About Us

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Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Agenda

- Why so many changes?

- White Paper

- Top 10 recommendations

- Additional recommendations for non-PPS providers

- Alerts and Workflows

- Templates and Order Sets

- Misc. recommendations

Why so many changes?

- Proposition 56 (nicotine tax) changing to pay for value

- New quality measures from DHCS

- Changing HEDIS specifications from NCQA

- State Auditor's report on pediatric care

White Paper

- Written with input from advisory committee

- Located on PHC website:
  http://www.partnershiphp.org/Providers/Quality/Pages/PIAcademyLandingPage.aspx under "Resources"

- Will be updated periodically as additional changes are needed

Top 10 Recommendations

- Apply to all primary care practices!

Best Practice 1

1. Set up new telephone and video visit codes

- Count as visits starting for the 2020 PCP QIP gateway measure

- Specific billing codes:

  - For FQHCs and Rural Health Centers: G0071

  - For all other providers: G2012

- These visits are between patients out of the office and clinicians typically in the office, and need to be documented in your EMR.

- Additional rules about use of codes apply (see CMS instructions and Medi-Cal rate information)

2. Update all Well-Child Templates

- Standards based on the American Academy of Pediatrics Bright Futures program. Especially check the following:
  - All ages: document education on physical activity and diet
  - Newborns: documentation of review of newborn screening results
  - Two Blood lead test results between ages 1 and 3. Larger health centers may consider obtaining lead tests at the point of care to increase screening rates.
  - Lipid screening (at least once after age 8)
  - Screening questions for risk of TB (all ages)
  - Skin cancer behavioral counselling starting at age 6 months.
  - Blood pressure screening starting at age 3.
  - Fluoride varnish application to teeth at the time of the well child visit (age 1 to 5)
  - Prescription of fluoride vitamin supplement (if living in location with non-fluoridated water).
  - Documented referral or recommendation for routine dental hygiene care (every visit, starting at age 6 months).

- Additional recommendations in other parts of white paper.

Best Practice 3

3. Acute Visit to Well-Child Visit Conversion Template

- Key elements needed:
  - Change the term "well developed" in all EMR templates (for acute visits as well as well child visits) to "mental and physical development appropriate for age"
  - Age appropriate Staying Healthy Assessment
  - Complete physical exam
  - Review of past medical history/social history
  - Review of immunization status (order age appropriate vaccinations)
  - ICD10 code for well-child visit: Z00.121

4. Use preventive visit codes for well child visits

- 99381-99385 for new patients

- 99391-99395 for established patients (probably best for templates)

5. Build a two-way interface between your EMR and the state Immunization Registry

- More information on setting this up: http://cairweb.org/data-exchange/

Best Practice 6

6. Standardize Hysterectomy Documentation Format in Past Medical History

- Not acceptable: "Hysterectomy"

- Acceptable: Total hysterectomy, Total Abdominal Hysterectomy (TAH), Total Vaginal Hysterectomy (TVH), Total Abdominal Hysterectomy with salpingo-oophorectomy (TAH-BSO), Radical Hysterectomy

- Acceptable for medical record documentation, but will not allow patient to be excluded from cervical cancer screening denominator: Supracervical (sometimes called "sub-total") Hysterectomy, Supracervical Abdominal Hysterectomy (SAH)

Best Practice 7

7. Include screening for chlamydia and gonorrhea into family planning templates and well-woman exam templates

- Default for family planning and well-woman exam templates for women under age 25

- Option for templates for women age 25 and older

- Option for teen girl well-child template (indicated if sexually active)

Best Practice 8

8. Standardize refills for asthma medications:

- 3 months with 3 refills for controllers.

- 1-2 rescue inhalers with 1 refill for rescue medications.

- Will help ensure optimum ratio of controller medications to all medications for asthma (Asthma Medication Ratio)

- See white paper for detailed list

9. Incorporate the Ages and Stage Questionnaire (ASQ) into at least the 9 month, 18 month and 2-year-old well child visit templates.

