



LEADERS IN INTEGRATED PRIMARY CARE

Spring 2017 Newsletter

Welcome to our Spring 2017 CHPA member newsletter! We want this newsletter to be a brief, informative vehicle to keep all members up-to-date on our activity and growth. We appreciate any feedback or questions!

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MSSP Update

We are in month three of our initial year of the CMS MSSP contract. We've sent out some required info to be posted in your clinics, as well as some information to help communicate with your Medicare patients. If you have not posted this information, or have questions, please contact Erin Rager.



Last week, we sent out the first patient list provided from Medicare. This list should be used to target patients for their Annual Wellness Visits and any population health /care management / registry / call list programs you have for chronic conditions such as diabetes, HTN or CHF. If you have not received your list or have

questions, please call Erin.

We have almost completed our training information. We will be contacting each MSSP member to set up logistics to learn about the MSSP program, initial best practices, HCC coding and risk adjustment.

We are working to stage the historical claims files. We are aiming for May to have an initial look at our ACOs by practice. At that point, we can begin working to close gaps and identify best practices.

If you would like to become an MSSP member, or have any questions or concerns, please contact Erin Rager.

How CHPA aligns with CCHN & CCMCN

- *Alignment with CCHN's overarching AAC goal of reaching 1M*
 - CHPA's Commercial ACO contracts will bring new members into CHCs
 - CHPA's acceptance as MSSP ACO will bring increased attention and a few new members on Medicare
- *Quality*
 - CHPA and CCHN will work collaboratively on quality and clinical efficacy
 - Committees: Integration – not Duplication
- *Practice Transformation*
 - CHPA and CCHN will work together on QI
 - PCMH will help our members perform optimally,
 - Patient experience: ACO CAHPS survey
- *IT and Data*
 - CHPA will work with CCMCN to receive, house and analyze claims and EHR data for MSSP and ACO/VBC contracts

Coding & Billing Corner

For all Payers:

The importance of annual wellness visits cannot be overstated. These visits give providers a chance to engage patients with your FQHC. When patients feel connected to their primary care, they will be more likely to incorporate their choice of primary care into their choice for insurance coverage on the exchange. **This decreases the likelihood they will choose a plan you are not participating in (Kaiser, narrow-network Cigna products).**



These visits also give you a great chance to address the **Social Determinants of Health**, and **engage** patients with call lists, registries and care management programs to increase patient quality.

This is a great chance to perform **yearly documentation** of your patient's conditions and **severity**. Accurately documenting this information is critical to **demonstrating value and resource allocation**. Please contact Erin for further information. CHPA will be providing some background and training on this issue for the MSSP members, please let Erin know if you would like a special session.

For Your Medicare Patients:

Did you know Medicare pays for a "Welcome to Medicare" Initial Preventative Physical Examination (IPPE)? This is an *elevated* exam code that can be used once per lifetime within the first 12 months of Medicare Part B coverage. It covers the exam and ECG testing.

G0402	IPPE; face to face visit, services limited to new beneficiary during first 12 months of Medicare enrollment
G0403	Routine ECG with 12 leads; performed as screening for IPPE with interpretation and report
G0404	Routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the IPPE
G0405	Routine ECG with 12 leads; interpretation and report only, performed as a screening for the IPPE

Please click here for more information: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf

For non-new Medicare patients and subsequent annual Medicare visits, you can use this code once every 12 months. The Annual Wellness Visit (AWV) includes a Health Risk Assessment (HRA). **This is not the same as the routine physical checkup!**

G0438	AWV; includes a personalized prevention plan of service (PPPS); initial visit
G0439	AWV; includes a PPPS, subsequent visit

Please click here for more information and helpful checklists:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_chart_ICN905706.pdf

If you want to read more about Medicare Preventative Services, please visit:

<https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/Downloads/MPS-QuickReferenceChart-1TextOnly.pdf>



What We're Reading & Listening To

Huge Questions for Health, 2017 Legislative Forecast

http://www.coloradohealthinstitute.org/uploads/postfiles/LOT2017_for_web.pdf

Is the success of physician-led ACOs sustainable?

<http://medicaleconomics.modernmedicine.com/medical-economics/news/success-physician-led-acos-sustainable?GUID=&rememberme=1&ts=06032017>

The Coder's Playbook for Success with Risk Adjustment Methodologies

<http://www.aahim.org/annualmeeting/wp-content/uploads/2016/01/The-Coders-Playbook-for-Success-with-Risk-Adjustment-Payment-Methodologies-AAHIMA-.pdf>

It's here, it's here, the House Republican ACA repeal and replace bill!

<https://wanthehealthcarellc.com/2017/03/13/its-here-its-here-the-house-republican-aca-repeal-and-replace-bill/>

How to Get Patients to Take More Control of their Medical Decisions

<https://www.wsj.com/articles/how-to-get-patients-to-take-more-control-of-their-medical-decisions-1488164941>

ICD-10 coding likely to play a big role in healthcare reforms

http://www.icd10watch.com/blog/icd-10-coding-likely-play-big-role-healthcare-reforms?utm_content=buffer49847&utm_medium=social&utm_source=linkedin.com&utm_campaign=buffer

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If you have questions or comments regarding CHPA related contracts please contact Erin Rager, Director, Payment Reform and Health Economics, at erager@cchn.org.

If you would like to be added to the newsletter e-mail distribution list, or if you have comments about this newsletter, please contact Jake Rosse, CCHN executive assistant, at jake@cchn.org or (303) 861-5165, ext. 135.

About CHPA

Community Health Provider Alliance (CHPA) is an accountable care organization formed around a statewide integrated system of federally-qualified Community Health Centers (CHCs) offering comprehensive care coordination and primary care services to patients, particularly in the safety net. Our CHCs unified mission is to provide access to cost-effective high-quality primary and preventative care to Colorado's low-income working families and individuals. CHPA was formed to improve care transitions and implement best practices in patient-centered medical home care coordination, to develop alternative payment methodologies and payment reform to decrease overall healthcare costs, and increase patient satisfaction. For more information about CHPA, please visit [our website](#).