

January 2022

MPM Provider Quality Newsletter

To access the materials referenced in this newsletter, go to:
www.medpointmanagement.com/provider-resources

- > Click on "Quality Management Information" and then "2022 Quality Newsletters."
- > All materials are listed in one PDF document.
- > Please also note that MedPOINT's Reference Guides are available under "HEDIS Documents."

QM Bulletin Board - Question of the Month

MedPOINT Management (MPM) wants to hear from you! Please visit our discussion board at <https://qualitypoint.medpointmanagement.com> and give your feedback to this month's question:

What workflows does your office have in place to ensure that you are meeting Initial Health Assessment (IHA) deadlines?

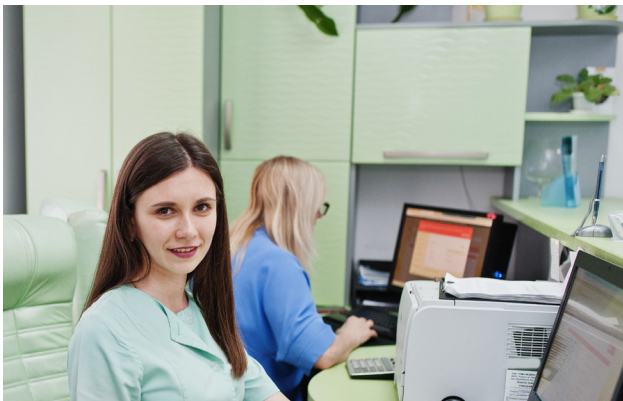
If you have other questions and would like input from other providers/ health centers in MedPOINT managed groups, you can post your question using the same link above. Check out the other resources available to you while you're there. We look forward to some great discussions!



Integrate your EHR/EMR with Cozeva!

With the start of a new year, practices may be looking for ways to improve processes, reduce administrative workload and boost future quality performance. A great place to start is by integrating your EHR/EMR with Cozeva. EHR/EMR integration allows practices to securely transfer data automatically, thus eliminating the need for time-consuming manual uploading and attestation, while also improving data integrity and quality scores.

Please see the table on page two for specifics pertaining to your EHR/EMR vendor.



VENDOR	CONNECTIVITY	BENEFITS	DETAILS
ALLSCRIPTS	TO COZEVA	Signed encounter notes are automatically sent to COZEVA and close care-gaps weekly.	<ul style="list-style-type: none"> Connect thru 3rd party vendor eMail: emrintegrationOcozeva.com
ATHENA	BI-DIRECTIONAL	COZEVA will automatically push care-gaps for patients coming in into the appointment scheduler. Signed encounter notes are automatically sent to COZEVA and close care-gaps weekly.	<ul style="list-style-type: none"> One solution fits all No local installation needed eMail: emrintegrationOcozeva.com
eClinicalWorks	TO COZEVA	Signed encounter notes are automatically sent to COZEVA and close care-gaps weekly.	<ul style="list-style-type: none"> eMail: emrintegrationOcozeva.com
ELATION	TO COZEVA	Signed encounter notes are automatically sent to COZEVA and close care-gaps weekly.	<ul style="list-style-type: none"> One solution fits all No local installation needed eMail: emrintegration@cozeva.com
EPIC	TO EPIC	Patient due report can be opened tiredly in EPIC iframe.	<ul style="list-style-type: none"> Version 2017. 2018 or higher eMail: emrintegration@cozeva.com
NEXTGEN	TO COZEVA	Signal encounter notes are automatically sent to COZEVA and close care-gaps weekly.	<ul style="list-style-type: none"> Uses NextGen's Rosetta engine eMail: emrintegrationOcozeva.com
OFFICE ALLY	BI-DIRECTIONAL	OFFICE ALLY with pull patient due reports in COZEVA from the patient page within the EHR. Signed encounter notes are automatically sent to COZEVA and dose care-gaps weekly.	<ul style="list-style-type: none"> One solution fits all No local installation needed eMail: emrintegration@cozeva.com
OTHERS	VARIES	Contact us regarding all other EHR systems.	<ul style="list-style-type: none"> eMail: emrintegrationOcozeva.com

Integration with EHR systems can incur monetary costs depending upon your EHR vendor. COZEVA is not responsible for any costs associated with the setup, maintenance or troubleshooting of interfaces including data transmission, accuracy or impact on scores. Consult with your EHR vendor for details regarding any associated costs or limitations they may impose on you, your practice or organization.

