AWV Learning Lab

February 15, 2024
2:00 pm to 3:30 pm ET

Learning Lab Documents

- Agenda

- Learning Lab Note Template – used to add takeaway information for future use

- Presentations by Member ACOs

- Meeting recordings and documents found on Learning Lab under Education & Events on the NAACOS [website](#).

Housekeeping Items

- The learning lab is meant to be a classroom type of setting
- We request that participants be on camera whenever possible. This helps keep you engaged in the meeting material and place faces with names of participants.
- Questions are not only welcomed, but they are also imperative to enhance everyone's learning experience.
- We may call on you at any time for your opinion on the current topic of discussion
- Please mute your microphone when not speaking and unmute when speaking.
- Please add your First and Last Name to Zoom.

Agenda

AGENDA

Annual Wellness Visit (AWV)
Learning Lab Virtual Series

February 15, 2024
2:00 pm – 3:30 pm

Location: Zoom Meeting **Sent to participants**   ·

		Speakers
2:00 pm – 2:10 pm	Learning Lab Opening Introduction	Melody Danko-Holsomback, NAACOS
2:15 pm – 3:15pm	AWV Data Management For Care and Quality Reporting	Karen Shakiba, Program Director and Ly Mettlach, Lead Data Analytics Analyst, for the BJC HealthCare ACO Morgan Powers, VP of Business Intelligence and Analytics and Founding Member, Think ACO
3:15pm – 3:25 pm	Q and A	Attendee participation
3:25 pm - 3:30 pm	Adjourn	Melody Danko-Holsomback

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Morgan Power – Mr. Power is one of the original founding members of Think Whole Person Healthcare and is a third-generation pharmacist. He holds a B.A. (mod) in Chemistry and a B.Sc. Pharm. from Trinity College Dublin and the University of Portsmouth, where he achieved university colors. He operated the family pharmacy growing it to be the largest dispensing pharmacy in the Republic of Ireland, achieved in part through the expert use of Robotics. Mr. Power started a Pharmaceutical Wholesaler, acted as a consultant to Pharmacies and the Pharma industry, he was appointed as Chair of the Pharmacy Contractor Committee of the Irish Pharmacy Union, 2010-2014, and was the chief negotiator for the profession of Pharmacy in the Republic of Ireland in negotiations with the Government. During that time, he had cause to research, payment models internationally, around products and services, in Fee-for-Service and Outcome (Value Based) driven models for both Medical and Pharmacist services.

In Think, he acted as Director of Pharmacy and transitioned to VP of Business Intelligence and Analytics. His work was focused on supporting the ACO and operations. He was recruited to a parent company of Think, Clarkson Regional Health Services and continues to assist ACOs in the region with Data, Insight and Value Based Care issues.

BJC Accountable Care Organization

Karen Shakiba is Program Director for the BJC HealthCare ACO. She works with ACO clinical leadership to align technology with care delivery solutions. She has over 25 years experience in HealthCare IT with an emphasis in data management, reporting and analytics. She is a certified PMP and Agile practitioner. Karen has extensive experience with the implementation and integration of population health analytic vended solutions including, Milliman MedInsight, IBM Watson Health, and Arcadia platforms.

Ly Mettlach is Lead Data Analytics Analyst for the BJC HealthCare ACO. She manages a reporting and analytics team to provision data solutions, design analytic models, evaluate clinical program effectiveness, and deliver reporting packages for leadership and clinical partners. She has been with BJC for over 7 years and has over 12 years experience in healthcare analytics and reporting. Ly has a Master Degree in Mathematics and Statistics, and an undergraduate degree in Mathematics and Physics.

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BJC Health System

One of Missouri's largest employers, serving two regions — BJC HealthCare in the east and Saint Luke's in the west

Saint Luke's

BJC HealthCare

KANSAS

MISSOURI

ILLINOIS

#1-3

BEST HOSPITALS
U.S.News
HONOR ROLL
2023-2024

Top three hospitals in Missouri, according to *U.S. News & World Report*

250+

Clinics and service centers meeting patients where they need us

44,000

Extraordinary caregivers and support staff

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HELLO

I AM BJC ACO
An Accountable Care Organization

WITH

34,393
BENEFICIARIES

AND

900+
PRIMARY CARE AND SPECIALTY PROVIDERS

SERVING BENEFICIARIES

TOTALING 113,350

SINCE INCEPTION

IN

2012

BENEFICIARY LOCATION

68% (Missouri) | 32% (Illinois)
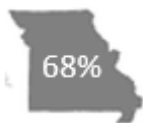
58% OF BENEFICIARIES ARE **FEMALE**

