

JANUARY 2020

# PROVIDER QUALITY NEWSLETTER



## Happy New Year from your friends at MedPOINT Management!

Thank you for all you do to provide quality care to your patients. We value and appreciate each and every one of you.

### **Interpreta** – <https://portal.interpreta.com>

Looking for the most updated gap list? Interpreta's data is refreshed every week and the best day to download the most recent data is Mondays.

Please note that the 2019 database is still being updated for services performed this year. A new 2020 database will be available for review in February or March.

Please let us know if you need any help with reports or would like a Refresher Training by emailing [interpreta@medpointmanagement.com](mailto:interpreta@medpointmanagement.com) or call us at (818) 702-0100, ext. 1353.



## Supplemental Data Deadlines

Thank you to everyone who has submitted supplemental data either through the Interpreta Supplemental Data portal or through the Excel templates that we provide. Each health plan has an internal due date for submission of data. Please make sure your data is sent to MedPOINT before the following deadlines to ensure that it arrives at the health plan timely:

**Non-Standard Data**.....1/15/20

**Standard Data (EHR Extract  
without Manipulation)**.....3/15/20

For questions regarding supplemental data, email [qualitymeasures@medpointmanagement.com](mailto:qualitymeasures@medpointmanagement.com) or call 818-702-0100, x1353.



## W34 & AWC

Get an early start in 2020! Children age 3-6 and adolescents age 12-21 require an annual Well Child exam. For those members who did not receive the exam in 2019, please start scheduling them now to come in early in the new year.



## Coding for 2020

Some of the biggest opportunities for improvement in coding that we saw in 2019 pertained to the WCC and COA measures. Please be sure to build the correct codes into your processes to ensure you receive credit for your work.

## Care for Older Adults (COA)

**Advanced Care Planning:** Document Present CPT II:

1157F, Discussion documented CPT II: 1158F

**Medication Review:** CPT II: 1160F and Medication List:  
CPT II: 1159F

**Functional Status Assessment:** CPT II: 1170F

**Pain Assessment:** Pain Present CPT II: 1125F

or Pain not Present CPT II: 1126F

## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

This measure is often completed with W34 (Well Child age 3-6) or AWC (Adolescent Well Care) exams and has 3 components.

### BMI Percentile ICD-10:

Z68.51 Body mass index pediatric,  
less than 5th percentile for age

Z68.52 Body mass index pediatric,  
5th % to less than 85th % for age

Z68.53 Body mass index pediatric,  
85th % to less than 95th % for age

Z68.54 Body mass index pediatric,  
greater than or equal to 95th % for age

Counseling Nutrition ICD-10: Z71.3

Counseling Physical Activity: ICD-10: Z71.82 ICD-10:  
Z02.5 - sports participation

## Member Satisfaction Survey Season

The deadline to submit the MedPOINT Member Satisfaction Surveys to Scantron has been extended to 2/15/2020! Please take the time to distribute the surveys to your patients, collect the completed forms and mail them to Scantron using the return labels that were provided. The information received from members will help identify opportunities for improvement and allow changes to be made that can have a positive impact on Health Plan CAHPS survey results.

## Free Customer Service Poster for your Office

LA Care is offering a free customer service poster to help educate your staff on how to improve communication with patients. Ask your MedPOINT Quality Specialist for a poster to display in your waiting room today!



## Rheumatoid Arthritis Tip Sheet

Please review the attached HEDIS Tip Sheet from Health Net regarding the "Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis" (ART) HEDIS Medicare measure. Please check Interpreta to see how many members are due for this measure and review their medications.



## Gaps in Care

Interpreta is not the only place you can go to see what HEDIS services are due for your patients. When submitting a referral, your staff can take note of the Alert in the member file that indicates what gaps are open for the members which will allow you to set up the screenings. Health Plan gap reports are another resource that identifies the open gaps for your patients. Identifying the gaps and reaching out to your assigned members to come in for the services is the best way to ensure quality care is delivered.



## Learning Opportunities - IHQC

The Institute for High Quality Care (IHQC) is offering a Fundamentals in Quality Improvement series, as well as new rounds of their Quality Change Agents and Project Management in QI courses in 2020. This is a great opportunity to expand your knowledge and network with others right here in Los Angeles. To register to receive details, please go to:

<https://www.surveymonkey.com/r/5LMLGFT>.



