THE MEDICAL HOME SUMMIT

MARCH 23, 2015

Unique Billing for PCMH – Transition of Care/HCC Risk Management

JAYNE BRYANT RN, BSN

THERESA BAILEY, LVN

JAMES L. HOLLY, MD

MARCH 23, 2015

Criteria for New Codes

Criteria	99495	99496
Level of Medical Decision Making	Moderate Complexity (99214) or Higher	High Complexity (99215)
Days Since Discharge	Within 14 Days	Within 7 Days
Follow-Up Contact	Within 2 Business Days of Discharge	Within 2 Business Days of Discharge

Potential for Increase Revenue

- TCM codes are billed in place of traditional Evaluation & Management (E&M) codes and offer a higher level of reimbursement.

- In the age of decreasing reimbursement, it is important to be able to access sources of additional reimbursement which are being made available to those providers who can demonstrate their ability to provide excellent care.

- TCM codes are just one example of increase revenue sources available to providers who provide excellent care.

Potential for Increase Revenue

SOUTHEAST TEXAS SETMA MEDICAL ASSOCIATES, L.P.

Level of Medical Decision Making	E&M Code Reimbursement	TCM Code Reimbursement	Increase
Moderate Complexity	99214 $101.12	99495 $154.53	$53.41
High Complexity	99215 $135.63	99496 $218.27	$82.64

The benefit of increase reimbursement is obvious, but how do you implement a solution which is sustainable and can be time and time again with out placing an additional burden on an already stretched provider?

The answer…the power of electronics.

Making It Easier To Do It Right Than Not At All

- Because SETMA uses the same EHR in both inpatient and outpatient settings, all of the information needed to determine a patient's eligibility for the TCM codes is automatically aggregated and calculated in the background.
- All a provider has to do is begin an office visit and if the patient is eligible, they will be alerted on our main AAA_Home template in the EHR.
- Every patient that SETMA discharges from the hospital is scheduled to receive a call from our Care Coordination Department.
- SETMA has been calling all patients discharged from the hospital since 2009.
- **We did not have to implement anything new in order to fulfill the follow-up contact requirement of the new TCM codes.**

Making It Easier To Do It Right Than Not At All

Patient Chart QTest
Sex M Age 43
Patient's Code Status Full Code
Home Phone (409)833-9797
Date of Birth 06/30/1970
Work Phone ( ) -
Cell Phone ( ) -

Patient Eligible For Transitions Care Management Exam

Bridges to Excellence
View

Intensive Behavioral Therapy
Transtheoretical Model

Preventive Care

SETMA's LESS Initiative T
Last Updated / /
Preventing Diabetes T
Last Updated / /
Preventing Hypertension T
Smoking Cessation T
Care Coordination Referral
PC-MH Coordination Review
Needs Attention!!
HEDIS NQF PQRS ACO
Elderly Medication Summary
STARS Program Measures

Exercise Exercise T
CHF Exercise T
Diabetic Exercise T

Template Suites

Master GP T
Pediatrics
Nursing Home T
Ophthalmology
Physical Therapy
Podiatry
Rheumatology

Hospital Care

Hospital Care Summary T
Daily Progress Note
Admission Orders T

Disease Management	Last Updated
Diabetes T	12/16/2013
Hypertension T	/ /
Lipids T	/ /
Acute Coronary Syn T	/ /
Angina T	/ /
Asthma	/ /
Cardiometabolic Risk Syn T	/ /
CHF T	/ /
Diabetes Education	/ /
Headaches	/ /
Renal Failure	/ /
Weight Management T	/ /

Special Functions

Lab Present T
Lab Future T
Lab Results T
Hydration T
Nutrition T
Guidelines T
Pain Management
Immunizations
Reportable Conditions

Information

Charge Posting Tutorial
Drug Interactions T
E&M Coding Recommendations
Infusion Flowsheet
Insulin Infusion

Patient's Pharmacy
Phone ( ) -
Fax ( ) -

Rx Sheet - Current
Rx Sheet - All Time
Home Health

Pending Referrals T

Status	Priority	Referral	Referring Provider
Completed	Routine	Cardiology - SETCA	Anwar
Completed	Routine	SETMA Diabetes Education	Holly
Completed	Routine	SETMA Ophthalmology	Holly

Chart Note - Now
Chart Note - Offline
Return Info
Return Doc
Email
Telephone
Records Request
Transfer of Care Doc

Making It Easier To Do It Right Than Not At All

Tutorial

Evaluation and Management

Recommendations

E-mail

Acute Dx

Clear Diagnosis Fields

In order to see the SUMBIT button, you MUST answer the E-Prescribing code question below in red.