2,370 ARE **DISABLED**

AVERAGE AGE — 74

% OF BENEFICIARIES WITH CHRONIC DISEASE

HYPERTENSION	OBESITY	DIABETES	COPD	ESRD	CHF
32%	9%	22%	9%	3%	12%

161 PHYSICIAN PRACTICES

57% PCPs

26 SNF AFFILIATES

Achieved quality score of 86.30% in 2022

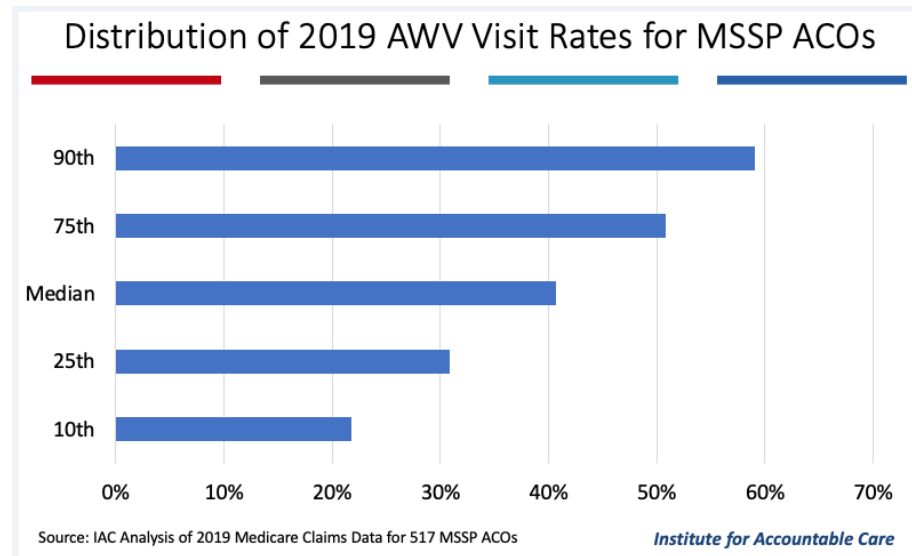| 2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
30,073	31,252	39,552	38,709	31,459	39,262	40,551	39,319	39,234	39,109	37,442	35,619	34,393

BJC HealthCare ACO

- Enhanced track
- Initial agreement 2012
- Missouri and Illinois
- Urban, suburban and rural
- Health System Led
- ~900 providers
- ~35,000 beneficiaries
- 98% of providers are on a single EHR

Background

- Annual Wellness Visits (AWVs) are critical to success of MSSP ACOs

- Our AWV rates remained below 45% despite efforts to encourage practices and providers to utilize

- We made increasing AWV rates a top priority for 2019

Aim

- Increase AWV rates to >50% for 2019

Distribution of 2019 AWV Visit Rates for MSSP ACOs

Percentile	Rate
90th	~59%
75th	~51%
Median	~41%
25th	~31%
10th	~22%

Institute for Accountable Care

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Interventions

- Monthly Patient Lists for Practices (with AWV due dates)
- Proactive scheduling; converting other appointment types
- C-SNAP access for offices
- EMR Tracking
- AWV Tracking Dashboard
- Compensation Bonus for PCPs with AWV rates > 50%

