PROVIDER QUALITY NEWSLETTER

JANUARY 2018

MedPOINT MANAGEMENT
Pointing Healthcare In The Right Direction

Our Quality Newsletter has a new look for 2018!

The January 2018 Episource Report is Posted!

Happy New Year! The January 2018 Episource Reports are posted on the portal with data through 12/31/17. The February report will continue to reflect results for 2017. We will begin reporting 2018 goals and data in March.

epi EPISOURCE

HEDIS Measure – MRP

Medication Reconciliation Post-Discharge (MRP) can help reduce hospital readmissions.

To meet the measure, medications must be reconciled within 30 days after discharge for members 18 years and older.

Medication reconciliation or review must be documented by a prescribing practitioner, clinical pharmacist or registered nurse and must include the list of current medications. See the attached Physician Communication for more details.

Submit CPT II code **111F** to capture the reconciliation.

JANUARY 2018
Cervical Health Awareness Month!

Call Members for Cervical Cancer Screening

Women age 21-64 should receive a pap smear every 3 years. Starting at age 30, they should receive a pap smear with HPV co-testing every 5 years. Schedule your members early this year!

Important Measures Impacted by PM 160 Forms

PM 160 Forms are being phased out in 2018. It is more important than ever to submit electronic CMS 1500 encounters to MedPOINT. Some health plans still accept PM 160s for now but **all plans require encounters:**

- ✔ **Anthem** – continues to accept PM 160s for 2018 Dates of Service (DOS)
- ✔ **Health Net** – continues to accept PM 160s for 2018 Dates of Service (DOS)
- ✔ **IEHP** – continues to accept electronic PM 160s on their portal
- ✔ **LA Care** – submit electronic CMS 1500 to MPM and separately to LA Care (will accept PM 160s through 6/30/18)
- ✖ **Care 1st** – does not accept PM 160s for 2018 DOS
- ✖ **Molina Health Plan** - does not accept PM 160s for 2018 DOS

Updates will be provided as more information becomes available.

The PM 160 Form made it easy to receive credit for certain HEDIS measures but now you must submit the correct codes on encounters to get credit. Let us help. Call us for a HEDIS Training for your providers or billers!

Member Satisfaction Surveys

Thank you to those who participated in the Member Satisfaction Surveys for 2017. These surveys help your office and the medical group serve our members better. If you did not participate, please plan to do so in 2018.

Measures Affected by PM 160 Forms

Abbreviation	Pediatric HEDIS Measure	Visit Type	Age on 12/31/2018	Required Diagnosis Codes
CAP	Children and Adolescents Access to Primary Care Practitioners	Any	1-19 years	None
W34	Well Child Visits in the 3rd 4th 5th and 6th Years of Life	Preventive	3-6 years	None
AWC	Adolescent Well Care Visits	Preventive	12-21 years	None
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity	Any	3-17 years	**BMI Percentile** (Z68.51-54), **Nutrition Counseling** (Z71.3), and **Physical Activity Counseling** (Z71.82)

FEBRUARY 2018
American Heart Month

QUICK LINK
Episource Login Page:
hedis.episource.com

MedPOINT Management – Quality Department
6400 Canoga Avenue, Suite 163, Woodland Hills, CA 91367
QualityMeasures@MedPOINTmanagement.com
818-702-0100, x353 | MedPOINTManagement.com

Physician Communication
Best Practices for Conducting and Documenting

Health Net®

Health Effectiveness Data Information Set (HEDIS®)
Medication Reconciliation Post-Discharge (MRP)

What: The MRP measure is defined as a review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record.[1]
Why: Individuals discharged from the hospital frequently become confused regarding the medication they should be taking. Medication reconciliation has been shown to reduce adverse drug events (ADEs) and readmissions.[3]
Who: Medication reconciliation will be conducted by a prescribing practitioner, clinical pharmacist or registered nurse, for all Medicare beneficiaries 18 years and older. [1]
When: On the date of discharge through 30 days after discharge (31 total days) [1] at the first post op visit or by telephone.
Where: Only documentation in the ***outpatient chart*** meets the intent of the measure, but an outpatient visit is not required.[1]
How: *Medication reconciliation involves a three step process*: 1: Verification (collecting an accurate medication history); 2: Clarification (ensuring that the medication and doses are appropriate); 3: Reconciliation (documenting every single change and making sure it "squares" with all the other medication information).[2]

