# HCC/RxHCC Risk Tutorial for SETMA

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#### Introduction to HCC & RxHCC Risk Categories; HCC & RxHCC Coefficients; E&M Codes and Correlation with aggregate HCC & RxHCC Coefficients for Acute Diagnoses; and General Concepts about HCC/RxHCC

In 2007, Medicare Advantage programs (HMO) were funded by CMS (Center for Medicare and Medicaid Services) using both demographics and the Hierarchical Conditional Codes, known as the HCC Diagnoses. 2007 also was the year that RX HCC codes were added to complement the reimbursement for managing patients with illnesses, which while they did not rise to the level of complexity and cost-for-care, as the HCC diagnoses, they did qualify for a lower additional payment due to increased medication costs.

In the interim, the use of HCC and RxHCC designation has been expanded to include not only Medicare Advantage beneficiaries, but also Medicare Fee-for-service beneficiaries through Accountable Care Organizations (ACO) and patients treated in a Medical Home. In the case of the ACO, the savings for the calculations of shared savings will be determined by actual cost of care measured against the benchmark costs including the HCC and RxHCC factor for the patients in the benchmark. In the case of Medical Home, the payment of the per member per month (PMPM) payment will be calculated with the level of Medical Home recognition and the HCC/RxHCC coefficient aggregate value, i.e., if a patient is being treated by a Tier III Medical Home and the aggregate HCC/RxHCC score is 2.0 or above, the provider would be eligible for the maximum PMPM as determined by contract.

#### RxHCC

The RxHCC designations cover many diagnoses which were not covered in the HCC. As a general rule almost all HCC diagnoses are also RxHCC codes but all RxHCC are NOT also HCC. Here are some examples of diagnoses which are not HCC but are RxHCC codes:

- Hypertension is not an HCC (i.e., 401.1 or 401.9, etc) but it is an RxHCC
- Osteoporosis another common illness is not a medical HCC but is an RxHCC
- CAD in itself is not a medical HCC, but it is an RXHCC. Because CAD is a general term, it is imperative that if the patient has angina or an old MI, the chronic problem list should include angina or old MI as they are HCC diagnoses.

# What Provider Documentation is necessary in order to qualify a diagnosis as an HCC or RxHCC for payment?

Let's start from the end and work our way back to the beginning. Because all of the HCC and/or RxHCC are Chronic Conditions, the following would be required:

- They must be identified in the E&M coding event for that encounter and they must appear on the Chronic Problem list for that patient.
- Lab, x-rays and procedures should be appropriate to that condition, when required.
- Medications should be reviewed and appropriate medications for the condition should be present in the documentation for the encounter. (It is possible in NextGen to associated a medication with a diagnosis. We will have our staff complete this task on all GTPA patients.)\*
- Physical examination should be specific for that condition for instance if you state the patient has CHF and do not document the lungs and heart, it would not be a valid evaluation. If you say the patient has cancer of the prostate and you do not comment whether they are currently in treatment or are in surveillance, that would not be valid.
- Documented History should be appropriate for that condition.

Because HCC and/or RxHCC are chronic conditions, a chief complaint is not necessary, unless it applies. There are four ways in which to complete your documentation in the EMR to satisfy this need.

- Through the routine use of Master GP and the documentation functions present there.
- Through the use of the Chronic-Problem evaluation templates which launch from the Master GP
- Through the use of the Disease Management tools in the EMR
- Through the use of the "Detailed Comments" function which launches from the Assessment template by clicking the button entitled "Detailed Comments" which is found in the second column of the Assessment template.

#### Whatsteps must be taken take to qualify a diagnosis as an HCC or RxHCC?

The diagnosis must be:

- 1. Established as applying to this patient.
- 2. Documented in the patient's record in the Chronic Problem list
- 3. Evaluated at least once in the year prior to the qualification as an HCC or RxHCC
- 4. Reported to the HMO and via the HMO to CMS

#### **Provider Responsibilities for HCC/RxHCC**

Providers simply need to pay attention to the needs and condition of the patient and:

- 1. Add any HCC or RxHCC which you diagnose to both your chronic problem list and to the acute assessment.
- 2. Update your Chronic Problem list so that the HCC and RxHCC are displayed on your diagnoses.
- 3. Evaluate each of the HCC and RxHCC at least once during the year.
- 4. The best way to evaluate whether you have identified ALL of the HCC and/or RxHCC is to review:
  - a. Scanned documents particularly under cardiology, master discharge summaries, radiology, specialty correspondence, pulmonary, echo's, x-rays, etc.

b. The patient's past history template c. Laboratory results and medications d. Previous encounters.

Going forward, once this "catch-up" task is done, it will be relatively easy to add HCC and RxHCC to your chronic problem list as you sign off on reports, correspondence, etc. Also, we are carefully updating all HCC and RxHCC for all patients admitted to the hospital. This is an on-going task. In 2009, some of the HCC and RxHCC will change and some new ones will be added. We will update our system with that information to continue to make it "easier to do it right than not to do it at all." As mentioned earlier, our support staff will go through the EMR with all HMO patients and associated the diagnoses (ICD-9) codes with the medications which are used to treat the patient.

#### HCC/RxHCC Tutorial

To review the HCC/RxHCC tool in SETMA's EMR, go to AAA Home

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Midway down the GP Master template, you will find the list of Chronic Conditions

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ronic Conditions Archive Re-Ord	er HCC	Rx L	ast Evalu	ated	BMR		Physical Exam
Diabetes mellitus without complicat	io Y	Y	11	HPI-1,2	Cardiac Risk Ratio	00	
Metabolic syndrome	Y	Y	11		Fall Risk Assessm	ent 04/05/2012	Radiology
Chronic renal disease, stage I	Y	Y	11	HPI-3,4	Functional Assess	ment 04/16/2010	Assessment
CHF (congestive heart failure)	Y	Y	11		Pain Assessmer	nt 04/16/2010	Hydration
Murmur			11	HPI-5,6	Stress Assessme	ent 06/27/2011	
Irritable bowel syndrome			11		Wellness Assessn	nent //	Nutrition
Incontinence			11	HP1-7,8	Sleep Questionna	ire //	Exercise
Hypomagnesemia			11		Depression Scre	en //	Plan
Menopause			11	HPI-9,10	Karnofsky/Lans	ky //	Desardures
Hot flashes			11		Palliative Perf Sc	ale //	Procedures
Diminished libido			11	HPI-11,12	Braden Scale	11	Chart Note
Insomnia	1		11		FASTAssessme	nt //	
Rosacea			11	HPI-13,14	Clinic Perform	nance Measures	
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To the right of the Chronic Conditions are four columns entitled:

- 1. HCC Risk Category this designates that a diagnose is an HCC,
- 2. RxHCC Category this designates that the diagnoses is an RxHC. (Note: Most HCC diagnoses are also RxHCC, but not all; while most RxHCC are not also HCC.)
- 3. Last Evaluated this designates the date when this problem was specifically evaluated.
- 4. HPI 1-2, HPI 3-4 etc. this provides a template whereby the provider can specifically address each of the diagnoses in the Chronic Problem List.

Chronic Conditions Archive Re-Ord		HCC	Rx	L	st Evaluate	d
1 Diabetes mellitus without complication	I	Y	Y		11	HPI-1,2
2 Metabolic syndrome	I	Y	Y		11	
3 Chronic renal disease, stage I	I	Y	Y		11	HPI-3,4
4 CHF (congestive heart failure)	I	Y	Y		11	
5 Murmur	I				11	HPI-5,6
6 Irritable bowel syndrome	I				11	
7 Incontinence	I				11	HPI-7,8
8 Hypomagnesemia	I				11	
9 Menopause	I				11	HPI-9,10
10 Hot flashes	I				11	
11 Diminished libido	I				11	HPI-11,12
12 Insomnia	I				11	
13 Rosacea	I				11	HPI-13,14
14	I				11	
15	I				11	HPI-15,16
16	I				11	
17	I				11	HPI-17,18
18	I				11	
19	I				11	HPI-19,20
20	I				11	
21	I				11	
22	I				11	
23					11	
24	I				11	
25	I				11	

If the diagnosis is an HCC code, the first column, entitled HCC, "Y, If the column is blank, the diagnosis is not an HCC Risk. The designation appears automatically when diagnosis is selected from IMO's code list. If the diagnosis is an RxHCC, a "Y" will appear in the second column entitled, "Rx." If the second column is blank, then the diagnosis is not an RxHCC code.

When the IMO ICD-9 Code list, and in 2014, the ICD-10 code list is accessed, the following screen will appear. To the left of the diagnosis, are the designations of "HCC," which is denoted by the presence of an "R" and the designation of an "RxHCC" by the "Rx" in the second column.

