CIPA newsletter

OCTOBER 2019 CONSORTIUM OF INDEPENDENT PHYSICIAN ASSOCIATIONS

The Importance of Monitoring Supplemental Data

In recent months, there has been a lot of discussion about supplemental data and its significance. This article will define it further and why it is important to monitor it.

First, let's define how health plans receive data from physician offices. Claims are the most easily sent and are used in numerous ways by the health plans. Claims data is widely available in electronic form, supports a consolidated view of the patient, and has a degree of consistency which makes it usable for analytic purposes. It is the best way to capture services provided to a member.

Supplemental data refers to additional clinical data about a member, beyond claims data, received by a health plan. Examples include use of CPT II codes for reporting a clinical result, such as a retinal eye exam or blood pressure. Supplemental data saves money and time as it ends the need for chasing individual charts, simplifies data attainment, and improves the data available for Healthcare Effectiveness Data Information Set® (HEDIS) reporting and patient analytics.

There are two types of Supplemental Data: Standard and Non-Standard

Standard supplemental data are electronic files that come from providers who render services to members. Production of these files follows clear policies and procedures, and standard file layouts remain stable from year to year.

Non-standard supplemental data is data used to capture missing service data not received through administrative (claim) sources, or in the standard files such as Health e-Blue, used by Blue Cross Blue Shield of Michigan (BCBSM). Examples include patient self-reported services or use of data abstraction forms. Health plans must have clear policies and procedures that describe how the data is collected, validated and used for HEDIS reporting.

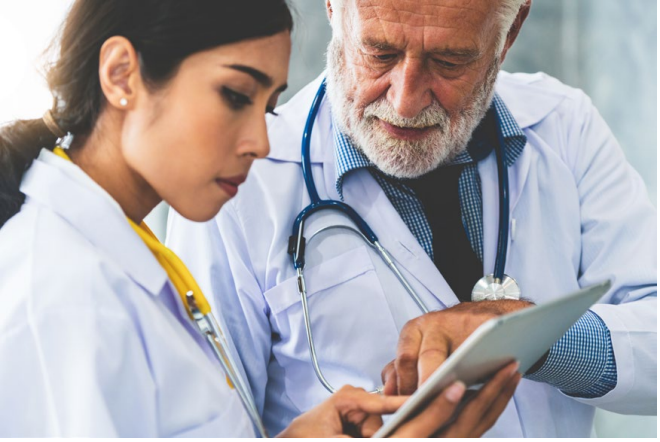
What is Supplemental Data Exchange?

The Supplemental Data Exchange (SDE) is a standardized process that allows the health plan to collect supplemental information for the HEDIS measures. Data reporting to the health plans can be delivered with Electronic Medical Record (EMR) integration through a secure server for approved physicians and physician organizations such as CIPA. BCBSM and Blue Care Network (BCN) only accept standard supplemental data for their supplemental data exchange.

Annual BCBSM Audits

In order to submit supplemental data, services must first be passed in audit. Audits occur on an annual basis. BCBSM conducts audits by randomly sampling data submitted from Medical Advantage Group/CIPA's data warehouse and validating the documentation in the provider's EMR to ensure it meets BCBSM's requirements. If more than one record in an audit sample fails to meet the documentation requirements, then that data will not be accepted for supplemental data submission for an entire year. Documentation errors are the primary cause of failed audits. The most common failed services include mammograms, colonoscopies and A1c tests. Audits have also uncovered incorrectly updated Logical Observation Identifiers Names and Codes (LOINC) associated with lab orders.

To ensure your practice is capturing the most accurate information, contact your practice coach before changing any code sets or adding new codes; when your EMR will be upgraded; if closed gaps are not showing in Healthy e-Blue (HEB); or any other issues pertaining to the transmission of data. It is imperative to review and know MAG's approved services list with your practice coach to ensure that you are meeting the documentation requirements. *cont.'d p2*



Supplemental Data cont.'d

The approved services list can be found in Carespective's Learning Center under the tab, *"September 2019 CIPA Data Integration Playbook."* CIPA is currently confirmed for submitting 24 different services to BCBSM through use of supplemental data.

Optimizing Your Data Feed

Health e-Blue (HEB) is the source of truth regarding data integration. However, the amount of time it takes data to be updated in HEB varies from the time the data is documented in a practice's EMR to when it is retrieved and refreshed by BCBSM. Every EMR generates a message when progress notes are locked/signed, and labs are reviewed. The message is sent to Medical Advantage Group on a set schedule (daily/weekly/monthly). Once that data is received, Medical Advantage Group reformats that data and submits it to BCBSM on a timed weekly basis. At BCBSM it is divided by product and can take anywhere from 1-45 days to be loaded into HEB.

If you notice that approved services are missing for a patient who has a greater total number of days between that patient's date of service and HEB data, please record that patient's data and store it in a secure place. NEVER send patient data through email.

Contact your practice coach directly on how to proceed or email the data integration support team at **datasupport@medadvgrp.com**.

For further information on supplemental data, review the two webinars in Carespective's Learning Center, posted for July 2018 and April 2019.

