The Town Hall will begin shortly...

Thank you for joining us today

Due to the number of attendees, attendees will be muted.

To ask a question at anytime during the presentation, please use the **"question"** box to submit your question.

This webinar will be recorded and posted to the Partner Portal by end of day.

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NW Momentum Health Partners ACO

Next Generation ACO Town Hall

05/13/21

Agenda

General ACO Updates

Next Generation ACO Operations

Innovaccer

Care Management

Open Forum

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General ACO Updates

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CMS/CMMI Updates

Federal Payment Model Updates

- Community Health Access and Rural Transformation (CHART) Model delayed from Spring 2021 to Spring 2022

- Medicare Payment Advisory Commission (MedPAC), unanimously approved recommendation to CMMI to test fewer models due to concern over model overlap

- NWMHP is working with NAACOS, APG, and the NextGen Coalition to push for NGACO to become a permanent program

- Direct Contracting (DC) Model
  - Second application cycle for DC Model cancelled
    - NWMHP applied for and was selected for DC and deferred entry to 2022
  - DC PY1 entities (starting April 1, 2021) announced
    - 53 total entities participating
    - In WA: Iora, Humana, PeaceHealth, Perfect Health, Vively
  - Geographic model under review and no longer starting Jan 1, 2022

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NWMHP Policy & Advocacy

PSW/NWMHP Actively Engaged

Member, American Physician's Group (APG)

- Board representation by Melanie Matthews
- Risk Evolution Task Force (RETF) co-chaired by Melanie Matthews

Member, National Association of ACOs (NAACOS)

- Board representation by Melanie Matthews

Member, Next Generation ACO Coalition

- Executive Steering Committee

Member, Direct Contracting Coalition

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Next Generation ACO Operations

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2021 Beneficiary Notification

Mailings began at the end of April and letters have been starting to get to beneficiary mailboxes.

A copy of the letter and a Provider FAQ was distributed to help with beneficiary questions. These resources are also available on the Partner Portal.

Please reach out to NWMHP with any questions or concerns.

2021

NEXT GENERATION ACO
Beneficiary Notification Letter
Frequently Asked Questions

Q: Why is the beneficiary receiving this letter?

A: The letter is a notice required by the Centers for Medicare and Medicaid Services (CMS) for all beneficiaries who are aligned to the ACO (NW Momentum Health Partners) and received the majority of their care from the last year was provider by an ACO Participating Provider. It's intended to provide an introduction to the ACO and the benefits.

Q: What is an ACO?

A: An ACO, otherwise known as an Accountable Care Organization, is a group of doctors, hospitals, and other healthcare providers/facilities who agree to work together to keep beneficiaries (patients) healthy.

Next Generation ACOs can offer a variety of complimentary programs to help beneficiaries better manage their health, including care coordination and chronic disease education/management.

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2021 Quality Reporting

CMS Interface for quality reporting will sunset at the end of 2021 replaced by a new framework known as APM Performance Pathway (APP) with new measure set:

- 3 eCQM measures,
- CAHPS Survey measures,
- and 2 measures that calculated by CMS with administrative claims data.

For 2021 performance year, we have the option to continue to report the 10 CMS Web Interface measures OR 3 eCQM measures via the APP.

BOARD APPROVED: NWMHP will continue with Web Interface for 2021 quality reporting.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The CAHPS program is a survey administered by CMS to assess patients' experiences with healthcare.

These surveys focus on aspects of quality, from the perspective of the beneficiary, such as the communication skills of physicians and office staff, and the ease of access to healthcare services.

The survey results are incorporated into and can impact the ACO's overall quality score.

Beginning in July 2021, outreach to ACO beneficiaries will be conducted by NWMHP's qualified contracted entity. The survey will consist of a random sample of the ACO's beneficiaries.

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CAHPS

Consumer Assessment of Healthcare Providers and Systems

Starting in July 2021, the following measures will be captured through CAHPS Survey:

ACO Measure	Title
ACO – 1	Getting Timely Care, Appointments, and Information
ACO – 2	How Well Your Providers Communicate
ACO – 3	Patients' Rating of Provider
ACO – 4	Access to Specialists
ACO – 5	Health Promotion and Education
ACO – 6	Shared Decision Making
ACO – 7	Health Status/Functional Status
ACO – 34	Stewardship of Patient Resources
ACO – 45	Courteous and Helpful Office Staff
ACO – 46	Care Coordination

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CAHPS

Helpful Tips – What can you do now?

- Patients are more accepting of appointment delays if they understand the cause of the delay. When the provider is behind:
  - Office staff should keep the patients up to date and attempt to explain the cause for the delay.
  - Consider allowing the patients to leave for a short time and return at the new expected time.
  - Office staff should acknowledge the delay when talking with the patient.
- Ask patients to schedule their routine check-ups and follow-up appointments in advance.
  - Advise patients on the best days or times to schedule appointments.
- Ask patients how the provider/office staff could help improve their healthcare experience.
- Before a patient's visit, review the reason for the visit and determine if a follow up is needed on any health issues or concerns from a previous visit.
  - The survey will ask how often the provider has information about the patient's care.
  - Use history and medical information to provide personalized health advice based on each patient's risk factors.

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Best Practice Presentation

Catalyst Medical Group

Annual Wellness Visit Best Practices

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Catalyst Medical Group

Importance of Annual Wellness Visits in VBR Landscape

Annual Wellness Visits

- Annual Wellness Visits are the foundation for all care events and the capture of all quality measures
- Establishes Relationship with Primary Care Team
  - Review Treatment / Self – Management Goals
  - Reconcile Patient Records
  - Discuss Specialty Care and Progress
  - Assess Social Determinants of Health
    - Food Security
    - Transportation
  - Engagement with Caregivers

Annual Wellness Visits

- Opportunity for Other Needed Services
  - Preventive Care Service / Closing of Care Gaps
    - Mammograms, Colonoscopies
  - Lab Draws
  - Medication Management
  - BMIs
  - Fall Risk Screenings
  - Advanced Care Planning

How do we do it?

- Proactive Scheduling
  - AWV Due Reports – Reviewed by care managers monthly
  - Gaps in Care Reports – Reviewed Monthly
  - Point of Care Review - QMAF
  - Next Year Commitment – Patient Scheduling
- Prioritization in Scheduling
  - Upstream Review
  - Joint Practices
- Continuous Follow-Up
  - Care Management Outreach

Delana Buntin

Dbuntin@valleymedicalcenter.com

Innovaccer

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Innovaccer Access

Who to contact, how to request, ask questions?

Innovaccer user access request forms can be found on the Partner Portal.

For any questions, concerns, or to submit an access request form, please email InnovaccerSupport@pswipa.com

2021 data is available in Innovaccer now for all partners.

