

VHAN Learning Exchange

Year-End Quality Performance & Patient Engagement



Vanderbilt Health
Affiliated Network

Learning Exchange Overview

- **Welcome & Introductions**
- **Best Practice Sharing & Guided Discussion**
 - Cancer Screenings
 - AWWs
 - Coding & Documentation
- **VHAN Support & Resources**

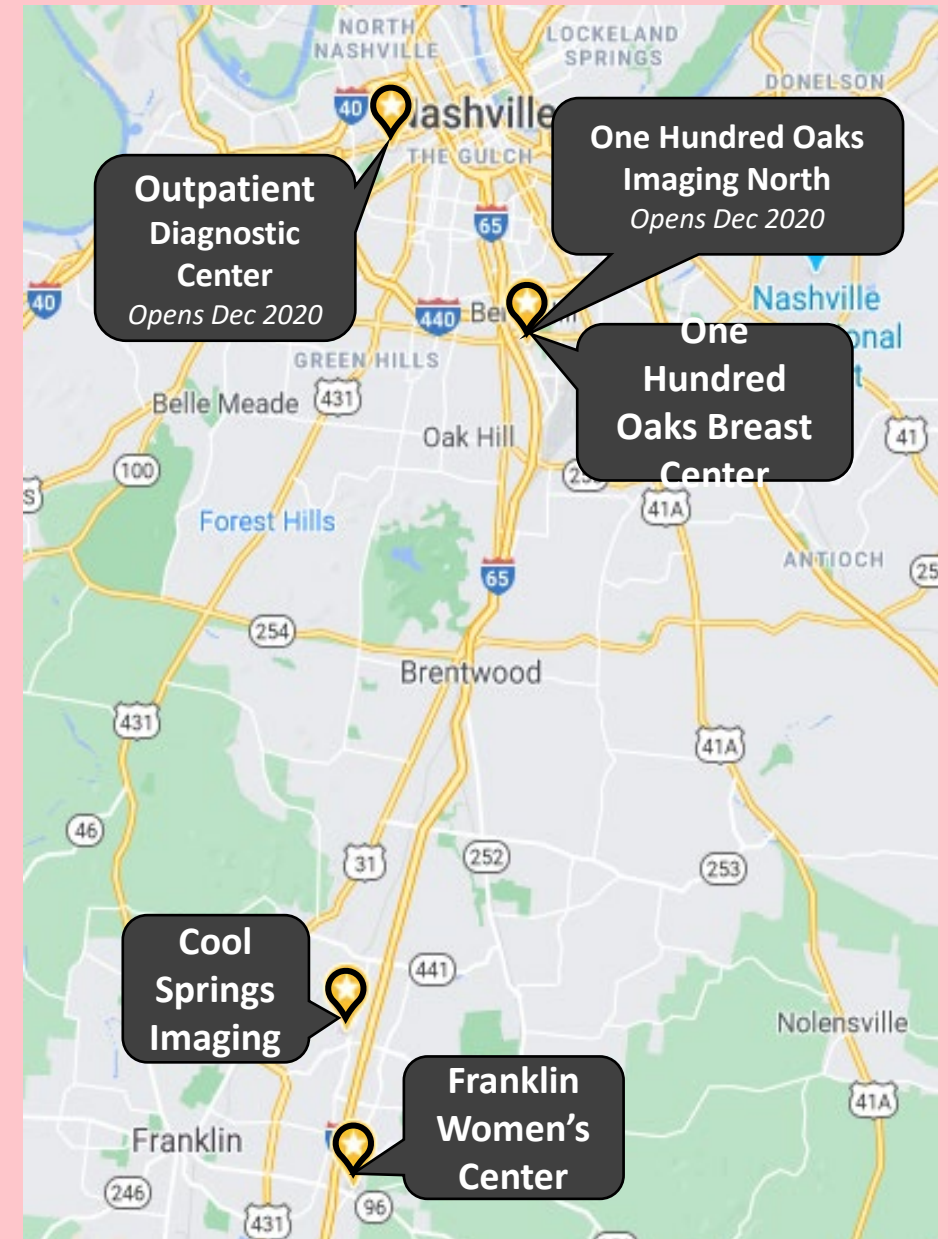
Best Practice Sharing

Group Discussion

What are you focusing on for the remainder of the year?