## Focus on Flu

Flu season is in full swing so please continue to encourage your patients to receive their flu shots. These websites have information and resources you can use to educate your members: <https://www.cdc.gov/flu/index.htm> (CDC) and <http://eziz.org/> (e-learning and resource website for California's VFC (Vaccines for Children) Program).



## Monthly Health Themes

- ▶ **January 2020:** Cervical Health Awareness Month
- ▶ **February 2020:** American Heart Month  
World Cancer Day (Feb. 4)



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# 10 WAYS

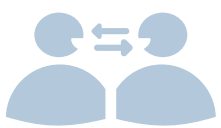
## to Improve Patient Experience and Satisfaction



L.A. Care wants to help you improve patient satisfaction. Value-based payments are well underway and patient satisfaction is more important than ever. Patient satisfaction may impact your Pay-for-Performance payouts and, more importantly, improve health outcomes. Use these tips to maximize your award.

**INCREASE PATIENT SATISFACTION BY IMPLEMENTING THESE IMPORTANT TIPS INTO YOUR PRACTICE.**

### RESPECT AND COMMUNICATION IS KEY



- Greet your patient by name and introduce yourself
- Give an accurate time expectation for waiting to be seen and how long the visit may take
- Explain procedures step-by-step, why the service is important, and how to ask additional questions
- Use the “teach back” method to ensure patients understand what you are saying
- Thank your patients for coming in to see you
- Ask your patients (formally or informally) if they were satisfied with their care

### IMPROVE ACCESS TO CARE



- Hold evening and/or weekends clinics
- Block time for same-day appointments to reduce your “no-show”, rates by up to 50%

### HAPPY STAFF = HAPPY PATIENTS



- Celebrate and encourage great customer service when you see it or hear it
- Offer staff training on customer service to improve self-confidence

For more tips on improving patient satisfaction, visit our website at [www.lacare.org/providers/provider-resources/hedis-resources](http://www.lacare.org/providers/provider-resources/hedis-resources) or email us at [quality@lacare.org](mailto:quality@lacare.org)



**ELEVATING  
HEALTHCARE**  
IN THE CITY OF ANGELS  
SINCE 1997



# Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis



*Rheumatoid arthritis is a serious autoimmune and inflammatory disease that mainly attacks the joints, causing pain, stiffness, swelling, and decreased movement. Early intervention with the use of a disease-modifying anti-rheumatic drug (DMARD) may slow disease progression and help prevent joint damage.<sup>1,2</sup>*

**Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates by using this tip sheet about the Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART) measure, what codes to use and how to correct reporting diagnosis error.**

## Measure

Patients ages 18 and older who were diagnosed with rheumatoid arthritis (RA) and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

Patients who received a DMARD can be identified by evidence indicated on the following:

- Claim form/encounter data (see DMARD codes below).
- Pharmacy claim (see DMARD medications below).

**Note:** Patients must have at least two visits with different dates of service on or between January 1 and November 30 of the measurement year with any diagnosis of rheumatoid arthritis. Visit type does not need to be the same for the two visits. Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment.



## Exclusions:

- Patients who meet the following criteria anytime during the measurement year:
  - Patients ages 66 and older enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution.
  - Patients ages 66-80 with frailty and advanced illness.
  - Patients ages 81 and older with frailty.
  - Patients in hospice.
- Patients with HIV diagnosis (optional exclusion).
- Patients with pregnancy diagnosis anytime during the measurement year (optional exclusion).

(continued)

<sup>1</sup>American College of Rheumatology. Rheumatoid Arthritis. Updated March 2019. Retrieved from: [www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis](http://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis).

<sup>2</sup>Centers for Disease Control and Prevention. Rheumatoid Arthritis. Updated March 2019. Retrieved from: [www.cdc.gov/arthritis/basics/rheumatoid-arthritis.html](http://www.cdc.gov/arthritis/basics/rheumatoid-arthritis.html).

## Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (continued)



- Perform differential diagnosis and lab work at the initial evaluation.
- Initiate care and treatment by a rheumatologist when indicated to prevent joint damage and misdiagnosis.
- Provide patient education on DMARDs.
- Ensure patients on DMARDs have two visit types coded for RA.
- Utilize telemedicine when indicated to increase compliance with second visit.
- Obtain reports from rheumatologist for medical records.
- Audit records for RA diagnosis accuracy (see correcting diagnosis below).



