Quality All Stars
Achieving Success in HMSA’s Pay-for-Quality Programs

May 14 and 20, 2015
Agenda

- Pay-for-Quality Reminders
- Akamai Advantage
  - Review of Chronic Conditions
  - Acing the Annual Wellness Visit
- Aloha Kidney: Chronic Kidney Disease Education and Navigation – Dr. Ramona Wong, Nephrologist
- Best Team Practices for Quality Programs
Pay-for-Quality Reminders
Commercial, QUEST Integration

Attributed PCP Measures

- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Appropriate Testing for Children with Pharyngitis

For both measures, denominator includes patients only when diagnosis is made “by their attributed PCP”

- Cozeva displays ALL patients with diagnosis but the adjustment will be made during scoring
- No need to submit Request for Reconsideration
Commercial, QUEST Integration

Diabetes Measures

- Exclusion: **Patients with diagnosis of gestational diabetes**
- Working with Cozeva to correct, but this will also be adjusted out during the scoring
- No need for Request for Reconsideration
Commercial, QUEST, Akamai Advantage

**Blood Pressure**

- Blood pressure adequately controlled: 2 measures in all quality programs
  - **Chronic Care - BP Control:** Report BP on visits when hypertension is addressed (DX 401).
    - Age 18 to 59: **below** 140/90 mm Hg
    - Age 60 to 85: **below** 150/90 mm Hg – Must report on Cozeva
  - **Diabetes Care – BP Control <140/90:**
    - Age 18 to 75: **below** 140/90 mm Hg

- Environment: patient relaxes for 5 minutes before BP reading. Sit quietly, legs uncrossed, feet on floor. Breathe normally.

- Measurement: If high (above 140/90) wait 10 to 15 minutes, then remeasure
Commercial Medicare Primary/HMSA Secondary

Advance Care Planning and Blood Pressure In Control

- For Akamai Advantage and commercial-only claims – file claim with E&M and Blood Pressure or ACP codes directly to HMSA
- For patients with Medicare primary and HMSA secondary – file claims with E&M and the ACP or Blood Pressure codes to both Medicare and to HMSA. Necessary because Medicare does not recognize these codes and they are dropped on crossover to HMSA
- Option: For compliant BPs for patients 65 and older, report values in Cozeva when visit is for hypertension
Commercial, QUEST Integration

Childhood Immunization Measure

- Need to protect children and community from childhood diseases. 18 immunizations by 2nd birthday.
- More children in denominator for QUEST vs. commercial, but claims-based completion rate is lower (51% vs. 81% in 4Q 2014)
- Appreciate pediatricians who tested our claims data against shot records. Gave feedback on the challenges of completing all immunizations by age 2.
- Significant measure for HMSA’s pay-for-performance = revenue to support QUEST Integration
Commercial, QUEST Integration
Strategies from Pediatricians

- Cozeva is managed daily by staff, especially immunizations and well-child visits
- Aggressive follow-up: postcard, e-mail, text message, call
- Immediate follow-up if a well-child appointment is missed, so baby doesn’t fall behind schedule
- If shots are missed, child goes on a “target” list, and catch up occurs when child has a visit (or comes for a sibling’s appointment)
- Education and counseling are paramount; emphasis on trust relationship between physician and parent
- EPSDT form 8015 and catch-up form 8016 filed to HMSA
Commercial, QUEST Integration

Tip: Look Ahead!

- Manage childhood immunizations using the 4Q 2015 Cozeva dashboard
- Select 4Q 2015 tab to get a full year’s view of all children turning 2 in 2015
- For the childhood immunization measure:
  - Use Compliant “No”
  - Sort by date of birth to get a month-by-month view of children’s 2nd birthdays
  - Check your shot records to ensure shots are up to date and on track, or call family in
- Use this technique for well-child visits by 15 months and annual well-child visits for 3 to 6 years
Akamai Advantage
PCPs and Akamai Advantage
Star Ratings

- **Patient satisfaction** scores on Akamai Advantage CAHPS surveys on access, physician communication and overall rating of doctor

- Member’s **Health Outcomes Surveys** in which patients self-report whether PCP addressed:
  - Physical activity
  - Fall prevention
  - Depression
  - Incontinence