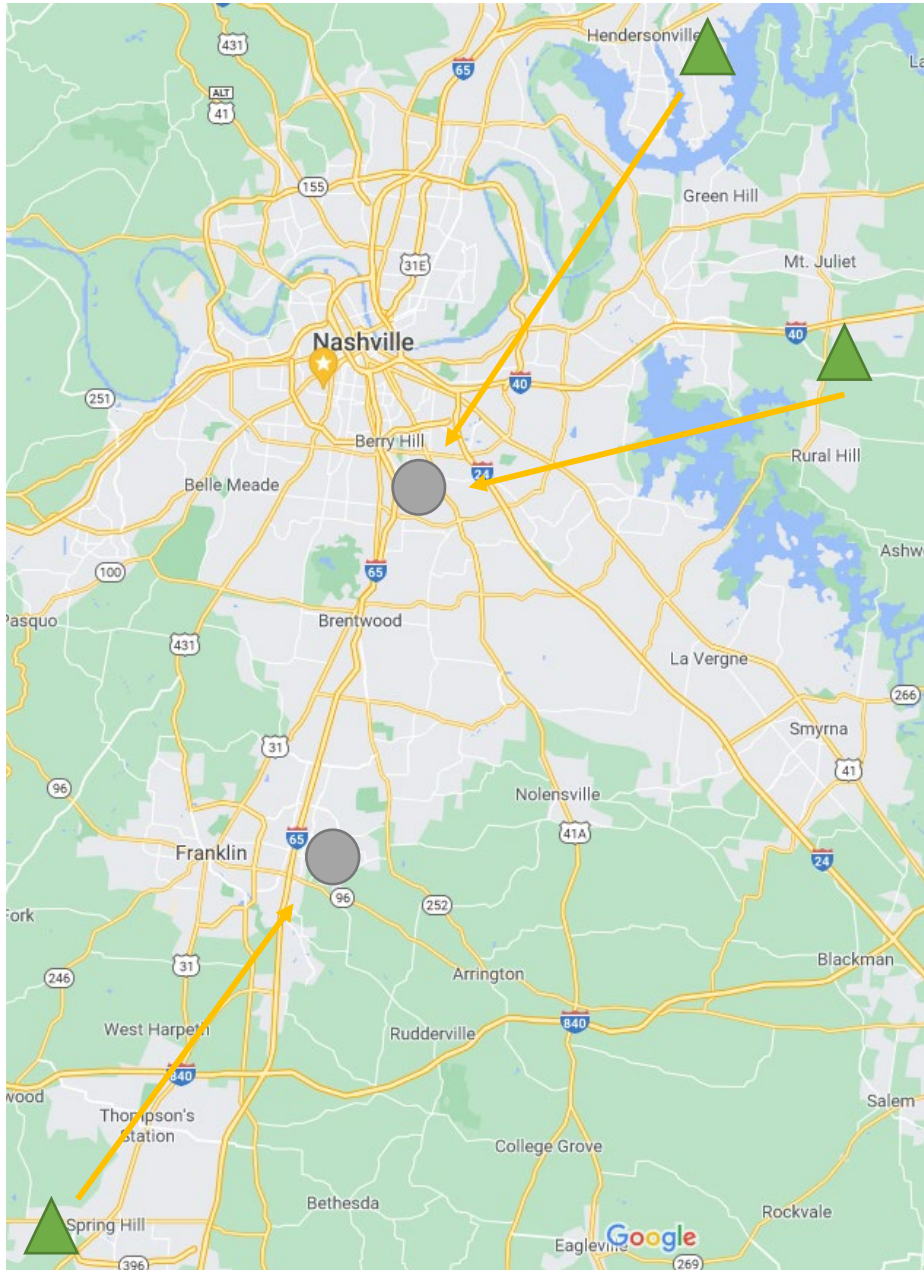
Where to get your Mammogram

Location	To Make An Appointment:	Hours
Vanderbilt Breast Center at One Hundred Oaks 719 Thompson Lane Nashville, TN 37204	(615) 322-2064	By Appointment Only: Mon – Thurs, 7:30a – 4:30p Friday, 7:30a – 5p Saturday, 8a – 12p
One Hundred Oaks Imaging North 719 Thompson Lane #20920 Nashville, TN 37204	(615) 936-3606 <i>Opens Dec 2020</i>	Call for Appointment OR Same Day (Call Ahead) Mon- Fri, 8a – 4:30p
Outpatient Diagnostic Center 337 22 nd Ave. North Nashville, TN 37203	(615) 327-1500 <i>Opens Dec 2020</i>	Call for Appointment OR Same Day (Call Ahead) Mon, Tues, Thurs, Fri, 8a – 4:30p Wed 8a-9:30a, 3p-4:30p
Cool Springs Imaging 2009 Mallory Lane #150 Franklin, TN 37067	(615) 771-8668	Call for Appointment OR Same Day (Call Ahead) Mon – Tues, 8a – 9:30a & 3:30p – 7p Wednesday 8a – 7p Thurs – Friday, 7:15a – 9:30a, 3:30p – 7p Saturday, 8a – 12p
Vanderbilt Franklin Women's Center* 4155 Carothers Parkway Franklin, TN 37067	(615) 322-2064	By Appointment Only: Mon – Fri, 8a – 4p



***3D mammography NOT offered at Vanderbilt Franklin Women's Center**

Updated 10/9/2020



Hendersonville to OHO:
27 miles, 35 minutes

Mt. Juliet to OHO:
18.2 miles, 25 minutes

Spring Hill to Franklin
Women's: 13.6 miles,
20 minutes

Best Case Scenarios

Group Discussion

How are you engaging patients? What about specific populations?

Group Discussion