Interventions

- New Epic AWV note templates

- BJC AWV Written Patient Communication

- Simplified HRA Questionnaire sent out pre visit

- Best-Practice AWV Workflow

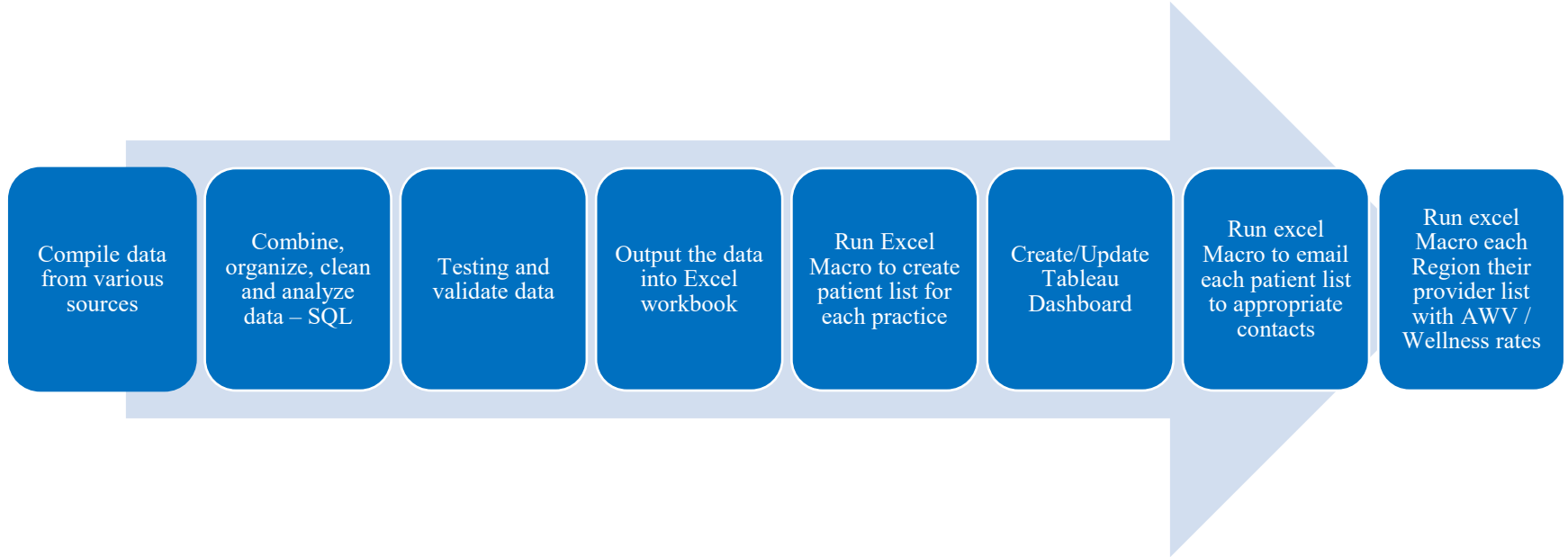- Webinars for Office Staff

- In-Person Meetings with PCPs

Results

AWV Rates

Year	AWV Rate
2018	45.0
2019	69.7
2020	67.2
2021	68.2
2022	76.7
2023	73.9
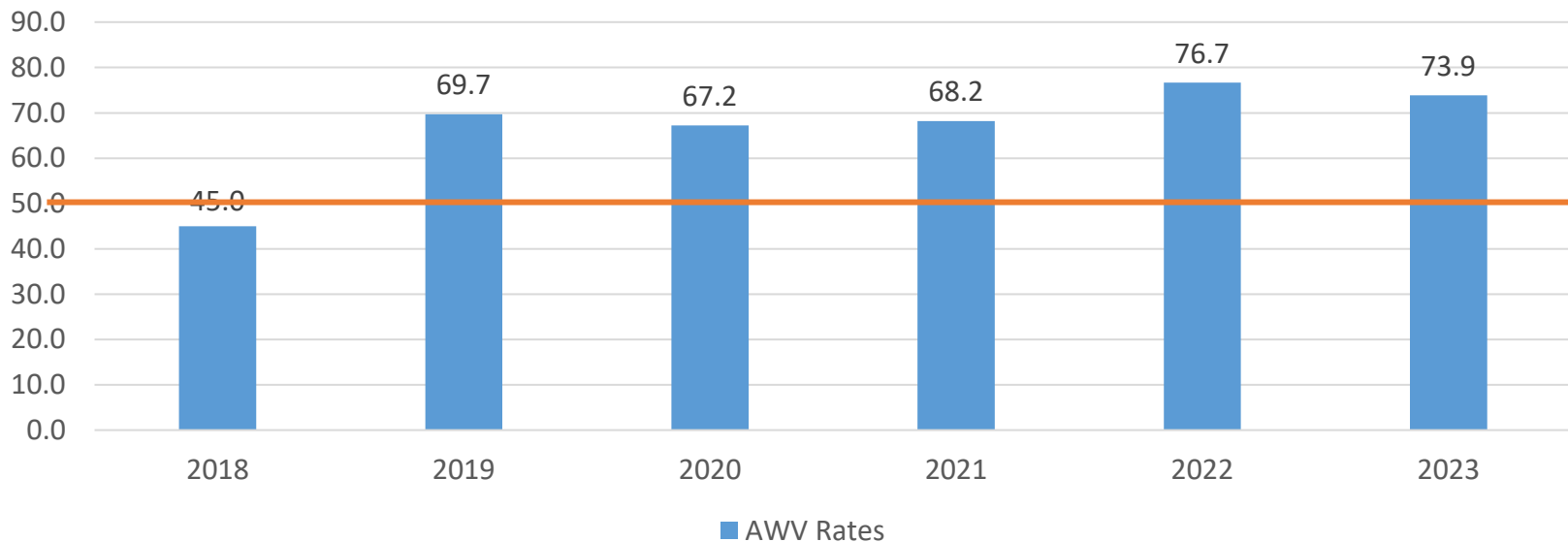
■ AWV Rates

*Compensation Bonus for PCPs with AWV rates > 50% starting 2019

Reporting and Analytics Process

- Compile data from various sources
- Combine, organize, clean and analyze data – SQL
- Testing and validate data
- Output the data into Excel workbook
- Run Excel Macro to create patient list for each practice
- Create/Update Tableau Dashboard
- Run excel Macro to email each patient list to appropriate contacts
- Run excel Macro each Region their provider list with AWV / Wellness rates

Data Sources

Eligibility Data
- MSSP – CMS CCLF Files
- MA – Eligibility files from MA plans

Attributed Providers
- EPIC PCP
- Attributed PCP from plan

Provider Data
- Internal BJC Medical Group Provider List

EPIC Data
- Billing Data
- Scheduling Data

Claims Data
- MSSP – CMS CCLF Files
- MA – Claims files from MA plans

Eligibility Data

- MSSP – CCLF8 and BNEX

- Medicare Advantage – Eligibility from Plan Payer

- Both data sources are combined and loaded into the BJC-ACO database

- MSSP Patients:
  - Prospective Assignment
  - Patient list created at the beginning and remain the same all year.
  - Monthly updates to exclude patients who are deceased, termed, or excluded by CMS

- MA Patients are refreshed monthly based on eligibility

EPIC Data

- Billing Data – last wellness visit date through the end of previous month
- Scheduling Data – next appointment with PCP, next appointment with PCP Department, all appointments for next 12 months

Attributed PCP Information

- Obtain the PCP listed in EPIC for each patient
- If missing EPIC PCP, obtain PCP listed with the plan

Provider Data

- Internal BJC Medical Group provider list
  - Providers' current status (Current, Termed)
  - Providers' current Practice, Region, Specialty, Classification

Claims Data

- MSSP – CCLF5

- Medicare Advantage – Claims Data from Plan Payer

- Both data sources are combined and loaded into the BJC-ACO database

- Search for latest claim with AWV / Wellness HCPCS codes for each patient

Combine, organize, clean and analyze data – SQL

Preparing Patient List and PCPs

- Start with list of eligible patients from Eligibility data

- Join to Attributed Provider data to determine PCP

- Join to BJC Medical Group Provider to obtain PCP's status, practice name, region, specialty, and classification

Combine, organize, clean and analyze data – SQL

Determine AWV Status

- Join patient list to the Billing data from EPIC and Claims data to determine the last wellness visit date.
  - If last AWV / Wellness date is within this year, status = "AWV / Wellness Completed"
  - If not, determine the date to be eligible for AWV / Wellness visit

- Join to EPIC Scheduling data for future appointments
  - If AWV / Wellness visit scheduled in the current year and on or after AWV / Wellness eligible date in the current year, status = "AWV / Wellness Visit Scheduled"
  - If appointment(s) scheduled with the PCP or the PCP department on or after AWV / Wellness eligible date in the current year, but not AWV / Wellness visit, status = "Non AWV / Wellness Visit Scheduled"
  - If no appointment scheduled with PCP or PCP department on or after AWV / Wellness eligible date in the year, status = "Need to Schedule"

Testing and Validating Output from SQL Query

- SQL query to ensure output data captures the appropriate last AWV / Wellness visit dates and the next PCP appointment dates

- Excel workbook to check providers' status is accurate, and the changes in panel sizes and patient status are appropriate