Interested? Please reach out to your Quality Specialist or email the Quality Measure team at qualitymeasures@medpointmanagement.com for more information.

All Plan Letter (APL) 20-004 Revision

Due to COVID-PHE, DHCS temporarily suspended requirements that an IHA /SHA be completed within the required timeframe of 120 days of enrollment. However, starting October 1, 2021, MCPs/PCPs needed to resume IHA/SHA activities previously suspended during the period of December 1, 2019 –September 30, 2021. MCPs/PCPs must use available data sources to identify all members who were newly enrolled since December 1, 2019 and have not received an IHA/SHA, and/or those that are still enrolled to ensure they receive an IHA/SHA. For any member newly enrolled as of October 1, 2021, MCP/PCPs are required to complete this process and coordinate care engagement within the requisite contractual timelines. The IHA should include a comprehensive history, complete physical and mental exam, prevention

and treatment planning, and completion of an age-appropriate Individual Health Education Behavioral Assessment (IHEBA)/Staying Healthy Assessment (SHA). There are multiple attached documents to aid you in meeting all of the IHA/SHA requirements. Please see the Resources section at the bottom of this newsletter for specific details about each document.

100 Day Medication Supply

Effective January 1, 2022, L.A. Care Cal MediConnect members can get up to a 100-day supply at one time for many prescription drugs. The extended supply of medications can be filled at certain network retail pharmacies or delivered directly to a member's home via mail order pharmacy services. Switching your patient's prescription to a greater day supply has proven to increase medication adherence.

Poor medication adherence can greatly increase morbidity and mortality, accounting for more than 125,000 deaths and 10% of all hospitalizations

annually in the U.S. By helping our members become more adherent, you can optimize patient health outcomes and improve performance on medication adherence measures as part of the Value Initiative for IPA Performance and Pay-for-Performance (VIIP + P4P) for patients on non-insulin diabetes medications, renin-angiotensin system antagonists (RASA), and statins. Based on CMS's definition of proportion of days covered (PDC), patients will need at least 80% of their medications covered throughout the year to be considered adherent.

For additional information on obtaining an extended supply of prescription drugs for any member, please call L.A. Care Cal MediConnect Plan Provider Information at **1.866.LACARE6 (1.866.522.2736)**, 24 hours a day, 7 days a week, including holidays.

Member Outreach/Robotalker Updates

Using RoboTalker, MedPOINT was able to successfully send out approximately 20,000 text messages to Blue Shield Promise members identified as being past due for a Breast Cancer Screening (BCS). Following the send-out, our Call Center was able to effectively accommodate the increased call volume to assist members with scheduling their needed appointments. Due to the success of this pilot initiative, MPM is planning to begin our second text campaign this month, focusing on the BCS measure. Additionally, this month's campaign includes texts to also be sent to certain Health Net members in addition to Blue Shield members who become non-compliant in 2022.

Lastly, we are preparing to deliver COVID-19 vaccine reminder calls to Blue Shield Promise members, which are expected to go out by the end of this month. Please continue to keep educating and encouraging member to receive their vaccine or booster. Attached to this newsletter is a handout that can be used to educate COVID patients on quarantine and isolation requirements, as recommended by the CDC.

January is Cervical Cancer Awareness Month

Cervical cancer was once a leading cause of cancer death for women in the United States. Today, screening and prevention have greatly reduced the impact of this form of cancer. Still, nearly 14,500 women in the United States received a diagnosis of cervical cancer and more than 4,200 died from the disease last year, according to the National Cancer Institute.

Increasing screening and prevention are key components of the effort to eradicate cervical cancer. Since almost all cases of the disease are caused by

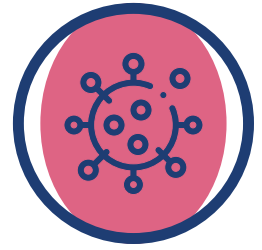


human papillomavirus (HPV) infection, vaccines that protect against the virus could prevent the vast majority of cases. Moreover, regular Pap tests can catch – and lead to treatment of – the disease at the precancerous stage. You can read more about cervical cancer at www.aacr.org.