New Patients
- 99201 Brief
- 99202 Problem Focused
- 99203 Expanded Problem
- 99204 Detailed Problem
- 99205 Comprehensive Problem

Established
- 99211 Brief
- 99212 Problem Focused
- 99213 Expanded Problem
- 99214 Detailed Problem
- 99215 Comprehensive Problem
- Observation/Discharge Management

Nursing Home
- 99304 Initial Limited
- 99305 Initial Extended
- 99306 Initial Comprehensive
- 99307 Subsequent Limited
- 99308 Subsequent Extended
- 99309 Subsequent Comprehensive
- 99310 Subsequent High Complexity
- 99315 NH Discharge
- 99316 NH Discharge, 30+ mins
- 99318 Nursing Facility Care, Annual
- 99324 Domicil, New Pt, Prob Focus
- 99325 Domicil, New Pt, Expanded
- 99326 Domicil, New Pt, Detailed
- 99327 Domicil, New Pt, Mod Comp
- 99328 Domicil, New Pt, High Comp
- 99334 Domicil, Est Pt, Prob Focus
- 99335 Domicil, Est Pt, Expanded
- 99336 Domicil, Est Pt, Detailed

Chronic Dx

Care Transition Eligibility
- 99495 Transition of Care Management Within 14 days (99214 or higher)
- 99496 Transition of Care Management Within 7 days (99215)

New Patients
Commercial Insurance only
- 99381 Preventive Visit, Infant
- 99382 Preventive Visit, Age 1 to 4
- 99383 Preventive Visit, Age 5 to 11
- 99384 Preventive Visit, Age 12 to 17
- 99385 Preventive Visit, Age 18 to 39
- 99386 Preventive Visit, Age 40 to 64
- 99387 Preventive Visit, Age 65+

Established
Commercial Insurance only
- 99391 Preventive Visit, Infant
- 99392 Preventive Visit, Age 1 to 4
- 99393 Preventive Visit, Age 5 to 11
- 99394 Preventive Visit, Age 12 to 17
- 99395 Preventive Visit, Age 18 to 39
- 99396 Preventive Visit, Age 40 to 64
- 99397 Preventive Visit, Age 65+

Consultation
Referring
- 99241 Brief
- 99242 Problem Focused
- 99243 Expanded Problem
- 99244 Comprehensive Problem

Suture Removal
- 99024 Suture Removal/Packing Rem

Medicare Preventive Eligibility
- G0402 Initial Preventive Physical Exam
- G0438 Annual Wellness Visit, Initial
- G0439 Annual Wellness Visit, Subsequent

Medicare Behavioral Therapy
- G0446 Intensive Therapy - Cardiovascular Disease
- G0447 Intensive Therapy - Obesity

E-Prescribing
Was at least one prescription during the encounter generated and submitted electronically?
- Yes
- No

then click email button.)

Making It Easier To Do It Right Than Not At All

Transitions of Care Management

Date of Last Transition of Care Management: 11/07/2013

Select Level Of Medical Decision Making For This Office Visit

- ( ) Straight Forward ?
- ( ) Low Complexity ?
- (•) Moderate Complexity ?
- ( ) High Complexity ?

Date Of Most Recent Hospital Discharge	02/22/2014
Days Since Most Recent Hospital Discharge	6
Date Of Most Recent Hospital Follow-Up Call	02/23/2014
Business Days After Discharge Follow-Up Call Completed	1

[Calculate Code Eligibility]

You may use the 99495 Transition Care Management code for this office visit. Click OK to close this template and the 99495 code will be selected for you on the next screen.