To the right of the diagnoses is a number. This is the "coefficient' for that HCC or RxHCC diagnosis. The coefficient reflects the increased payment which will be earned by the treatment of patients with these diagnoses. In the section below on HCC and RxHCC coefficients, this will be discussed in more detail. You may go to that section by clicking on (Link to top of page 35).

	Search IMO 100 👻
10.16	KD (chronic kidney disease) (5859) 0.368
10. 10.	KD (chronic kidney disease) requiring chronic dialysis (5856) 0.368
10.00	KD (chronic kidney disease) stage 1, GFR 90 ml/min or greater (5851) -0.368
常務	KD (chronic kidney disease) stage 2, GFR 60-89 milmin (5852) 0.368
10 Per (	KD (chronic kidney disease) stage 3, GFR 30-59 ml/min (5853) 0.368
<b>IN 19</b>	KD (chronic kidney disease) stage 4, GFR 15-29 milmin (5854) 0.368
30 Re (	KD (chronic kidney disease) stage 5, GFR less than 15 ml/min (5855) 0.368
10.00	KD (chronic kidney disease) stage V requiring chronic dialysis (5856) 0.368
准 税	KD (chronic kidney disease), stage I (5851) 0.368
用服	KD (chronic kidney disease), stage II (5852) 0.368
<b>H H</b>	KD (chronic kidney disease), stage III (5853) 0.368
H RE	KD (chronic kidney disease), stage IV (\$854) 0.368
1 B	KD (chronic kidney disease), stage V (5855) 0.368
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IN Ref.	anignant hypertensive CKD w ESRD on dialysis (40301) (apacify) 0.368
Re.	erign hypertension with CKD (chronic kidney disease) stage 1 (40310) (specify)
<b>R</b> (1)	enign hypertension with CKD (chronic kidney disease) stage III (40310) (spacify)
R. 2	enign hypertension with CKD (chronic kidney disease) stage IV (40310) (spacify)

When you select a diagnosis, if it is either HCC or RxHCC, that designation is automatically placed into the columns entitled "HCC" and "Rx.".

Cł	ronic Conditions Archive Re-Order	HCC	Rx	Last Evaluate	d
1	Diabetes mellitus without complication	Y	Y	11	HPI-1,2
2	Metabolic syndrome	Y	Y	11	
3	Chronic renal disease, stage I	Y	Y	11	HPI-3,4
4	CHF (congestive heart failure)	Y	Υ	11	
5	Murmur			11	HPI-5,6
6	Irritable bowel syndrome			11	
7	Incontinence			11	HPI-7,8
8	Hypomagnesemia			11	
9	Menopause			11	HPI-9,10
10	Hot flashes			11	
11	Diminished libido			11	HPI-11,12
12	Insomnia			11	
42	Desses			1.1	11014244
	DADGADG				HP1-13,14
14	CKD (chronic kidney disease) stage	Y	Y	11	HPI-13,14
14	CKD (chronic kidney disease) stage	Y	Y	11	HPI-13,14
14 15 16	CKD (chronic kidney disease) stage	Y	Y	11 11 11	HPI-13,14
14 15 16 17	CKD (chronic kidney disease) stage	Y	Y	/// // //	HPI-13,14 HPI-15,16 HPI-17,18
14 15 16 17 18	CKD (chronic kidney disease) stage	Y	Y	11 11 11 11 11	HPI-13,14 HPI-15,16 HPI-17,18
14 15 16 17 18 19	CKD (chronic kidney disease) stage	Y	Y	11 11 11 11 11 11	HPI-13,14 HPI-15,18 HPI-17,18 HPI-19,20
14 16 17 18 19 20	CKD (chronic kidney disease) stage	Y	Y	11 11 11 11 11 11 11	HPI-13,14 HPI-15,18 HPI-17,18 HPI-19,20
14 15 16 17 18 19 20 21	CKD (chronic kidney disease) stage	Y	Y	11 11 11 11 11 11 11 11 11	HPI-13,14 HPI-15,16 HPI-17,18 HPI-19,20
14 15 16 17 18 19 20 21 22	CKD (chronic kidney disease) stage	Y	Y	11 11 11 11 11 11 11 11 11 11	HPI-13,14 HPI-15,16 HPI-17,18 HPI-19,20
14 16 17 18 19 20 21 22 23	CKD (chronic kidney disease) stage	Y	Y	11       11       11       11       11       11       11       11       11       11       11       11       11       11	HPI-13,14 HPI-15,16 HPI-17,18 HPI-19,20
14 16 17 18 19 20 21 22 23 24	CKD (chronic kidney disease) stage		Y	11       11       11       11       11       11       11       11       11       11       11       11       11       11	HPI-13,14 HPI-15,16 HPI-17,18 HPI-19,20

The HCC/RxHCC designations appear on the:

- Master GP
- IMO's code list where the HCC and RxHCC are displayed beside diagnoses.
- Assessment Template
- Plan Template
- <u>"Assessm ent into Problem List Pop-up</u>" (see below for how to use this function)

#### The Future of Coding

When you open the IMO function, you will see a list of diagnoses based on the abbreviation you typed or the name you typed in the assessment or chronic condition space. When that list is displayed, you can either select a diagnoses by clicking in the space to the left of the diagnosis. This will place the diagnosis in your record.



Or, you can click on the diagnosis itself which will launch the following window. This will tell you what the ICD-10 code would be for this ICD-9 Code and it will tell you what the SNOMED diagnostic name will be. In 2014, we will begin using the ICD-10 codes and in 2015, we will begin using the SNOMED nomenclature. Both are already built into the IMO program.

Note: SNOMED CT (Systematized Nomenclature of Medicine--Clinical Terms) is a comprehensive clinical terminology, originally created by the <u>College of American</u> <u>Pathologists</u> (CAP) and, as of April 2007, owned, maintained, and distributed by the International Health Terminology Standards Development Organisation (IHTSDO), a not-for-profit association in Denmark. The CAP continues to support SNOMED CT operations under contract to the IHTSDO and provides SNOMED-related products and services as a licensee of the terminology.

IMO Search Plus		×
Diagnosis Search		
powered by InO Problem(11)		_
Back to Search Results		
IMO Term:	CKD (chronic kidney disease)	
Preferred ICD-9-CM Code:	C 5859 Chronic kidney disease, unspecified	
Secondary ICD-9-CM Code(s):		
Additional ICD-9-CM Mapping(s):		
Preferred ICD-10-CM Code:	N189 Chronic kidney disease, unspecified	
Other Preferred ICD-10-CM Code(s):		E
Secondary ICD-10-CM Code(s):		
Busformed SNOMED CT.	Chronic renal impoirment 236425005 (creat match)	
Other SNOMED CT Code(c):	Chronic fenal impairment - 250425005 (exact match)	
Outer SIVOIVIED-CT Code(3).	128290005 (broader than)	
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Lexical Definitions:		
MeSH Maps:	Kidney Diseases	
	Kidney Failure	
	Renal Replacement Therapy	
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	Select	ancel

## Useof the "HCC Reviewed Today" Button

At the bottom of the GP Master, you will see a button entitled "HCC Reviewed Today".

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Metabolic syndrome	Y	Y	11		Fall Risk Asses	ament	04/05/2012	Radiology
Chronic renal disease, stage I	Y	Y	11	HP1-3,4	Functional Asse	sament	04/15/2010	Assessment
CHF (congestive heart failure)	Y	Y	11		Pain Assess	ment	04/16/2010	Hydration
Murmur			11	HPI-5.0	Stress Assess	spert	06/27/2011	
Initable bowel syndrome			11	-	Weilness Asses	sament	11	Nutrition
incentinence			11	HP1-7,8	Skeep Question	nnaire	- <i>H</i>	Exercise
Hypomagnesemia			11		Depression Se	creen	11	Plan
Vetopause			11	HP1-0.12	Karnofsky/La	insky .	11	Dimonstrum
Hot flashes			()		Palliative Parf	Scale		Frocedures
Diminished Mido			11	HPI-11.12	Braden Sci	sie	11	Chart Note
Insonnia			-0		FAST Assess	ment	11	
Rosacea			11	HPI-13.14	Clinic Perf	ormance N	Assures	
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			11	HP1-15,16	T Alergies			
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			11	HPI-17,18	E-Mai Note		HIPAA	
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		$ \rightarrow $	01	HP1/19,22	Vitals/Time			
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5	-		11		HCC Reviewed	Today	100	
			17		Last Reviewed 0.	2/25/2009		
1 <u>.</u>	-		11					
			22		Chronic Condition H	CC Score	0.9400	
	-				Chronic Condition R	HCC Sco	0.4010	
					Total Changels (1000)		LA SHE	

This button and the date beside it, gives you the opportunity to denote when you last did a thorough review of the patient's entire record and identified all of the HCC and RxHCC codes which apply to this patient. When you click on the button, a pop-up appears which states:

	HCC/RxHCC Review
	Last Updated/Reviewed 02/25/2009
By clicking "Ol information to	K <sup>o</sup> below, you acknowledge that you have reviewed all of the following and used the update the patient's chronic conditions to reflect all relevant HCC and RxHCC diagnos
	1. Lab Results
	2. Scanned Documents 3. X-Ray Reports
	4. Current Medications
	5. Hospitalization Reports 6. Past Medical History
Click "OK"	only if you have completed all of the above. Otherwise, click "Cancel."

