



## Smoking and Tobacco Use

Smoking leads to disease and disability and harms nearly every organ of the body. Per the Centers for Disease Control and Prevention (CDC), the use of cigarettes and other tobacco products is the single most preventable cause of disease, disability and death across the United States. In Michigan, tobacco kills more people than AIDS, alcohol, auto accidents, drug overdoses, murders, and suicides combined.

Cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths resulting from secondhand smoke exposure. This is about one in five deaths annually, or 1,300 deaths every day. Worldwide, tobacco use causes nearly 6 million deaths per year, and current trends show that tobacco use will cause more than 8 million deaths annually by 2030. On average, smokers die 10 years earlier than nonsmokers.

Cigarette smoke is full of cancer-causing substances, called carcinogens. Changes in the lung tissue begin almost immediately when you inhale cigarette smoke. With repeated exposure the normal cells that line the lungs are increasingly damaged. This applies to secondhand smoke exposure, which is also harmful to people. The new and popular e-cigarettes are products that allow a user to inhale aerosol containing nicotine and other substances. The FDA considers e-cigarettes a tobacco product, so assessing for its use with patients is important as well.

*What are we doing to encourage people to stop smoking?* There are many assessment and documentation tools as well as cessation resources available. The **Michigan Tobacco Quit Line** offers free information and referral to all Michigan residents who want to quit using tobacco. Qualifying residents also may receive free one-on-one coaching and nicotine replacement therapy to help them quit. The quit line is funded through the Michigan Department of Health and Human Services and is operated by the National Jewish Health, the premier medical and research institution focusing on respiratory diseases in the United States.

Taking time to review these tools and resources and decide what will work best in your practice is one way to help your patients take the first step to a tobacco-free life.

### Additional Resources

Centers for Disease Control, including tips from former smokers with graphic images: [www.cdc.gov/tobacco/campaign/tips/](http://www.cdc.gov/tobacco/campaign/tips/)

[www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm)

American Psychiatric Nurses Association Tobacco & Nicotine Use Screening Tools & Assessments – Adults and Teens  
[www.apna.org/i4a/pages/index.cfm?pageid=6150](http://www.apna.org/i4a/pages/index.cfm?pageid=6150)

American Academy of Family Physicians  
“Ask and Act” Tobacco Cessation Program  
[www.aafp.org/patient-care/public-health/tobacco-nicotine/ask-act.html](http://www.aafp.org/patient-care/public-health/tobacco-nicotine/ask-act.html)

**1-800-QUIT-NOW (784-8669)**  
(Spanish-language option available)  
Website: <https://michigan.quitlogix.org/>



## Dates to Remember

### June 18, 2018

Deadline for your practice consultant to report the following information to Blue Cross Blue Shield of Michigan (BCBSM):

- Specialist practice VBR nomination for 2019;
- Patient-Centered Medical Home (PCMH) and PCMH-N capabilities for primary care and specialist physicians;
- Add/delete physicians in practices.

### July 4, 2018

Medical Advantage Group will be closed Wednesday, July 4, 2018, in observance of Independence Day.

## New Webinar

### June 28, 2018

Save the date for a webinar on CareSpective™, CIPA's secure primary care physician portal. Learn how to register, access the Patient-Centered Medical Home Toolkit and other resources, submit secure documents, access patient gaps in care information and ADTs. No registration required. Contact your practice transformation consultant if you have not already received information about it.



## Coding Corner

There are three components of providing medical assistance with smoking and/or tobacco use cessation to members who are current smokers or tobacco users:

- Advising smokers and tobacco users to quit - received advice to quit during the measurement year.
- Discussing cessation medications - discussed or were recommended cessation medications during the measurement year.
- Discussing cessation strategies - discussed or were provided cessation methods or strategies during the measurement year.

Reporting tobacco assessments and cessation counseling; must have discussion and a plan developed, including medications prescribed, if applicable.