Output the data into Excel workbook

- Output from SQL query is placed into an Excel workbook

LastAWVDate	ExclusionFlag	LastAWVCode	DateEligibleForNextAWV	NextApptDate	EligInCMS	StudyID	Payor	Wellnes Status	Wellnes Count
2/16/2023	N	G0439		2/17/2024	1/3/2024	Y	AWV	CMS	AWV Completed	1
12/29/2022	N	G0439	Due Now	1/2/2024	Y	AWV	CMS	Need to Schedule	0
3/1/2022	N	99396	Due Now	12/21/2023	Y	AWV	CMS	Visit with PCP Depart	0

- Created / Refresh all pivot tables in the workbook to reflect the updated data

Practice	Region	Panel Size	Practice Name	Email Count	Title	Name	Email
Alton MultiSpecialty Physicians	AMH	984	Alton MultiSpecialty Physicians	1	⊟Practice Manager		
Barnes West Medical Consultants	BJWC	1578	Barnes West Medical Consultants	2			
BJC Concierge Care	BJWC	296	BJC Concierge Care	1	⊟RPA		
BJC Medical Group Columbia IL	MHB	315	BJC Medical Group Bourbon Clinic	1			

Run Excel Macros to create patient lists

- Macro to create patient lists for each practice. Each file consist of: MSSP Patient List, MA Patient List, and Overall Counts and Percentages for MSSP AWV and MA Wellness
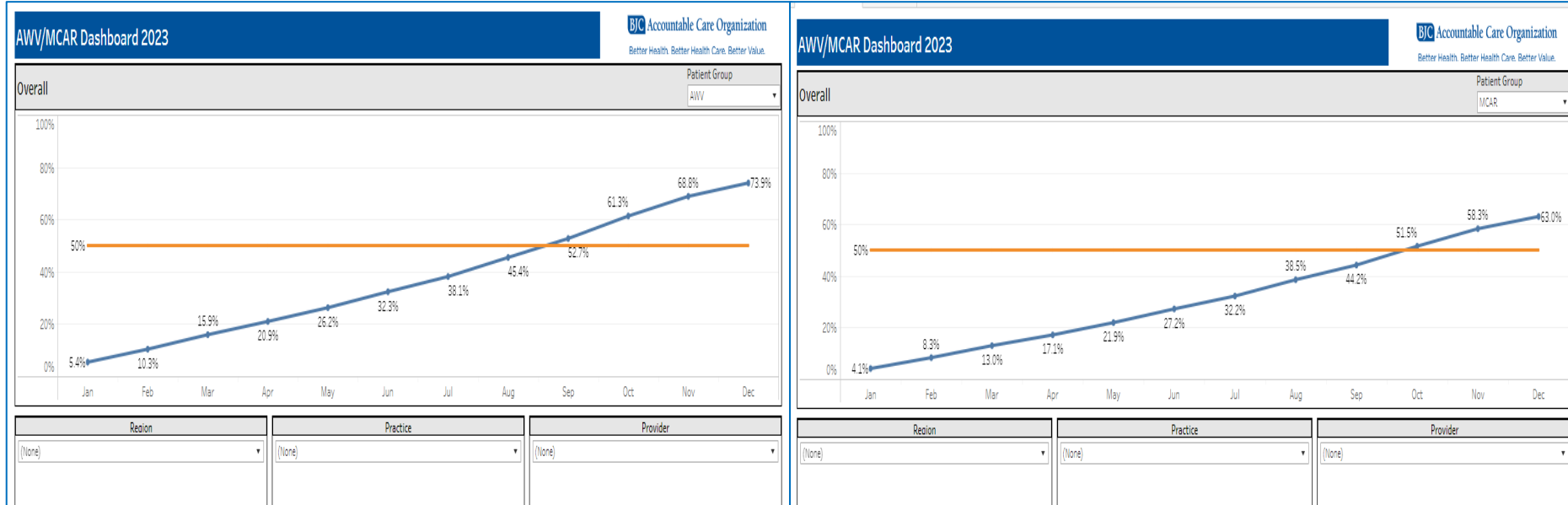
Wellnes Status	PCP Last Name	PCP First Name	Last Name	First Name	MBI	EPIC MRN	Birth Date	AWV In Last 12 Months	Last AWV Date	Last AWV Code	Date Eligible For Next AWV	New Patient	Next Appt Date
AWV Completed								Y	9/13/2023	G0439	9/13/2024	N	
AWV Completed								Y	11/7/2023	G0439	11/7/2024	N	5/8/2024
AWV Completed								Y	7/5/2023	G0439	7/5/2024	N	1/9/2024
AWV Completed								Y	9/22/2023	G0439	9/22/2024	N	
AWV Completed								Y	2/2/2023	G0439	2/3/2024	N	
AWV Completed								Y	11/29/2023	G0439	11/29/2024	N	
AWV Completed								Y	12/1/2023	G0439	12/1/2024	N	
AWV Completed								Y	6/16/2023	G0439	6/16/2024	N	12/20/2023

MCAR Status	PCP Last Name	PCP First Name	LastName	FirstName	EPIC MRN	DOB	Payor	Last Wellness Visit Date	Last Wellness Code	Next PCP Appt Date
Annual Visit Completed							Anthem	8/10/2023	99395	
Annual Visit Completed							Anthem	12/5/2023	99396	
Annual Visit Completed							Anthem	5/22/2023	99396	
Annual Visit Completed							Essence	6/12/2023	99397	

AWV Stats			MCAR Stats		
AWV Status	**Patient Count**	**%**	**MCAR Status**	**Patient Count**	**%**
AWV Completed	879	77.65%	Annual Visit Completed	834	71.59%
AWV Visit Scheduled	50	4.42%	Annual Visit Scheduled	27	2.32%
Non AWV Visit Scheduled	53	4.68%	Non Annual Visit Scheduled	20	1.72%
Need to Schedule	150	13.25%	Need to Schedule	284	24.38%
Grand Total	**1,132**	**100.00%**	**Grand Total**	**1,165**	**100.00%**

