



# QUALITY PAYMENT PROGRAM LEARNING AND ACTION NETWORK

PQRS and Quality Payment Program

August 24, 2016

10 AM HAST • 12 PM AKDT • 2 PM MDT



**Quality Improvement  
Organizations**

Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



**Mountain-Pacific**  
*Quality Health*

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transforming health care through innovative technology





# Agenda

- News you can use
- PQRS feedback reports
- Informal review
- Why are annual wellness visits important?
- AWW-related PQRS measures
- Who, what, where, when and how to complete annual wellness visits
- Show me the \$\$\$\$\$



# News You Can Use

- Having trouble keeping up with Meaningful Use and PQRS? Try our new step-by-step blogs designed to keep you on track:
  - Meaningful Use: <http://mpqhf.us13.list-manage.com/subscribe?u=d025766de71d04743cacc0043&id=199cef159f>
  - PQRS: Coming soon! (Watch your email for registration link)
- September LAN Webinar: PQRS Progress Check
  - Tuesday, Sept. 20 at 10 AM HAST, 12 PM AKDT, 2 PM MDT
  - Watch your email for registration link



# PQRS Feedback Reports

- PQRS will apply a negative 2% payment adjustment to 2017 payments
  - Under Medicare Physician Fee Schedule (MPFS)
  - For EPs/group practices who did not satisfactorily report in 2015
- Feedback reports provide details about EPs and group practices, performance and whether they are subject to negative payment adjustments



# PQRS Feedback Reports

- Payment adjustment letters expected late summer
- 2015 Annual Quality and Resource Usage Reports (QRURs) expected Sept. 2016
  - Will show TIN's (group) actual performance on all quality and cost measures used to calculate 2017 Value Modifier



# Accessing Feedback Reports

- Requires Enterprise Identity Management (EIDM) System account
- Accessible from CMS Enterprise Portal:  
<https://portal.cms.gov>
- Request/access your account to make sure you have proper roles to get feedback reports
- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/Guide-for-Obtaining-a-New-User-EIDM-Account-with-a-Physician-Quality-and-Value-Programs-Role.pdf>

# CMS Enterprise Portal

The screenshot displays the CMS Enterprise Portal interface. At the top, there is a dark blue header bar with two buttons: "Portal Help & FAQs" (with a question mark icon) and "Print" (with a printer icon). Below the header, the main content area features the "CMS.gov | Enterprise Portal" logo. A yellow button labeled "My Portal" is visible on the left. A dropdown menu is open under the "PV-PQRS" label, listing four options: "Overview", "Registration", "Feedback Reports", and "Value Modifier Informal Review". A red arrow points from the "Welcome" sign on the left towards the "Feedback Reports" option in the dropdown. The "Welcome" sign is partially obscured by the dropdown menu. The text "Enterprise Portal" is visible on the right side of the page. At the bottom, a partial sentence reads: "The Enterprise Portal combines and displays content and f".

# Informal Review Request

- For the PQRS program:
- [https://www.qualitynet.org/portal/server.pt/community/pqri\\_home/212](https://www.qualitynet.org/portal/server.pt/community/pqri_home/212)

**CMS.gov** | QualityNet  
Centers for Medicare & Medicaid Services

## Related Links

- +
- +
- +
- +
- **Communication Support Page** ←
- NPI Level Report Request
- **Informal Review Request** ←
- **PQRS Informal Review** ←
- VM Informal Review
- EHR Reconsiderations

## Guest Announcement

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRS feedback reports is confidential. Your report is safely stored online and accessible only to you (and those you authorize) through the web application. TIN-level reports should be shared only with others within the practice who have a vested interest in the summarized quality data. Sharing of other PQRS participants' information is acceptable only if the individual EP has authorized the TIN to do so. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

PQRS Feedback Reports for program year 2014 and later can be accessed (when available) from the PV-PQRS portal. For instructions on how to access these Feedback Reports, please go to Physician Feedback Program website.