There are two important elements to recording the completion of MRP:

1) ***Coding*** with CPT, CPTII

Code	Definition
CPT 99496	Transitional Care Management - high complexity, face-to-face visit within 7 days of discharge[3]
CPT 99495	Transitional Care Management - at least moderate complexity, face-to-face visit within 14 days of discharge[3]
CPTII* 1111F	Discharge medication reconciled with the current medication list in outpatient medical record[4]

* CPT II codes are billed in the procedure code field; just as CPT Category I codes are billed. CPT II codes describe clinical components usually included in evaluation and management or clinical services; therefore, they are not associated with any relative value, and as such[5], CPT II charges will be denied. Be assured despite the denial, the data is used for quality reporting purposes.

2) ***Documentation*** in the medical record must include evidence of medication reconciliation and the date when it was performed.[1]

Any of the following meets criteria:

- Documentation that the provider reconciled the current and discharge medications.
- Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).
- Documentation of the member's current medications with a notation that the discharge medications were reviewed.
- Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.
- Evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review.
- Documentation in the discharge summary that the discharge medications were reconciled with the current medications. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).
- Notation that no medications were prescribed or ordered upon discharge.[1]

References

1 NCQA's HEDIS 2017 Technical Specification for Health Plans, Volume 2, Washington DC, 2016.

2 Institute for Healthcare Improvement Accuracy at Every Step: The Challenge of Medication Reconciliation: Retrieved from: http://www.ihi.org/resources/Pages/ImprovementStories/AccuracyatEveryStep.aspx

3 Practice Management Information Corporation CPT Plus 2015: Digital Series, Los Angeles, CA, 2014.

4 American Medical Association: CPT Category II Codes Alphabetical Clinical Topics Listing Updated February 12, 2016. Retrieved from:https://www.ama-assn.org/ama/pub/physician-resources/solutions-managing -your- practice/coding-billing-insurance/cpt/about-cpt/category-ii-codes.page

5 California Quality Collaborative: CPT Category II Codes Tip Sheet (n.d.). Retrieved from: http://www.calquality.org/storage/documents/compass/CPTCategoryIICodeTipSheet.pdf

Physician Communication
Best Practices for Conducting and Documenting

Health Net®

Health Effectiveness Data Information Set (HEDIS®)
Hospitalization for Potentially Preventable Complications (HPC)

What: The HPC measure is defined as the rate of discharges for ambulatory care sensitive conditions (ACSC) for members 67 years of age and older. An ambulatory care sensitive condition is an acute or chronic health condition that can be managed or treated in an outpatient setting[1] and where hospitalizations can frequently be avoided through good care.

The ambulatory care conditions included in this measure are:

Acute ACSC	Chronic ACSC	
• Bacterial pneumonia	• Diabetes short-term complications	• Asthma
• Cellulitis	• Diabetes long-term complications	• COPD
• Urinary tract infection	• Uncontrolled diabetes	• Heart failure
• Pressure ulcer	• Lower-extremity amputation among patients with diabetes	• Hypertension

Why: Reducing the rate of hospitalization for potentially preventable complications of acute and chronic conditions for older adults will improve patient health, reduce costs and improve quality of life. *It is important to note that some complications or exacerbations are unavoidable and therefore the appropriate rate of hospitalization is not "zero"; however, this measure will provide important information to health plans, providers and consumers and other stakeholders about how well a system of care helps older adults with chronic and acute conditions prevent hospitalization.*[2]

Who: The Health Care Provider will monitor members 67 years of age and older with an ACSC.

Where: In the ambulatory care setting.

When: Ongoing monitoring during regular office visits and as needed via phone follow up for any changes in symptoms/medications.

How providers can minimize *Hospitalizations for Potentially Preventable Complications*:

- Provide follow-up to call to ACSC members who cancel or miss an appointment
- Identify high-risk patients and increase monitoring (by telephone) or consider referral to Disease or Case Management for patients needing additional assistance managing their condition[3]
- Educate members/caregivers on condition management, medication adherence (review medications at each visit)[3], and prompt reporting of any concerns about their condition
- Respond promptly to ACSC members' calls/inquiries regarding symptoms and medications
- Engage family/caregivers in members' care
- Schedule next visit prior to ACSC members leaving the office
- Work with a Specialist for more complex cases and obtain progress notes/updates following Specialist office visits[3]