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Refresh the Tableau Dashboard

Overall AWV / Wellness Rate

Refresh the Tableau Dashboard

AWV / Wellness Rates By Provider

- Only include PCPs with 50 or more attributed patients

Run Excel Macros to email patient lists out

- Macro to email each patient list to the corresponding practice contacts. Each email includes the patient list for the practice and user guides

AWV Patient List Update For BJC Medical Group Cuba Clinic

Ly Mettlach
To ● Lynn Frey

↩ Reply   ↩ Reply All   → Forward   ⊞   ⋯
Fri 12/29/2023 11:25 AM

📊 BJC Medical Group Cuba Clinic List Update December 2023.xlsx
23 KB

📄 AWV Patient List User Documentation.pdf
452 KB

📄 AWV_Workflow.pdf
270 KB

📄 Medicare Annual Wellness Visits FAQ.pdf
132 KB

📄 AWV Dashboard Overview.pdf
793 KB

Hello from your BJC Accountable Care Organization (ACO) team.

Attached to this email is an updated raw data file which will need to be imported into your **AWV** List workbook to reflect the most current information available. Please refer to the attached document for instructions on importing the new data into your workbook.

*** Notes:

1) The data in this workbook contains AWV's billed through 11/30/2023.

2) Patients attributed to termed providers will be included in the patient list with no provider name.

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Run Excel Macros to email providers AWV rates out

- Macro to email each region their list of providers with patient panel size and AWV Rates

- Only include PCPs with 50 or more attributed patients

Provider Name	AWV Rate	Patient Panel
	79.59%	338
	76.80%	194
	76.58%	521
	75.39%	256
	70.32%	310
	66.67%	162
	66.40%	247
	66.30%	92
	63.53%	510
	60.32%	126
	59.24%	157
	58.90%	146
	53.26%	291

Lessons Learned

- Significant improvement in AWV rates

- Multiple areas of intervention

- Engaging office staff is key

- Increase has been sustainable

- Currently evaluating impact on utilization and quality

- Using AWV as framework for other QI efforts

Questions?

Health Maintenance

| | Postpone | ✕ Remove Postpone | External Labs/Tests | Abstract Labs/Tests | Past Immunization | Place New Orders | Exclude | Edit Frequency |

	Due Date	Topic	Frequency	Date Completed			
🕐	07/15/1967	Foot Exam	1 year(s)				
🕐	04/08/2016	Dilated Eye Exam	1 year(s)	4/8/2015			
🕐	09/01/2018	Influenza Vaccine (1)	Sequential	10/9/2017	🕐 9/21/2016	11/1/2015	11/12/2014
📅	11/01/2018	Regular Well Visit/Exam	1 year(s)	11/1/2017			

BJC Medical Group

Medicare Annual Wellness Visits
Taking Charge of Your Health Has Never Been Simpler

What is an Annual Wellness Visit?

An annual wellness visit is a preventative check-up that is a dedicated time for physicians and patients to discuss procedures, immunizations, and health screenings that you need to remain healthy. This visit is highly recommended by the American Medical Association, and preventative care screenings are covered by most insurances. There is an exception however of any older, existing plans grandfathered in that do not have to cover in full for these services.

What is usually included in a Medicare Annual Wellness Visit?

- A conversation about your medical and family history
- Measurement of height, weight, body mass index, blood pressure and other measurements as deemed appropriate by the medical/family history
- Establishment of a list of current providers who are involved in your medical care
- Review of potential risk factors for depression
- Establishment of a written screening schedule, such as a checklist for the next five to 10 years

What is not included in a Medicare Annual Wellness Visit?

A Medicare Annual Wellness Visit is not necessarily a complete physical*, and it does typically not include:

- Medication refills
- Problem visits
- Testing
- Medical treatment

If you require medication refills or have other health issues that need to be addressed, we may suggest that you make an appointment for these conditions and schedule your Annual Wellness Visit at another time. Or if we schedule both for the same day, then you will be charged for the problem visit or other office visit service. This is a different service and is billed to your health plan in addition to the preventative services on that day. If you have a co-payment for office visits, coinsurance or deductible amounts that you must pay before your health plan pays for these services, these would apply.

Medicare patients who are new to the insurance (6 months or less) are allowed a one-time Welcome to Medicare (IPPE) exam. This exam is more comprehensive and includes several types of tests.

When should I schedule a Medicare Annual Wellness Visit?

We recommend that you contact your physician early in the year to schedule this visit. It's important to start out the year on the right foot with healthy habits, and your physician can help you live your best possible life.

If you have any additional questions about preventative care or annual wellness visits, please talk to your physician or physician's office.

Value.

Pre-Visit

Generate list of MSSP patients who have not had AWV in past 15 months → Staff reviews HM to confirm AWV is actually due → Is patient eligible for AWV?

- NO → Notate on AWV Report that patient is not eligible
- YES → Staff checks C-SNAP to verify which visit type is appropriate for patient → Does pt have a future 30min appt?
  - YES → Staff converts future 30min appt into Medicare AWV with code in the "Notes" section of appt
  - NO → Staff calls patient to schedule appointment → Enter Medicare AWV with code in the "Notes" section of appt

→ Notate appointment outcome on AWV Report → 1 Week prior to Appt, Staff checks C-SNAP again to verify which visit type is most appropriate

During AWV

Patient presents to office for AWV → Staff rooms patient → Staff reviews HM with patient and updates Epic and/or places orders as needed → Provider sees patient, using AWV template in Epic → Was a new problem addressed?