- **Quality metrics**
Akamai Advantage

Key Quality Metrics

- **Cancer Screenings (2)**
  - Breast Cancer Screening
  - Colorectal Cancer Screening

- **Diabetes Management (6)**
  - Blood Pressure Controlled
  - Eye Exam
  - HbA1c Poor Control
  - Medical Attention for Nephropathy
  - Comprehensive Diabetes Treatment
  - Medication Adherence for Oral Diabetes Medications
Akamai Advantage

Key Quality Metrics

- Heart Disease Management (3)
  - Controlling Blood Pressure
  - Medication Adherence for Hypertension
  - Medication Adherence for Cholesterol (statin)

- Body Mass Index

- Advance Care Planning

- Review of Chronic Conditions
Success Tip: Don’t Wait!

- New Akamai Advantage measures reported in 3Q and 4Q 2014 will require a service date in **calendar year 2015**
  - Advance care planning for patients 75 and older
  - Body mass index (BMI) for patients (through age 74)
  - Diabetes: controlling blood pressure (through age 75)
  - Blood pressure control for hypertensives (through age 85)
- Don’t wait until red dot appears, or you will have to rush

Success Tips

- Report BMI on claims early in 2015
- Revisit advance care planning early in 2015
- Preview your 4Q 2015 dashboard on Cozeva
Akamai Advantage

Review of Chronic Conditions

- Uses Cozeva to present list of patients with chronic condition diagnoses from 2013 and 2014
- Requires an office visit with patient in 2015. Provider reviews and confirms whether a patient’s chronic condition from 2013 and 2014 persists (e.g., Is it still present in 2015?)
- Importance of medical record documentation of M.E.A.T (indicate how the condition is being managed/monitored, evaluated, assessed/addressed, or treated)
- Report diagnoses to the highest level of specificity on the claim to HMSA
Akamai Advantage

Review of Chronic Conditions

- Will be scored based on visits with dates of services January 1 to September 30, 2015. Supplemental reporting completed by September 30. Claims must be processed by October 31.
- Earlier deadline avoids potential confusion and complications due to ICD-10
- Cozeva will display all chronic condition diagnoses from 2013 and 2014 -- from the attributed PCP and specialists
- PCP responsible for confirming and reporting DX on claim
Akamai Advantage

Review of Chronic Conditions

- Performance in the RCC measure will be calculated based on chronic conditions coded by the PCP and specialists.

- Scoring adjustment: Remove conditions exclusively coded by ED physicians, the hospital, and hospitalists.

**DO NOT IGNORE SPECIALISTS’ DIAGNOSIS CODES**
Akamai Advantage

Review of Chronic Conditions

- RCC Adjuster will continue in 2015

<table>
<thead>
<tr>
<th>RCC Performance</th>
<th>Adjuster</th>
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<tr>
<td>Below 51.00%</td>
<td>0% of earned quality award</td>
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<tr>
<td>51.00% to 65.99%</td>
<td>75% of earned quality award</td>
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<tr>
<td>66.00% or above</td>
<td>100% of earned quality award</td>
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- For maximum award, aim for **80% (three-stars)** on Review of Chronic Conditions to earn payment on the RCC measure and 100% of earned award for all measures
Akamai Advantage

Review of Chronic Conditions

- **Success Tip: Track your performance** – move 10 percentage points or more per month (at least 50% in May 2015) to get to 3 stars (80%) or higher by September 30

- Why doesn’t the Cozeva quality profile show my RCC progress? Where are my stars?

<table>
<thead>
<tr>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>70%</td>
<td>80%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Risk Conditions</td>
<td>Registry</td>
<td>Rank</td>
<td>Payments</td>
<td></td>
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<tr>
<td>---------------------------------</td>
<td>----------</td>
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<td></td>
</tr>
<tr>
<td>Review of Chronic Conditions</td>
<td>67.64%</td>
<td>1</td>
<td></td>
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<tr>
<td>Preventive</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Breast Cancer</td>
<td>76.92%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>78.21%</td>
<td></td>
<td></td>
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<tr>
<td>Body Mass Index Assessment</td>
<td>94.29%</td>
<td></td>
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<tr>
<td>Advanced Care Planning</td>
<td>44.71%</td>
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</table>
Akamai Advantage
RCC Supplemental Reporting

Most supplemental reporting for RCC requires upload of medical record into Cozeva. Deadline is September 30.