References:
1 NCQA's HEDIS 2017 Technical Specification for Health Plans, Volume 2, Washington DC, 2016.
2 NCQA's HEDIS 2017 Technical Specification for Health Plans, Volume 1, Washington DC, 2016.
3 Fruend T, Campbell S, Geissler S, Kunz CU, Mahler C, Peters-Klimm F, Szecsenyi J. Strategies for Reducing Potentially Avoidable Hospitalizations for Ambulatory Care-Sensitive Conditions. *Ann Fam Med*. 2013; 11(4):363-370. Retrieved from: http://www.annfammed.org.content/11/4/363.long

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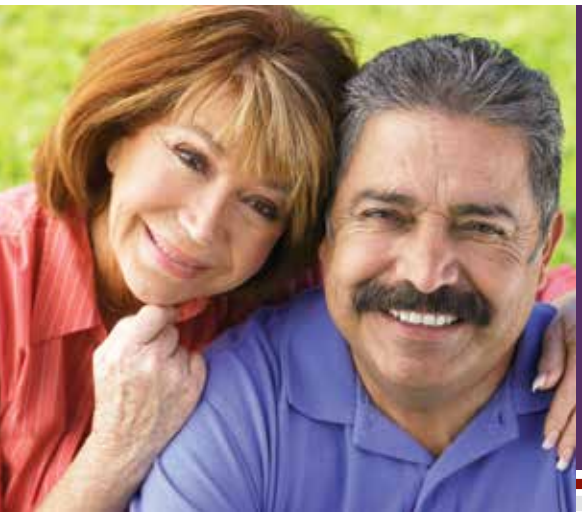
www.hispanichealth.org

ABCS of Heart Health

To reduce the risk of heart attack or stroke



Every year, Americans suffer more than **1.5 million heart attacks and strokes.** But following the ABCS can help reduce your risk and improve your heart health.

A: Take **a**spirin as directed by your health care professional.

B: Control your **b**lood pressure.

C: Manage your **c**holesterol.

S: Don't **s**moke.

A Take aspirin as directed by your health care professional.

Ask your health care professional if aspirin can reduce your risk of having a heart attack or stroke. Be sure to tell your health care professional if you have a family history of heart disease or stroke, and mention your own medical history.

B Control your blood pressure.

Blood pressure measures the force of blood pushing against the walls of the arteries. If your blood pressure stays high for a long time, you may suffer from high blood pressure (also called hypertension). High blood pressure increases your risk for heart attack or stroke more than any other risk factor. Find out what your blood pressure numbers are, and ask your health care professional what those numbers mean for your health. If you have high blood pressure, work with your health care professional to lower it.

C Manage your cholesterol.

Cholesterol is a waxy substance produced by the liver and found in certain foods. Your body needs cholesterol, but when you have too much, it can build up in your arteries and cause heart disease. There are different types of cholesterol: One type is "good" and can protect you from heart disease, but another type is "bad" and can increase your risk. Talk to your health care professional about cholesterol and how to lower your bad cholesterol if it's too high.

S Don't smoke.

Smoking raises your blood pressure, which increases your risk for heart attack and stroke. If you smoke, quit. Talk with your health care professional about ways to help you stick with your decision. It's never too late to quit smoking. Call 1-800-QUIT-NOW today.

Heart disease and stroke are the first and fourth leading causes of death in the United States. Together, these diseases cause 1 in 3 deaths.

The good news is that you can reduce your risk by following the ABCS!

Rosa was caring for her granddaughter when she felt a sharp pain in her chest that didn't go away. At the hospital, the health care professional told her that she had high blood pressure and that it had caused a heart attack. Rosa was surprised—she didn't feel bad most of the time and didn't know she had high blood pressure. The health care professional gave Rosa medicine to help control her blood pressure and prevent another heart attack. Rosa takes her medicine every day so she can keep her blood pressure under control. It's important to Rosa to stay healthy. She wants to see her granddaughter grow up and get married one day.

What do I need to know about high blood pressure?

High blood pressure is the leading cause of heart attack and stroke in the United States. It can also damage your eyes and kidneys. **One in three American adults has high blood pressure, and only about half of them have it under control.**

How is blood pressure measured? Two numbers (for example, 140/90) help determine blood pressure. The first number measures systolic pressure, which is the pressure in the blood vessels when the heart beats. The second number measures diastolic pressure, which is the pressure in the blood vessels when the heart rests between beats.