If you have gone through the patient's entire record, identifying and validating all HCC

and/or RxHCC diagnoses, then you may click "OK" and it will indicate today's date as when you last checked that patient's chart thoroughly for HCC and/or RxHCC diagnoses. The following will further support the accurate identification, validation and verification of HCC/RxHCC codes:

- These charts will be reviewed at least once a year by our support staff and in some cases they will be reviewed more often.
- Every time a patient is in the hospital, the HCC/RxHCC lists will be updated.
- When you received correspondence from specialist or the results of procedures, you should update the HCC/RxHCC according to the validated and verified diagnoses.

With these steps the accuracy and completeness of SETMA's HCC and RxHCC Coding will be supported and sustained by:

- Provider attention to the ICD-9 Codes they select during a patient encounter.
- Providers adding additional diagnoses when they review tests and procedure results such as lab work, echo reports, etc.
- Hospital Service team adding diagnoses to the chronic problem list when a patient is discharged from the hospital.

#### Documentation Qualifying a Diagnosis for Inclusion as an HCC or RxHCC

Four steps are needed to meet the requirement to have CMS recognize a diagnosis as an HCC or RxHCC code in the treatment of your patient; they are:

- Establish that this diagnosis applies to this patient. There are several steps to this process: identify the diagnoses, verify, and validate it.
- Document the diagnosis in the patient's record in both the encounter assessment for the day in which it was added and in the Chronic Problem list on the patient's chart.
- Evaluate the problem at least once in the year prior to its qualification as an HCC or RxHCC. i.e., evaluate the problem in 2008 for inclusion as an HCC or RxHCC in 2009. Remember, there are four ways in which you can support your evaluation of each problem:
  - 1. By use of the Chronic Condition evaluation templates which launch from the Master GP
  - 2. By use of the Disease Management Tools which launch from AAA Home.
  - 3. By use of the "Detailed Comment" function which launches from the Assessment Template by clicking the button entitled "Detailed Assessment" in the second column of the Assessment template.
  - 4. By use of the Master GP Functions in a routine evaluation making certain to address history, physical, assessment, lab and procedures which relate to a particular problem.

• Report the diagnosis to the HMO and, via the HMO to CMS

The steps described above fulfill the requirements for steps one and two. The third step **(Evaluate the problem at least once in the year prior to the qualification as an HCC or RxHCC)** is met by using the two other columns which appear next to the Chronic Problem List and which are entitled "HCC Last Evaluated" and "HPI 1-2"

					Visit Type	Facility	Pay	or	10
Dottie Tes		52 Y	ears	F	200		XL	ife Insurance Co	Nursing
ief Complaints Com	ment				1	PCP	515		Histories
1						BP		/]	Health
e.						Pulse Pressure Temp	0	÷	Lab Results
						Pulse	1	ţ.	Ourselissesting
6						Resp		]	Questionnaire
						VVeight (lb)	2	1	HPI Chief
	100		_			Body Fat	45	1	System Review
ronic Conditions Archiv	e Re-Order	HCC F	t La	st Evaluated		BMR			Physical Exan
Diabetes mellitus without	t complicatio	Y	17	1	HPI-1,2	Cardiac Risk Ratio	0.00	<u> </u>	
Metabolic syndrome		Y	1	1		Fall Risk Asses	sment	04/05/2012	Radiology
Chronic renal disease, s	stage I	Y		1	HP1-3,4	FunctionalAsse	ssment	04/16/2010	Assessment
CHF (congestive heart f	ailure)	Y	1	1		Pain Assessr	nent	04/16/2010	Hydration
Murmur				1	HPI-5,6	Stress Assess	sment	06/27/2011	Nutrition
Irritable bowel syndrom	9		1			Wellness Asses	ssment	11	Notition
Incontinence					HP1-7,8	Sleep Question	naire	11	Exercise
Hypomagnesemia		- 5	1	1		Depression So	creen	11	Plan
Menopause	1			1	PI-9,10	Karnofsky/La	nsky	11	Procedures
Hot flashes	1		1	1		Palliative Perf	Scale	11	
Diminished libido			. /	1	PI-11,12	Braden Sca	ale	11	Chart Note
Insomnia				1		FASTAssess	ment		
Rosacea			. /	1	PI-13,14	Clinic Perf	ormance N	/easures	
	]		/	1		Alert	1		
			4	1	PI-15,18	Allergies	_		
				1		Comments	1		
			. /	/	PI-17,18	E-Mail Note	-	ΗΙΡΔΔ	
		-				Telephone	-		
				/	PI-19,20	Vitals/Time	-		
		-		/		Nursing Ho	ome Patier	nt	
1		-	- /	/		HCC Reviewed	Today		
						Last Reviewed 02	2/25/2009		
1		_		1		Chronic Condition H	CC Score	0.9400	
				1					

In order to qualify as an HCC or RxHCC diagnosis, your evaluation must have:

- a history (most often contained in the review of systems) and
- a physical examination relating specifically to that particular problem. In

addition, when it is appropriate:

- laboratory test and/or
- other procedures should be done at appropriate intervals,
- along with any consultations or

• treatments documented.

Finally, your evaluation should document:

- The diagnosis' status
- Medications ordered, reviewed or changed

Of course, these are steps you already take in treating a patient.

#### **Documentingthe "HCC Last Evaluated" column**

There two ways in which the third column, entitled "Last Evaluated," can be populated; one is manual and the other is automatic.

				Visit Type	Facility	Pay	or	Home
Dottie Test	52 Y	ears	F			XL	ife Insurance Co	Nursing
ief Complaints Comment				PI	CP			Histories
					BP Pulse Pressure	0		Health
					Temp		f.	Lab Results
					Pulse Resp			Questionnaire
					Weight (lb)	3		HPI Chief
	1				BMI Body Eat	45	1	System Review
ronic Conditions Archive Re	-Order HCC F	Last	Evaluated		BMR		-	Physical Exar
Diabetes mellitus without com	olicatio Y	11		HPI-1,2	Cardiac Risk Ratio	0.00		
Metabolic syndrome	YY	11			Fall Risk Asses	sment	04/05/2012	Radiology
Chronic renal disease, stage I	YY	11		HP1-3,4	Functional Asse	ssment	04/16/2010	Assessment
CHF (congestive heart failure)	YY	11			Pain Assess	ment	04/16/2010	Hydration
Murmur		11		HP1-5,6	Stress Asses	sment	06/27/2011	
Irritable bowel syndrome		11			Wellness Asses	ssment	11	Nutrition
Incontinence		11		HP1-7,8	Sleep Question	nnaire	11	Exercise
Hypomagnesemia		11			Depression Se	creen	11	Plan
Menopause		11		PI-9,10	Karnofsky/La	nsky	11	Desertance
Hot flashes		11			Palliative Perf	Scale	11	Procedures
Diminished libido		11		PI-11,12	Braden Sci	ale	11	Chart Note
Insomnia		11			FAST Assess	ment	11	
Rosacea		11		PI-13,14	Clinic Perf	ormance l	leasures	
		11			Aland	1		
		11		PI-15,18	Alen	_		
		11			Allergies	1		
		11		PI-17,18	Comments	-		
		11			E-Mail Note	-	HIPAA	
		11		PI-19,20	Telephone	_		
		11			Vitals/Time		4	
		11			I Nursing H	ome Patier	nt	
		11			HCC Reviewed	Today		
		11			Last Reviewed 0.	2/25/2009		
		11						
		11			Chronic Condition H	CC Score	0.9400	
	La La		2		Chronic Condition R	xHCC Sco	re 0.4010	

Manually, you can add the date of the encounter in which you completed a patient evaluation, which gave attention to the history, physical, lab and procedures related to a specific HCC or RxHCC.