## Physician and Other Health Care Professionals Quality Reporting Portal

**Sign In** to your Portal





# Informal Review

- Allows individual EPs, CPC practice sites, PQRS group practices or ACOs to request review of payment adjustment determination
- CMS will investigate whether **negative** Value Modifier payment adjustment outcome was appropriate
- Decisions are final
- Dates will be set after release of 2015 Annual QRURs

**Amber Rogers, RN, MSN**

**ANNUAL**

**WELLNESS VISITS**





# **Welcome to Medicare and Annual Wellness Visits**

## **Poll Question #1:**

Does your practice currently perform  
Welcome to Medicare and Annual  
Wellness visits?



# What is an IPPE?

- Initial Preventative Physical Examination (IPPE)
  - Welcome to Medicare Visit
- Introduction to Medicare benefits, health promotion, disease prevention. This is NOT a routine physical.
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246474.html>
  - Bill HCPCS codes only with diagnosis
  - No co-pay
  - Must be completed within 12 months of enrollment



# What is an Annual Wellness Visit?

- Preventative “talking visit,” NOT annual physical exam
- 12 months after the IPPE and annually thereafter
- Major component is a Health Risk Assessment



# Annual Wellness Visit

## 7 Required Elements:

- Medical/social history, depression screening, functional ability and safety, hearing
- Physical exam limited to VS, BMI, visual acuity and ECG
- Brief education/counseling and referral for preventative services



# Why are annual wellness visits important?

- PCP visits often lack the time to review important prevention activities
- Establishes annual baseline for patients
- Can be used to introduce chronic care management services
- Creates opportunity for patient to better understand concept of “care team”
- Can help increase HCC coding (VBP)
- They are lucrative!!! \$\$\$\$



# Reassessing the Value of AWW

## Value to Patients

- One hour per year extends life and reduces disability
- Reinforces primary care relationship with provider and care team
- Referral and follow-up to reduce progression of disease
- An ounce of prevention is worth a pound of cure!





# Reassessing the Value of AWW

## Value to Providers

- Increases patient compliance
- Identifies risk of chronic conditions
- **Addresses up to 14 Quality Measures**
- **Documents co-morbidities (HCC) risk adjustment**
- Allows billing ACP without co-pay
- **Increases Revenue**



# Poll Question

**What barriers do you have within your clinic in implementing AWW?**

- a. They take too much provider time
- b. Patient's expect a physical vs. a "talking visit"
- c. Provider has preference for getting ill patients seen first
- d. Staff lack training
- e. Other



# Barriers to AWW

*In 2015, only 17.8% of Medicare beneficiaries received an AWW.*

With planning, barriers can be decreased. There are multiple methods of solving these issues.



# But they take so much TIME!

- Develop and use your staff!
- Use scripting to prepare/educate patients
- Everyone has a role
- Clinic may choose to have 100% of visit completed by nurse under direct supervision of physician
- Medical profession: health educator, RD, nutrition professional or other licensed practitioner
- RHC/FQHC AWV must be completed face-to-face with provider to bill



# Workflow Strategies

## Direct Scheduling of AWW

- Front desk verifies eligibility for visit using CMS Secure Net Access Portal (C-SNAP)
- Use staff for review of health risk interview (minimum 30 min), required physical elements (BMI, VS, Eye Test and ECG), functional assessment
- Provider reviews results: adds/deletes diagnosis codes, makes referrals, reinforces education and plan of care (15-20 min)



# Workflow Strategies

## Direct Scheduling of AWW

- Front desk verifies eligibility for visit using CMS Secure Net Access Portal (C-SNAP)
- Licensed support staff does 100% of visit
- Important to prepare patient that this is a nurse only (or other licensed staff) visit only