- Include the CPT code 96110 on these templates

- If the M-CHAT is also used for autism screening at ages 18 months and 2 years of age, the 96110.KX code would be added, as well, to those two templates.

10. Use HCPCS codes G0442 and G0443 for screening and counseling for alcohol misuse.

- Add the G0442or **all** well adult visits where the Staying Healthy Assessment is administered, which includes the one question screen for alcohol misuse.

- Create a mini-template for alcohol screening with the expended AUDIT-C tool, also using the G0442 code, for adding to other acute visits.

- Create a template for brief intervention for those found to have risk of alcohol misuse, to include G0443. This type of visit is typically done by a behavioral health clinician.

- Important Note: MediCare and Commercial Insurance use different codes, so would require different templates

Recommendations for Non-PPS Providers

- Five recommendations based on new Prop. 56 Value-Based Payment Program measures

- FQHC, Rural Health Centers, and Tribal Health Centers NOT eligible

VBPP: Recommendation 1

1. Set up a system to allow ICD10 codes for social risk factors to be easily added to claims for most visits.

- Includes three classes of codes: Substance Use Disorder, Serious Mental Illness (Schizophrenia, Bipolar Disorder, Major Depression), Homelessness (Z59.0) or risk of Homelessness (Z59.1)

- Any one of these codes will boost any VBPP eligible measure billed on the same claim by 50%

- Full list of allowable codes: https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2F2019-adult-value-set-directory.zip under "AOD Abuse and Dependence" and "Schizophrenia," "Bipolar," "Other Bipolar Disorder," and "Major Depression" Value sets

2. If at all possible, automate conversion of the adult patient's best blood pressure into the CPT-2 codes added for the visit with includes a diagnosis code of I10 (essential hypertension)

- Controlled Systolic:
    - CPT 3074F (systolic blood pressure less than 130)
    - CPT 3075F (systolic blood pressure less than 130-39)
- Controlled Diastolic:
    - CPT 3078F (diastolic blood pressure less than 80)
    - CPT 3079F (diastolic blood pressure less than 80-89)
- Note: MediCare incentives are also available for the use of these CPT-2 codes for hypertension.

3. Create three diabetes templates, based on the degree of control of the diabetes:

- Well controlled: most recent HbA1c < 7.0%, using CPT: 3044F

- Moderately controlled: most recent HbA1c 7.0 to 9.0%, using CPT: 3045F

- Poorly controlled: most recent HbA1c >9.0%, using CPT 3046F

- MediCare incentives are also available for diabetes testing

4. Create tobacco use/nicotine use screening and counseling templates

- Use one of the following codes, depending on what intervention is prescribed: 99406, 99407, G0436, G0437, 4004F, or 1036F

5. Insert depression screening into new OB visit, postpartum visit, well-woman visit and other adult preventive health templates.

- One of the following codes should be submitted in a claim to document screening:
  - G8431 – Positive screen with plan
  - G8510 – Negative screen
- Consider also a tobacco counseling template using these codes which could be added to other visits.

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Alerts and Workflows

- Six Recommendations
- Apply to all provider types, including PPS providers

Alerts and Workflows

1. Preventive reminders whenever chart is open.

2. Reminder to recheck high blood pressure reading (greater than 140/90)

3. Trigger to alert children of coming birthday, to schedule well child visit

4. Ensure outside vaccinations are entered into CAIR

5. Alert for all patients for influenza vaccination

6. Process for encouraging conversion of acute visit to well-woman visit, if cervical cancer screening due.

Templates and Order Sets

- Six recommendations

Template 1

1. Screening for psychological trauma

- Include PEARLS screening annually into well-child templates to age 19. Look into integration with EHR.

    - Different screening tool starting at age 12

    - Two different HCPCS code options:

        - G9919 for score of 4 and greater

        - G9920 for score 0-3

- For adults, ACES screening is done, with a score, once per patient per provider: consider template or workflow.

2. Two postpartum visits are now recommended, one for up to 21 days post partum, the second for 28-84 days post-partum. Consider different templates for each of these.