Simply click in the space in the "HCC Last Evaluated" column, next to the Chronic HCC or RxHCC condition you have evaluated. A pop-up will appear which states:

NURSE HISTORIES H	EALTH QUIZES HPI ROS P.E. X-RAY ASSESS PLAN PROCS	Home
Dottie Test	Visit Type Facility Payor 52 Years F XLife Insurance Co	Nursing
Chief Complaints Comment	PCP	Histories
1	BP/	Health
2	Temp	Lab Results
4	Pulse	Questionnaires
5	Weight (lb)	HPI Chief
6	BMI Body Est 45	System Review
Chronic Hcc Review Single		Physical Exam
1 Diabe	2012	Radiology
3 Chro	onic Condition Last Evaluated	Assessment
4 CHF	2010	Hydration
5 Murm If you have completed an problem, you may click *	n evaluation today which addresses the history and physical related to this OK <sup>®</sup> and the date for "HCC Last Evaluated" will be updated to today's date.	Nutrition
6 Irritat		Exercise
8 Hypo		Plan
9 Meno	OK Cancel	Procedures
10 Hot fi		Chart Note
12 Insomnia	FASI Assessment	
13 Rosacea	/ / HPI-13,14 Clinic Performance Measures	
14 CKD (chronic kidney disease) stage	Y Y // Alert	
15	HPI-15,18 Allergies	
17	Comments	
18	E-Mail Note HIPAA	
19	Telephone	
20	Vitals/Time	
24	Nursing Home Patient	
21	HCC Reviewed Today	
22	Last Reviewed 02/25/2009	
24		
25	Chronic Condition HCC Score 0.9400	
	Chronic Condition RxHCC Score 0.4010	
	Total Chronic HCC/RxHCC Score 1.341	

If you have not completed an evaluation which is specific to this diagnosis, click "cancel" and either evaluate the problem another day, or complete the evaluation on this date; then return to this field to denote your work.

Once you have clicked "OK," today's date will be added indicating that this problem was evaluated today.

**NOTE:** Soon, another function will be added such that when you complete this step, the ICD-9 Code associated with the HCC/RxHCC which you evaluated will be added to your E&M Template for this visit.

The "HCC Last Evaluated" field can be automatically added if you use the Chronic-Condition-evaluation pop-up, which is launched by clicking in the third column, which is entitled, "HIP 1-2" etc. In addition, when you use this function that Chronic Condition will automatically be added to your E&M Evaluation.

Dottie	Test								All states
Las Participant	1 real	157	Years	1		12	XL	He Insurance Co	Tiniang
RELEASING MALES	Convent				⊖P				Histories
Contraction of the						BP	1	X	Health
						Tana Presson			Lab Results
						Puise			Questornaire
						Viveget (Ib)			HPIChef
						BMI Bootu East	44	2	System Review
and the second second	Section 1 The Property	ann	100.1			BUR	1000	2	The state From
Distriction melificity	without correlation	U.V.	VI	11	HPL12	Cardiac Risk Ratio	0.00		Physical Exam
Iletabolic avodror	18	V.	Ý	11	النفسا	Fat Rink Asses	ament	04/05/2012	Radiology
Chronic renal day	and, stage 7	÷.	Ŷ	11	HP1-2.4	Functional Asse	sament	54/16/2010	Assessment
CHF (congestive)	heart failure)	Y	Y	FT.	and the second second	Pain Assess	tree	04/14/2013	Workston
Murmur		-		11	HP1-8.6	Stress Assess	Inent	-06/27/2011	- (Janaissin
Initable bowel syn	udrone			11	Concernence of the second	Welness Asset	Inena	1111	Statreer;
Incontinence	AUX 8 0			11	HP1-7.8	Steep Questor	maire	1440 3	Exercise
Hypomagneseme	A			11		Depression Se	neen	JI	Flan
Henopeuse				11	HPL5.10	Karnofsky/La	tsky.		
Hot Realizes				11	Concernance of the	Polletive Perf	Scale	71	Procettares
Diminished Middo				11	HP1-11.12	Braden Sca	ske -	11	Chart Note
tracritis				11.	and a state of the	FAST Assess	ment	11	
Rosacies				11.	HP1-13.34	Cinic Perf	ormance l	Seasures	
8	1			11	Concernance of	Alast		eternie d	
2				11	HP1-16.18	Abertaite			
				11 -		Commente			
<u></u>				11	HP-17.18	F_blad binte	-	MON A	
				11.	all contraction of the	Telephone	-	interes.	
2				1.1	HP1-19-20	Vitais/Trive	-		
				11	_	Nutaria H	are Datar	*	
2				11.		HOC Reviewed	Today	<u> </u>	
		_		11	- 11	Last Reviewent   0	105/2008	-	
2		-		11	-0				
		-	-	11	- 1	Chunge Condition rel	CC Score	0.9400	
				<i>G</i> .		Changed Canaditase D	HODS	2.4010	

#### Using the Chronic Conditions Evaluation Function to Evaluate a Chronic Problem for Inclusion as an HCC or RxHCC

The Chronic Conditions Evaluation Functions are found to the right of the Chronic Conditions as displayed on the Master GP template.

unsi	marcella a	cond, tr	u	act 5		1044 Tone	Entite Factor	De		Bome
Dotte	Test	157	Years	10		Auto 18ba	a second		Life Insurance Co	liveng
of Consilars	Comment	100				R	2		0	Historics
1	and and a second						BP	New Y	M I	Health
1							Paine Pressure	0	1 m -	
1							Prine			LAD HESUES
2							Resp			Questornaires
2							Vireight (Ib)	_		HPIChef
							BMI .			System Review
		- Lander					BODY HAT	1000	-	
Contation mailter w	Prod completate	ncu V	Y I	//	1	HPL12	Cardiac Risk Ratio	0.00		Phylecial Exam
Netabolic syndrom		1 V	Y	11			Fat Risk Asses	anent	04/05/2012	Radiology
Chronic renal date	se, stage 7	Y	Y	11		HPI-2.4	FunctionalAsse	sament	54/16/2010	Assessment
CHF (congestive h	eart failure)	Y	Y.	11			Pain Assess	ment .	04/14/2013	Hydration
Hurmur		-		11.		HP18.8	Stress Assess	inent	-06/27/2011	
kritable bowel syn	drone			11		10000	Welhess Asses	Inerra	115	Statreen
Incontinence				11		HP1-7.8	Steep Question	naire	1110	Exercise
Нуратвравата	-			11			Depression Sc	1995	11	Plan
Hanopause		1		11.		HPL5.10	KamofskylLa	tsky.	11	Discontures
Hot Reation				11		and the second s	Polletive Perf 1	Scale	II	
Dimmished Wolds		_		11		HP1.11.12	Braden Sca	He .	11	Chart Note
tracrittia		_	$\rightarrow$	11	_		FAST Assess	леп	11	
Rosacies		_	-	11.	-	HP1-13.34	Cinic Perfs	ormanice	Nessures	
	-	-	+	11	_	ALC: NO. OF THE OWNER.	Alett	100		
		-	-	11	-	HP1-10.30	Abergies			
		-	$\rightarrow$	11	-	an start	Comments			
		-	+	11	-	rector (a)	E-Med Note		HPAA	
		-	-	11	-	HP1.19.20	Telephone		1	
-		-	-	11		Contraction of the local distance of the loc	Vtais/Tine	19.00	500	
-		-	+	15	-		Nutsing Ho	ome Pati	eret.	
-		1		11	-		HCC Reviewed	Today		
1		1		11			Last Reviewed 0.	1/25/200	9	
		1		11				200	and the second second	
1		1		11.			Change Condition ref	Scott	0.9400	
		Seat.					Chronic Condition Ro	000.50	2.4010	
							Total Chronic HCC/R	atter Se	1341	

When you click the HPI button in the fourth column next to the Chronic Conditions, the pop-up will have two Chronic Conditions on it.



You may evaluate one or both of these chronic problems. There is some redundancy which cannot be eliminated in the use of this function but it will make certain that your evaluation is specific to the problem with which you are dealing and that you have fulfilled the requirements for evaluating this problem.

The pop-up has a place for you to address the following elements of the Chronic Condition under consideration:

- Review of Systems
- Physical Examination
- Status
- Symptoms
- Pertinent Negatives
- Compliance
- Plans
- Instructions
- Follow-up

Chronic Condition 1	Review of Systems
Diabetes mellitus without com	
Statue	Fves
Status	HENMT
	Cardiovascular
Symptoms	Respiratory
	Gastrointestinal
	Genitourinary
	Musculoskeletal
	Integumentary
Pertinent Negatives	Neurologic
	Psychiatric
	Endocrine
	Hematology
	Physical Exam
Compliance	Constitution
Medications 🗌 Yes 🗌 No	Head/Face
Follow-Up 🗌 Yes 🗌 No	Eyes
Exercise 🗌 Yes 🗌 No	Ears
Diet 🗌 Yes 🗌 No	Nasopharynx
Plan	Neck/Inyroid
	Cardiovacional
	Breast
	Gl/Abdomen
	Genitourinany
Instructions	Rectal
	Back
	Musculoskeletal
	Neurologic
	Integumentary
Follow-Up	Psychiatric
	Foot
Deviewed Laboratory	
Reviewed Laboratory     Reviewed Medications	
in Reviewed medications	

The ROS and Physical Examination which you completed under the GP Master functions will automatically populate the Chronic Conditions evaluation function and will appear on your note for each of the systems you open in your evaluation of a Chronic Problem.

