HCCA Clinical Practice Compliance Conference October 14 – 16, 2012

Tuesday October 16th
Session 702
Improving Compliance with Service and Quality
Compliance is the Ambassador of Health Care!
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Quality Patient Care Equals Good Compliance

In Compliance, we are Ambassadors for the patient, the provider and for administration!

- **Definition of Quality** that is used throughout this presentation:
  a: **degree of excellence** b : **superior** of service

[Reference 1]

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Definition of **Patient Care** that is used throughout this presentation:

- "While lecturing to students at Harvard in the fall of 1925, Frances Peabody stated ... the secret of the care of the patient is in caring for the patient. **Listen carefully**. **Make eye contact**. **There is a person sitting there, not a disease. Respect and empathy . Failure to care often results in ineffectiveness of care…."**.

[Reference 2]

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Quality + Good Patient Care = Good Compliance

Service Excellence + **Caring/Respect/Empathy** = **Coding / Documentation Compliance**????

Sound familiar? The Medical Home, The Patient Centered Home, Accountable Care Organizations, CMS Value Driven Healthcare…

Compliance looks at (documentation) of what "service" is provided (or lack of)– and compares it to a level of CPT code that is billed.

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Quality Patient Care + Service = $$$

- **Quality**: Patient returns and refers friends = $$$
- **Coordination of Care** = Good patient care, quality care. Peers see quality and is more likely to refer. $$$
- **Accurate Coding and documentation** = $$$
- What if the provider provided more than what is "expected" for a visit? What happens to quality of the visit? Patient satisfaction? Revenue? Provider or Staff stress level / frustration? Continuity of Care?
- **Let's look at the Medicare Wellness Visit 10 Step Process – as an example!**

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Medicare Wellness Visit(s) Good Compliance, More Revenue & Good Medical Care

- Three (3) different levels of codes (**G0402, G0438** and **G0439**) Three (3) different sets of criteria. **Very frustrating for providers** when deciding **which components are required for each type of visit.**
- What if…… the required components of all three (3) were **combined into one (1) template?**
- Patient would get a few extra components- good medical care. If documented correctly it would be compliant. If scheduled properly this would be good revenue.

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G0402, G0438 and G0438

- **G0402 Welcome to Medicare** $154 (Noridian, 2012) *Patient is eligible the first (1st) year they are enrolled in Medicare.
- **G0438 Initial Medicare Wellness Visit** $165 (Noridian 2012) Patient is eligible after 11 full months (ie 12 months) have passed since receiving the G0402
- **G0439 Subsequent Medicare Wellness Visit**

$110 (Noridian 212) Patient is eligible every 12 months (once a year)

[Reference 3]

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Steps 1 - 5

- **1**. Patient completes **the Health Risk Assessment Form (HRA)** required as of 2012
- **2**. Height , Weight , Blood Pressure, BMI and Visual Acuity is documented
- **3.** Review the **Medical History, Family History and Social History** with special attention to past illnesses, surgeries, allergies, injuries, and hospitalizations.
- **4.** Did the patient ever **smoke?**
- **5.** List all of the **current Providers and Suppliers** that the patient uses.

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Step 6 - 10

- **6**. Functional Ability / Safety
- **A.)** Hearing? **B.)** Activities of Daily Living?
- **C.)** Risk of Falling? **D.)** Risks at Home / Safety Issues at Home
- **7.** Cognitive Impairment Assessment and Observation
- **8**. Risk of Depression or Mood Disorder (Method used?) Current DX or past?
- **9**. Does patient have End of Life Planning Advance Directives? Does the Provider agree with the wishes of the patient?
- **10**. Give the patient a written plan for the next 5 – 10 years that addresses advisable preventive services and offers education and referrals for identified risk areas during the wellness visit **[Reference 5]**

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With Planning and Education of Staff……

- The office medical assistant or nurse can obtain most of this information. The patient completes the Health Risk Assessment Form (HRA) prior to, or during the office visit.
- With correct planning of your schedule you could provide the Medicare Wellness Visit in conjunction with the patient's pap, pelvic, prostrate exam, or address other medically necessary issues and bill the appropriate E/M 99212-99214 (25 modifier.)

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If you followed the steps in this example…

You have provided **good patient care**

Generated good revenue

And followed guidelines **which creates good compliance!**

This is just ONE example of how good compliance and patient care can also generate more revenue!

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What about RAF or HCC?

- **Risk Adjustment Factors (RAF)** or **Hierarchical Condition Categories** (**HCC**) is a specific way to document and code chronic medical diagnosis that many Medicare Advantage Plans need.
- **Good Patient Care**? It is always good patient care to recognize a chronic condition, address this **and** document accordingly.
- **Revenue?** The Medicare Advantage Plans are paid by CMS **based on a score** that each patient is assigned (yearly) due to their various medical diagnoses. Most of the plans **will pay a provider** to code accurately and complete the necessary paperwork. **Perhaps add this to the day when the beneficiary comes in for the Wellness Visit???**
- **Compliance?** Good documentation and coding to the highest specificity is "good compliance!"

[Reference 6]

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Other Key Phrases

- New Primary Care Partners- **Will you be their first choice?** (Advisory Board Insight)
- **Metrics** that Matter (HealthcareLeaders)
- The **Patient Experience** (HelathLeaders)
- Healthcare **Analytics** (HealthcareLeaders)
- Patient **Engagement** (Managed Care)
- **New Era** of Quality Compliance (HCCS)
- The **Secret Patient** –Shopper (CMS)

References

- 1 **Merriam Webster** , Definition of Quality, 2A, http://www.merriam-webster.com/dictionary/quality, accessed on 09/17/12 by J. Bloink (slide 1)
- 2 **Caring for the Patient**: Necessary, But Not Sufficient, Tom Elasy, MD, MPH, Editor-in-Chief, http://clinical.diabetesjournals.org/content/24/4/147.full, accessed on 09/17/12 by J. Bloink (slide 2)

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References

- 3. **2012 Noridian Fee Sched**ule, **https://www.noridianmedicare.com/partb/fees**
- 4. **The Guide to Medicare Preventive Services, March 2011, Fourth Edition**, **http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/mps_guide_web-061305.pdf**
- 5. **1-10 Steps to be Compliant with the Medicare151515 Wellness Visits** (G0402-G0439), Jacqueline Bloink, March 2012 (**published in AAPC Coding Edge, August 2012**)
- 6. **Risk Adjustment of Medicare**, Health Care Financing Review, 2004, Vol 25, Number 4, Summer 2004

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About the Presenter

- Jacqueline Nash Bloink is the Director of Compliance for Arizona Community Physicians (ACP) in Tucson, Arizona. ACP is one of the largest independent physician groups in the state. She is an published author and holds an MBA and credentialed as CHC, CPC-I, CPC and CMRS
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