Resources

- **Collecting SDOH Data** – The attached Anthem Blue Cross list of the 18 DHCS priority SHOH codes. Effective January 1, 2022, Anthem will require use of the core 18 SDOH codes when billing for services.
- **Initial Health Assessment (IHA) Checklist** – The attached generic IHA checklist from MPM can be used to ensure all required evaluations take place during the IHA appointment.
- **IHA Checklist with CPT Codes** – This secondary IHA Checklist from Aetna Better Health provides IHA requirements and also contains appropriate billing codes. This list of codes can be used as a reference when completing IHAs and submitting encounters for the services you provide to our members.
- **Administration of Health Assessments (AHA) Guide** – This attached guide from MPM includes pertinent AHA descriptions and requirements.
- **IHA and SHA Compliance PowerPoint** – This PowerPoint from Blue Shield, found on the MPM website, was posted last year, but still contains relevant IHA and SHA education for providers.
- **COVID-19: Quarantine vs. Isolation Handout** – This handout can be given to educate patients on the need to quarantine or isolate after a positive COVID test and/or exposure.
- **Overview of DHCS Quality Strategy** – Please review this PowerPoint, located on the MPM website, to receive a summary of DHCS's plan to improve clinical quality and reduce racial/ethnic disparities by working with CAL-AIM.

COVID-19: Quarantine vs. Isolation



Per LA County Department of Public Health Covid-19 orders, your doctor recommends you quarantine/isolate until: _____

☐ **QUARANTINE**

keeps someone who was in close contact with someone who has COVID-19 away from others.



If you had close contact with a person who has COVID-19:



The best way to protect yourself and others is to stay home for 14 days after your last contact. Check your local health department's website for information about options in your area to possibly shorten this quarantine period



Check your temperature twice a day and watch for symptoms of COVID-19



If possible, stay away from people who are at higher risk for getting very sick from COVID-19

☐ **ISOLATION**

keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.



If you are sick and think or know you have COVID-19, stay home until after:



- At least 10 days since symptoms first appeared **and**,
- At least 24 hours with no fever without fever-reducing medication **and**,
- Symptoms have improved



If you tested positive for COVID-19 but do not have symptoms:



Stay home until after 10 days have passed since your positive test



If you live with others, stay in a specific "sick room" or area and away from other people or animals, including pets. Use a separate bathroom, if available.

Helpful Numbers:

Eisner Health: (213) 747-5542

Call for appointments or to speak to a case manager who will help connect you to other resources, such as food, housing, older adult supports, etc..

LA County Information Line: 211

Additional support line for essential community services and information.

California Covid-19 Information Line: (833) 544-2374

Your next appointment is scheduled for: _____



 eisnerhealth.org

 [@EisnerHealth](https://www.facebook.com/EisnerHealth)

 [@eisner_health](https://www.instagram.com/eisner_health)

Collecting social determinants of health data

The Department of Health Care Services (DHCS) released *All Plan Letter (APL) 21-009* for the purpose of collecting social determinants of health (SDOH) data. While DHCS encounter data systems accept and allow the use of all ICD-10-CM clinical modifications, DHCS has prioritized 18 SDOH codes, provided below.

Effective January 1, 2022, Anthem Blue Cross will require use of the 18 SDOH ICD-10-CM codes when billing for services.

Please share this information as applicable. If you have questions, contact your Provider Experience representative.

California DHCS priority social determinants of health codes

Code	Description
Z55.0	Illiteracy and low-level literacy
Z59.0	Homelessness
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food and safe drinking water
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances (foreclosure, isolated dwelling, problems with creditors)
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness, or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance or death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

For further details and the complete list of ICD-10-CM codes, please view *Attachment A* within *APL 21-099* in the link provided:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf>.

<https://providers.anthem.com/ca>

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ACAPEC-3316-21 December 2021

Administration of Health Assessments

An Initial Health Assessment (IHA) must be provided to all members 18 months or older within one hundred twenty (120) days of enrollment and within sixty (60) days of enrollment for members under age 18 months. This consists of a history and physical examination and an Individual Health Education Behavioral Assessment (IHEBA). Follow the Staying Healthy Assessment (SHA) Periodicity Schedule. The SHA policy letter, forms, and Provider training materials are found here: dhcs.ca.gov

Initial Health Assessment (IHA) Components and Requirements

PCPs are responsible for reviewing each member's IHA in combination with:

- Medical history, conditions, problems, medical/testing results, and member concerns.
- Social history, including member's demographic data, personal circumstances, family composition, member resources, and social support.
- Local demographic and epidemiologic factors that influence risk status.