Review	v of Systems
	Constitution
	Eyes
	HENMT
	Cardiovascular
	Respiratory
	Gastrointestinal
	Genitourinary
	Musculoskeletal
	Integumentary
	Neurologic
	Psychiatric
	Endocrine
	Hematology
Physic	al Exam
	Constitution
	Head/Face
	Eves
E E	Ears
	Nasopharvnx
	Neck/Thyroid
	Respiratory/Thorax
	Cardiovascular
	Breast
	Gl/Abdomen
	Genitourinary
Ē	Rectal
	Back
	Musculoskeletal
-	Neurologic
	Integumentary
	Psychiatric
-	Foot
	1001

Soon, If you use the Chronic Condition evaluation function, each of the Chronic Conditions you so document will automatically be added to your E&M code without your having to do anything else.

#### Usingthe Disease Management Tools to Evaluate a Chronic Problem for Inclusion as an HCC or RxHCC

SETMA has designed Disease Management Tools for:

- Angina
- Asthma
- Headache
- Lipids
- CHF
- Hypertension
- Cardiometabolic Risk Syndrome
- Weight Management
- Chronic Renal Disease
- Weight Management

ODER!	ANT TOLE Patient	Greg	Test Jr	Sex //	Age 02	Patent's Co	de Status
	A-13	Hone Phone Work Phone Cell Phone	(409)555-5555 ( ) + (350)030-5409	Patient	has one	or more ale	nsl
	130-000				9	A Here IS VIEW AN	<u>118</u>
	STARS Program	n Measures	Pre-Vo	dPreventive Scr	eenina	Bridges to Ex	ellence
Preventive	Care	Template Se	utes	Disease Manag	ement	Last Updated	Special Functions
SETHAN	LESS Interve I	Hester GP	I	Debrits I		12/05/2012	Lab Present
Last Up	deted 05/39/2012	Pediatrica		Hypertension	Í.	12/05/2012	Lab.Future I
Preventio	ODatetes I	Tiursing Ho	ne I	Lioida I		05/23/2012	Lab Results I
Last Up	dated 06/13/2012	Ophthaimp	0.57	Acute Corpnan	EVA T	11/12/2010	Hydration I
Energy Constants	A HYDEGENERO 1	Physical Th	anane	Anone T		11/12/2010	Guitelines T
Case Case	Contract Technical	Bratastra		Asthma		02/07/2011	Pain Vanagement T
DC Mit Co	Audioation Review	Draumatel	1 Marcine 1	Cardiometabolic	Bai Sun T	63/23/2011	kromen läätilarsa
Nued	e Attentionif	<b>Medanitation</b>	<u>aa.</u>	CHE T	erranderseten in	12/04/2012	Reportable Conditiona
HERE	VAR BARS ACO	Hospital Car	ret:	Densing Lance		11	Information
Eldeny M	NORMON SUMMERY	Pinepitel Ca	re Summary I	MARGENEE ADAVAS	<b>1</b>		Charge Postog Tutarai
Exercise	4	Daily Progra	ras Note	THEOREMEN		11010010	Drug interactions I
CHERKS	The T	Adression	Drifers 1	Haneltanine	BANKEAAIN		EAM Coditio Recommendation
Ciebeta	Exercise I			Weight Manage	Tum	99/27/2010	Insules influsion
Patient's	Pharmacy	Pending	Referrals I				
Waillia	rt - Beaumont	Statua	Pronty	Rafleval	Referin	g Provider .	Chart Note
Phone	(409)/099-3617	Completed	Roytne	BETMA.	Non Set	that and	Return lete
Fax	(409)/899-4056	Completed	Routine	SETMA	Holy		Return Doc
0	Sheet - Arthur	Formation	Daltes	Ophthaimology	110740		Erial
-	to Sheet - New	Completed	Routes	Dermatology	Deipens		Telephone
	Sheet - Complete	Coperate	Delites	2-0	. Palates		Records Request
- HOA	anear - congrete	4				•	Transfer of Care Doc
1	Home Health						

The use of any of these Disease Management Tools will provide all of the documentation which is required to satisfy the evaluation of an HCC or RxHCC.

Once the disease management tool is completed for any of these conditions, the provider can manually update the "HCC Last Evaluated" with confidence. Eventually, we will have that update be automatic. Tutorials for each of the Chronic Disease Management Tools can be found one of three ways:

1. Clicking on the "T" next to name of the Disease Condition on AAA Home



You can then select the specific functionality or disease management tutorial which is desired.

Exercise	- Man then downed						
<ul> <li>Diabetes</li> </ul>	Clinical Library						
<ul> <li>Drug</li> </ul>	A New Document   Dupload Document	t   Stew Folder	Filter				
Interactions	Type Name	Nodfied	A Modified By	Chacked Out To			
Prescription	Policy - Coordination of Patient Care	6	8/19/2009 11:52 AM	SETMATRHOLLY			
Future Lab	Policy - Prescription Refile		8/19/2009 11:52 AM	SETMAIRHOUT			
Prevention	Policy - Returning Patient Calls		8/19/2009 11:52 AM	SETMALRHolly			
<ul> <li>Lab Results</li> <li>Mester GP</li> </ul>	Policy - Language Interpretation		8/19/2009 11:47 AM	SETMALRHolly			
<ul> <li>Medication</li> </ul>	Policy - Patient Education		8/19/2009 11:47 AM	SETMA\RHolly			
<ul> <li>Medicar</li> <li>Education</li> </ul>	1CD-9-CH Codes, CMS-HCC and Rx	HCC models2	6/23/2008 10:20 AM	SETMALRHolly			
Nursing Home     Guideliner	Work Flow Process		8/5/2005 3:46 PM	SETMA RHONY			
Procedures	Test Resulta, Communication of		8/5/2005 3:46 PM	SETMANRHolly			
-	Supplies, Procurement of		8/5/2005 3:45 PM	SETMALRHolly			
Disease Hanagement	Sample Medications		8/5/2005 3:45 PM	SETMA\RHolly			
Acute Coronary				(Documents	s 1 to 101 Next +		
<ul> <li>Angina</li> </ul>	and a strange state and a			TESSTINE	1912 238/0 = 21		
CHF     Chimner	Useful Clinical Websites	Products.			*		
Conditions	Inneliant Madical Report Canaus	Inpatient Electron	ic Bulletin Board - Inor	atient Medical Recon	d Census (INRC)		
<ul> <li>Diabetes</li> <li>Framinoham</li> </ul>							
Cardio	Swine Flu (S-QIV) Requisition Form	Houston Department of Health and Human Services Bureau of Laboratory Services					
Risk Hydration	😳 Swine Influenza Case Report Form	Texas Departmen Emerging and Acu	t of State Health Servic ite Infectious Disease t	ces Branch, MC 1960			
<ul> <li>Hypertension</li> <li>Linuts</li> </ul>				(Item	ns 1 to 3) Next +		
Metabolic	■ Add new link						
Nutrition	Clinical Announcements						
Pain Mgt     Sandkind	Body						
Cessation	New Medicare Beneficiary Exam						
<ul> <li>Weight Mgt</li> </ul>	The second	Sector and the sector of the s		100			

2. Or by going to SETMA's Intranet and clicking on "Clinical."

3. If you would like to study any of these Tutorials from a book, you check one out for loan for two weeks.

## Using the "Detailed Comment" Function to Evaluate a Chronic Problem for Inclusion as an HCC or RxHCC

The "**Detailed Comment**" was developed for the Hospital-daily-progress-note function in NextGen, but is also available to be used with the clinic note. At present, there are sixteen conditions for which we have developed "categories" for evaluation of chronic conditions.

To find the "**Detailed Comment**" function, go to the Assessment Template in the Master GP Suite of templates by clicking on Assessment in the SETMA navigation list.