Don't forget to click Submit on the next screen.

[OK] [Cancel]

Making It Easier To Do It Right Than Not At All

- The provider simply clicks “Calculate Code Eligibility” and the EHR confirms if all criteria to bill a TCM code have been met.
- If so, the highest eligible TCM code is automatically selected, the provider closes the screen and clicks Submit.
- The work is done!

Important Facts About HCC

- Initially, HCCs codes were valuable only in Medicare Advantage, but now are valuable in Patient-Centered Medical Home and in Accountable Care Organizations.
- In PC-MH it is the Coefficient Aggregate which is important while in Medicare Advantage and ACO it is the individual codes which results in increased revenue.
- SETMA's HCC tutorial can be accessed at http://www.setma.com/epm-tools/Tutorial-HCC-RxHCC-Risk

PC-MH and HCC

Some payments are being made in some states for Patient-Centered Medical Home. CMS continues to discuss such payments but have not yet launch the program due to the ACA and cost reduction. When that happens and it will, it will be based on two things:

1. The level of medical home you have achieved
2. The coefficient aggregate for each individual patient

PC-MH and HCC

- If a provider has NCQA Tier III and if the patient has a coefficient aggregate of 2.0 or above, then the monthly payment for that patient will be the maximum.

- Discussions are between $20-100 per member per month.

HCC Risk Value

- Each HCC is assigned a coefficient score.
- When the coefficients are added together they produce a coefficient aggregate.
- When the coefficient aggregate is modified by multiple other factors, they produce the Risk Adjustment Factor, which is used to determine the additional payment to the HMO.

Coefficient Aggregates

- Each HCC/RxHCC code has a coefficient associated with it.
- When the total value of the coefficients for each HCC/RxHCC code is added up, you produce the “coefficient aggregate.”
- For older patients a coefficient value is added for age.
- Gender increases the coefficient value for females
- Condition interaction can also increase the code

HCC Risk Value

PDM NURSE HISTORIES HEALTH QUIZES HPI ROS P.E. X-RAY ASSESS PLAN PROCS

Acute Assessments Add Sort

#	Diagnosis	Code	Status	Chr Ind
1	DM type 2 causing neurological disease (250.60), chronic	250.6		Y
2	Type III hyperlipoproteinemia (272.2), chronic	272.2		Y
3	Hypertension (401.9), chronic	401.9		Y
4	Allergic rhinitis (477.9)	477.9		N
5	Disc disorder of cervical region (722.91), chronic	722.9		Y

Detailed Comments

Acute HCC Score	0.4080
Acute RxHCC Score	0.6240
Total Acute Score	1.0320
Chronic HCC Score	1.2360
Chronic RxHCC Score	1.0010
Total Chronic Score	2.2370
HCC Not Asssessed This Year	0.6200
RxHCC Not Asssessed This Year	0.2260
Total Not Assessed This Year	0.8460
Age and Gender Score	0.0000
Disease Interaction Score	0.0000
Disability/Poverty Score	0.0000
Total Risk Adjustment Factor	2.2370

Master GP
Nursing
Histories
Health
Questionnaires
HPI Chief
System Review
Physical Exam
Radiology
Plan
Procedures
Chart Note

Chronic Conditions

Add To Acute Add Sort

#	Diagnosis	Hcc	RxH	Last Addressed
0	Allergic rhinitis			
0	Status post thyroidectomy			02/03/2015
0	Papillary thyroid carcinoma	Y	Y	02/03/2015
0	DM type 2 causing neurological disease	Y	Y	03/16/2015
0	Open angle with borderline findings and high glaucoma risk in right eye			
0	Prosthetic eye globe			
1	Glaucoma associated with ocular trauma of left eye			
2	Type III hyperlipoproteinemia		Y	03/16/2015
3	Atrial paroxysmal tachycardia	Y	Y	
4	Generalized anxiety disorder		Y	12/15/2014
5	Disc disorder of cervical region			03/16/2015
6	Hypertension		Y	03/16/2015