# Dual E&M Code Plus AWW Workflow

## Step 1

- Front desk verifies eligibility for visit using CMS Secure Net Access Portal (C-SNAP)
- Call patient to change visit to 1 hour or more
  - Instruct patient to bring all medications (i.e., Rx, OTC, supplements)
  - Ask patient to arrive early or send risk assessment tools via mail or portal
- Ensure nurse is scheduled and room is blocked appropriately



# Dual E&M Code Plus AWW Workflow

## Step 2

- Patient completes Health Risk Assessments at home via portal or in office
- Patient roomed for visit with nurse to complete AWW
- Nurse completes Advanced Care Planning, if patient consents
- Nurse gives needed immunizations (if standing order present in clinic)





# Dual E&M Code Plus AWW Workflow

## Step 2 (cont.)

- Nurse gives standard education to decrease fall risk, counsel on diet, smoking cessation, etc.
- Nurse completes documentation/confers with provider if patient appropriate for Chronic Care Management (CCM)



# Dual E&M Code Plus AWW Workflow

## Step 3

- Provider reviews AWW and discusses any positive findings
- Provider signs off on AWW
- Provider completes E&M visit and completes any needed orders for E&M or AWW
- Ensure ALL diagnoses are documented
- Code both AWW and E&M with Modifier - 25



# Questions?

- Quick pause for workflow questions before we move to PQRS measures and coding
- Feedback from audience – What has worked well for your clinic?
- Other strategies for patient engagement?



# PQRS Measures

- Fall risk
- Flu and pneumonia vaccination
- BMI screening and follow-up
- Tobacco use and follow-up
- Depression screening and follow-up
- Breast cancer screening
- Hypertension screening and follow-up
- Screening for clinical depression and follow-up



# PQRS Measures (cont.)

- Advanced care plan
- Medication reconciliation
- Depression remission at 12 months (if applicable)
- Colorectal cancer screening
- Documentation of current medication



# Data Validation Issues

- Not all EHRs have template for AWW; there may be variation of risk assessment/ screening questions
- PQRS measure may not populate from AWW template
- AWW G code is a denominator in each of the PQRS measures; however, some registries/ EHR may not have included this visit type in their data pull



# Hierarchical Condition Categories (HCC)

- Medicare has no memory of past diagnosis
- Within the VBP, patients are assigned risk scores based on the HCC score
- Ensuring all diagnoses (coded as specifically as possible) are present will increase the patients complexity and ensure consistent scoring



# Hierarchical Condition Categories (HCC)

- HCC “points” are derived from age, community vs. institution and presence of Medicaid disability as it interacts with gender

**PLUS**

- The HCC category (derived from all diagnosis codes) AND how these diseases interact with each other





# Show Me the MONEY

- IPPE = \$168.78
- AWV = \$ 173/ 117.79
- ACP = \$144
- Pnem = \$ 25.50
- Flu (in season) = \$25.50
- Breast and Pelvic = \$ 39.07
- FIT/FOBT = \$15
- FIT/FOBT = \$21.67/ \$4.43
- ECG = \$ 28.17
- Smoking cessation = \$24
- Depression screening = \$ 18.34
- **TOTAL = \$117 to \$466 (Yes, it is worth the time!!)**



# Usual Care vs. AWW

## No Annual Visits

## Adding Workflow 2 Annual Wellness Visits

|                 | Billing Day | Medicare Revenue   |                 | Billing Day | Medicare Revenue   |
|-----------------|-------------|--------------------|-----------------|-------------|--------------------|
|                 | 32          | <b>\$29394.56</b>  |                 | 12 mo       | \$57,472.96        |
| Staffing Change | None        |                    | Staffing Change | RN*         | 4800.00            |
|                 |             | <b>\$29,394.56</b> |                 |             | <b>\$52,672.96</b> |

\*RN is full-time, \$30/hour, not including benefits



# Billing Info

- G0402 IPPE Initial Preventive Physical Examination
- G0438 Annual Wellness Visit First Visit
- G0439 Annual Wellness Visit, subsequent
- RHC & FQHC must use provider and will bill at the All Inclusive Rate (AIR); can be placed on cost report