			-					Nursing
Dottie lest	54	2 Years	IF.			XL	ite insurance Co	
ief Complaints <u>Comment</u>				PC	P] [	r	147 1	Histories
					Bulse Pressure	- 0	1	Health
					Temp		f:	Lab Results
					Pulse		ļ	Questionnaires
					Weight (lb)	3		HPI Chief
					BMI Body Eat	45	ł.	System Review
ronic Conditions Archive Re-Order	нсс	Rx La	ast Evalu	ated	BMR			Physical Exam
Diabetes mellitus without complicatio	Y	Y	11	HPI-1,2	Cardiac Risk Ratio	0.00		
Metabolic syndrome	Y	Y	11		Fall Risk Asses	sment	04/05/2012	E
Chronic renal disease, stage I	Y	Y	11	HP1-3,4	Functional Asse	ssment	04/16/2010	Assessment
CHF (congestive heart failure)	Y	Y	11		Pain Assess	ment	04/16/2010	Hydration
Murmur			11	HPI-5,6	Stress Asses	sment	06/27/2011	
Irritable bowel syndrome			11		Wellness Asse:	ssment	11	NUTRION
Incontinence			11	HPI-7,8	Sleep Question	naire	11	Exercise
Hypomagnesemia			11		Depression Se	creen	11	Plan
Menopause			11	HPI-9,10	Karnofsky/La	nsky	11	Deserves
Hot flashes			11		Palliative Perf	Scale	11	Procedures
Diminished libido			11	HPI-11,12	Braden Sci	ale	11	Chart Note
Insomnia			11		FAST Assess	ment	11	
Rosacea			11	HPI-13,14	Clinic Perf	ormance l	leasures	
			11		Alart	1		
			11	HPI-15,16	Alleraise	_		
S			11		1 Allergies	1		
		5 - S	11	HPI-17,18	- Comments	-		
			11		E-Mail Note	-	HIPAA	
			11	HPI-19,20	Vitale/Time	_		
0			11		Vitais/Time	 ama Dation		
		6 - S	11		i Nursing n		n	
			11		HUC Reviewed	Today		
			11		Last Reviewed 0	2/25/2009		
			11		01			
			11		Chronic Condition H	VC Score	0.9400	
					strong gonation re			

This step launches the Assessment Template. At the top of the second column of this template, there is a button entitled "**Detailed Comments**".

PDM NURSE HISTORIES	HEALTH	QUIZES	HP	I R	OS P.E	X-RAY	ASSESS	PLAN	PROCS	5		
Acute Assessments	Statu	IS						Chief Con	nplaint	ts		
			Use	Chron	ic							Master GP
			Use	Chron	ic							Nursing
	<u> </u>	!	Use	Chron	ic			<u> </u>			-11	Histories
	<u> </u>		Use	<u>Chron</u>	<u>ic</u>			i			-11	Health
	<u> </u>		Use ( Use (	<u>Chron</u>	ic						-11	Questionnaires
	Í		Use	Chron	ic							HDI Chief
		_	se	Chron	ic	A	ute HCC Sci	ore		0.0		
Additional Acute Assessments	Detailed Co	mments				A	ute RxHCC	Score	-	0.0		System Review
Chronic Conditions Archive Re-O	rder Statu	us	нсс	Rx		То	tal Acute Sci	ore		0.0		Physical Exam
Diabetes mellitus without complication			Y	Y	HPI - 1,	2 🔽						Radiology
Metabolic syndrome	<u> </u>		Y	Y						0.0400		Plan
Chronic renal disease, stage I	<u> </u>		Y	Ŷ	HPI - 3,	4 Cr	ronic HCC S	core		0.9400		Dracaduraa
CHF (congestive heart failure)	<u> </u>		Ŷ	ľ		Cr al	ronic RXHCC	Score	-	0.4010		Procedures
Irritable bowel syndrome	<u> </u>			$\vdash$	HET SU	То	tal Chronic S	Score		1.341		Chart Note
Incontinence	<u> </u>			$\vdash$	HPL-72	8						
Hypomagnesemia	i —			$\vdash$		_				0.5200		
Menopause	<u> </u>				HPI - 9,1	o  HC	C Not Assse	essed This Y	ear	0.5300		
Hot flashes	í –					- Ro	HCC Not As	ssessed This	s Year -	0.2930		
Diminished libido					HPI -11,1	2 To	tal Not Asse	ssed This Ye	ar	0.8230		
Insomnia												
Rosacea					HPI - 13.							
CKD (chronic kidney disease) stage			Y	Y			Assess	sments into	Prob	lem List	1	
	L				HPI - 15	5						
	<u> </u>						General	comments				
	<u> </u>			$\vdash$			1					
	<u> </u>											
	<u> </u>			$\vdash$								
				$\vdash$								
	<u> </u>						Chronic (	Jondition C	omme	ents		
	<u> </u>			$\vdash$								
	i —											
	í –											

Depressing this button launches the following screen:

	Assessme	ent Comments	Return
Diagnosis	ategory	Plan/Comments	Additional Diagnoses
		1	

In the left hand column, the conditions on the Acute Assessment of the current encounter will appear. If there are more than 8 diagnoses, the additional ones can be found by clicking on the "Additional Diagnoses" button at the top right of the template

	Assessme	ent Comments	Return
Diagnosis	Category	Plan/Comments	Additional Diagnoses

Under the title "Categories", if you click in the empty box beside the diagnoses you wish to evaluate for an HCC or RxHCC, you will launch a pop-up with the current 16 conditions for which the evaluation tool exists.

Picklist Category	×
Altered Mental Anemia Angina CHF D-Dimer, Eleva Dehydration Diabetes Hyperkalemia Hypertension Hypokalemia Hyponatremia Malnutrition Pneumonia Post Surgical Respiratory Fai Syncope	Status ited
	Close

If you then select the "Category" which corresponds with the HCC or RxHCC diagnoses which you are evaluating, a template will appear which will allow you efficiently to complete the evaluation of the condition.

For instance, if you are evaluating Diabetes, and if you click on the diagnosis of Diabetes in the list of conditions under "Category," the following will appear:

rogress Diabetes		Di Li	<u>,</u>
Blood Pressure Highest Blood Sugar (Last Current Diet Change Diet To T	Daily Progress r HgbA1C 7 Diabetes v 24 Hours) Blood sug Ketosis pr	Note Diabete Mean Plasm well controlled? C Yes C No ar improving? C Yes C No esent? C Yes C No	Assessment  Laboratory Orders  BMP C-Peptide HgbA1C Lipid Panel Micral Strip Townils
Review of Systems       Gastrointestinal       Constipation       Diarrhea       Diarrhea       Nausea       Vomiting       Endocrine       Hyperkalemia       Hypercalcemia       Hypercalcemia       Hypernatremia       Polydipsia       Polydipsia	Cardiovascular     Chest Pain     Difficulty Breathing     Peripheral Vascular     Coldness of extrem     Coldness of extrem     Cyanosis     Intermittent Claudic     Peripheral Edema     Statis Ulcers     Varicose Veins	a + ·	<ul> <li>Inyroid Profile</li> <li>Urinalysis</li> <li>Urine, 24 Hour Protein</li> <li>Procedures</li> <li>Pneumovax</li> <li>Flu Shot</li> <li>Medications</li> <li>Begin Aspirin, 325 mg</li> <li>Continue Aspirin</li> <li>Insulin dosing changed</li> <li>Medications reviewed for Diabetes</li> <li>Medications reviewed for Hypertension</li> <li>Consults</li> <li>Endocrinology consult ordered</li> <li>Endocrinology consult report reviewed</li> <li>Smoking cessation discussed</li> </ul>

You can then quickly and effectively evaluate that problem and that evaluation will appear on your chart note. Also the ROS section will be automatically populated with your previous ROS, as will the vital signs and the appropriate laboratory results.

Having completed the evaluation of this "category," you can return to the Master GP template and put today's date in the "HCC Last Evaluated" box. Eventually, we will make that notation automatic as well.

If there are multiple HCC or RxHCC codes which you wish to evaluate; you just repeat this process for each one.

# Using the Master GP to Evaluate a Chronic Problem for inclusion as an HCC or RxHCC

It is obvious that it is possible to do a global evaluation of a patient utilizing the elements of the Master GP suite of templates. Such a global evaluation, if it contains the elements of history, physical, assessment and plan for each of the HCC and/or RxHCC codes, will suffice for the requirement of documenting such an evaluation.

#### Associating Medications with the RxHCC Risk Diagnosis in the EMR Medication Module

#### Introduction

In NextGen's Medication Module, it is possible to associate the patient's medications with the specific diagnosis for which the medication is prescribed. Some day, I suspect, the standard of care in medicine and perhaps even the law of medicine will require this to be done.

The idea behind RxHCC is that the conditions so designated have an increased cost of care because of the chronic need for one or more medications to treat the condition.

One of the problems with this association, as far as the functionality of NextGen is that once the visit in which the medication prescribed is locked, in order to create this association, you must renew the medication.

Thus, it is helpful, when it is possible, and I understand and accept the fact that we are already asking for a great deal to be added to your workflow, it is ideal to make this association at the time that you add a medication for the treatment of an HCC or an RxHCC diagnosis.

#### Steps to Completing the Association of a Medication with a Diagnosis

From the Master GP template, click on the Assessment button in SETMA's list of navigation buttons.