Risk Adjusted Chronic Conditions Not Assessed This Year Add To Acute

Diagnosis	Hcc	RxH	Last Addres
Atrial paroxysmal tachycardia	Y	Y	
Extreme obesity with alveolar hypoventilation		Y	05/19/2014
Generalized anxiety		Y	12/15/2014

General Comments

Chronic Condition Comments

HCC Risk Value

PDM NURSE HISTORIES HEALTH QUIZES HPI ROS P.E. X-RAY ASSESS PLAN PROCS

Acute Assessments Add Sort

#	Diagnosis	Code	Status	Chro Ind
1	DM type 2 causing neurological disease (250.60), chronic	250.6(		Y
2	Type III hyperlipoproteinemia (272.2), chronic	272.2		Y
3	Hypertension (401.9), chronic	401.9		Y
4	Allergic rhinitis (477.9)	477.9		N
5	Disc disorder of cervical region (722.91), chronic	722.9		Y

Detailed Comments

Acute HCC Score	0.4080
Acute RxHCC Score	0.6240
Total Acute Score	1.0320
Chronic HCC Score	1.2360
Chronic RxHCC Score	1.0010
Total Chronic Score	2.2370
HCC Not Assessed This Year	0.6200
RxHCC Not Asssessed This Year	0.2260
Total Not Assessed This Year	0.8460
Age and Gender Score	0.0000
Disease Interaction Score	0.0000
Disability/Poverty Score	0.0000
Total Risk Adjustment Factor	2.2370

Master GP
Nursing
Histories
Health
Questionnaires
HPI Chief
System Review
Physical Exam
Radiology
Plan
Procedures
Chart Note

Chronic Conditions

Add To Acute Add Sort

#	Diagnosis	Hcc	RxH	Last Addressed
0	Allergic rhinitis			
0	Status post thyroidectomy			02/03/2015
0	Papillary thyroid carcinoma	Y	Y	02/03/2015
0	DM type 2 causing neurological disease	Y	Y	03/16/2015
0	Open angle with borderline findings and high glaucoma risk in right eye			
0	Prosthetic eye globe			
1	Glaucoma associated with ocular trauma of left eye			
2	Type III hyperlipoproteinemia		Y	03/16/2015
3	Atrial paroxysmal tachycardia	Y	Y	
4	Generalized anxiety disorder		Y	12/15/2014
5	Disc disorder of cervical region			03/16/2015
6	Hypertension		Y	03/16/2015

Risk Adjusted Chronic Conditions Not Assessed This Year Add To Acute

Diagnosis	Hcc	RxH	Last Addres
Atrial paroxysmal tachycardia	Y	Y	
Extreme obesity with alveolar hypoventilation		Y	05/19/2014
Generalized anxiety		Y	12/15/2014

General Comments

Chronic Condition Comments

Numbers Don't Lie

SOUTHEAST TEXAS SETMA MEDICAL ASSOCIATES, L.P.

All Conditions Coded Appropriately	
76 year female	0.468
Medicaid eligible	0.177
DM w/vascular CC (HCC 15)	0.608
Vascular disease w/CC (HCC 104)	0.645
CHF (HCC 80)	0.395
Disease Interaction*	0.204
Total RAF	2.497
PMPM Payment	$1,873
Annual Payment	**$22,473**

Some Conditions Coded And With Poor Specificity	
76 year female	0.468
Medicaid eligible	0.177
DM w/o CC (HCC 19)	0.181
Vascular disease w/o CC (HCC 105)	0.324
CHF not coded	
No Disease Interaction	
Total RAF	1.150
PMPM Payment	$863
Annual Payment	**$10,350**

No Conditions Coded	
76 year female	0.468
Medicaid eligible	0.177
DM not coded	
Vascular disease not coded	
CHF not coded	
No Disease Interaction	
Total RAF	0.645
PMPM Payment	$484
Annual Payment	**$5,805**

Coefficient Aggregates and E&M Codes

- SETMA has been experimenting with the auditing of Evaluation and Management Code distribution in practice.
- The most subjective aspect of E&M coding is the complexity of medical decision making.
- It follows that the higher the HCC Coefficient aggregate for the acute visit, the more complex the medical decision making is.