***If you bill the incorrect code, you will get a denial, Claim Adjustment Reason Code (CARC)***



# Advanced Care Planning

- When ACP services are provided as part of the Annual Wellness Visit, report CPT code 99497 to receive payment for up to 30 minutes
- Each subsequent 30 minutes, code CPT 99498
- Must bill AWW and ACP together on same claim



# HCPCS Billing Codes

| HCPCS Code   | Description  | Documentation  |
|--------------|--|--|
| G8417        | BMI above normal                                     | BMI documented and follow-up plan documented   |
| G0447        | Behavioral Therapy for Obesity                       | Face-to-face behavioral counseling for obesity, 15 min                                 |
| G0436        | Tobacco Use Counseling                               | Cessation counseling visit for asymptomatic patient, 3-10 min                          |
| G0437/ 99407 | Tobacco Use Counseling                               | Cessation counseling visit for asymptomatic patient, intensive > 10 min                |
| G0396        | Alcohol/ Substance Abuse Assessment and Intervention | Alcohol and/or substance abuse structured assessment and brief intervention 15-30 min. |



# HCPC Billing Codes

| HCPC Code | Description                        | Documentation  |
|-----------|------------------------------------|--|
| G044      | Screening for Depression in Adults | Annual Depression Screening (15 min).<br><br>Note: Not billable as Initial AWW- but is billable subsequent |



# Staff Training

- National Institute on Aging:  
<https://www.nia.nih.gov/health/publication/advance-care-planning>
- Five Wishes: [www.agingwithdignity.org](http://www.agingwithdignity.org)
- “Putting It in Writing”:  
<http://www.aha.org/advocacy-issues/initiatives/piiw/index.shtml>





# Staff Training

## Depression Screening

- Completing the PHQ-9:  
<https://www.youtube.com/watch?v=DtQCp5350as>

## Cognition Screening

- Completing the Mini-Cog:  
<https://www.youtube.com/watch?v=DeCFtuD41WY>

## Fall Risk/Prevention

- Performing the TUG test videos:  
[https://www.youtube.com/watch?v=BA7Y\\_oLEIGY](https://www.youtube.com/watch?v=BA7Y_oLEIGY)



# Discussion

- What other patient education/training have you included within your practice that might lend itself to inclusion at an AWW?
  - Training on patient portal/secure messaging?
  - Accessing members of the care team?
- What novel ways have you considered using to boost AWWs?
  - Rotating members of care team into sections (e.g., behavioral health, PT, Rx, Care Coord)
- How have you addressed provider resistance?
- Tips on flexible scheduling?



# Acronym List

- ACO – Accountable Care Organization
- AF – Adjustment Factor
- APM – Alternative Payment Model
- BCBSMT – Blue Cross and Blue Shield of Montana
- CAH – Critical Access Hospital
- CARC – Claims Adjustment Reason Code
- CMS – Centers for Medicare & Medicaid Services
- EHR – Electronic Health Record
- EIDM – Enterprise Identity Management system
- EP – Eligible Professional/Provider
- GPRO – Group Practice Reporting Option
- HTS – Health Technology Services
- LAN – Learning and Action Network



# Acronym List

- MACRA – Medicare Access and CHIP Reauthorization Act
- MIPS – Merit-based Incentive Payment System
- NRACO – National Rural Accountable Care Organization
- PCMH – Patient-Centered Medical Home
- PFS – Medicare Part B Physician Fee Schedule
- PQRS – Physician Quality Reporting System
- QIO – Quality Improvement Organization
- QRUR – Quality and Resource Utilization Report
- RARC – Remittance Advice Remark Code
- RHC – Rural Health Clinic
- TIN – Tax Identification Number
- VM/VBM – Value-Based Modifier



# QUALITY PAYMENT PROGRAM LEARNING AND ACTION NETWORK

THANK YOU  
FOR JOINING US!



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