				Visit Type	Facility	Pav	or	Home
Dottie Test	52	2 Years	s F	Visit Type	Concy	XL	ife Insurance Co	Nursing
ief Complaints Comment	1			P	CP			Histories
on outplaints outplaintent					BP		]/[]	Health
					Pulse Pressure	0		I ah Deputte
					Pulse	5	<b>1</b>	Eub Results
					Resp	2		Questionnaire
					Weight (lb)	2		HPI Chief
					BMI Redu Est	45		System Revie
and Conditions Archives Do Order	1100	D. 1			BMP	40	-	
Disbetes melitus without complication	TU		ast Evalu		Cardiac Risk Ratio	0.00		Physical Exar
Metabolic syndrome	V	Y	11	10.1 1.2	Fall Risk Asses	sment	04/05/2012	Dadiology
Chronic renal disease stage I	Y	Y	11	HPI-3.4	Functional Asse	ssment	04/16/2010	Assessment
CHE (concestive heart failure)	Y	Y	11		Pain Assess	ment	04/16/2010	Hudrotten
Murmur	÷	H	11	HPI-5.6	Stress Assess	sment	06/27/2011	nyuration
Irritable bowel syndrome	-		11	-	Wellness Asses	ssment	11	Nutrition
Incontinence			11	HP1-7,8	Sleep Question	naire	11	Exercise
Hypomagnesemia			11		Depression Se	creen	11	Dian
Menopause	-		11	HPI-9,10	Karnofsky/La	nsky	11	-
Hot flashes			11		Palliative Perf	Scale	11	Procedures
Diminished libido			11	HPI-11,12	Braden Sci	ale	11	Chart Note
Insomnia			11		FAST Assess	ment	11	
Rosacea			11	HPI-13,14	Clinic Perf	ormance I	Mageuree	
			11		Carrier Ciri	I	licusures	
			11	HPI-15,16	Alen			
N			11		1 Allergies	1		
			11	HPI-17,18	Comments	_		
			11		E-mail Note	-	HIPAA	
			11	HPI-19,20	Vitale/Time	-		
			11		Nursing H	 ome Patier	nt	
			11		HCC Reviewed	Today		
			11		Last Reviewed	2/25/2000		
	_		11		Last Reviewed 0	2123/2009		
			11	_	Chronic Condition H		0.9400	
			11		on one condition n	00.00016	0.0400	

At the second column on the Assessment template midway down the screen, you will see a button entitled "Assessments Into Problem List."

Acute Assessments	Status				Citief Complain	eta .	
2	<u> </u>	1101	20184	8			Master GP
<u>.</u>		1145	har	<b>1</b>			Nursing
		lan i	2111	£			Hatories
	-	lee.	Sata 1	5	1		Heats
			2000				Guestonester
·· · · · · · · · · · · · · · · · · · ·		ine i	This is	2			Guessonares
		ine i	nee		Acute HCC Scere	0.0	HPIChef
Additional Acute Assessments Der	and Carming	1960		7	Acute RoHCC Score	0.0	System Review
Chronic Conditions Atthics Ba-Crular	Status	Reit.	Ra		Tetal Acute Score	0.0	Physical Exam
Diabetes mellius without complicate		×.	Y.	HPL+12 V			Radiology
Metabolic syndrom		¥.	¥.	Numero Contra		Contraction (1)	Fites
Chronic renal Goesse, stage 1		Y.	Y.	HP1-14	Ehronic HCII Scene	0.3400	
CHF (congestive heart failure)		Y	Y.	and the second se	CNIONIC RXHOC SERVE	2.4910	Procedures
Warnue		_	-	HPI-1.0	Tetal Christic Scote	1.341	Chart Note
artabe bower synarsine		-	-	1000.711			
Recentlence 1		- 21	-	Herris			
Negotragneterna 3		-	-	LE	HCC Not Assoessed This Year	4.5386	
Hot fasher		-	-	SCHENE	ReffCC Not Assaulted The Ves	0.2000	
Connated Bats		-	-	6491.001.12	Total first Assessed Time Vision	1 4252	
Inspiration			-		Industria Assessed this real		
Russes			-	HP1-13			
CRD (chronic killingy disease) stage		Y.	Y	COMBLE-	Annual state of the Des	New York	
				HPL-16	Assessments into Pro	Digitit Lines	
			_		General Comments	_	
					1		
() ()		- 77	-				
S							
					Chronic Condition Comm	ents	
5 B							
2		1.1					
12		1			1.2		

When you click on the "Assessments Into Problem List" button, the following screen appears:

Proh	emco	nv	Gn
1100	ienneo		uμ

	HCC Riek			HCC Ris
Acute Assessments	Category	Chi	onic Assessments	Categor
			COPD	
		Γ	CHF Diastolic Chronic	
		Γ	Hyperten Malig Essential	
			DM Type II W/O Comp Controlle	
			MI Acute NOS	
		F	Urinary Incont Stress Male	
		Γ	Abd Pain Rebound Tender LLQ	
		Г	Abd Pain Rebound Tender RLQ	
			HHD/CKD Benig 5 ESRD CHF	HCC
		Г	AA Urea Cycle Metabolism Distubar	RxHCC
		Γ	Aortic Valve Insufficiency Congenit	24
			Abd Pain LUQ	
		Γ	Abd Rigidity LUQ	
		Γ	Bariatric Surgery Status Post	
		Γ	HHD LVH Benign CHF No	RxHCC
			Abd Pain Generalized	
			Abn Bowel Sounds (Absent)	
-	1		Castric Malia Neon Greater Cur	HCC

x

As you can see this displays both the Acute Assessments and the Chronic Problems and identifies the diagnoses which are HCC and RxHCC, as well as those which are not, in this last case by the absence of a designation.

At the top of the pop-up which is launched by this step, which is entitled **"Copy Assessments to Problem List Module"**, you will read the following note:

Select the boxes ne	ext to the diagnoses listed t	below to copy them to Problem List modu	le.
Acute Assessments	HCC Risk Category	Chronic Assessments	HCC Ris
		CHF Diastolic Chronic	
-		Hyperten Malig Essential	-
- 1		DM Type II W/O Comp Controlle	
		MI Acute NOS	
		Urinary Incont Stress Male	
		Abd Pain Rebound Tender LLQ	
-		Abd Pain Rebound Tender RLQ	
		HHD/CKD Benig 5 ESRD CHF	HCC
		AA Urea Cycle Metabolism Distubar	RxHCC
		Aortic Valve Insufficiency Congenit	
		Abd Pain LUQ	
		Abd Rigidity LUQ	
		Bariatric Surgery Status Post	
		HHD LVH Benign CHF No	RxHCC
		Abd Pain Generalized	
		Abn Bowel Sounds (Absent)	
-	- · · · ·	Castric Malia Neon Creater Cur	HCC

In order to increase efficiency, I would recommend transferring only HCC and RxHCC diagnoses to the Problem List Module. Once you have done this, you can review the **Problem List Module** by clicking on the center icon at the right hand bottom of the Main Tool Bar. This is the icon which has a "scroll with Dx" in the center of it.



When you click on this icon, it will display your **Diagnostic Problem List**.

E Contracture Shoulder (71941)			÷.,	New
03/02/2018 08:56 AM				Smart
Renal Stage III Chron Disease (5853)     B 3/02/2010 08:56 AM				Clean
<ul> <li>Bx Hyperten Malig Essential (4010)</li> <li>03/02/2010 08:55 AM</li> <li>12/02/2009 08:14 AM</li> </ul>			100	Becur
				Detenv
Code:		Stetus:	er Cherg	v.
Location:	×	Severity:		v
Provider:	-	Onset		-21
Notes		Diagnosed:		2
		Resolved:		- 1

There are two categories on this list: unresolved and resolved. There are also five buttons to the right of the screen:

- New this allows you to add a diagnosis as a new problem from this function but I recommend the custom solution SETMA has devised.
- Save this makes your selection permanent
- **Clear** this removes the status, severity, onset, diagnosed, resolved field at the bottom right of the Problem List template
- **Renew** this is used to reactivate a problem from the "resolved" column to make it "unresolved" again
- **Delete** this deletes a selected diagnosis from the Problem list.

				Nau
De Contracture Shoulder (71841)				<u>Id</u> ew
03/02/2010 08:56 AM			_	Save
📄 🛱 Renal Stage III Chron Disease (5853)			-	
03/02/2010 08:56 AM				<u>C</u> lear
E - Kyperten Malig Essential (4010)		E		
U3/U2/2010 U8:56 AM			ŀ	<u>R</u> ecur
			_	
E-D-DM II Benal Manifestat Control (25040)				<u>)</u> elete
03/02/2010 08:56 AM				
- I2/02/2009 08:14 AM				
12/02/2009 08:29 AM				
09/13/2011 01:28 PM				
Erign Essential (4011)				
E Convulsions Seizures (78039)				
03/04/2011 10:01 AM				
Exam Well Adult (V700)				
09/24/2010 03:04 PM				
i i <b>□-□<sub>x</sub></b> DM Type II W/O Comp Controlle (25000)		-	r	
Encounter Date:		🗖 No Known I	Diagno	ses
Code:	Status:			-
		,		
Location:	Severity:			<b>–</b>
Provider:	Onset:			2
Notes:	Diagnosed			
*	Resolved:			2

Once you understand the function of the Problem List feature, you are ready to take the step of associating medications with the problem for which they were prescribed.