INNOVACCER USER ACCESS REQUEST

Request Type	☐ New User	☐ Modify User	Date: Click or tap here to enter tex
Requestor Information			
Requestor Name	Click or tap here to enter text.	Work Phone	Click or tap here to enter text.
Job Title	Click or tap here to enter text.	Email Address	Click or tap here to enter text.
Manager Name	Click or tap here to enter text.	Manager Job Title	Click or tap here to enter text.
Manager Email Address	Click or tap here to enter text.	Manager Phone Number	Click or tap here to enter text.
Practice/Facility Name	Click or tap here to enter text.	Requested LOB	☐ ACO ☐ MA
Requestor's Population (Counties) – Choose one	☐ Clark ☐ Grays Harbor ☐ King ☐ Kitsap ☐ Klickitat ☐ Lewis ☐ Nez Perce ☐ Pacific ☐ Pend-Oreille ☐ Thurston ☐ All ☐ Other ________		
Reason for Access – Choose one	☐ Beneficiary Eligibility Only ☐ Dashboard/Analytics ☐ Care Management ☐ Dashboard/Analytics & Care Management		
Job Duties/Description:	Click or tap here to enter text.		

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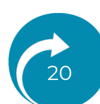

Available Reports

2021 Data is available now

Generated in Innovaccer, there are multiple reports available for you to access:

- Monthly Performance Report
- Patient Evaluation Form – Available Quarterly
- GAP Reports – Available Quarterly
- High Utilization & Risk Report (HURR) – Available Quarterly

Through Box.com, all partners can access their individual reports now. For questions about Box.com, please contact providernetwork@pswipa.com

*Innovaccer can also be used to access the real-time data that is used to generate these reports

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2021 Performance – Jan. 1st – Jan 31st, 2021

NW Momentum Health Partners ACO

Preliminary Results – For Reference Only

Total Expenditure per Member per Month

PMPM: **$682** | PMPY: $8,189

Alignment

Alignment: **29,451** | Risk Score: 0.70

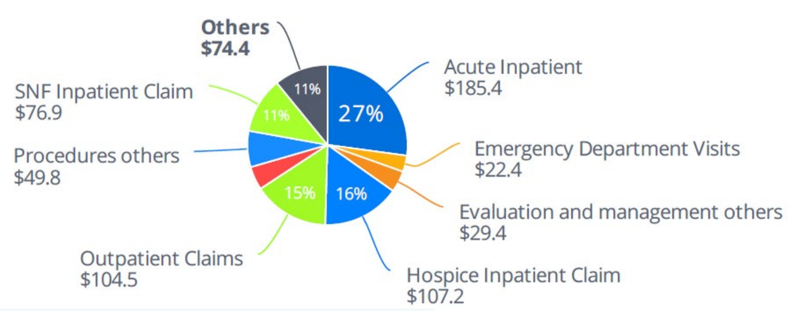
ER Utilization		IP Utilization	
ER Visits 790	ER Visits PTMPY 324 (Target Goal 391)	Inpatient Admissions 335 (IP Admits w/o Readmits 318)	IP Admits PTMPY 137 (Target Goal 185)

% of Population Receiving AWVs 3.6% (Target Goal 60.0%)

IP Readmissions 5.1% (Target Goal 13.00%)

SNF Visits	SNF Visits PTMPY	Cost Burden	SNF PMPM
485	45	$2.3M	$49

Total Expenditure per Member per Month(PMPM)



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2021 Reports

PEF and GAP Reports

Patient Evaluation Form

Member Name:
Member ID:
Gender: **Date of Birth:**
Unreviewed Risk: **Total Risk:** 2.85

Primary Care Provider:
PCP Vendor:
PCP Vendor Tax ID:

We know you're taking good care of your patients--proper documentation and coding is necessary to ensure appropriate reimbursement

This information is based on Medicare FFS claims for dates of service covering 1-1-2019 to present. Please review each suspected condition (at least once annually) in a face-to-face visit with the patient, document the visit in the medical record, and submit appropriate code(s) for all confirmed conditions on the claim

Still Needs Review this Year?	Suspected Condition	Most Recent Diagnosis	Additional Information
Yes	**HCC#:** 108 **Risk:** 0.29 **Name:** Vascular Disease	**ICD Code:** I82621 **Date Billed:** 8/7/2019 **Description:** Acute embolism and thrombosis of deep veins of right upper extremity	**HCC Captured by PCP Vendor?** No **Confidence Level:** Medium-Low
Yes	**HCC#:** 99 **Risk:** 0.23 **Name:** Intracranial Hemorrhage	**ICD Code:** I609 **Date Billed:** 11/19/2019 **Description:** Nontraumatic subarachnoid hemorrhage, unspecified	**HCC Captured by PCP Vendor?** Yes **Confidence Level:** Medium-Low

GAP Report

Northwest Momentum Health Partners

Claims processed between January 1, 2021 and March 31, 2021

MBI	First Name	Last Name	Date of Birth	Member Address	City, State, Zip	RAF
H123456	Donald	Duck	6/21/1942	401 Ada Street	Seattle, WA	2.6
H32456	Micky	Mouse	1/31/1955	620 4th Ave SW	Chicago, IL	5.1
M932653	Minnie	Mouse	2/23/1945	940 S Miller Street	Spokane, WA	1.7

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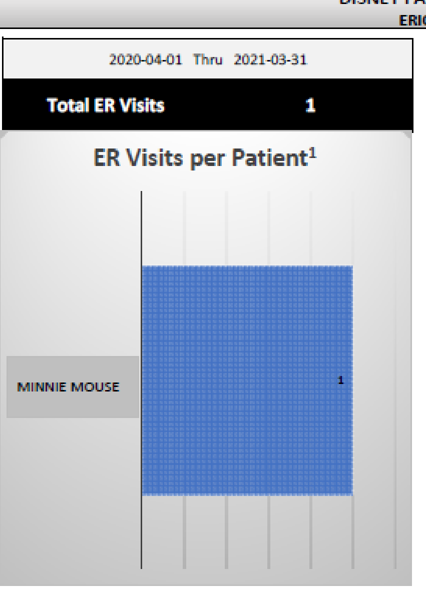
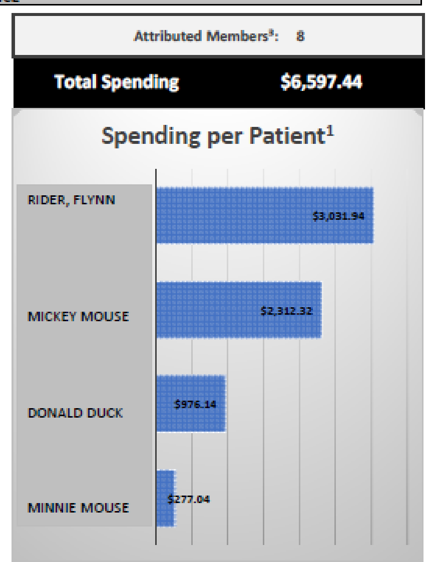
High Utilization & Risk Report (HURR)

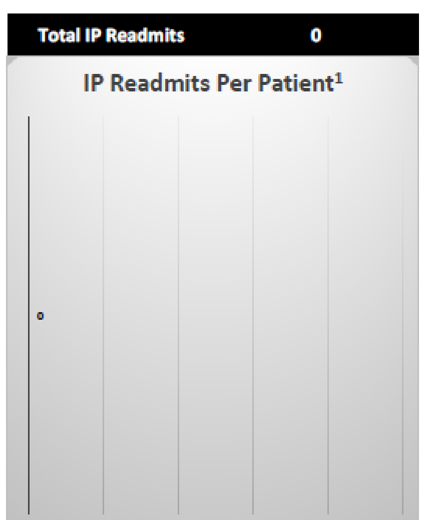
- The HURR allows you to identify high utilizers:
  - High cost of care
  - Most readmits
  - Most ER Visits

