DM also offers individual consultations with RNs at various primary care sites, group classes, telephonic outreach, telemonitoring programs and coordination of services for eligible members.

For more information regarding disease management visit us at www.cmocares.org/corporate/disease_management/

To register your patients to participate in one of the free disease management workshops call 1-866-996-6683

**DIABETES WORKSHOPS**

**MMG Bronx East - 2300 Westchester Avenue, Bronx**
- Tuesday, June 19, 2012 @ 12pm - 2pm
- Tuesday, June 19, 2012 @ 4 pm - 6 pm (Spanish)

**Yonkers Public Library - 1500 Central Park Avenue, Projection RM**
- Friday, June 29, 2012 @ 1pm - 3pm

**MMG Grand Concourse – 2532 Grand Concourse, Bronx**
- Thursday, June 21, 2012 @ 4pm - 6pm

**Co-op City Community Center - 177 Dreiser Loop, 2nd Fl, Room 8, Bronx**
- Tuesday, May 29, 2012 @ 10am - 12pm

**Co-op City Community Center - 177 Dreiser Loop, 2nd Fl, Room 10, Bronx**
- Tuesday, June 26, 2012 @ 4pm - 6pm

**ASTHMA/COPD WORKSHOPS**

**MMG Bronx East - 2300 Westchester Avenue, Bronx**
- Conference Room, Lower Level
  - Thursday, June 7, 2012 @ 10am - 11:30am

**MMG Grand Concourse - 2532 Grand Concourse, Bronx**
- Lower Level Conference Room
  - Tuesday, June 12, 2012 @ 10 - 11:30 am

**Co-op City Community Center - 177 Dreiser Loop, Bronx, 2nd Fl, Room 8**
- Monday, June 18, 2012 @ 9:00 - 10:30 am

IPA Insider Classifieds

**Medical Space Available For Rent**
Location: 3220 Fairfield Avenue, Riverdale (one block east of the Henry Hudson Parkway). 800 sq.ft. fully furnished includes: separate ground floor entrance from the street, reception area and waiting room, consultation room, two exam rooms and a small office.

If interested please contact Dr.Norman Sas at 917-807-9828

**Medical Office Building For Sale or Lease**
Pelham Parkway
4000 sq ft/ 2 levels
Can be 1 or 2 suite area
If interested contact, Dr.Melnick at 914-450-2042

**Medical Space Available For Sublet**
Location: 18 Ashford Ave
Dobbs Ferry, NY
Fully furnished medical space in medical office building includes: two treatment rooms and a consultation room.
Available Immediately for 3-4 day practice schedule
Specialist welcomed
If interested please contact Dr.Sanford Proner at 914-772-7595

**Office For Rent**
Fully Furnished. Great quiet neighborhood on Pelham Pkwy, near Einstein, Jacobi and easily accessible by highway and public transportation.
Ideal for Social worker, Psychologist or Psychiatrist.
If Interested please contact Dr.Adam Lynn at 718-823-4864