When and how should I take my blood pressure? Take your blood pressure regularly, even if you feel fine. Generally, people with high blood pressure have no symptoms. You can take your blood pressure at home, at many pharmacies, and at your doctor's office.

How can I control my blood pressure? Work with your health care professional to make a plan for controlling your blood pressure. Be sure to follow these guidelines:

- **Eat a healthy diet.** Choose foods low in trans fat and sodium (salt). Most people in the United States consume more sodium than recommended. Everyone age 2 and up should consume less than 2,300 milligrams (mg) of sodium per day. Adults age 51 and older; African Americans of all ages; and people with high blood pressure, diabetes, or chronic kidney disease should consume even less than that: only 1,500 mg of sodium per day.
- **Get moving.** Staying physically active will help you control your weight and strengthen your heart. Try walking for 10 minutes, 3 times a day, 5 days a week.
- **Take your medications.** If you have high blood pressure, your health care professional may give you medicine to help control it. It's important to follow your health care professional's instructions when taking the medication and to keep taking it even if you feel well. Tell your health care professional if the medicine makes you feel bad. Your health care team can suggest different ways to reduce side effects or recommend another medicine that may have fewer side effects.

The doctor is not the only health care professional who can help you follow the ABCS. Nurses, pharmacists, community health workers, health coaches, and other professionals can work with you and your doctor to help you achieve your health goals.

Need confidential health information? Call the Su Familia Helpline at 1-866-783-2645 today.

Su Familia: The National Hispanic Family Health Helpline offers free, reliable information on a wide range of health issues in Spanish and English. The health promotion advisors can help Hispanic clients find affordable health care services in their community.

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National Alliance for Hispanic Health
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4 PASOS ADELANTE

Para reducir el riesgo de un ataque al corazón o un derrame cerebral

Todos los años en los Estados Unidos, las personas sufren más de **2 millones de ataques cardíacos y derrames cerebrales.** Pero, siguiendo estos 4 pasos, usted puede ayudar a reducir el riesgo y mejorar la salud de su corazón.

1. Tome aspirinas si el proveedor de servicios de salud se lo indica.
2. Controle su presión arterial.
3. Controle su colesterol.
4. No fume.

1 Tome aspirina si el proveedor de servicios de salud se lo indica.

Pregúntele a su proveedor de servicios de salud si la aspirina puede reducir su riesgo de tener un ataque al corazón o un derrame cerebral. No olvide comentarle al proveedor de servicios de salud si hay antecedentes de enfermedades cardíacas o derrames cerebrales en su familia, así como su propio historial médico.

2 Controle su presión arterial.

La presión arterial mide la fuerza que la sangre ejerce contra las paredes de las arterias. Si la presión permanece alta por mucho tiempo, usted podría padecer de presión arterial alta (también conocida como hipertensión). La presión arterial alta aumenta el riesgo de sufrir un ataque al corazón o un derrame cerebral más que cualquier otro factor de riesgo. Averigüe cuál es su nivel de presión arterial y pregúntele al proveedor de servicios de salud qué significa ese nivel para su salud. Si tiene la presión arterial alta, consulte con su proveedor de servicios de salud para bajarla.

3 Controle su colesterol.

El colesterol es una sustancia similar a la cera, producida por el hígado y presente en ciertas comidas. Su cuerpo necesita colesterol, pero cuando tiene demasiado, éste puede acumularse en sus arterias y provocar enfermedades del corazón. Hay diferentes tipos de colesterol: existe un tipo de colesterol que es “bueno” y puede protegerlo de las enfermedades cardíacas, pero también existe un tipo de colesterol que es “malo” y puede aumentar su riesgo. Converse con su proveedor de servicios de salud sobre los niveles de colesterol y las formas de bajar el nivel de colesterol malo si lo tiene demasiado alto.

4 No fume.

Fumar hace que la presión arterial aumente, lo que a su vez también aumenta su riesgo de tener un ataque al corazón o un derrame cerebral. Si fuma, deje de hacerlo. Hable con su proveedor de servicios de salud sobre los distintos métodos que pueden ayudarle a mantener esta decisión. Nunca es demasiado tarde para dejar de fumar. Llame hoy mismo al 1-800-QUIT-NOW.