- Both should address family planning, lactation status, depression screening

- HEDIS requires abdominal exam. Acceptable:
    - Abdominal exam: normal/abnormal/not clinically indicated

3. Have MA assess each well-child visit for history of asthma. If child has asthma, merge asthma template with well-child template.

4. Create an asthma order set to incorporate best practices in asthma care.

- Guidelines on step therapy

- Preferred controller medications

- Testing recommendations

5. Create a template for a medication assisted therapy (MAT) visit for treating opioid use disorder and alcohol use disorder.
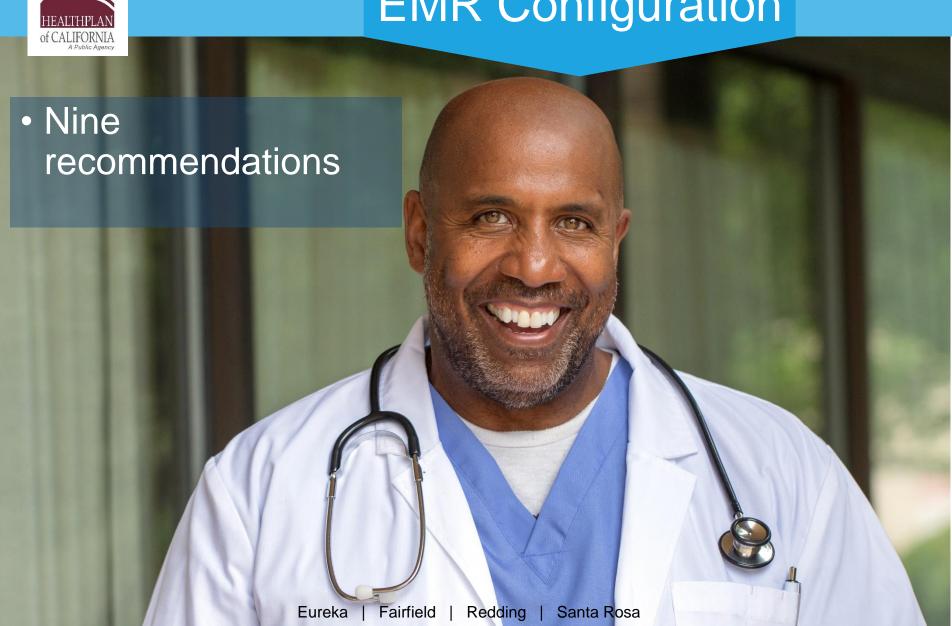
- Diagnosis Code: F11.2x for opioid use disorder

- Diagnosis Code: F10.2x for alcohol use disorder

- Include toxicology screen, screening for signs of diversion, screening for side effects.

6. Detailed template for performing medical clearance exam for alcohol withdrawal management

- See Appendix A of White Paper for details.

- PHC webinar on principles of this medical clearance exam: http://www.partnershiphp.org/Providers/HealthServices/Documents/First%20Do%20No%20Harm%20v3%20with%20minor%20changes.pdf#search=medical%20clearance

Misc. Billing and EMR Configuration

- Nine recommendations

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Misc. Recommendations

1. Buy NCQA Specifications and Value Set

2. Include titles in EMR signatures (e.g. last name Smith RN)

3. Change modifier for telemedicine visits (.95 instead of .GT)

4. Set up referral tracking in the EMR to include elements listed in the White Paper.

5. If you have an integrated Dental-Medical electronic health record, record dental blood pressures differently.

6. Ensure EMR documents BMI percentile for children as a number (having access to the graph is not enough).

Misc. Recommendations

7. When capturing previous cervical cancer screening results (done outside your organization), capture the exact type of study done (e.g. thin prep with high risk HPV screening) at least the month it was completed and a summary of the results.

8. Ensure refill protocol by nurse/pharmacist does not auto refill rescue MDIs without a chart review (evaluate for controller medication use and need for appointment)

9. Ensure the following are added to prescription module: glucometers, BP cuffs, humidifier, vaporizer, nebulizer.

Contact Us

- Send questions or suggestions to Dr. Moore at:

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