Staff rooms patient → Patient is given AWV brochure (explaination letter)
- Staff asks HRA questions & enters data into Epic
- Patient is given the paper HRA form, which is scanned into Epic

Was a new problem addressed?
- YES → Visit is coded using G0439 (subsequent AWV), G0402 (IPPE), or G0438 (Initial AWV) → Provider also codes a 25 modifier and a 99213 or 99214
- NO → Visit is coded using G0439 (subsequent AWV), G0402 (IPPE), or G0438 (Initial AWV)

→ Staff schedules patient for follow-up AWV (at least 11mo in future) before leaving the office → Enter Medicare AWV in the "Notes" section of Appt (no code)

AWV Learning Lab

- *Morgan Power- mpower@clarksonregional.com*

Who are Transforming Healthcare?

A Clarkson Regional Health Services Company

We

- *Are the management company of Think*
- *Focus on Insight and actionable data*
- *Have Data and Analytic functions*
- *Have helped other ACOs in our Region*

AWVs – Datasets
Integrating EHR, Practice Management and ACO Claims

Think's Practice Management System runs an eligibility check the day before a patient's appointment.

Traditional Medicare responses include Chronic Condition Special Needs Plan (C-SNP) Data – the first date one or more of the AWV codes would be paid.

MA responses don't include this C-SNP data.

EHR Typical Issues

- *Correct Code*
- *Billing early*
- *Unpaid visits remain*

PM Typical Issues

- *Timing Gap between Office Visit and Paid Adjudicated Claim*
- *Future Visits – Appointment Types*

ACO Claims Data

- *Did the Patient have an AWV in the Year elsewhere?*

EHR Data
AWV Code Dropped
Encounter or Procedure
Remains if unpaid

PM Data
Claimed – Paid
Timing Gap between 837/835
Eligibility Data-MA Issue

ACO Claims Data
Patient View (not every Patient)
Every Provider
Delay and Linking issues

**AWV
G0439
2024-02-01**

or

**Not Due
Until
2024-02-01**
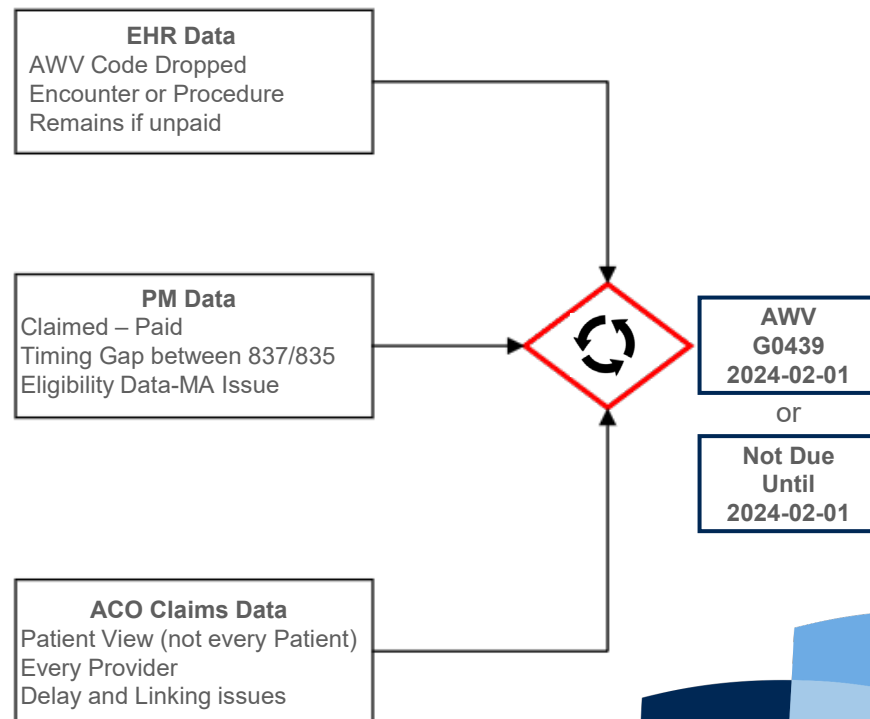
AWV – Results

Denominator

Traditional Medicare
Medicare Advantage
Active Patients (Primary Care, seen in last 2 years)
Voluntary attributed
Under 65..?
In Hospice..?

Numerator

Completed but not Paid / Yet
"Not my Patient"