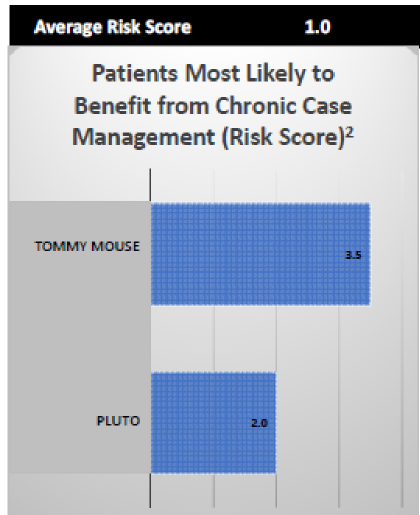
NWMHP is working to have this report accessible in Innovaccer for those with access

DISNEY FAMILY PRACTICE
ERIC, PRINCE









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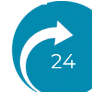

Best Practice Presentation

Maxine Martinez, Quality Data Expert

HCC Coding Best Practices

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HCC Coding

Key Takeaways

- HCC dx codes **must** be recaptured every year.
- HCC's allow us to create a complete clinical picture of the patient's health/issues so that anyone who reviews their chart understands the patient's overall burden of illness to better care for the patient.
- The more **comprehensive** and **specific** the **diagnoses**, the potential for a higher risk score.
- **Accurately documenting** the patient's conditions ensures that we are correctly measured against our financial benchmark for shared savings.
- **Get** those **AWVs scheduled** as soon as you can for **optimal HCC recapture!**
- **Documentation** is the biggest variable you can control!

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Risk Adjustment?

Because not everyone's health care costs the same…

- Predicts or explains the future health care expenditures of individuals based on diagnosis or health status, and demographics.
- Assists in identification of high-risk patients.
- Used in establishing the performance benchmarks
- Not about payment

Risk Adjustment – Hierarchical Condition Categories

Thousands of ICD-10 diagnosis codes

26 Major Condition Categories (Disease Groups)

86 HCCs

- **HCC - Hierarchical Condition Categories (HCC) -** A risk adjustment methodology, using risk-related ICD-10 diagnoses to calculate scores that are used to assess, adjust and pay for the costs of taking care of the disease burden among beneficiaries.

Risk Adjustment – Hierarchical Condition Categories

- Categories are broadly organized into major disease categories/groups.
- Each category carries a different weight, with more serious conditions having higher values.
- Some diagnoses may map to multiple HCCs.
- More severe or complicated conditions will trump all others in their respective category.
- HCCs from different disease categories are additive.
- Not all ICD-10 codes have associated HCCs.
- ICD guidelines instruct coders to code for a principal diagnosis, but also all other comorbidities during each encounter.

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Risk Adjustment – Hierarchical Condition Categories

Diagnosis Codes	Condition Categories	Hierarchical Condition Categories
E11.9	HCC 19	
E11.00		
E11.11	HCC 17	HCC 17

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Risk Adjustment – CMS Annual "Miracle Cure"

Beneficiary on December 31st

CMS requires **all HCC diagnoses** to submitted each and every year the condition is present.

Same beneficiary January 1st , according to CMS

It is of critical importance to ensure that patients with HCC diagnoses be seen by a qualified provider and all current HCC diagnoses be evaluated and reported each year.

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Risk Adjustment – 10 Most Common HCCs

No.	Description	HCC	RAF
1	Diabetes without complications	19	0.104
2	Breast, Prostate, and Other Cancers and Tumors	12	0.146
3	Diabetes with Chronic Complications	18	0.138
4	Seizure Disorders and Convulsions	79	0.309
5	Specified Heart Arrhythmias	96	0.268
6	Congestive Heart Failure	85	0.323
7	Other Significant Endocrine and Metabolic Disorders	23	0.228
8	Chronic Obstructive Pulmonary Disease	111	0.328
9	Major Depressive, Bipolar, and Paranoid Disorders	59	0.395
10	Morbid Obesity	22	0.237

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Risk Adjustment - Predictive Modeling

HCCs/Multiple Chronic Diseases

Diagnostic Sources
CMS only considers diagnoses from hospital inpatient, outpatient, and physician data.

Disease Interactions
Additional factors applied when hierarchy of more severe or less severe conditions co-exist

Prospective Model
Diagnoses from base year used to predict for the next year

CMS-HCC Model Characteristics

Demographics
Adjustment due to age, sex, original Medicare entitlement, diability, & Medicaid status.

CMS HCC Risk Adjustment Model –uses a patient's health status and demographic information to calculate a risk score in order to establish a baseline for how much it will cost to provide care to that patient.