**How are you addressing AWWs
with preventive cancer
screenings?**

Adult Wellness Visits

Quality Annual Wellness Visits

Methods to Complete Quality AWWs

- ✓ Generate AWW patient list and schedule AWWs (EHR and custom VHAN reports)
 - AWW patient scheduling script
- ✓ Create plan for using the AWW using Health Risk Assessment (most important component)
 - Captures data about patient's health status (medical/family history, potential risk factors, functional ability, vitals)
 - Mail/Email/Phone interview (efficient time with patient)
 - Team-based care; who will complete the various tasks?
- ✓ Create plan for using the Personalized Preventive Plan Services (second most importance component)
 - Provided to patient as summary of "next steps"
- ✓ Report at least one diagnosis code when submitting a claim for G0438/G0439 AWW service
 - Choose diagnostic code consistent with exam
 - Include current acute and chronic conditions in the assessment
- ✓ Bill AWW independently or furnish a significant, separate evaluation and management service using modifier-25
- ✓ Communicate AWW weekly target and plan to providers, managers, clinical support, office support
 - Gather team(s) who will work on AWWs
- ✓ Educate/train staff on enhanced AWW process and schedule regular team reviews
- ✓ Reward early successes/failures leading to improvements



Group Discussion

What is your number one challenge/barrier to completing patient annual wellness visits?