The IHA consists of:

A. Comprehensive History – must be sufficiently comprehensive to assess and diagnose acute and chronic conditions including:

- History of present illness
- Past medical history
- Prior major illnesses and injuries
- Prior operations
- Prior hospitalizations
- Current medications
- Allergies
- Age appropriate immunization status
- Age appropriate feeding and dietary status
- Social history
- Marital status and living arrangements
- Current employment
- Occupational history
- Use of alcohol, drugs and tobacco
- Level of education
- Sexual history
- Any other relevant social factors
- Review of organ systems

B. Preventive services

▪ Asymptomatic healthy adults – must adhere to the current edition of the Guide to Clinical Preventive Services of the U.S. Preventive Services Task Force (USPSTF), specifically USPSTF “A” and “B” recommendations for providing preventive screening, testing and counseling services. Document status of current recommended services.

- Members younger than 21 years of age – provide preventive services by

the most recent American Academy of Pediatrics age specific guidelines and periodicity schedule.

- Perinatal services for pregnant members must be provided according to the most current standards of guidelines of the American College of Obstetrics and Gynecology (ACOG). A DHCS approved comprehensive risk assessment tool must be used for all pregnant members. This must be administered at the initial prenatal visit, once each trimester thereafter, and at the postpartum visit. Risks identified must be followed up and documented in the medical record.

C. Comprehensive Physical and Mental Status exam must be sufficient to assess and diagnose acute and chronic conditions.

D. Diagnoses and Plan of Care – the plan of care must include all follow up activities

E. Individual Health Education Behavioral Assessment (IHEBA)

- IHEBA requirement – administer an age specific IHEBA as part of the IHA. Assessment tools used to complete the IHEBA must be approved by the Medi-Cal Managed Care Division (MMCD) prior to use.

The age specific and age appropriate behavioral risk assessment should cover:

- Diet and weight issues
- Dental care
- Domestic violence
- Drugs and alcohol
- Exercise and sun exposure
- Medical care from other sources
- Mental health
- Pregnancy
- Birth control
- STIs/STDs
- Sexuality
- Safety prevention
- Tobacco use and exposure



Initial Comprehensive Health Assessment (IHA) Checklist	
Timeliness Standards and Billing Codes	
1	Was the IHA was performed within 120 days from the date of enrollment?
2	If IHA not completed, does the medical record reflects at least (3) attempts to schedule IHA?
3	If the IHA has not been completed due to missed appointments, does the medical record reflects documented missed appointments and at least two (2) attempts for follow-up, as appropriate?
4	Have the appropriate CPT codes been submitted for both the IHA and Staying Healthy Assessment (SHA)?

Comprehensive History	
4	History of Present Illness
5	Past Medical History (i.e. major illness/injury, operations, hospitalizations, meds, allergies, immunizations, dietary status)
6	Social History (i.e. marital status, living arrangements, current employment, occupational history, use of alcohol, drugs and tobacco, level of education, sexual history)
7	Review of Organ Systems

Preventive Services	
Asymptomatic Healthy Adults	
8	Adult Preventive Screenings
9	Adult Immunizations
Members Under 21 Years of Age	
10	Child Screenings and Assessments
11	Child Immunizations
Perinatal Services	
12	Prenatal Screenings
13	Individual Care Plan documented with risk assessment and follow-up

Comprehensive Physical and Mental Status Exam	
14	Assess and Diagnose Acute and Chronic Conditions

Diagnoses and Plan of Care	
15	Documented all orders and follow-up activities

Individual Health Education Behavioral Assessment (IHEBA)	
16	Age appropriate Staying Healthy Assessment (SHA) complete and signed by PCP

ABHCA IHA Scoring Methodology	
Each Item Scored: <i>Complete</i> (C) 2 points <i>Partial Complete</i> (PC) 1 point <i>Not Complete</i> (NC) 0 points <i>Not Applicable</i> (NA) Not scored	Overall IHA Score: <i>Exempted Pass</i> $\geq 90\%$ w/ all section scores at or above 80% (No CAP) <i>Conditional Pass</i> $\geq 80\%$ w/ one or more section scores below 80% (CAP on failed items) <i>Fail</i> $< 80\%$ (CAP on entire IHA)

Department of Health Care Services (DHCS) Policy Letters:
MMCD 08-003 Initial Comprehensive Health Assessment MMCD 13-001 Requirements for the Staying Health Assessment/ Individual Health Educaiton Behavioral Assessment



Initial Comprehensive Health Assessment (IHA) Billing Codes

The following table contains appropriate IHA billing codes. If you use a billing service, please share the following codes with them. Thank you for your efforts in conducting IHAs to keep our members healthy!