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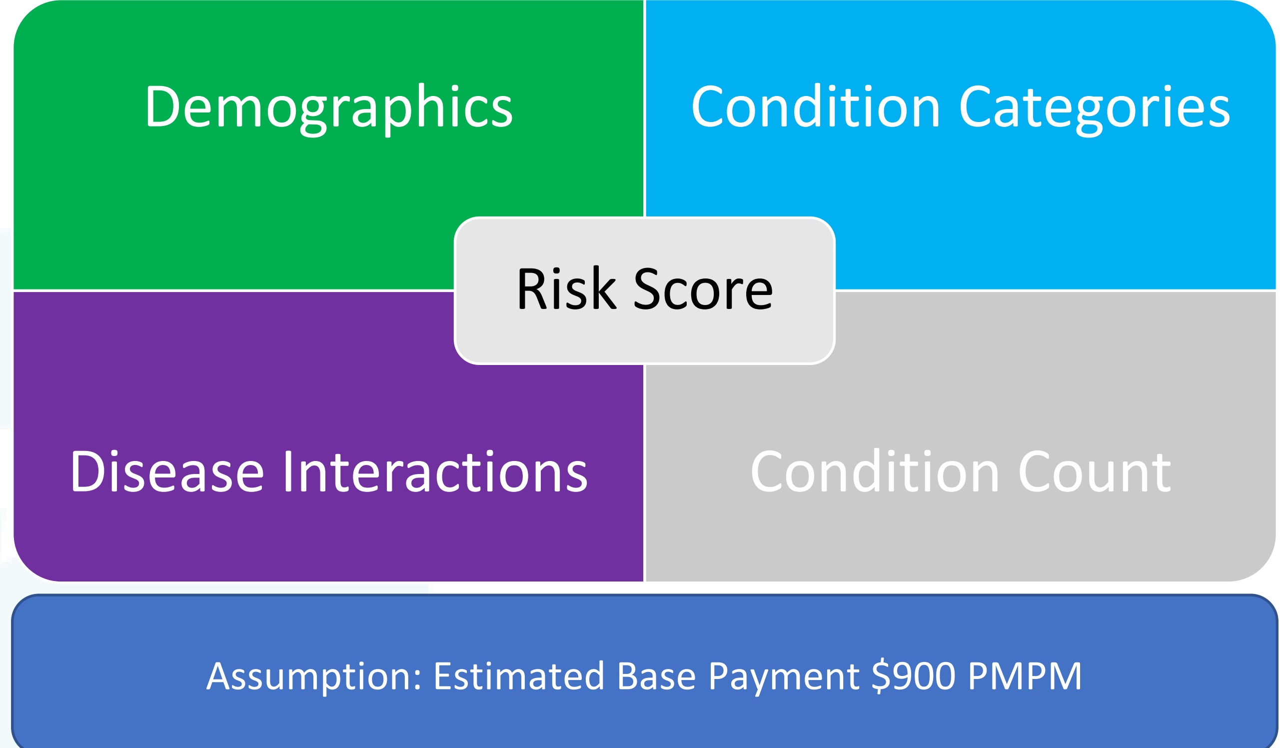
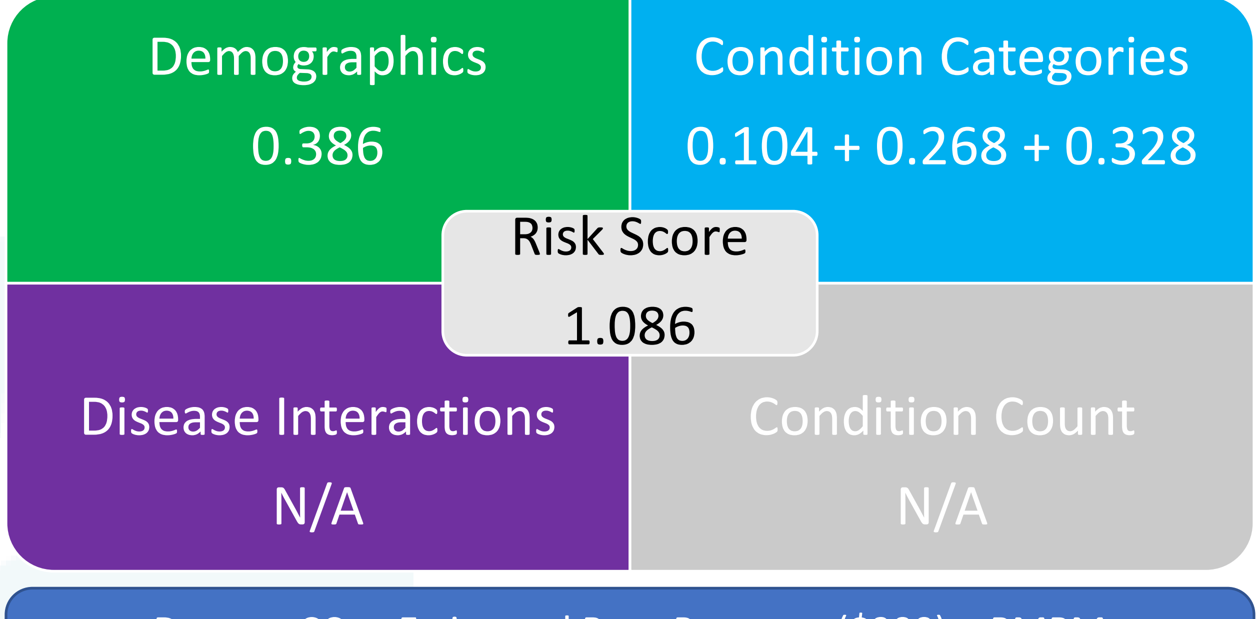
Risk Adjustment – Risk Adjustment Factor/Risk Score

- **Risk Adjustment Factor (RAF)** scores assigned by CMS to each beneficiary based on demographic and disease-related factors such as location, age, gender, disability, Medicaid, and health status.



Risk Adjustment – RAF Scoring

- **Scenario #1:** 75yo female (Not: originally disabled, Medicaid, ESRD, or institutionalized), with T2DM w/o complications (E11.9), A-Fib (I48.91), COPD (J44.9), and uncoded CHF (I50.9).



Demo + CCs x Estimated Base Payment ($900) = PMPM

1.086 x $900 = **$977.40 PMPM = $11, 728/yr**

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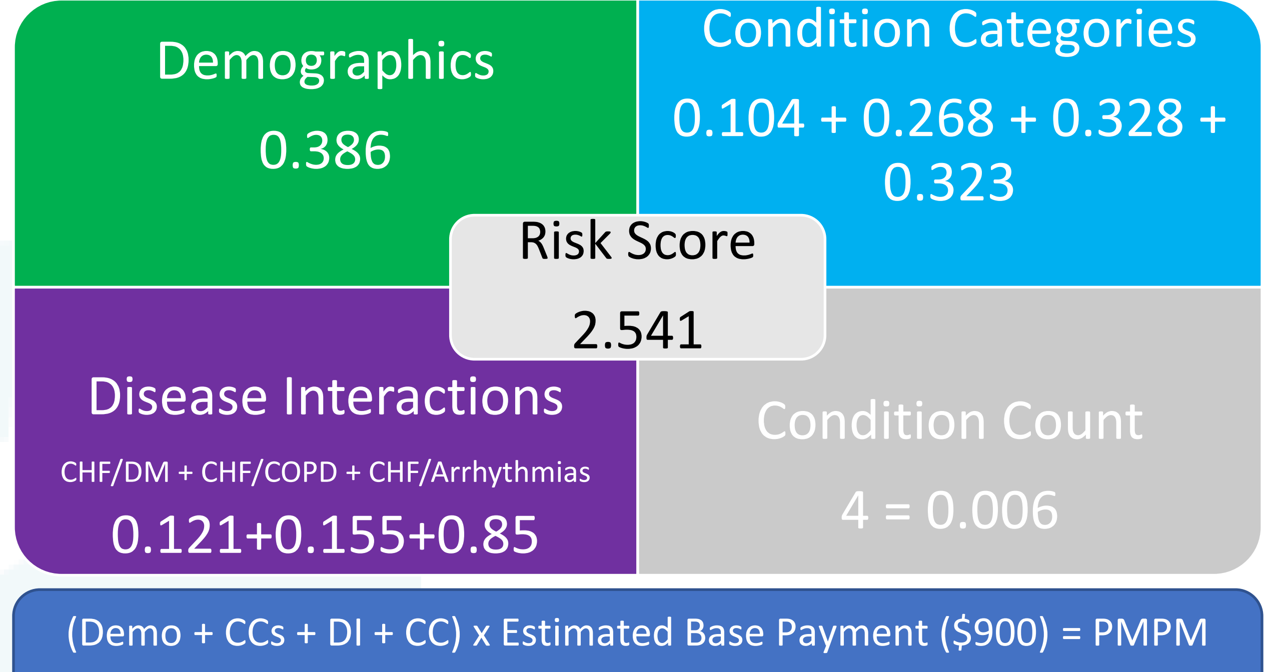
Risk Adjustment – RAF Scoring

- **Scenario #2:** 75yo female (Not: originally disabled, Medicaid, ESRD, or institutionalized), with T2DM w/o complications (E11.9), A-Fib (I48.91), COPD (J44.9), AND CHF (I50.9).