### Use the appropriate HCPCS code when billing for ART:

- |         |         |         |         |         |         |         |         |
|---------|---------|---------|---------|---------|---------|---------|---------|
| • J0129 | • J1438 | • J3262 | • J7515 | • J7517 | • J9250 | • J9310 | • Q5103 |
| • J0135 | • J1602 | • J7502 | • J7516 | • J7518 | • J9260 | • Q5102 | • Q5104 |
| • J0717 | • J1745 |         |         |         |         |         |         |



Description	Prescription			
5-aminosalicylates	Sulfasalazine			
Alkylating agents	Cyclophosphamide			
Aminoquinolines	Hydroxychloroquine			
Antirheumatics	• Auranofin	• Leflunomide	• Methotrexate	• Penicillamine
Immunomodulators	• Abatacept	• Certolizumab	• Etanercept	• Rituximab
	• Adalimumab	• Certolizumab	• Golimumab	• Sarilumab
	• Anakinra	pegol	• Infliximab	• Tocilizumab
Immunosuppressive agents	• Azathioprine	• Cyclosporine	• Mycophenolate	
Janus kinase (JAK) inhibitor	• Baricitinib		• Tofacitinib	
Tetracyclines	Minocycline			



If a patient was reported with a rheumatoid arthritis diagnosis in error, follow these two steps:

1. Process the correction in the participating physician group's (PPG's) claim system with an adjustment, replacement or voided code.
2. Send the 837 encounter form to Health Net\* for processing. Include the updated encounter process date and change in frequency code as listed below.

	Professional claims	Institutional claims
<b>Frequency codes</b>	<b>7</b> Adjustment/Replacement	<b>6</b> Adjustment
	<b>8</b> Void	<b>7</b> Replacement
		<b>8</b> Void

For more information, contact your encounter representative.

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**THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:****COUNTIES:**

- ☒ Imperial
- ☒ Riverside/San Bernardino
- ☒ Los Angeles
- ☐ Orange
- ☒ Sacramento
- ☒ San Diego

**LINES OF BUSINESS:**

- ☐ Molina Medi-Cal Managed Care
- ☒ Molina Medicare Options Plus
- ☐ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- ☐ Molina Marketplace (Covered CA)

**PROVIDER TYPES:**

- ☒ **Medical Group/ IPA/MSO**
  - Primary Care**
  - ☒ IPA/MSO
  - ☐ Directs
  - Specialists**
  - ☐ Directs
  - ☒ IPA
- ☒ **Hospitals**
  - Ancillary**
  - ☐ CBAS
  - ☐ SNF/LTC
  - ☐ DME
  - ☐ Home Health
  - ☐ Other

**FOR QUESTIONS CALL PROVIDER SERVICES:**  
(888) 562-5442, Extension:

**Los Angeles/Orange Counties**  
X123017

**Riverside/San Bernardino Counties**  
X120613

**Sacramento County**  
X121599

**San Diego County**  
X121735

**Imperial County**  
X125682

## Change in Transportation Provider for Molina Healthcare Medicare Members

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding Change in Transportation Provider for Molina Healthcare Medicare Members.

Beginning January 1, 2020, Access2Care will be the primary Non-Emergency Medical Transportation (NEMT) / Non-Emergency Transportation (NET) Services vendor for Molina Healthcare of California's Medicare Line of Business for all applicable counties. There is no change to the transportation service provider for Cal MediConnect, Marketplace and Medi-Cal lines of business as Secure Transportation will continue to provide transportation for Molina Healthcare of California's Cal MediConnect, Marketplace and Medi-Cal lines of business.

### Hospitals/Facilities employees that need to arrange transportation services for Medicare Line of Business Members only:

Please contact Access2Care's Facility Line at (877) 299-4811.

**\*Please Note: Access2Care's Facility Line Number is for internal use only by Hospitals / Facilities and not to be disseminated to members.**

To make an appointment for transportation services, Medicare Line of Business Members may contact Access2Care's Reservation Line at no cost at (888) 994-4833, Monday through Friday, 8 A.M. – 8 P.M. Local Time.

To make an appointment for transportation services, Medi-Cal, Cal MediConnect and Marketplace Lines of Business Members may contact Secure Transportation Reservation Line at no cost at (844) 292-2688, 24 hours a day, 7 days a week.

You may contact Molina Healthcare of California's Member Services Department at (800) 665-0898 for any concerns or questions.

### QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (888) 562-5442. Please refer to the extensions to the left.