CPT Code	Description: New Patient Evaluation and Management	CPT Code	Description: Established Patient Evaluation and Management
99203	New Pt: Office or other outpatient visit for the evaluation and management (30 minutes)	99205	New Pt: Office or other outpatient visit for the evaluation and management (60 minutes)
99204	New Pt: Office or other outpatient visit for the evaluation and management (45 minutes)	99215	Est Pt: Office or other outpatient visit for the evaluation and management (40 minutes)

CPT Code	Description: Comprehensive Medicine for New Patients	CPT Code	Description: Comprehensive Medicine for Established Patients
99381	New Pt: Initial Comprehensive Preventive Visit (Under 1 year) – 1st Well Baby Visit	99391	Est Pt: Initial Comprehensive Preventive Visit (Under 1 year) – 1st Well Baby Visit
99382	New Pt: Early Childhood (Age 1 - 4 years) – Well Baby Visit	99392	Est Pt: Early Childhood (Age 1 - 4 years) – Well Baby Visit
99383	New Pt: Late Childhood (Age 5 - 11 years) – Well Child Visit	99393	Est Pt: Late Childhood (Age 5 - 11 years) – Well Child Visit
99384	New Pt: Adolescent (Age 12 - 17 years) – Well Adolescent Visit	99394	Est Pt: Adolescent (Age 12 - 17 years) – Well Adolescent Visit
99385	New Pt: Adult (Age 18 - 39) – Well Adult Visit	99395	Est Pt: Adult (Age 18 - 39) – Well Adult Visit
99386	New Pt: Adult (Age 40 - 64) – Well Adult Visit	99396	Est Pt: Adult (Age 40 - 64) – Well Adult Visit
99387	New Pt: Adult (Age 65+) – Well Adult Visit	99397	Est Pt: Adult (Age 65+) – Well Adult Visit

Staying Healthy Assessment (SHA) Billing Code

CPT Code	CPT Code Descriptor
96156	Health behavior assessment or re-assessment (e.g., health-focused clinical interview, behavioral observations, clinical decision making)

Initial Health Assessment (IHA) Checklist

This checklist may be used as a useful tool to ensure compliance with IHA requirements and to maintain documentation.

1. Was the Initial Health Assessment (IHA) performed within 120 days from the date of enrollment? If not, please indicate the reason why this was not completed.
☐ Yes ☐ No _____
2. If the IHA was not completed, does the medical record reflect at least three attempts to schedule the IHA? If not, please indicate the reason why this was not completed.
☐ Yes ☐ No _____
3. If the IHA has not been completed due to missed appointments, is this documented in the medical record along with a minimum of 2 attempts to follow up? If not, please indicate the reason why this was not documented and/or why follow-up attempts were not made.
☐ Yes ☐ No _____
4. Have the appropriate CPT codes been submitted for the IHA and Staying Healthy Assessment (SHA)? If not, please indicate the reason why the appropriate codes were not submitted.
☐ Yes ☐ No _____

Document all components of the IHA or applicable IHA exemptions in the member's medical record and include the following:

Comprehensive History

- History of Present Illness
- Past Medical History
- (i.e. major illness/injury, operations, hospitalizations, medications, allergies, immunizations, dietary status)
- Social History
- (i.e. marital status, living arrangements, current employment, occupational history, use of alcohol, drugs, and tobacco, level of education, sexual history)
- Review of Organ Systems

Preventive Services

Asymptomatic Healthy Adults

- Adult Preventive Screenings
- Adult Immunizations

Members Under 21 Years of Age

- Child Screenings and Assessments
- Child Immunizations

Perinatal Services

- Prenatal Screenings
- Individual Care Plan documented with risk assessment and follow-up

Comprehensive Physical and Mental Status Exam

- Assess and Diagnose Acute and Chronic Conditions

Diagnoses and Plan of Care

- Documented all orders and follow-up activities

Individual Health Education Behavioral Assessment (IHEBA)

- Age appropriate Staying Healthy Assessment (SHA) complete and signed by PCP