(Demo + CCs + DI + CC) x Estimated Base Payment ($900) = PMPM

2.541 x $900 = **$2286.90 PMPM = $27,442/yr**

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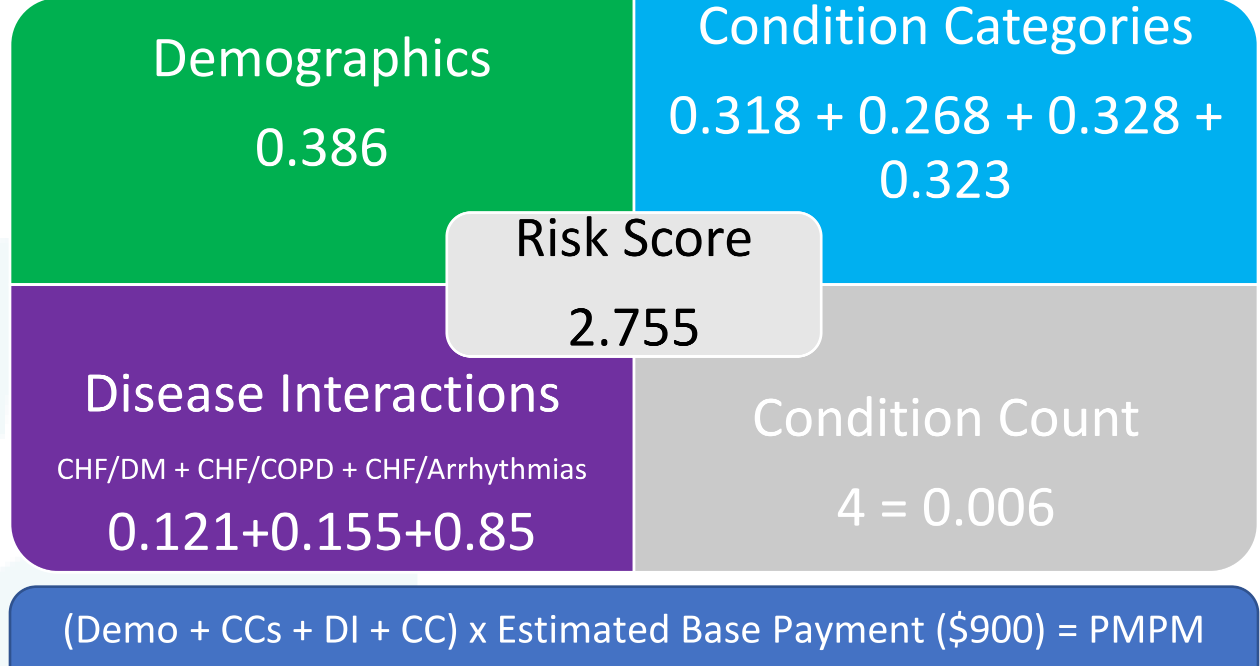
Risk Adjustment – RAF Scoring

- **Scenario #3:** 75yo female (Not: originally disabled, Medicaid, ESRD, or institutionalized), with T2DM w/(complications) diabetic neuropathy (E11.40), A-Fib (I48.91), COPD (J44.9), and CHF (I50.9).



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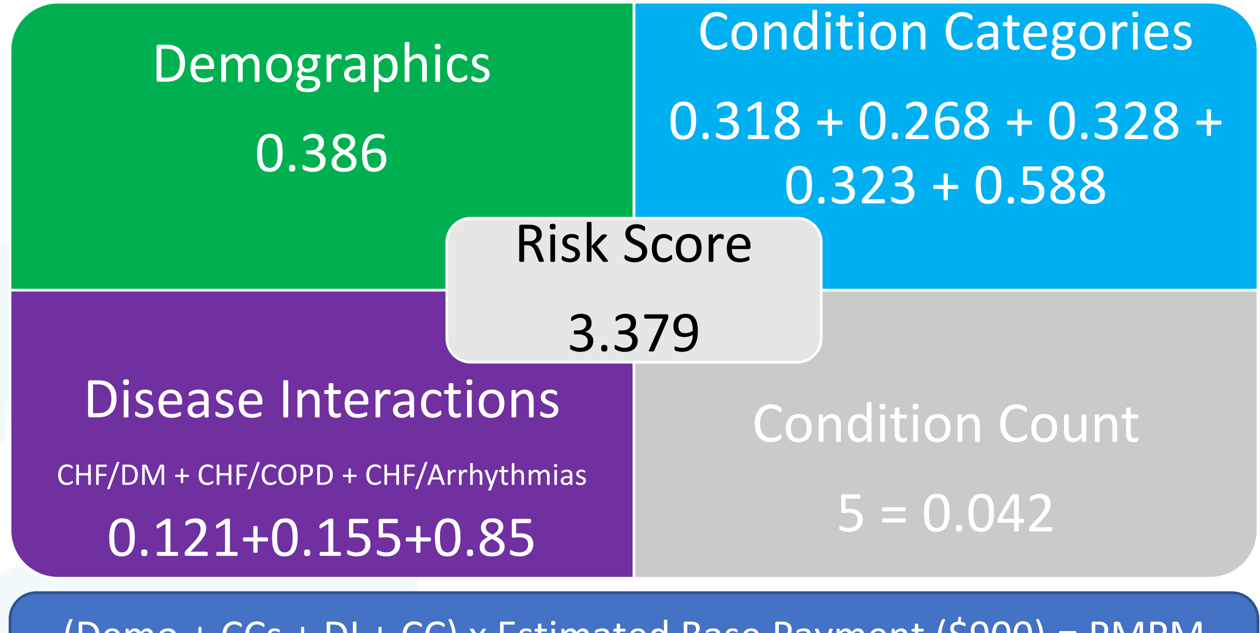
Risk Adjustment – RAF Scoring

- **Scenario #4:** 75yo female (Not: originally disabled, Medicaid, ESRD, or institutionalized), with T2DM w/(complications) diabetic neuropathy (E11.40), A-Fib (I48.91), COPD (J44.9), CHF (I50.9) and BKA (Z89.519).



