

QM Bulletin Board - Question of the Month

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

What are some Culture and Linguistics and/or Health Education resources/programs you feel have been most beneficial to your patient populations?

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!

Cozeva is Live

We are happy to announce that MedPOINT's Cozeva platform is now available. We continue to validate our data and encourage you to request access and provide your feedback. Please send an email to **Cozevasupport@ medpointmanagement.com** to request a link for our registration request form. Once you receive the form link, you will be asked to provide information needed to begin your registration. If you need access to all providers within a Clinic/Practice, please specify ALL under the Provider Name & Provider NPI fields.



NOVEMBER 2021

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 "2021 Quality Newsletters."
- > All materials are listed in one PDF document.
- > Please also note that MedPOINT's Reference Guides are available under "HEDIS Documents."

Additionally, the Clinic Name and Tax ID are necessary to establish access at the Clinic/Practice level.

You will receive a welcome email from Cozeva once your account has been created with further instructions on completing your registration. You can link your MedPOINT account to your other Cozeva accounts, such as LA Care and/or Health Net.

Please watch for information regarding upcoming Cozeva training sessions. We encourage users to join to learn about Cozeva's functionality, as well as the ability to leverage this exciting new tool for improved Quality outcomes. If you have any questions or concerns regarding this process, please contact us at **Cozevasupport@medpointmanagement.com** or call, **(818) 702-0100 x1353**.

Supplemental Data Deadlines-Don't Wait Until It's Too Late!

The time is here to submit your supplemental data. We encourage you to submit medical records through Cozeva and EMR data extracts using MedPOINT's Excel Templates. Once received, the data will be processed and submitted to the appropriate health plan in their desired format.

- 12/15/2021 Deadline to submit medical records through Cozeva's Supplemental Data Portal or on the Non-Standard Excel Template forms.
- 2/28/2022 Deadline to submit Standard data extracted directly from your EMR.

The same Excel Templates used in 2020 to submit Standard and Non-Standard supplemental data are being used for 2021 data submissions! Data files should be sent to **qifiles@medpointmanagement.com**. Please contact us to ensure you have the most current file layouts. For questions, please contact your HEDIS/ Stars Specialist or call **818-702-0100**, **x1353**.

Survey Season Continues

Member and Provider Satisfaction survey efforts continue at MedPOINT Management. We recommend all providers participate in the Provider Satisfaction Survey and continue to encourage patients to participate in the Member Satisfaction Survey. Here are some updates for each of the surveys:

Member Satisfaction Surveys are sent out to your patients via text using Feedtrail. Patients receive a survey link following their most recent visit with your office. While completing the survey, members have the option to request a feedback on their response. Survey results and requests for feedback are displayed in Feedtrail in real time, making it essential for your office to monitor Feedtrail for results and response requests. If you have not already done so, please request access to Feedtrail by sending an email to feedtrail@medpointmanagement.com.

Provider Satisfaction Surveys have been

distributed to providers via email twice to date through **SurveyMonkey**. Your feedback regarding your satisfaction with MedPOINT Management and your affiliated IPA(s) is invaluable to MedPOINT. We encourage you to take just a couple of minutes out of your day to complete the 9-question survey. We look forward to reading your thoughts and comments!

Member Outreach Communication Update

MedPOINT Management is happy to announce that we will be automating our member outreach efforts using software to generate robocalls and text messages to members who are due for preventative health screenings. Communication to members will occur each week to those who are due for specific screenings. These calls and texts will serve as a reminder to members and will instruct them to call in to schedule an appointment to be seen at your office. Please contact us at **qualitymeasures@medpointmanagement.com** or **818-702-0100, x1353** if you need assistance or have any questions during this process.

Need assistance? (818) 702–0100, ext 1353 qualitymeasures@medpointmanagement.com

November is American Diabetes Month

November is American Diabetes Month and the American Diabetes Association is promoting patient awareness, detection, management, and learning to thrive through a diabetes diagnosis. Diabetes is a constant battle, not only for the diagnosed, but for their loved ones, caregivers, and health care providers. With the guilt, the blisters, the numbers, the sleepless nights- it's no wonder it seems impossible to diabetic patients that there are good days ahead. However, providers know that the right diabetes management tips can be the difference between struggling and thriving; therefore, it is essential to talk to your diabetic patients about incorporating diet, exercise, and medication into their daily routine. The American Diabetes Association is an invaluable resource for the newly diagnosed, people caring for someone with diabetes, or health care providers trying to help their patients succeed. You can find more information about diabetes at www.diabetes.org.