### CPT Codes

- 99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes
- 99407 Intensive, greater than 10 minutes (Do not report 99407 in conjunction with 99406)

### Category II Codes

- 1000F Tobacco use assessed
- 1031F Smoking status and exposure to second hand smoke in the home assessed
- 1032F Current tobacco smoker or currently exposed to secondhand smoke
- 1033F Current tobacco non-smoker and not currently exposed to secondhand smoke
- 1034F Current tobacco smoker
- 1135F Current smokeless tobacco user
- 1036F Current tobacco non-user
- 4000F Tobacco use cessation intervention, counseling
- 4001F Tobacco use cessation intervention pharmacologic therapy
- 4004F Patient screened for Tobacco use and received tobacco cessation

### HCPCS Codes

- G0436 Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than three minutes, up to 10 minutes
- G0437 Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 10 minutes

### Nicotine dependence (require 6 digits)

- Nicotine dependence unspecified (F17.2- -)
- Nicotine dependence, cigarettes (F17.21-)
- Nicotine dependence, chewing tobacco (F17.22-)
- Nicotine dependence, other tobacco product (F17.29-)
- Personal history of nicotine dependence (Z87.891)

### Use additional code to identify when reporting hypertension:

- Exposure to environmental tobacco smoke (Z77.22)
- Personal history of tobacco use (Z87.891)
- Occupational exposure to environmental tobacco smoke (Z57.31)
- Tobacco dependence (F17.-)
- Tobacco use (Z72.0)
- Tobacco use disorder complicating pregnancy, childbirth, and the puerperium (O99.33-)

# Patient-Centered Medical Home (PCMH) Domain 8

## – Electronic Prescribing

Electronic prescribing, or e-prescribing, is a prescriber's ability to electronically send an accurate, error-free, and understandable prescription for non-controlled and controlled medication directly to a pharmacy from the point-of-care. It is an important element in improving the quality and safety of patient care.

The goal of e-prescribing is to develop a process to ensure your practice reduces medical errors by checking e-prescribing history for drug allergy information, drug-to-drug interaction and clinical decision support information a Michigan Automated Prescription System (MAPS) report is run prior to prescribing controlled substances; a controlled substance agreement is in place for all patients on long-term controlled substances; and the controlled substance agreement is shared with all the patient's care providers. The practice is following the new laws for addressing the prescribing of opioids and other controlled substances.

To meet the capabilities in the initiative here are some questions to assist your practice in creating a process when implementing e-prescribing.

### e-Prescribing

- Is a full e-prescribing system in place that is actively used by all providers for non-controlled and controlled substances?
- What is the process for e-prescribing?
- Does your e-prescribing system check drug allergy information and drug-to-drug interaction?
- Are you able to run a report showing what percent of medication are e-prescribed (non-controlled and controlled substances)?
- What is the process when the provider leaves the practice?

### Michigan Automated Prescription System (MAPS)

On December 27, 2017, the lieutenant governor signed into law several new requirements aimed at combating the opioid epidemic.



Beginning June 1, 2018, before prescribing or dispensing to a patient a controlled substance in a quantity that exceeds a three-day supply, a licensed prescriber shall obtain and review a MAPS report concerning that patient.

### The new laws can be found here:

[www.msms.org/.../Need-to-Know-Opioid-Legislation-FAQs](http://www.msms.org/.../Need-to-Know-Opioid-Legislation-FAQs)

- Are MAPS reports routinely run prior to prescribing controlled substances?
- Who discusses with the patient the MAPS report and follows up with any concerns?
- Where is the discussion documented in the patient's medical record?

### Controlled Substance Agreement (CSA)

- Is a CSA in place for all patients with long-term (60-90 days or longer) controlled substance prescriptions?
- What is the process to identify a patient that has been on a controlled substance for longer than 30-60 days?
- What is the process to implement and discuss a CSA?
- Who discusses the CSA with the patient and where is it documented in the medical record?
- If the patient violates the CSA, what is the ramification and how is it handled?
- How is the CSA shared with other providers involved in the patient's care?

## Diagnosis Closure Incentive Program For Medicare Advantage Plans

Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) have instituted a diagnosis closure incentive program focused on yearly provider documentation of Medicare Advantage members' chronic conditions based on previously reported (historical) conditions or suspected conditions.

Complete and accurate diagnosis coding helps BCBSM and BCN identify patients who may benefit from disease and medical management programs. It also gives the Centers for Medicare & Medicaid Services the most accurate patient risk scores to base their compensation to health plans, which helps fund incentive programs for physicians. The result: improved quality care and benefits for members.