Million Hearts™ (Un millón de corazones) es un programa nacional que tiene como objetivo prevenir 1 millón de ataques cardíacos y accidentes cerebrovasculares para el año 2017. El programa es liderado por los Centros para el Control y la Prevención de Enfermedades y los Centros de Servicios de Medicare y Medicaid, dos agencias que pertenecen al Departamento de Salud y Servicios Humanos.

Las enfermedades cardíacas y los accidentes cerebrovasculares son la primera y la cuarta causa de muerte en los Estados Unidos. Juntas, estas enfermedades ocasionan 1 de cada 3 muertes. **¡La buena noticia es que, dando estos 4 pasos adelante, usted puede reducir su riesgo!**

Rosa estaba cuidando a su nieta cuando sintió un dolor fuerte en el pecho. En el hospital, el proveedor de servicios de salud le dijo que tenía la presión arterial alta y que eso le había ocasionado un ataque cardíaco. Rosa estaba sorprendida, porque tener la presión arterial alta en general no la hacía sentir mal. El proveedor de servicios de salud le dio a Rosa un medicamento para ayudar a controlar la presión arterial y evitar otro ataque cardíaco. Rosa toma su medicamento todos los días, aunque ahora ya se siente mejor. Para Rosa, es importante ver crecer a su nieta y poder estar presente el día en que se case.

¿Qué debo saber sobre la presión arterial alta?

La presión arterial alta es la principal causa de ataques cardíacos y accidentes cerebrovasculares en los Estados Unidos. También puede afectar la vista y los riñones. **Uno de cada tres adultos en los Estados Unidos tiene la presión arterial alta y sólo la mitad de ellos la tienen bajo control.**

¿Cómo se mide? Dos números (por ejemplo, 140/90) ayudan a determinar la presión arterial. El primer número (arriba) mide la presión sistólica, que representa la presión en los vasos sanguíneos cuando el corazón late. El segundo número (abajo) mide la presión diastólica, que representa la presión en los vasos sanguíneos cuando el corazón reposa entre latidos.

¿Cuándo y cómo debo tomarme la presión arterial? Tómese la presión arterial en forma periódica, incluso si se siente bien. En general, las personas con presión arterial alta no presentan síntomas. Puede tomarse la presión arterial en su hogar, en muchas farmacias y en el consultorio del proveedor de servicios de salud.

El médico no es el único profesional de la salud que puede ayudarlo a dar estos 4 pasos adelante. Las enfermeras, los farmacéuticos, los promotores de salud, los asesores médicos y otros profesionales pueden trabajar junto con usted y su médico para ayudarle a alcanzar sus objetivos en materia de salud.

¿Necesita información de salud confidencial? Llame al 1-866-783-2645 hoy.

Su Familia: La Línea Telefónica para la Salud de la Familia Hispana ofrece información gratis y fiable en una amplia gama de temas de salud en español y en inglés. El personal puede ayudar a los clientes hispanos a encontrar servicios del cuidado de la salud en su comunidad.

¿Cómo puedo controlar mi presión arterial? Trabaje con el proveedor de servicios de salud para elaborar un plan que lo ayude a controlar su presión arterial. Asegúrese de seguir estas indicaciones:

- **Siga una dieta saludable.** Escoja alimentos bajos en grasas trans y sodio (sal). Casi todas las personas en los Estados Unidos consumen más sodio de lo recomendado. Ninguna persona de más de 2 años de edad debe consumir más de 2,300 miligramos (mg) de sodio por día. Los adultos de 51 años en adelante, los afroamericanos de cualquier edad y las personas con presión arterial alta, diabetes o enfermedad renal crónica deben consumir incluso menos que eso: apenas 1,500 mg de sodio por día.
- **Haga actividad física.** Mantenerse activo le ayudará a controlar el peso y fortalecer su corazón. Trate de caminar 10 minutos 3 veces al día, 5 días por semana.
- **Tome sus medicamentos.** Si usted tiene la presión arterial alta, es posible que el proveedor de servicios de salud le dé un medicamento para ayudar a controlarla. Es importante que siga las instrucciones del proveedor de servicios de salud cuando tome el medicamento y que continúe tomándolo incluso si se siente bien. Avísele al proveedor de servicios de salud si el medicamento lo hace sentir peor. Él podrá explicarle las distintas maneras de reducir los efectos secundarios o recomendarle otro medicamento que tenga menos efectos secundarios.

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