(Demo + CCs + DI + CC) x Estimated Base Payment ($900) = PMPM

3.379 x $900 = **$3041.10 PMPM = $36,493/yr**

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Risk Adjustment – RAF Scoring

Scenario 1

75yo female (Comm,Non-Dual, Aged)	0.386
DM w/o complications (E11.9 = HCC 19)	0.104
DM w/ neuropathy (E11.40 = HCC 18)	Not Coded
A-fib (I48.91 = HCC 96)	0.268
COPD (J44.9 = HCC 111)	0.328
CHF (I50.9 = HCC 85)	Not Coded
BKA (Z89.519 = HCC 189)	Not Coded
Disease Interactions	0
Condition Count (≥4)	0
Total raw RAF Score	**1.086**
PMPM	**$977.4**
Annual	**$11,728**

Scenario 2

75yo female (Comm,Non-Dual, Aged)	0.386
DM w/o complications (E11.9 = HCC 19)	0.104
DM w/ neuropathy (E11.40 = HCC 18)	Not Coded
A-fib (I48.91 = HCC 96)	0.268
COPD (J44.9 = HCC 111)	0.328
CHF (I50.9 = HCC 85)	**0.323**
BKA (Z89.519 = HCC 189)	Not Coded
Disease Interactions	1.126
Condition Count (≥4)	0.006
Total raw RAF Score	**2.541**
PMPM	**$2,286.9**
Annual	**$27,442**

Scenario 3

75yo female (Comm,Non-Dual, Aged)	0.386
DM w/o complications (E11.9 = HCC 19)	0
DM w/ neuropathy (E11.40 = HCC 18)	**0.318**
A-fib (I48.91 = HCC 96)	0.268
COPD (J44.9 = HCC 111)	0.328
CHF (I50.9 = HCC 85)	0.323
BKA (Z89.519 = HCC 189)	Not Coded
Disease Interactions	1.126
Condition Count (≥4)	0.006
Total raw RAF Score	**2.755**
PMPM	**$2,479.5**
Annual	**29754**

Scenario 4

75yo female (Comm,Non-Dual, Aged)	0.386
DM w/o complications (E11.9 = HCC 19)	0
DM w/ neuropathy (E11.40 = HCC 18)	0.318
A-fib (I48.91 = HCC 96)	0.268
COPD (J44.9 = HCC 111)	0.328
CHF (I50.9 = HCC 85)	0.323
BKA (Z89.519 = HCC 189)	**0.588**
Disease Interactions	1.126
Condition Count (≥4)	0.042
Total raw RAF Score	**3.379**
PMPM	**$3,041.1**
Annual	**$36,493**

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Risk Adjustment – AWV Opportunities

With an HCC recapture goal is ≥ 80%, what is our best way to get there?

- Annual Wellness Visits should occur yearly
- Can have a significant effect on HCC recapture rates
- Members with AWVs had almost an 80% recapture rate in PY2020, while members without had 13 points lower.
- The opportunity that the AWV represents for risk adjustment is too great not to capitalize on.

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Risk Adjustment – Documentation

Documentation is key for reliable risk scores.

Monitor
- Signs
- Symptoms
- Disease Progression
- Disease Regression

Evaluate
- Test Results
- Medication Effectiveness
- Response to Treatment

Assess
- Ordering Tests
- Discussion
- Records Reviewed
- Counseling

Treat
- Medications
- Therapies
- Other Modalities

Documentation must support the presence of the condition and indicate the provider's assessment and/or plan for management of the condition.

The provider must show evidence that the individual's conditions were monitored, evaluated, assessed and treated.

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Risk Adjustment – Documentation

M.E.A.T Documentation Examples

Monitor:

- Chronic obstructive pulmonary disease (COPD) – schedule pulmonary function test
- Congestive heart failure (CHF) – repeat echocardiogram shows improved ejection fraction
- Crohn's disease – patient denies current symptoms

Evaluate:

- COPD exacerbation – lungs with bilateral wheezes
- No findings of congestive heart failure exacerbation
  - Lungs clear to auscultation and no peripheral edema noted on new diuretic
- Crohn's disease
  - Despite treatment, patient has weight loss of eight pounds in three months and new anemia

Assess:

- Chronic obstructive pulmonary disease with acute bronchitis
- Congestive heart failure – stable on Coreg
- End-stage renal disease (ESRD) requiring dialysis

Treat:

- COPD with acute bronchitis – given prescription for Levaquin
- Compensated congestive heart failure – continue Coreg and keep routine cardiology follow-up appointment next week
- Crohn's disease – will increase infliximab dosing

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Risk Adjustment – Documentation Specificity

Hepatitis
Acute hepatitis or hepatitis unspecified **(NO HCC)**
Acute hepatitis with hepatic failure (HCC 27)
Alcoholic hepatic failure without coma (HCC 28)
Alcoholic hepatic failure with coma (HCC 27)
Chronic Hepatitis C (HCC 29)

Bronchitis
Bronchitis not specified as acute or chronic **(NO HCC)**
Chronic Bronchitis (HCC 111)

CKD
Unspecified, stage 1 or 2 **(NO HCC)**
Stage 3 (HCC 138) Stage 4 (HCC 137)

Obesity
Obesity **(NO HCC)**
Morbid Obesity (HCC 22)

Arrhythmia
Arrhythmia **(NO HCC)**
V-fib, V-flutter (HCC 84)

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Risk Adjustment – Documentation

Medical record documentation should include

- Patient's name, date of birth, and date of service on each page.
- ALL health conditions including those that coexist at the time of the visit, such as chronic and status conditions.
- Details to code each condition to the highest degree of specificity.
- Patient care treatment and/or management for each condition.
- Provider's signature, credentials, and date signed.
- Information that is clear, concise, consistent, complete, and legible.

State the Diagnosis

- The diagnosis must be stated in text and cannot be inferred from lab values, medications, radiology reports, or patient statements.

Causal relationship & manifestations

- When documenting conditions that have a causal relationship, use linking verbiage to connect the two conditions, such as "with", "secondary to", "due to", or "associated with."

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Risk Adjustment – Documentation

Problem Lists

- Each condition in a problem list should be evaluated separately by the provider.
- The documentation should reflect the evaluation, monitoring, and treatment for each condition.

Avoid terms the imply uncertainty

- "Suspected"
- "Possible“
- “Probable”
- “Apparently”
- "Rule out"
- "Likely“
- “Consistent with”

Document Status Conditions

- Ostomy status
- Dialysis status
- Amputation status
- Major organ transplant
- Presence of heart assist device
- AIDS or HIV+ status

Overlooked

- Z99.2 - Dependence on renal dialysis
- This status code for dialysis carries a weight of 0.435 and is commonly often overlooked.

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Risk Adjustment – Diabetes

Complications of diabetes are the most frequently omitted conditions in physician medical records.

- Specify the type (Type 1, Type 2, or secondary to – state the causal condition)
- Include the status of diabetes control, as in "well controlled" or "uncontrolled due to hyperglycemia"
- Document with or without complications (fully describe each complication).
  - Complications should be clearly and directly linked to diabetes through use of linking terms such as "with," "due to," "secondary to," "associated with", "related to".
  - Document each complication of diabetes with the descriptor "diabetic", as in "Type 2 diabetes mellitus with diabetic neuropathy and diabetic retinopathy".