Medicare AWW Components & Care-Team Checklist			
Task	Care Team Member Responsible	Notes	Completed
Determine Medicare eligibility and timeframe for patient wellness visit services	<ul style="list-style-type: none"> Front desk staff Medical Assistant Licensed Practice Nurse Registered Nurse 	<p>Traditional Medicare covers Annual Wellness Visit (AWV), whereas Medicare Advantage may cover annual physical exams in addition to AWV. Wellness visits and preventive services are allowed every 12 months. To determine the date the patient had their last preventive service:</p> <ul style="list-style-type: none"> Utilize the CMS HIPAA Eligibility Transaction System (HETS) Medicare Administrative Contractor (MAC) Health plan reporting previously completed wellness visit dates Medicare AWW codes include: G0402, G0438, G0439, G0513 	✓
Collect Health Risk Assessment (HRA) information and establish patient medical and family history	<ul style="list-style-type: none"> Front desk staff Medical Assistant Licensed Practice Nurse Registered Nurse 	<p>Review and complete HRA document with patient either before or during AWW (20 min)</p> <ul style="list-style-type: none"> Psychosocial risks (depression/stress/social isolation/pain/fatigue) Behavioral risks (tobacco use, physical activity, nutrition, alcohol use, sexual health, home safety) Activities of daily living (dressing, feedings, bathing, grooming, risk of falls) <p>Document medical events of patient, parents, siblings, and children and use of medications, supplements and include:</p> <ul style="list-style-type: none"> Past medical and surgical history Use of medications and supplements 	✓
Measure patient vitals	<ul style="list-style-type: none"> Medical Assistant Licensed Practice Nurse Registered Nurse 	<ul style="list-style-type: none"> Obtain height, weight, Body Mass Index (BMI), blood pressure, and other routine measurements based on medical and family history Document these services in medical chart 	✓
Assess patient risk factors and functional ability and safety	<ul style="list-style-type: none"> Certified Nurse Midwife Medical Doctor Nurse Practitioner Physician Assistant 	<ul style="list-style-type: none"> Detect cognitive impairment by direct observation and/or cognitive test Use observation and questionnaire responses to review fall risk, hearing impairment, home safety, and ADLs Detect depression risk factors by use of screening tools (i.e., PHQ-9) 	✓
Provide patient health education and referrals	<ul style="list-style-type: none"> Medical Assistant Licensed Practice Nurse Registered Nurse 	<ul style="list-style-type: none"> Provide education on lifestyle interventions to reduce health risks Refer patient to disease management, case management or behavioral health (if needed) Document care plan and consider specialty referrals to complete further assessments and/or preventive screenings (i.e., mammogram, colonoscopy, lab testing) 	✓
	<ul style="list-style-type: none"> Certified Nurse Midwife 	<ul style="list-style-type: none"> Discuss advance directive in case an injury or illness prevents making own healthcare decisions 	

AWV Documentation and Coding Care-Team Checklist			
Task	Care Team Member Responsible	Notes	Completed
Perform adult physical exam (patient must consent to applicable co-pay)	<ul style="list-style-type: none"> • Certified Nurse Midwife • Medical Doctor • Nurse Practitioner • Physician Assistant 	<p>Not equivalent to physical exam component required in E/M visits. View eligibility and documentation requirements of services/screenings before performing to ensure:</p> <ul style="list-style-type: none"> • Coverage criteria applies (physicals for MA, not original Medicare) • Frequency limits are maintained • Total time spent, or start/stop times are documented for timed services • Document billed services in the medical record • Code using age-appropriate preventive code for physical exam 99387 (new patient) and 99397 (established patient) with modifier 25 in addition to wellness visit G-code (if MA patient, no copays); if not a Medicare patient, use exam code by itself 	✓
Perform additional E/M services (patient must consent to applicable co-pay)	<ul style="list-style-type: none"> • Certified Nurse Midwife • Medical Doctor • Nurse Practitioner • Physician Assistant 	<p>If illness or abnormality is discovered, or preexisting problem is addressed during preventive care, use E/M code with modifier 25 in addition to preventive code. View eligibility and documentation requirements of services before performing to ensure:</p> <ul style="list-style-type: none"> • Coverage criteria applies • Frequency limits are maintained • Total time spent, or start/stop times are documented for timed services • Document elements of medical-decision making (MDM) • Code and submit claim using 99202-99205 (new patient) and 99211-99215 (established patient) and append with modifier 25 to “G” AWV code 	✓
Satisfy minimum documentation & coding requirements for annual wellness visit, screenings, and acute and chronic health conditions	<ul style="list-style-type: none"> • Certified Nurse Midwife • Medical Doctor • Nurse Practitioner • Physician Assistant 	<ul style="list-style-type: none"> • IPPE (G0402) • AWV, Initial (G0438) or • AWV, Subsequent (G0439) • AWV, Prolonged Service, 30 min (G0513) • ICD-10-CM codes- health status and SDH; Z encounter codes required only during actual screening, list well-visit Z00 series • CPTII codes- screening results reviewed/documentated • Member’s name on each page of medical chart • Date all entries • M.E.A.T (Medical Risk Adjustment) • Submit claim with ICD-10/CPT codes • Signature • Credentials • Document reason for lack of screening if not performed 	✓

Group Discussion

What processes are in place within your clinic(s) that emphasize a standardized, care-team approach for completing AWWs?