The incentive program applies to members enrolled in one of the following products:

- BCN Advantage<sup>SM</sup>
- BCN Advantage<sup>SM</sup> HMO
- Medicare Plus Blue<sup>SM</sup> Group PPO
- HMO-POS
- Medicare Plus Blue<sup>SM</sup> PPO

Providers with one or more attributed BCBSM or BCN Medicare Advantage patients with at least one open diagnosis gap identified by September 30, 2018 are eligible for this incentive program. The provider must have a face-to-face visit with each member by December 31, 2018 and address each suspected diagnosis with appropriate documentation in the patient's medical record based on CDC and CMS requirements. Or, the provider must report to BCBSM or BCN that the member doesn't have the suspected diagnosis. The provider will be reimbursed for closing 100 percent of the member's diagnosis gaps. Only diagnosis gaps identified between January 2018 and September 2018 that require closure will be eligible for the \$100 payment for that member. To earn the \$100 per member incentive for closing all the member's gaps, the face-to-face visit with the member must occur by December 31, 2018.

Please go to [bcbsm.com](http://bcbsm.com) under the provider services tab to review the entire booklet and more specific information.

# Medicare Beneficiary Surveys

Did you know Medicare beneficiaries in your practice may receive a survey asking about the care they have received at any time during the calendar year? This includes your patients that have CMS Medicare (original Medicare), those that have a Medicare Advantage plan, and Medicare beneficiaries that are part of a Medicare Accountable Care Organization (ACO).

The Centers for Medicare & Medicaid Services (CMS) develop, implement and administer several different patient experience surveys. These surveys ask patients (or in some cases their families) about their experiences with, and ratings of, their health care providers and plans, including hospitals, home health care agencies, doctors, and health and drug plans, among others. The surveys focus on matters that patients themselves say are important to them and for which patients are the best and/or only source of information. CMS publicly reports the results of its patient experience surveys, and some surveys affect payments to CMS providers.

Patient experience surveys sometimes are mistaken for customer satisfaction surveys. Patient experience surveys focus on how patients experienced, or perceived key aspects of their care not how satisfied they were with their care. Patient experience surveys focus on asking patients whether or how often they experienced critical aspects of health care, including communication with their doctors, understanding their medication instructions, and the coordination of their health care needs.

Many of the CMS patient experience surveys are in the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) family of surveys. These surveys are designed to reliably assess the experiences of a large sample of patients. They use standardized questions and data collection protocols to ensure that information can be compared across health care settings.

CAHPS surveys are an integral part of CMS' efforts to improve health care in the U.S. Some CAHPS surveys are used in value-based purchasing (pay for performance) initiatives. These initiatives represent a change in the way CMS pays for services. Instead of only paying for the number of services provided, CMS also pays for providing high quality services. The quality of services is measured clinically, administratively, and using patient experience of care surveys.

Your Medicare patient may ask you about the legitimacy of these surveys and may also mention that they did not understand some of the questions. Some practices have prepared a sampling of the questions Medicare beneficiaries may see on the surveys to prepare them if they receive a survey.

## Sample questions from Medicare beneficiary surveys:

1. Wait time includes time spent in the waiting room and exam room. In the last six months, how often did you see the person you came to see within 15 minutes of your appointment time?
2. In the last six months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
3. In the last six months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
4. Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?
5. In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program?
6. In the last six months, how often did your personal doctor explain things in a way that was easy to understand?
7. In the last six months, how often did your personal doctor listen carefully to you?
8. In the last six months, how often did your personal doctor show respect for what you had to say?
9. In the last six months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
10. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:
  - Suggest that you use a cane or walker.
  - Suggest that you do an exercise or physical therapy program.
  - Suggest a vision or hearing test.

Your Medicare patients may appreciate knowing they may receive a survey about their health and the health care services they have received at your practice, as well as having a sample of the type of questions they may be asked. Your practice can benefit from knowing some of the questions that may be asked so that you can focus on providing your patients a good experience in all these areas.

For more information about how to improve the patient experience at your practice please contact your practice transformation consultant.