Attribution Algorithm 12/24/19

Data Set:
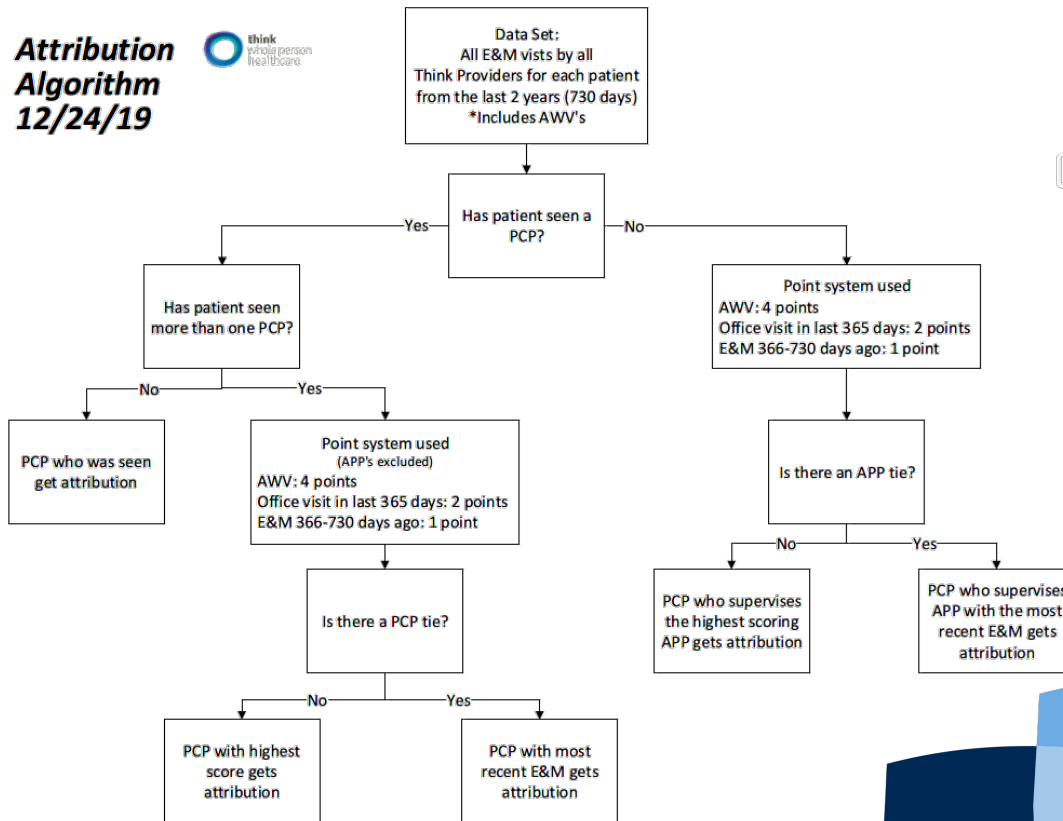All E&M vists by all Think Providers for each patient from the last 2 years (730 days)
*Includes AWV's

Has patient seen a PCP?

Yes → Has patient seen more than one PCP?

No → PCP who was seen get attribution

Yes → Point system used (APP's excluded)
AWV: 4 points
Office visit in last 365 days: 2 points
E&M 366-730 days ago: 1 point

Is there a PCP tie?

No → PCP with highest score gets attribution
Yes → PCP with most recent E&M gets attribution

No → Point system used
AWV: 4 points
Office visit in last 365 days: 2 points
E&M 366-730 days ago: 1 point

Is there an APP tie?

No → PCP who supervises the highest scoring APP gets attribution
Yes → PCP who supervises APP with the most recent E&M gets attribution

AWV Results - Issues

❖ Omaha has Low penetration of MA ~33%, High % of Traditional Medicare

(Nationally 51% in 2023)

❖ High Attribution Rate in ACOs ~58%

(the largest ACO has prospective Attribution)

❖ AWVs help with attribution, but it is a competitive market.

❖ We have seen little correlation between AWVs and Quality scores

❖ We have seen a Δ of ~$2,000 in total cost between those with an AWV and those without.

(Those without being the more costly cohort, this correlation is probably not causative)

We try to book next appointments during the visit, but haven't found the secret to Patient engagement with Text / Emails/ Calls

Evolution of Provider Tools
Huddles

PCP Daily Huddle v2

NAME	Appt Time	Appt Comments	Patient#	DOB	Last PHQ	Insurer	AWV Eligible	TOTAL Active MEDS	RX CARE	TODAY S LABS	SUGGESTION
▬	10:45 AM	Follow Up 15 - FU HTN; blue jkt/blue top	▬	▬	▬	Medcr BC BS NE	NOT DUE UNTIL 2023-06-01	24	YES	CMP, CBC, LIPID PANEL, CRP	
▬	11:30 AM	Acute Visit 15 - Severe pain R hand/knee, poss gout flare-up but worse than normal-light blue shi	▬	▬	▬	UHC 87726, 800073		5	NO		
▬	12:00 PM	Follow Up 15 - discuss testing that was done/still having pain No to ?'s	▬	▬	▬	Medicare NE	NOT DUE UNTIL 2022-10-01	15	NO		
▬	12:15 PM	Pre-Op 30 - sg ▬ R ▬ L cataracts Omaha Eye/ Laser Dr. Halgren 3 mth f/u red shirt/white	▬	▬	▬	Medicare NE	AWV G0439 2022-06-01	13	NO		

Fact based suggestions, BMI, CKD / GFR, Polypharmacy- Age etc

KEY:
AWV Eligible = CPT Code and First Date eligible to be Paid, based on CSNAP or Last Paid to Think
Total Active Meds:
  Number = Total Active Med Count in Chart
  Font Color: Number of Controlled Meds : Black = **0**, Orange = **1**, Red = **More than 1**
  Background Color: 5 or more Total Active Meds = **Green**
RX CARE : Y if in Pharmacy Program
Today's Labs : Not a comprehensive list, an indication of if the most common Labs have been ordered

All of the following are still used, newer Providers want simpler tools, those further along the journey from FFS to VBC will want a different view

Splitting the Roles

PCP Role Daily Huddle

Patient Name	AGE	Appt Time	Comments	AWV Elig (Shaded if CCM Candidate)	High Risk Med	ASCVD >=5 Yellow >= 7.5 Red/Pink	ICD10 HCC (Shaded if No HCC) {Underlined if not Billed}	HCC DESC	Last EYE Exam ******* Podiatry Visit	Next Appt Today	Patient Balance > 90 Day > $250 RED <$250 YELLOW
	69	7:00 AM	Follow Up 15 – 3 mth f/u cong heart failure (cardio) no to ?'s/ blue polo	NOT DUE UNTIL 2023-01-01	NO	12.77	D84.821	Immunodeficiency due to treatment with immunosuppressive medication	******		
	62	7:15 AM	Follow Up 15 – FU HTN w/labs***Labs first, flower tank		NO	4.74	E21.3 (Metabolic)	Hyperparathyroidism	******		
	58	7:30 AM	Annual Physical 30 – annual px w/labs-needs later day/ wht shrt		NO	4.91			******		
	67	8:00 AM	Annual Physical 30 – Ann PHy/ baby blue polo	AWV G0439 2022-08-01	NO	8.76	E66.01 (Metabolic)	Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 35.0 to 35.9 in adult	******		