Coefficient Aggregates and E&M Codes

- By implication, we think there is a correlation between the acute diagnoses' HCC/RxHCC coefficient aggregate and the E&M code. The higher the HCC/RxHCC coefficient aggregate for the acute visit, the higher it is reasonable to expect the E&M coding to be, IF the documentation is present in the record related for two or more chronic conditions.

Coefficient Aggregates and E&M Codes

Because SETMA's EMR displays whether a diagnosis is an HCC, an RxHCC or both, and because our system aggregates the coefficients for all of the diagnoses which are documented in a patient's care, it is possible for a provider to know on each patient he/she treats:

- The coefficient aggregate for the acute diagnoses documented for each visit.
- The coefficient aggregate for the chronic diagnoses documented for each patient.
- The coefficient aggregate which has not been evaluated on a patient for the current year.

Coefficient Aggregates and E&M Codes

Acute & Chronic HCC/RxHCC Coefficients Versus E&M Code Distribution

Provider	Acute Average	Acute Deviation	Chronic Average	Chronic Deviation	E&M Code Distribution 99212	99213	99214	99215
Ahmed, J	0.798	0.447	1.793	1.125	2.0	26.1	71.8	0.1
Anthony, J	1.041	0.852	1.566	1.319	1.2	64.4	34.3	0.0
Anwar, S	0.825	0.625	1.811	1.305	1.3	36.1	62.1	0.5
Aziz, M	0.510	0.567	1.508	1.154	0.0	33.1	66.9	0.0
Cash, C	1.363	0.566	2.144	1.136	0.1	37.7	62.1	0.0
Castro, M	0.897	0.699	1.191	1.056	1.2	24.3	74.5	0.0
Cox, R	0.233	0.319	0.702	0.646	3.3	52.0	44.7	0.0
Darden, K	0.301	0.456	0.916	0.896	0.1	64.0	36.0	0.0
Deiparine, C	0.479	0.520	1.229	1.116	0.0	3.6	96.3	0.1
Duncan, N	0.318	0.451	1.093	1.025	0.4	46.3	53.3	0.0
Foster, T	0.636	0.581	1.321	1.236	1.7	19.3	79.1	0.0
George, W	0.791	0.496	1.427	1.030	0.0	20.7	79.3	0.0
Green, E	0.244	0.340	0.651	0.622	18.5	57.7	23.8	0.0
Halbert, D	0.297	0.454	1.245	1.033	0.5	48.9	50.5	0.1
Henderson, D	0.558	0.630	1.598	1.177	0.3	37.4	62.2	0.0
Holly, J	1.048	0.902	1.688	1.355	0.0	4.5	95.1	0.4
Horn, A	0.527	0.528	1.017	0.874	0.3	30.0	69.7	0.0
Le, P	0.501	0.489	1.161	1.024	0.3	47.3	52.4	0.0
Leifeste, A	0.718	0.673	1.659	1.264	7.1	18.8	74.1	0.0
Murphy, V	0.870	0.727	1.289	1.105	0.2	28.9	71.0	0.0
Palang, R	0.352	0.344	1.046	0.887	0.9	53.5	45.6	0.0
Qureshi, A	0.650	0.607	1.284	1.194	2.0	39.7	58.3	0.0
Read, T	0.361	0.506	1.362	1.190	0.0	48.8	51.2	0.0
Shepherd, J	1.002	0.889	1.405	1.172	1.2	24.3	74.5	0.1
Thomas, M	1.118	1.149	1.699	1.374	0.5	38.6	61.0	0.0
Vardiman, J	0.181	0.260	1.008	0.966	5.7	60.9	33.3	0.0
Wheeler, M	0.569	0.665	1.160	1.140	0.1	29.0	70.8	0.0

Coefficient Aggregates and E&M Codes

- There has been no official endorsement of this analysis, but it seems to us to be valid. It has exposed several coding errors in SETMA's work which has enable us to correct those errors.
- We look forward to other practices experimenting with this contrast to see if they validate our findings.
- Whether ultimately validated or not, it illustrates how data analysis and associates should attract our attention.