Diabetes Complications/Manifestations

Ketoacidosis - Ophthalmic manifestations - Neurological manifestations Hyperosmolarity – Coma - Renal complications – Other Specific manifestations (ulcer & location, chronic ulcer) - Peripheral Circulatory Disorders – Unspecified Complications

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Risk Adjustment – COPD

- **COPD**
  - COPD with acute lower respiratory infection
  - COPD with acute exacerbation
  - Chronic asthmatic (obstructive)
  - Chronic bronchitis with airway obstruction
  - Chronic bronchitis with emphyse
  - Chronic emphysematous bronchitis
  - Chronic obstructive tracheobronchitis
  - Chronic obstructive asthma

- **Chronic Bronchitis**
  - Simple Chronic Bronchitis
  - Mucopurulent chronic bronchitis
  - Mixed simple and mucopurulent bronchitis
  - Chronic tracheitis
  - Chronic tracheobronchitis

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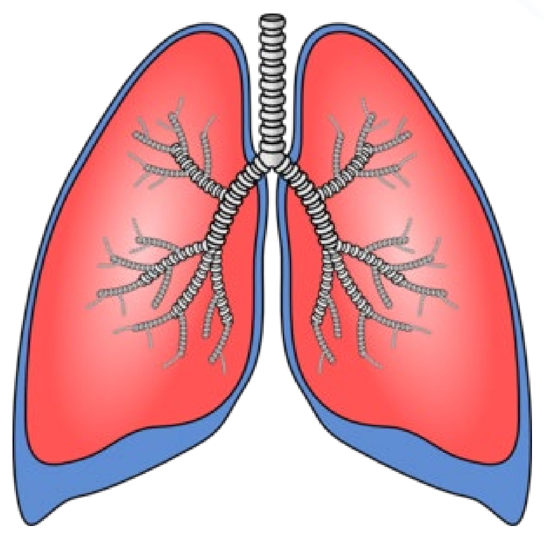
Risk Adjustment – Conditions - COPD ICD-10

- **Emphysema**
  - Emphysematous bleb
  - Unilateral pulmonary emphysema
  - Pan lobular emphysema
  - Centrilobular emphysema
  - Bullous emphysema
  - Vesicular emphysema
- **Chronic Obstructive Asthma**



- **Bronchiectasis**
  - With acute exacerbation
  - With acute lower respiratory infection
  - Uncomplicated

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Risk Adjustment – COPD/Pulmonary Documentation

- Do not forget to diagnose and code the following when present
  - Hypoxemia
  - Hypercapnia
  - Acute respiratory failure
  - Chronic respiratory failure
  - Tracheostomy status
  - Oxygen dependence (document the reason for the oxygen)
  - Ventilator Dependence
  - Pneumonia – document and diagnose the type of pneumonia and causative organism, when known.

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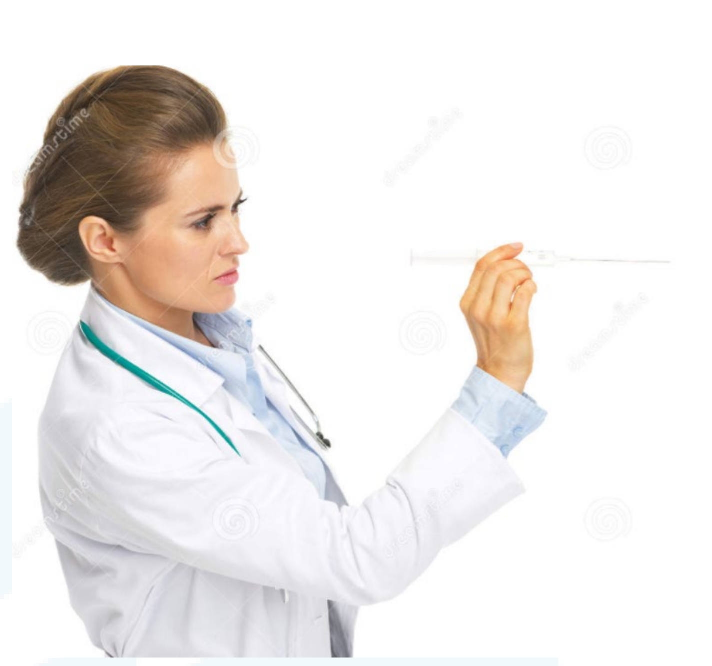
Risk Adjustment – Documentation



Accuracy & Specificity of documentation is completely controllable and at your fingertips, literally!

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Thank you for your time

REMEMBER

- HCC dx codes **must** be recaptured every year.
- HCC's allow us to create a complete clinical picture of the patient's health/issues so that anyone who reviews their chart understands the patient's overall burden of illness to better care for the patient.
- The more **comprehensive** and **specific** the **diagnoses**, the higher the risk score.
- **Accurately documenting** the patient's conditions ensures that we are correctly measured against our financial benchmark for shared savings.
- **Get** those **AWVs scheduled** as soon as you can for **optimal HCC recapture!**
- **Documentation** is the biggest variable you can control!

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Care Management

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Network Update

Beneficiary Enhancement Status

Partner	3-Day SNF Waiver	Weekly High Risk	Home Visit Waivers	Telehealth	Cost Sharing	Gift Card	Transportation	Meals
Arbor Health* Lewis County	In place	Receiving	Pending	Pending	Pending	In place	In progress	In progress
Klickitat Valley Health* Klickitat County (WA-OR border)	In progress	Pending	Pending	Pending	Pending	In place	In progress	In progress
Newport Hospital* Pend Oreille County (WA-ID border)	In progress	Receiving	Pending	Pending	Pending	In place	In progress	In progress
Ocean Beach Hospital* Pacific County	In progress	Receiving	Pending	Pending	Pending	In place	In progress	In Progress
Skyline Health* Klickitat County (WA-OR border)	In progress	Receiving	Declined	Considering	Declined	In place	In Place	In Place
Snoqualmie Valley Hospital* King County	In progress	Receiving	Pending	Pending	Pending	In place	In progress	In progress
Summit Pacific Medical Center* Grays Harbor County	In place	Receiving	Pending	Pending	Declined	In place	In progress	In progress
The Vancouver Clinic* Clark County	In place	Receiving	Declined	Pending	Declined	In place	In place	In place
The Legacy Network* Thurston/Lewis/Kitsap County	In place	Receiving	Declined	Declined	Declined	In place	In place	In place
Lewiston, ID* Nez Perce County	In place	Receiving	Declined	Declined	Ready	In place	In place	In place

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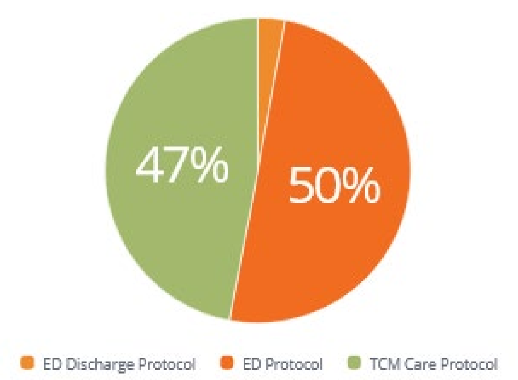
Care Management Outreach

Completed Engagements | Jan – March 2021



Population Eligible for TCM
8%

TCM Population Outreach
667

Unable to Reach
27%

Engagement Rate of those reached
91%

- 91% completed **Transitional Care Management**
  - Completed goals for Eric Coleman's transitional model
- 8 beneficiaries enrolled in **Complex Care Management**
  - 1 includes Remote Patient Monitoring for COPD
- Proactive outreach to 535 beneficiaries to offer **CM services** and support AWVs April – May.