- Disconfirm – Condition has **improved**; medical record required
- Disconfirm – Condition has **resolved**; medical record required
- Disconfirm -- **Insufficient evidence of this condition.**

New guidelines will allow more flexibility. Cozeva to be updated to allow for attestation and comment by provider. Medical record will NOT be required.
Interim steps for **Disconfirm -- Insufficient evidence of this condition** while Cozeva is upgraded

- Upload a note or memo, signed and dated by the provider, into Cozeva. Does NOT need to be filed with the medical record.

- Suggested PCP note and free-text language to be written into Cozeva:

  “Review of the information provided from external sources, my medical record, including laboratory tests and imaging studies, shows no evidence that condition __________ exists in this patient.”
Akamai Advantage
Annual Wellness Visit
Akamai Advantage Member Benefits

- **No member copayment** for Annual Wellness Visit (AWV) providing Personalized Prevention Plan
- Coverage for one **first** Annual Wellness Visit per Medicare beneficiary per lifetime
- Coverage for one **subsequent** Annual Wellness Visit per year
  - Timing: 11 months have passed following the month in which the last AWV was performed

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Description</th>
<th>2015 Fee</th>
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</thead>
<tbody>
<tr>
<td>G0438</td>
<td>Annual wellness visit; includes a personalized prevention plan of service; initial visit</td>
<td>$184.40</td>
</tr>
<tr>
<td>G0439</td>
<td>Annual wellness visit; includes a personalized prevention plan of service; subsequent visit</td>
<td>$125.33</td>
</tr>
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</table>
Medical Record Documentation

- CMS has strict requirements for the Annual Wellness Exam components

*Important*: Medical record **must demonstrate** all CMS-required components. Subject to CMS and HMSA audit, with possible recoupments if record is incomplete.

- HMSA audit of 43 PCPs shows documentation in medical record is substantially incomplete (see handout for details on documentation)
Aloha Kidney
A Resource for All Patients, MDs, and Staff
Kidney Disease Education (KDE)

- Patients manage chronic disease

- Patients who understand
  - Their life goals
  - Impact of daily choices on their life goals
  - How to move toward health, slow disease
    - New rules if chronic disease
  - Transitions ahead and how to prepare
  - Make choices more aligned with goals

- MD can provide and/or refer for KDE
  - Protect patient from bias
Aloha Kidney – KDE

- Retired nephrologist = educator
- No financial conflicts
- Not a vendor/investor in CKD or ESRD options
- No cost, 6 weekly sessions, 2-2.5 hr/session, all welcome
- Created for Hawai’i
- Class sites:
  - Pearlridge
  - Honolulu
  - Castle Wellness Center
  - Web classes to Hilo, Moloka’i, Lana’i, Maui
Aloha Kidney – CKD navigation

- Retired nephrologist or experienced RN
- Individual obstacles addressed if requested by MD, staff or patient
  - Community resources
  - Additional KDE
  - Advanced care directives/POLST forms explained
  - Dialysis or transplant clinic orientation
Aloha Kidney – Outcomes

- Patient understanding enhances MD visit
- Patient-centered goals fuel patient motivation to align lifestyle choices
- Transitions planned
- Community resources mobilized
- Outcomes improved
  - CKD progression, transplantation, dialysis, natural life
- Family impact

HMSA endorsement for these reasons
Aloha Kidney KDE—Enrollment process

- **MD** can recommend to patient
  - GFR/albuminuria heatmap
- **Office staff** can provide info to patient
  - Brochure
  - www.alohakidney.com
- **Patient** calls (808) 585-8404 to enroll

- MD/staff CKD population management possible
GFR/albuminuria heat map
Risk for ESRD, CV event, death

