The President's Report

TriHealth Physician Hospital Organization News

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June 2019

A Message from Dr. Randy Curnow, TPHO President

Medicare and the future of risk based documentation

From their interaction with the TPHO and Medicare Advantage Plans, our Members are aware of the importance of appropriate and accurate documentation and coding. By applying these principles we are better able to:

- identify patients who have gaps in care
- provide further support and education to the sickest of our patients.
- ensure physicians are appropriately compensated for the complexity of the care provided.
- prepare us for how we will likely be paid in the future, as primary care physicians/APC

For years, Providers have heard much about the Hierarchical Condition Category (HCC) risk-adjustment and its increasing prevalence as the market moves to value-based payment models. With recent news by CMS, the paradigm shift is fast approaching.

Last year, CMS Administrator Seema Verma announced CMS's plan to streamline policies and documentation guidelines for Evaluation and Management (E&M) codes in an effort to reduce the time clinicians spend inputting codes and information into EMR. This could be doing away with all the E&M rules altogether and simply giving clinicians at flat fee for office visits. This was confirmed by the latest update in April by Center for Medicare & Medicaid Innovation (CCMI) as they rolled out their plans for the Primary Care First (PFC) Model . PFC is a set of voluntary five-year payment options that reward value and quality by offering an innovative payment structure to support delivery of advanced primary care.

While the new voluntary program is too large to summarize here, it is worth noting that a key part of the voluntary model is replacing fee-for-service E&M reimbursement for a flat fee for patient office visits along with a per-member per-month payment based on the complexity of your patient population. This "complexity" will likely be defined in the same Hierarchical Condition Category (HCC) system used by Medicare Advantage.

The big takeaway to share with our Members, risk-based documentation through accurate and complete documentation and coding appear poised to completely replace the old E&M model for all Medicare patients within the next few years. To support our Member Providers and Patients through this time of complex change, TPHO will be reaching out to provide more education and resources pertaining to documentation and coding. We welcome the chance to sit down with you and your staff to ensure you have the tools to provide the highest quality care for your patients and get appropriately compensated for the complexity of care provided.

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MEAT Documentation Method: Why is accurate and complete coding (MEAT) so important?

The purpose of risk adjustment, through accurate and complete coding (MEAT), is to ensure organizations are accurately and fairly reimbursed for the predicted health cost expenditures for enrollees by adjusting payments based on demographics and health status. Health status is determined through reported diagnosis codes that are in the Risk Adjustment model.

In the Risk Adjustment model, it is critical to compliantly document and report all diagnosis codes every year, thereby capturing the holistic picture of the patient, which will assist in improving both clinical and financial outcomes. In order for CMS to make payment, documentation must be from a face-to-face visit, and you must indicate how you are treating, managing, or assessing the conditions:

MONITORING, **M**ANAGEMENT**, E**VALUATION, **A**SSESSMENT, **T**REATMENT

Remember that diagnosis validity is an annual effort. The patients must be re-coded at least once during the data collection period OR they lose their score. Diagnoses do not carry over from year to year; even the long-term/ permanent diagnoses that can never be cured. Amputations, Ostomies, Old myocardial infarctions (MIs) are a few examples. Our rule of thumb should be, "If it isn't documented, it didn't happen."

Feel free to contact Dr. Stephens with any questions: Lorraine_Stephens@trihealth.com

Featured Provider, Dr. Usha Shenai

Dr. Shenai is a Board Certified Family Practice physician at Glenwood Family Practice in Cincinnati, Ohio. She earned her degree at the University Of Cincinnati College Of Medicine.

Dr. Shenai is being recognized as one of the top performers with a HCC gap fill rate of 85.05% for the 2018 measurement period. When asked what contributes towards their success the Office Manager named Brittany stated, "Our practice offers close collaborative care between the Physician and the staff. The doctors proactively prep the chart prior to the visit to ensure that they are knowledgeable on any of the patient's needs. Then after the visit the doctors collaborate with the staff to ensure that all test or additional appointments are being arranged. Then the doctor completes one final review before closing the chart." It's apparent that "collaboration" is a key to success.

Dr. Usha Shenai

VBC Stats 2018-Current

Membership Attribution
260k (goal, LEM 5)
253k (actual, LEM 2)

Quality
80% (goal)
73% (actual)

RAF Score
1.050 (goal)
1.028 (actual)

Utilization/ Spend
84% (goal)
85% (actual)