Splitting the Roles

CSS Daily Huddle

Patient	Appt Comments	BMI/ WEIGHT (every visit)	BP (every visit)	PHQ 9	Tobacco Status	Flu 22-08-01 to 23-03-31	Last Pneu	Fall Risk	CRC	Mammo	AWV (EVERY 12 months)	Last A1C DATE **** Result	DM EYE DATE **** Result	Nephrop athy Screenin g Date	ICD10 HCC	Pharmacy / Insurer
69Yrs (M) 7:00AM	3 mth f/u cong heart failure (cardio) no to ?'s/ blue polo	Wt(161) BMI23.8 **DUE**	104 / 62 **DUE**		Former smoker	**DUE**			Colonosco py						D84.821	Kubat Pharmacy And Health Care - Om Medcr UHC 87726
62Yrs (F) 7:15AM	FU HTN w/labs***Lab s first, flower tank	Wt(183) BMI33.7 **DUE**	130 / 74 **DUE**		Never Tobacco User	**DUE**			Abnormal	BIRAD 1					E21.3 (Metaboli c)	Hy-Vee, Fort St., Omaha, NE BC BS of NE
58Yrs (M) 7:30AM Rob	annual px w/labs-needs later day/ wht shrt	Wt(195) BMI29.7 **DUE**	124 / 78 **DUE**		Never Tobacco User	**DUE**			Abnormal							WALGREENS DRUG STORE #07693 BC BS of NE

Focus on gathering data for Quality / Gaps

Dashboards

DIAGNOSIS COUNT	ANXIETY	CAD_IHD	CHF	COPD	DEPRESSION	DIABETES	ESRD_CKD	HTN	HYPER LIPIDEMIA	OBESITY	TOTAL	DX COUNT
CLINIC	11487	2849	931	1652	10622	5852	3598	13600	21013	11351	34727	
	646	295	152	319	769	412	637	830	1787	898	1992	

Blue and Underlined
Can drill down to Patient Level

ATTRIBUTION TARGET	MSSP	BCBS	UHC
CLINIC	7018 7158	6033 6154	0 0
	547 558	341 348	0 0
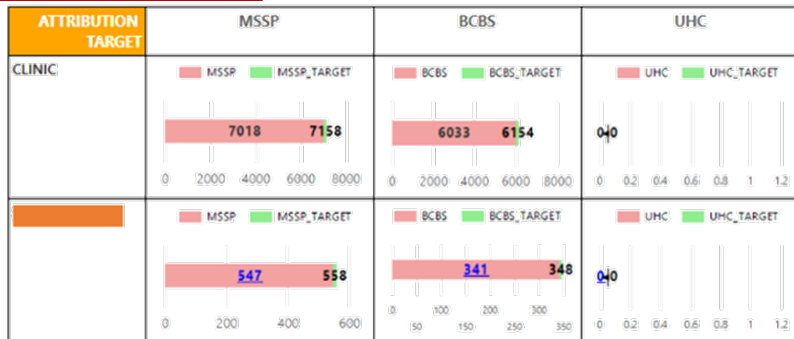
LEGEND	
	CURRENT VALUE
	TARGET VALUE

RISK SCORE	BCBS		MSSP	
CLINIC	1.88	1.88	1.28	1.28
	3.59	3.59	2.02	2.02
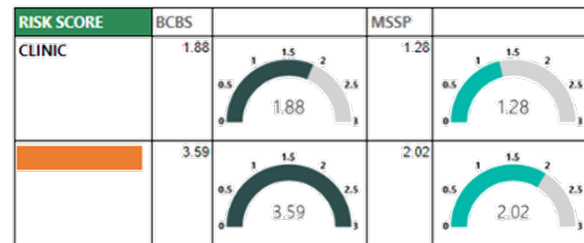
E&M Percentage - last 3 months	
ENC BILLLEVEL	PERCENT
99213	1.93%
99214	88.43%
99215	9.64%

Conclusion

AWVs

- play a part in cost containment

- are important for Attribution (Sum of Allowed amount)

- timing of Visits are important to ensure payment

- using the correct code is important to ensure payment

- Think has focused on making it easier for the Physician to do their work at the point of Patient / Physician interaction

- As Physicians transition from Fee for Service to a Value Based Care model their needs changes

Upcoming Events

NAACOS Spring Conference 2024

April 10–12

Hilton Baltimore Inner Harbor

[Early Registration ends next Friday!](#)

February 23, 2024

Discovery Calls

Title: Using the MSSP Benchmark Tool to Estimate Year End Results

Date / Time: March 7th, 2024, 02:00 PM - 03:00 PM (ET)

[Register Here](#)

Webinars

Webinar Title: New Years Resolution: Prepping for ACO Compliance in PY24 (MSSP)

Date / Time: February 27th, 2024, 02:00 PM - 03:00 PM (Eastern)

[MSSP Compliance Webinar Registration](#)

Webinar Title: New Year's Resolution: Prepping for ACO Compliance in PY24 (REACH)

Date / Time: February 28th, 2024, 02:00 PM - 03:00 PM (Eastern)

[REACH Compliance Webinar Registration](#)

Thank you!

Contact Information

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Appendix

Group Discussion

Note Template Questions:
1. What problem does the topic address?
2. What population of patients could benefit from this?
3. What didn't I know or haven't thought about trying in my ACO?
4. Could any of this presentation work in your ACO or CIN?
5. If yes, how? If no, why not?

You may use this template to document notes from the presentation that you feel would be helpful in your practice.