Urine albumin/creatinine

<table>
<thead>
<tr>
<th>GFR</th>
<th>&lt;30 mg/g</th>
<th>30-300 mg/g</th>
<th>&gt;300 mg/g</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥90</td>
<td>30-300 mg/g</td>
<td>&gt;300 mg/g</td>
<td></td>
</tr>
<tr>
<td>60-89</td>
<td>30-300 mg/g</td>
<td>&gt;300 mg/g</td>
<td></td>
</tr>
<tr>
<td>45-59</td>
<td>30-300 mg/g</td>
<td>&gt;300 mg/g</td>
<td></td>
</tr>
<tr>
<td>30-44</td>
<td>30-300 mg/g</td>
<td>&gt;300 mg/g</td>
<td></td>
</tr>
<tr>
<td>15-29</td>
<td>30-300 mg/g</td>
<td>&gt;300 mg/g</td>
<td></td>
</tr>
<tr>
<td>&lt;15</td>
<td>30-300 mg/g</td>
<td>&gt;300 mg/g</td>
<td></td>
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</tbody>
</table>
Aloha Kidney – More information

- www.alohakidney.com
- For brochures/posters or to contact CKD navigator (808) 585-8404

Your patient’s understanding = Our goal
Best Team Practices for Quality Programs
All Quality Programs

PCP Team’s Checklist for Success

- Does PCP practice team (front office, nurses, medical assistants, billers) understand the value of the quality program for doctor and patients?
- Is PCP practice team committed to achieving quality goals?
- Does practice use Cozeva on a daily basis?
- Does practice team need help with metrics and office workflows to close gaps?
- Does team use strategies, such as pre-visit planning, to support PCP?
All Quality Programs Using Cozeva

- Provides patient registry of HMSA members with care gaps
- Provides information for all HMSA members
- Uses claims data to chart progress
- Allows for supplemental data entry
- Easy for staff and PCP to use
- Key to success in HMSA’s Pay-for-Quality program
All Quality Programs

Office Workflow Strategies

- **Pre-visit planning**
  - Identify which HMSA patients are being seen the next day
  - Use Cozeva to identify gaps in care
  - PCP and staff work on agreed method to alert PCPs to gaps (print out Cozeva, put notes in EMR, etc.), such as cancer screenings or lab work needed or medication not being filled. Identify conditions to be addressed for Review of Chronic Conditions
  - PCP works with staff on standing orders, such as lab requisitions to close gaps
All Quality Programs

Office Workflow Strategies

- **Day of visit**
  - Implement tasks identified as part of pre-visit planning
  - Practice team reinforces message with patient regarding closing of gaps
  - Communicate with biller on relevant CPT II codes to be picked, such as blood pressure or advance care planning or diagnoses to be reported for Review of Chronic Conditions

- **After the visit**
  - Staff follows up with patient to ensure gaps are closed (such as mammography appointment made, stool card being completed)
  - Consider assigning staff “ownership” of certain measures
  - Monitor progress on Cozeva and celebrate success!
Training Resources

- Call Cozeva support staff at 1-888-448-5879 to arrange for ARW training on Cozeva tool

- HMSA PS Training Unit can provide training to groups or individual offices on pay-for-quality programs. Call 948-6820 on Oahu or 1 (877) 304-4672 toll-free on the Neighbor Islands

- Electronic library on hmsa.com/providers
  - Pay for Quality guides
  - HMSA Provider Resource Center
    - Medicare E-Library for information on Akamai Advantage
    - Provider Training Modules
Appendix:
Team Strategies for Success in Quality Programs
BMI and Advance Care Planning

Denominators ramp up in 2015

- Commercial BMI and advance care planning and QUEST Integration BMI—denominators increase to 100% in 2Q 2015
- Akamai Advantage BMI and advance care planning—denominator 100% in 2015 (annual scoring)
- TEAM:
  - Review office workflows to ensure height and weight are taken, BMI calculated, and reported on claims.
  - Know whether the advance care planning document is in the medical record (and bring forward to the visit) or whether doctor needs to have a conversation. Report on claim.
Reporting BMI

- Report BMI for patients ages 2 to 74
- For Cozeva supplemental reporting, BMI requires upload of medical record

<table>
<thead>
<tr>
<th>Adult BMI (for people over 20)</th>
<th>ICD-9 DX Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>V85.0 (4\textsuperscript{th} digit required)</td>
<td>BMI less than 19, adult</td>
</tr>
<tr>
<td></td>
<td>V85.1 (4\textsuperscript{th} digit required)</td>
<td>BMI 19 to 24, adult</td>
</tr>
<tr>
<td></td>
<td>V85.2x (5\textsuperscript{th} digit required)</td>
<td>BMI 25 to 29.9, adult</td>
</tr>
<tr>
<td></td>
<td>V85.3x (5\textsuperscript{th} digit required)</td>
<td>BMI 30 to 39.9, adult</td>
</tr>
<tr>
<td></td>
<td>V85.4x (5\textsuperscript{th} digit required)</td>
<td>BMI 40 and over, adult</td>
</tr>
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</table>
# Reporting BMI