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Domain 11:
Self-Management Support

The goal of Self-Management Support (SMS) is to have a systematic approach to empower patients to understand their central role in effectively managing their illness, making informed decisions about care and engaging in healthy behaviors.

Support of patient "self-management" is key to effectively manage and improve patient outcomes in physician practices. Physicians and support staff work directly with patients to incorporate self-management by providing education and structuring patient–physician interactions to identify barriers based on the patient's chronic condition. This allows patients to begin to use problem solving skills, demonstrate accountability and develop confidence in improving their health.

To meet the capability in this initiative, below are some questions to assist your practice in creating a process to incorporate self-management support into your practice:

- Is a member of your care team trained in self-management support? How is SMS information shared with other team members?
- How do you determine which patient population would most benefit from self-management?
- How do you engage the patient to collaboratively set goals, assessing patient's confidence level to create an appropriate action plan? Do you provide patients with their hard copy action plan?
- Do you provide follow-up outreach to review the action plan goals?
- Do you conduct patient experience/satisfaction surveys with patients upon completion of self-management support?

How to Obtain Training in Self-Management:

For staff participating in the Provider-Delivered Care Management program, SMS training is available. BCBSM will reimburse a practice up to $500 for staff that complete an approved SMS course or a Complex Care Management (CCM) course, pass a post-test at >80% and complete an evaluation. Payment is rendered through CIPA's bi-annual payment process in January. For more information and a list of approved organizations offering SMS and CCM training, go to the Michigan Institute for Care Management and Transformation website (formerly Michigan Care Management Resource Center) at **www.micmrc.org** and/or contact your practice coach. Note that the complimentary CCM courses offered through the Michigan Care Management and Transformation Center (MiCMT) are not eligible for the $500 reimbursement.

Dates to Remember

MAG and CIPA offices will be closed on the following dates:

November 11
In honor of Veteran's Day

November 28 & 29
Thanksgiving Holiday

PCMH Capability updates to the BCBSM Self-Assessment Database are due Friday, December 20.

Four Fabulous Fall Webinars!

October 23
A Case for Care Management and PDCM – presented by Dr. Robert Jackson and Laurie Grosbeck, RN

November 6
The Ins and Outs of Health e-Blue – presented by BCBSM

November 20
Cost of Care and How it Impacts Your Practice – presented by Dr. Robert Jackson and Jim Stephens

December 12
Vaping and Juul: The Impact on Teens and Other Users – presented by Recovery Pathways

Contact your practice coach if you have not received the flyer.

CONGRATULATIONS to all our practices that achieved 2019 BCBSM PCMH Designation!

patient-centered medical home

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Coding Corner: Adolescent and Well Child Visits

HEDIS Measure Description

Adolescent: The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an Ob/Gyn practitioner during the measurement year.

3 to 6 years: The percentage of children who had one or more well-child visits with a primary care provider during the measurement year.

First 15 months: The percentage of children who had six or more well-child visits with a primary care provider during their first 15 months of life.

Helpful Hints

Preventive services may be rendered on visits other than well-child visits; well-child preventive services count toward the measure, regardless of the primary intent of the visit. For example, if a child/adolescent goes to a Gyn for chlamydia testing, the preventive service would close the gap if the correct screening codes that correlate with the HEDIS measure are sent to the health plan.

Back to school, back to the doctor: This is a great time to get those well-care visits and sports physicals done at the same time. Educating parents about incorporating the sports physical into the well-care visit would save them time and other resources while getting their child a more comprehensive exam versus the sports physical alone.

Well-Care Visit (WCV) Compliance

Documentation in the medical record must include the following:

- Health history
- Physical developmental history
- Mental developmental history
- Physical exam
- Health education and anticipatory guidance

Coding

Appropriate coding is key to meeting the WCV measures:

Measure	CPT	ICD-10
WCV 0-15 mo.	99381,99382,99391,99392,99461	Z00.#, Z02.#,Z76.1, Z76.2
WCV 3-6 yrs	99382, 99383, 99392, 99393	Z00.#, Z02.#, Z76.2
WCV 12-21 yrs	99384, 99385, 99394, 99395	Z00.#, Z02.#, Z76.2 (up to 17yrs)

Transitioning Adolescents from Pediatrician to Family Practice

When is the right time to consider moving a child from a pediatrician to a family practice or internal medicine doctor? Transitions in life can be hard, especially when the pediatrician has been with a family for several years. If a child goes off to college away from home, moving to a different provider may be a little easier. Some pediatricians will continue to care for a child past the age of 18, especially if the person has numerous chronic and complicated conditions. CIPA has a new tool that can be used with your adolescent population that can help an adolescent assess their readiness to move toward an adult practice. It can help teens grow in their health knowledge about themselves and prepare them for the next stage of their life and taking ownership of their care. Moving teens toward a Family Practice or Internal Medicine physician will also shift them from your attribution panel sooner. Otherwise, your practice remains responsible for select HEDIS measures until the patient turns 21. Contact your practice coach for a copy and information on how to use it with your older teen population.