Resources

- Blood Lead Testing Information and Codes This attached list of testing information and included CPT codes from Blue Shield can be used to submit accurate and timely encounter data and claims to support compliance with requirements.
- EMR CPT II Coding Template for Seniors This attached template of CPT II Codes for senior patients can be used as a list of measures that can be captured during a visit.
- Diabetes Snapshot The attached CDC flyer shows diabetes facts and can be hung in the office for staff and patients to view.
- Pharmacy Update Reminder The attached letter from LA Care serves as a reminder for providers to complete your registration to access the Medi-Cal Rx Web Portal.
- APL 21-009 The letter from DHCS provides guidance on using SDOH Codes to collect reliable SDOH data and can be found on the MPM website.
- Medi-Cal Rx Transition This Provider Update from Health Net discusses the use of updated fax numbers to avoid delays for pharmacy prior authorizations and can be found on the MPM website.
- Appeals and Grievances for Pharmacy Issues This Provider Update from Health Net discusses the filing process changes due to the Medi-Cal Rx transition and can be found on the MPM website.
- Submitting SDOH Data on Claims and Encounters

 This PowerPoint from MPM goes over what SDOH
 are, their importance, how to submit SDOH data,
 and provides a list of DHCS priority SDOH codes.

Blood Lead Testing Information and Codes

CPT Codes	Description
83655	Lead
99000	Handling and/or conveyance of specimen for transfer from the [physician's] office to a laboratory
	Code 99000 includes any of the following: Single or multiple venipuncture, capillary puncture or arterial puncture with one or more tubes, centrifugation and serum separation, freezing, refrigeration, preparation for air transportation or other special handling procedures, supplies, registration of patient or specimen and third-party billing.
	Instructions for billing CPT code 99000 are included in the Pathology: Blood Collection and Handling section in the appropriate Part 2, Medi-Cal provider manual.
	Counseling services associated with blood lead testing are included as part of a preventive medicine health assessment.

* There are no diagnosis code requirements, but providers may not submit the following non-specific diagnosis codes when ordering billing for laboratory procedures: Z00.00, Z00.5, Z00.6, Z00.8, Z01.00, Z01.10, Z01.89, Z02.1, Z02.3



A SNAPSHOT

DIABETES **IN THE UNITED STATES**





PREDIABETES

COST



Total medical costs and lost work and wages for people



86 million people more than 1 out of 3 adults -

have prediabetes

9 OUT] (do not know they have prediabetes



Without weight loss and moderate physical activity

15-30% of people with prediabetes will develop type 2 diabetes



with diagnosed diabetes

Risk of death for adults with diabetes is



than for adults without diabetes

do not know

they have

diabetes

Medical costs for people with diabetes are twice as high

as for people \$ without diabetes

People who have diabetes are at higher risk of serious health complications:





\$\$









SUBMIT BUTTON

Care for Older Adults Comprehensive Diabetes Care (con't) AdvanCarePlan or similar legal document **Retinal Eye Exam** present in the medical record (1157F) Negative retinopathy last year (3072F) AdvanCarePlan discussed with patient (1158F) Pain Present (1125F) Face-to-face dilated exam - with evidence of Pain not present (1126F) retinopathy (2022F) Functional status assessment (1170F) Face-to-face dilated exam - without evidence Medication List & Reviewed (1159F & 1160F) of retinopathy (2023F) Discharge Medication reconciliation with 7 standard photos - with evidence of current medication list (1111F) retinopathy (2024F) 7 standard photos; without evidence of **Comprehensive Diabetes Care** retinopathy (2025F) HbA1c Level <= 6.9 (3044F) HbA1c Level = 7.0 - 7.9 (3051F) Retinal telemedicine (e.g. EYEPACS) eye from 7 standard field stereo-scopic photos -HbA1c Level = 8.0 - 8.9 (3052F) with evidence of retinopathy (2026F) HbA1c Level >= 9.0 (3046F) Retinal telemedicine (e.g. EYEPACS) eye BP Systolic <- 129 (3074F) from 7 standard field stereo-scopic photos without evidence of retinopathy (2033F) BP Systolic = 130-139 (3075F) BP Systolic >= 140 (3077F) BP Diastolic <= 79 (3078F) **Preventive Screenings** Flu vaccine in current season (4274F) BP Diastolic = 80-89 (3079F) BP Diastolic >= 90 (3080F) Pneumococcal vaccine 60+ (4040F) Colorectal Cancer Scrng result submitted Foot exam with monofilament test (2028F) (3017F) Breast Cancer Scrng result submitted (3014F) **Evidence of Treatment for Nephropathy** Pap Smear with HPV co-testing result Positive microalbuminuria test, result submitted (3015F) documented & reviewed (3060F) Negative microalbuminuria test, result Social History documented & reviewed (3061F) Tobacco use assessed (1000F) Documentation of treatment for Patient smokes cigarettes (1034F) nephropathy (3066F) Alcoholic beverages - Yes (G0442) ACE/ARB prescribed or currently taken Positive for alcohol misuse; couseling done (4010F) (G0443)

EMR CPT II Coding Template for Seniors

Depression Screening		
	Screening for depression performed (3725F) SUD screening for depression (1220F)	
	Negative screen (3351F)	
	No significant depressive symptoms (3352F)	
	Mild to moderate depressive symptoms	
	(3353F)	
	Clinically significate depressive symptoms (3354F)	
Other		
	Bone density test or on medication to treat	
	or prevent osteoporosis. Women with bone	
	fracture in last 12 months (3095F)	
	On beta blocker and treatment for at least	
	6 months from discharge (hospitalized and	
	discharged with diagnosis of AMI) (4008F)	
	Age 45-79; Use of aspirin to reduce risk of myocardial infarction (4086F)	
	Spirometry test to confirm diagnosis within	
	1yr of diagnosis (3023F)	
	Patient is on ACE inhibitor or ARB (4188F)	
	Patient is on Diuretic (4190F)	
	Patient is Digoxin (4189F)	
	Blood test been completed to test blood	
	for anticonvulsants medication levels (4191F)	

06/11/2021

Green shading indicates HEDIS/Stars Measures.

November 1, 2021

RE:



For All of L.A.

Medi-Cal Rx – Pharmacy Benefit Carve Out

Pharmacy Update – Registration Reminder

Dear Medi-Cal Provider,

On January 7, 2019, Governor Gavin Newsom issued Executive Order N-01-19 (EO-N-01-19) for achieving cost-savings for drug purchases made by the state. A key component of EO N-01-19 requires the Department of Health Care Services (DHCS) transition all Medi-Cal pharmacy services from Managed Care (MC) to Fee-for-Service (FFS) by January 1, 2022.

The Medi-Cal pharmacy benefits and services administered by DHCS in the FFS delivery system will be identified collectively as "Medi-Cal Rx."

REMINDERS

- All Medi-Cal Rx providers, including pharmacies, prescribers, and their staff, will need to complete registration to access the secure section of the Medi-Cal Rx Web Portal via the User Administration Console (UAC) application at https://medi-calrx.dhcs.ca.gov/provider/.
 - The secure section of the Medi-Cal Rx Portal will be the place to go starting on January 1, 2022 to:
 - Access the Prior Authorization system
 - Chat and messaging features
 - Beneficiary drug look-up tool
 - Web and batch claims submissions
- The Medi-Cal Rx Web Portal and Training Registration document is also available here.

This will only impact the Medi-Cal members under L.A. Care Health Plan. All other L.A. Care members (L.A. Care Covered, PASC, or L.A. Care Cal MediConnect) are <u>not impacted</u> by this change.

If you have any questions, please contact Diane Lee, Director of Pharmacy Compliance at <u>dlee@lacare.org</u>.

Sincerely,

Diane Lee Director, Pharmacy Compliance Pharmacy & Formulary L.A. Care Health Plan

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