Best Practices

- Emphasize the care-team approach to reduce time constraints for Clinician
- Encourage Clinicians to talk directly with patient about the benefits of the AWW
- Use a prioritized list to determine which patients need screenings scheduled first
 - Highest Risk Patients
 - Patients with Chronic Conditions and/or Multiple Comorbidities
 - Patients with History of Positive Screen
- Utilize EMR AWW flag at the point of care
- Complete AWWs with physicals (Medicare Advantage benefit)

Provider Education

- Educate Clinicians on HRA workflows
- Promote the use of Fit testing
- Document reason for patient reported value
- Utilize payer specific incentives for providers and patients to address quality

Patient Engagement

- Listen to patient's needed and identify benefits of AWWs that address their needs
- Emphasize the PCP's desire to schedule the AWW to allow the doctor to provide the best care possible
- Conduct patient outreach via phone calls, mailed letters or patient portal messaging
- Sign patients up for practice's online portal
- Contact patients who have not been seen in a while to re-establish care

Group Discussion

What best practices can you share that have been implemented within your clinic(s) that resulted in increased AWW participation?

Quality Coding & Documentation

Coding & Documentation

❖ Patient encounters

- ✓ Option to code for **multiple** quality screenings during an outpatient office visit(E/M), preventive exam, and/or annual wellness exams, immunizations, well-care visits
 - BMI, controlling high blood pressure, diabetes eye exam
 - Acceptable to add more than one billable service if “significant” reason is documented
 - Include ICD-10-CM codes (minimum of one diagnosis)
- ✓ Many preventive and diagnostic screenings rely on CPT/HCPCS codes as the reason for the encounter
 - Breast cancer screenings, cervical cancer screenings, colorectal cancer screenings
- ✓ Medical Risk Adjustment (MRA) impact on diagnostic coding and documentation during all encounters
 - ✓ Team-based care approach to document diagnostic and screening assessments (i.e., Medical Assistants)

❖ Patient exclusions:

- ✓ Exclusion criteria to remove patients from denominators using **either procedural codes** (CPT/HCPCS) or **diagnosis codes** (ICD-10-CM)
- ✓ These exclusions can apply through manual attestations with supporting medical chart documentation if not captured through claims
 - History of mastectomy or mastectomy procedure (BCS), frailty and inpatient/outpatient visits with advanced illness (CBP)

❖ Patient outcomes:

- ✓ **CPT II “F”** codes used within EHR and on claims to report screenings and results documented within specified period
 - CBP systolic and diastolic readings 3074F, 3075F, 3077F, 3079F, 3080F, and diabetes eye exam documentation of exam reviewed 2022F
- ✓ Not all quality measures provide CPTII codes and not all payers accept them to “close gaps”

Group Discussion

What is your number one coding & documentation challenge to completing quality encounters, such as cancer screenings?

VHAN Support & Resources

Connecting Quality Resources

We're Here to Help!

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People: Population Health Team