Innovaccer CM Performance Dashboard
Outreach outcomes includes only those who opted for NWMHP CM Services

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2021 Care Management

Program Implementation Updates

- Weekly Calls with Care Management teams
    - Touching base on implementation process and questions
    - PSW is supporting partners as requested in outreach efforts to beneficiaries
- SNF Network
    - Vancouver & Sound Family – have at least one SNF available for direct admissions
    - Summit & Arbor Health – have SNFs available for direct admissions
    - Continuing to set up meetings and develop SNF network for remaining partner locations
- Remote Patient Monitoring
    - Care Management Teams have been educated on availability of services
        - PSW will be providing RPM services for Vancouver; Sound Family, Summit Pacific, and Skyline
    - Pending training to some locations doing their own CCM
        - Lewiston is ready for implementation – pending enrolling beneficiaries
- Weekly High-Risk Reports
    - High Utilizers to target for Care Management services
    - All locations received their first report on or before May 3rd

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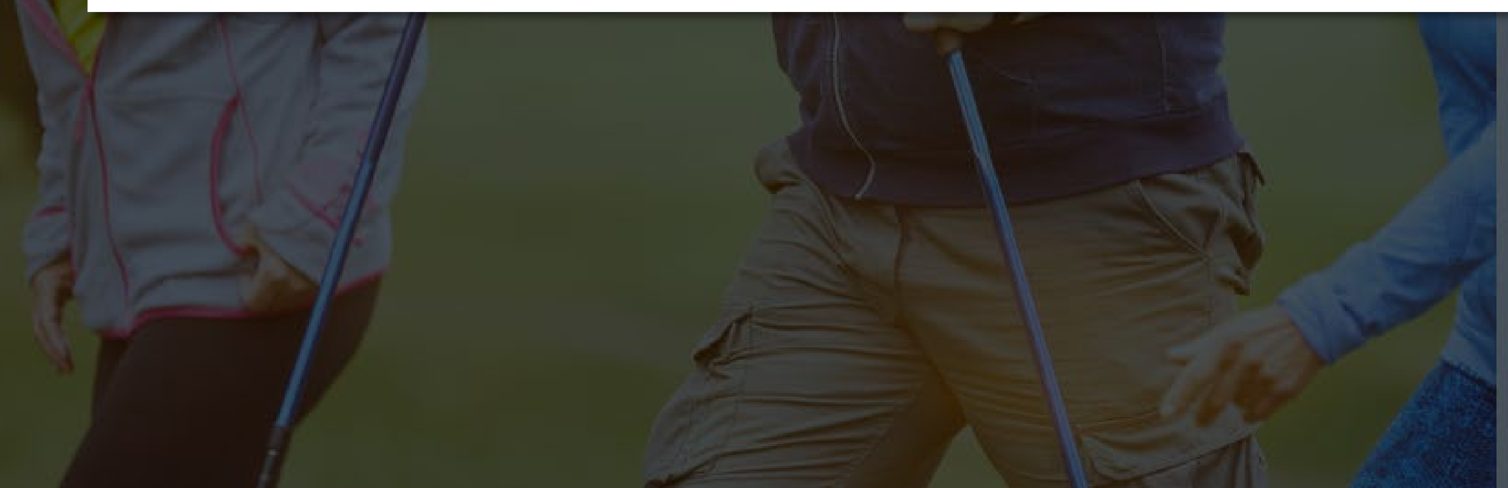
Definitions for High-Risk Population

HIGH- RISK STATUS

- 2 or more ER visits in the last 30 days
- 2 or more Inpatient stays in the past 6 months
- 6 or more ER visits in past 12 months
- 3 or more Inpatient stays in past 12 months



High Risk Report

- Delivered weekly from NWMHP Care Management – includes the data from the previous Monday through Sunday

- Created and reviewed by NWMHP Care Management team and is compiled of beneficiaries at high risk for a readmission

- Partnering with NWMHP Care Management, ACO partners can use this report to assist in wrap around care for beneficiaries at high risk and review any barriers to care

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High Risk Report

Distributed Weekly

MICKEY MOUSE	NGACO	Dr. Do Right	The Do Right Clinic	
DOB: 1952-04-04	ER Visits	Inpatient Stays	RAF: 1.15	
Last 12 Months	8	3	Readmission: Y	DSNP: N
Last 6 Months	2	1	Diabetic: Y	Remote Monitoring: N

PreManage Encounters

2020-03-23 04:44:00: Emergency at Providence Saint Peter Hospital Diagnosed with: S0101XA:Laceration without foreign body of scalp, initial encounter; ems ed3 glf, head lac; Fall. Discharged to home or self care (routine discharge) on 2020-03-23 06:35:00.

2020-02-25 23:44:00: Emergency at Providence Saint Peter Hospital Diagnosed with: ems glf; Fall; M6282:Rhabdomyolysis; N179:Acute kidney failure, unspecified; G9340:Encephalopathy, unspecified. No discharge date.

2020-02-25 23:44:00: Inpatient at Providence Saint Peter Hospital Diagnosed with: G919:Hydrocephalus, unspecified; G9340:Encephalopathy, unspecified; E871:Hypo-osmolality and hyponatremia; I10:Essential (primary) hypertension; L03116:Cellulitis of left lower limb; R29898:Oth symptoms and signs involving the musculoskeletal system; N179:Acute kidney failure, unspecified; R569:Unspecified convulsions; M6282:Rhabdomyolysis; G039:Meningitis, unspecified; J189:Pneumonia, unspecified organism; R410:Disorientation, unspecified; G9341:Metabolic encephalopathy; I5032:Chronic diastolic (congestive) heart failure; G0490:Encephalitis and encephalomyelitis, unspecified. Discharged/transferred to skilled nursing facility (SNF) on 2020-03-18 15:39:00.

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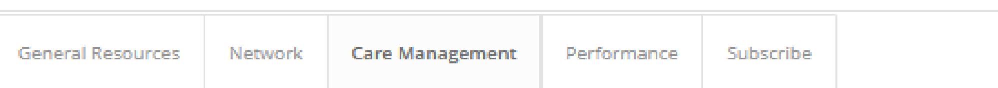
Partner Portal Resources

Care Management Section

Resources Available Now!

- Beneficiary Enhancements
  - Beneficiary Flyers
  - Utilization Tracking
  - Policies and Procedures
- Remote Patient Monitoring
- Managing My Health



BENEFICIARY ENHANCEMENTS

Beneficiary Enhancements
SNF 3-Day Rule (Direct Admit) Waiver
Cost Sharing Part B Services Waiver
Chronic Disease Management Reward Program
Telehealth
Social Determinants of Health

*Please note that these are the standard beneficiary enhancements and are not active in every market. The flyers above have been approved by CMS and are available to share with beneficiaries

REMOTE PATIENT MONITORING

Policy & Procedure Dis-Enrollment RPM
Policy & Procedure Enrollment RPM
RPM Enrollment form
RPM Enrollment Matrix
RPM Disenrollment Matrix

*Please note that these RPM flyers are NOT beneficiary facing.

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Next Town Hall

August 12th, 2021 – 9am

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Open Forum

Thank You

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