<table>
<thead>
<tr>
<th>Pediatric BMI (for people 2 to 20)</th>
<th>ICD-9 DX Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>V85.51</td>
<td>BMI, pediatric, less than 5th percentile</td>
</tr>
<tr>
<td></td>
<td>V85.52</td>
<td>BMI, pediatric, 5th to less than 85th percentile</td>
</tr>
<tr>
<td></td>
<td>V85.53</td>
<td>BMI, pediatric, 85th to less than 95th percentile</td>
</tr>
<tr>
<td></td>
<td>V85.54</td>
<td>BMI, pediatric, greater than or equal to 95th percentile</td>
</tr>
</tbody>
</table>
Reporting Blood Pressure

- **Chronic Care - BP Control:** Measure may account for 20%+ of max potential. Report BP on visits when hypertension is addressed (DX 401).
  - Age 18 to 59: below 140/90 mm Hg
  - Age 60 to 85: below 150/90 mm Hg – Must report on Cozeva

- **Diabetes Care – BP Control <140/90:**
  - Age 18 to 75: below 140/90 mm Hg

<table>
<thead>
<tr>
<th>CPT II Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Blood pressure</strong></td>
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</tr>
<tr>
<td>3074F</td>
<td>Most recent systolic BP &lt; 130mm Hg</td>
</tr>
<tr>
<td>3075F</td>
<td>Most recent systolic BP 130-139 mm Hg</td>
</tr>
<tr>
<td>3077F</td>
<td>Most recent systolic BP ≥ 140 mm Hg</td>
</tr>
<tr>
<td><strong>Blood pressure</strong></td>
<td></td>
</tr>
<tr>
<td>3078F</td>
<td>Most recent diastolic BP &lt; 80 mm Hg</td>
</tr>
<tr>
<td>3079F</td>
<td>Most recent diastolic BP 80-89 mm Hg</td>
</tr>
<tr>
<td>3080F</td>
<td>Most recent diastolic BP ≥ 90 mm Hg</td>
</tr>
</tbody>
</table>
## Advance Care Planning Measure

- **Denominator:** Patients 75 & up.
- **Numerator:** Report on claim using 1 of 4 codes

<table>
<thead>
<tr>
<th>Advance Care Plan Document</th>
<th>OR</th>
<th>Advance Care Plan Discussion</th>
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</thead>
<tbody>
<tr>
<td><strong>CPT 1157F</strong></td>
<td></td>
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<tr>
<td>• Executed Durable Power of Attorney for Healthcare Decision-making</td>
<td></td>
<td></td>
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<tr>
<td>• Executed Advance Healthcare Directive</td>
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<td></td>
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<tr>
<td>• Executed POLST</td>
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<table>
<thead>
<tr>
<th>OR</th>
<th>Advance Care Plan Discussion</th>
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<tbody>
<tr>
<td></td>
<td>Patient’s current thinking about at least one of the following:</td>
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<tr>
<td></td>
<td>• CPR</td>
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<td></td>
<td>• Goals of care for cardiopulmonary failure, including hospitalization</td>
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<td></td>
<td>• Artificial nutrition and hydration</td>
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<td>• Comfort care options</td>
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<tr>
<td></td>
<td>• Advanced Directive decisions</td>
</tr>
<tr>
<td></td>
<td>• Durable power of attorney for healthcare/designated surrogate</td>
</tr>
<tr>
<td></td>
<td>• Patient’s key questions for further discussion</td>
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<tr>
<td></td>
<td>• Progression of illness</td>
</tr>
<tr>
<td></td>
<td>• Potential complications</td>
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<td></td>
<td>• Specific life-sustaining treatments that may be required if their illness progresses</td>
</tr>
</tbody>
</table>

- **OR:** **HCPCS S0257:** Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate
- **OR:** Diagnosis code **V49.86** Do not resuscitate status