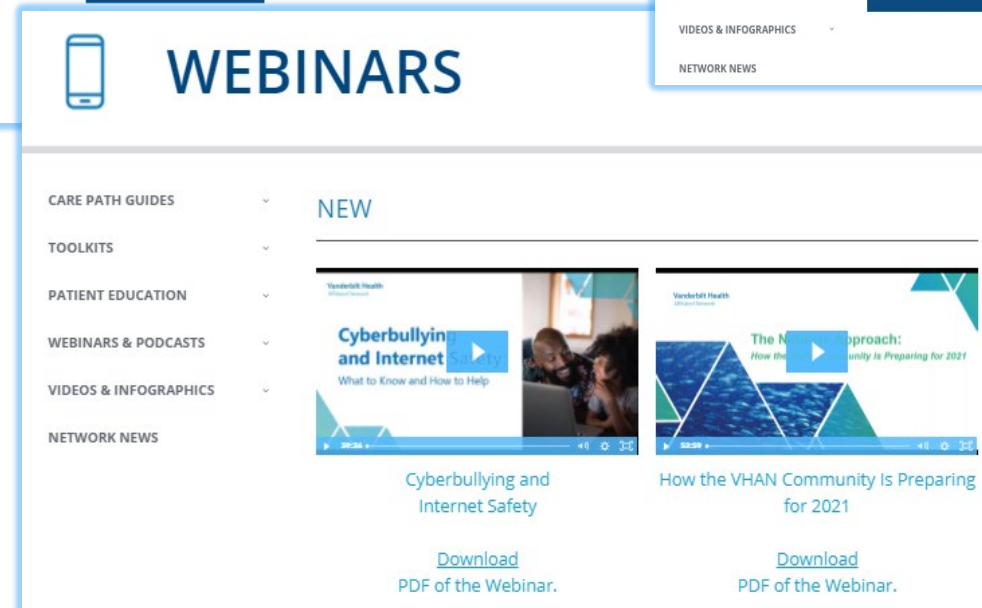
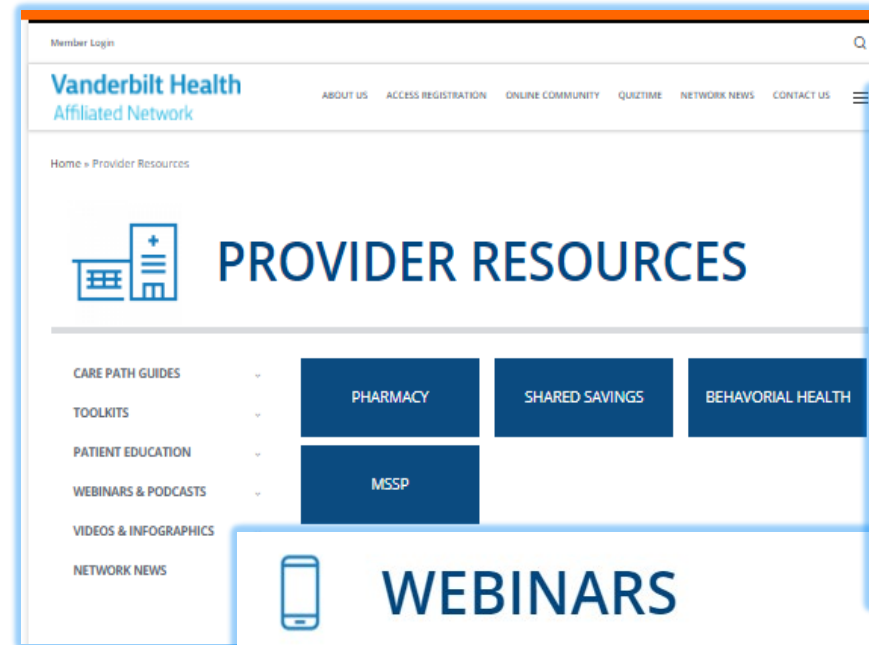
- Clinical Quality Advisors & Quality Impact Specialists
- Process Improvement & Practice Transformation
- Intervention Strategy
- Operations

Process: Educational Resources

- Toolkits, Care Paths
- Provider Resources
- Webinars and Podcasts
- Quick Reference Guides
- Practice Assessments and adVHANtage Sessions (1:1)
- Patient Education
- Payer Programs
- Discussion Forums
- Videos & Infographics
- Quiz Time

Technology: Data Analytics & EMR Tools

- Data Feed
- Payer Portals/Tools
- Practice and Clinician Quality Summary Reports and Score Cards



adVHANtage Sessions

adVHANtage Sessions provide a customized learning experience for your practice on specific topics, including virtual education, digital and print-ready materials, and training resources.

- Prior to the session, you will complete a brief assessment to help VHAN staff better partner with you in identifying and addressing areas of opportunity. The team will provide recommendations for education, workflow enhancements and process opportunities targeted to your practice's needs.
- These sessions are led by VHAN clinicians, subject matter experts and quality and operations team members.
- adVHANtage Sessions can be held as a group, one-on-one or separated by teams and specific educational needs.
- Following the session, you will receive materials reviewed as well as a plan for any action steps discussed.

adVHANtage Session Opportunities

Annual Wellness Visits – Enhancing patient engagement and optimizing HCC recapture rates

- Focused education with VHAN quality and coding experts
- Identify key areas for addressing clinic workflow enhancements
- [Click here](#) for the assessment and interest form

Medical Risk Adjustment (MRA) Documentation & Coding

- Personalized education with VHAN coding experts
- Identify key areas for addressing coding and documentation opportunities, workflow enhancements and MRA education
- Education is available for clinical team members as well as coders/billers
- [Click here](#) for the assessment and interest form

**Let us know how we
can best support you!**

What is the one thing
you will take away from
today's discussion to
improve cancer
screenings?



VHAN Learning Exchange

Final Questions and Comments

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