Click on the Medication Module icon, which is the bottom left icon of the nine icons at the bottom of the Main Tool Bar.



In the top window, you will see a list of the medications the patient is on. At the very bottom, you will see a window which is entitled "**Problem**."

0.000	NextGe	n •(	Grid Preferences				52 year Old	Female Weighin	ng 225.00 lb   102.06 Kg Not eligi
Le	et Audit	Status	Medication Name	8		Generic Name	Start Date	Stop Date	Sg
- Status / 4	Active (+ it	tems)							
•		Active	Borryn 150 mg Ta	6		BARORONATE SOOTLAN	04/14/2010		10000000
		Active	Lisinophil 10 mg 7/	6		LISTNOPRIL	07/12/2010		Take 1 by mouth every morning
		Active	Motron 800 mg Te	Ы		IBUPR OPEN			
		Active	Robitusan Cough	Congestion 10 mg-	23	GUAIFENESIN/D METHORPHAN HB			per va
Status; 1	nective (6	6 items)							
		Inective				MISCELLANEOUS MEDICAL SUPPLY	05/02/3007	02/03/2009	
		Inactive	Actos 15 mg Tab			PIOGLITAZONE HCL	08/00/3009	04/12/2010	1 cap po qd
		Inactive	Abuterol Sulfate	ER Sing 12 hr Tab		ALBUTEROL SULFATE	04/01/2009	03/02/2010	
		bractive	Ambien Sing Tab			20LPIDEM TARTRATE	03/01/2010	04/12/2010	201000000000000000000000000000000000000
		Diactive	Arthratec 50 50 r	lg-200 mcg Tab		DICLOFENAC SODUM/MESOPROSTOL	09/10/2008	02/03/2009	
		Inective.	ASA-acetaminoph	en-salicylate-caffel.	m)	ASA/SALICYLAM/ACETAMINOPH/CAPP	04/23/2012	05/04/2012	take 1 tablet by oral route, every 6 hours
		Inective	Appir-8181 mg Tr	è		ASPERIN		04/12/2010	1 QHS per Dr Sotolongo
		Inactive	Azenite 1 % Eyel	Drope		AZITHROMIYCIN	11/13/2008	02/03/2009	1 (R) god
		Inactive	Azithromycin 500	mg IV Solution		AZITHROMIYCIN	04/01/2009	12/02/2009	
		Inactive	Boniva 150 mg Ta	b		IBANDRONATE SODDJM	04/01/2009	04/07/2009	g month
get-		Inerite	Barrius 150 mm Ta	h		TRANDONISTI SCICILIAN	64/06/1100	17/02/2005	n month
Boniva 1	50 mg T	ada Maria Sig	• 🕘 senew •	neaccons + OI	300	• 11 Education + Lose hange	N Deer 13 b	gibiny LB mean	Encounter is Locked
Quantity:	0	Units		Refills: 0		Dispense As Written	Accept	Cancel	
Start.	04/14/20	010 Stop	12/17/2512 •	Duration:		Prescribed Estenhere Ste			
Comments;	This field Any add added ui	d is for nonclinica blonal clinical ine ning the Additiona	l comments to the pha tructions for this prosec l'instructions' segmen	mexiat lphon should be of the Sig Bolder		Problem: Add			
Provider	Aziz, Mult	ummad T MD							
Location:	Southeau	it Texas Medical A	esociates						
Not	add N	ote ::							
Formulary Da	ata:						· · · · · ·	-	
Last Renews	et :	Turnets	Henewed F	ul History		Disperse His	tery <u>Additions</u>	Prescription Detail	

If the visit in which that medication was prescribed is not locked, just below "Problem" there will be an "Add" followed by an ellipsis (this is the three dots in a row, such as ...).

CO UN CA	NextGen	· e	) und Preterences			52 year ok	I Female Weigher	ig 225.00 lb   102.06 kg Not eligit
Les	rt Audit	Status	Medication Name	i ia	Generic Name	Start Date	Stop Dete	59
E Status A	ctive (+ iter	ms)-						
10		Active	Boteve 150 tog Tal	6	BIAKREMATE SOULH	04/14/2010		1000
		Active	Lisinopril 10 mg Ta	6	LISINOPRIL	07/12/2010		Take 1 by mouth every morning
		Active	Motron 800 mg Tak	1	IBUPR OPEN			
		Active	Robitusan Cough-	Congestion 10 mg	GUAIFENESIN/D-METHORPHAN HB			per va
🖻 Status; îr	nective (66	iteris)						
		Inective			MISCELLANEOUS MEDICAL SUPPLY	05/02/3007	02/03/2009	
		Inactive	Actos 15 mg Tab		PIOGLITAZONE HCL	08/30/3009	04/12/2010	1 cap po qd
		Inactive	Albuterol Sulfate B	SR 8 mg 12 hr Tab	ALBUTEROL SULFATE	04/01/2009	03/02/2010	
		Inactive	Ambien Sing Tab		ZOLPIDEM TARTRATE	03/01/2010	04/12/2010	000000000000000000000000000000000000000
		Inactive	Arthrotec 50 50 m	g-200 mcg Tab	DICLOFENAC SODUM/MISOPROSTOL	09/30/2008	02/03/2009	
		Inective	ASA-acetaminoph	en-salicylate-caffei	ASA/SALECYLAW/ACETAMINOPH/CAPP	04/23/2012	05/04/2012	take 1 tablet by oral route, every 6 hours
		Inective	Appr-8181 mg Ta	è .	ASPIRIN		04/12/2010	1 QHS per Dr Sotslongs
		Inactive	Azenite 1 % Eye I	hope	AZITHROMYCIN	11/13/2008	02/03/2009	1 (R) god
		bractive	Azithromycin 500	ng IV Solution	AZITHROMYCIN	04/01/2009	12/02/2009	
		Inoctive	Boniva 150 mg Tal	b	IBANDRONATE SODDJM	04/01/2009	04/07/2009	g month
245		Traction	Barries 150 me Tal	h	TRANSPORTE SPICE AN	64,00,7100	17/17/2005	n annth
Prescribe	New 16h	Print 🙀 Erx 🔸	🧸 Renew 🔸 🖉 In	teractions + 🕘 Sto	ap 🔸 💮 Education + Dose Range	> Delete [ 🛛 🛛	igibility 📑 Medic	ation History
Boniva 15	50 mg Tal	ь		2414				Encounter is Locked
Si⊈ q mont	th Remove	Sig						
Quantity:	0	Units:		Refills: 0	Dispense As Written	Accept	Cancel	
Start.	04/14/201	0 Step	12/17/2512 -	Duration:	Prescribed Brewhere Ster			
Comments:	This field Any addition added unit	is for nonclinical onal clinical inst og the Additional	comments to the phai luctions for this prescr instructions: segment	naciat (plior should be of the Sig Bollder	Problem: Add			
Provider:	Aziz, Muha	rmad T MD						
Location:	Southeast	Texas Medical As	rociates					
Nole Formulary Da	<ul> <li>Add Not</li> <li>da</li> </ul>	<u>81</u>						
Last Renewed	d.	Times	Renewed Fi	ill History	Disperse His	tory Additions	I Prescription Detail	1

If the ellipses is not present, click on the "**Renew**" medication button and the ellipses will appear.

	a sugar	1963 a.C.	and a constraint of the second s		Printed William	Figure 10 and 10	This Date	-
Las	ragar	States	Pedication Net		Cenerc (serve	SOM'T Diete	2400 CHAM	94
D Statute A	cove (+ ker	6)	and the second second		where the second s	a water and		
		4(1)(	formal 151 mg 1	ah	DATERCANTE STOLE	04/14/2518		a north
		Actor	Denopris 30 mg 1	ab	LISINGERIL	07/12/2010		Take 1 by mouth every maning
		ALTIVE	Petro dos egita	•	25.PROPEN			
12002	Sec.	ALTYE	Rabitueen Cough	-Congestion 12 mg	GUAPENESP(D-VETHORPHAN HE			per va
m. Naute: to	ames (se o	ceres)				1000000	in the loss	
		21aCDVB			MISCELLANEOUS MEDICAL SUMPLY	05/02/2007	02/03/2009	1000000000
		Inactive	A0500 15 Htg Tab	Commences and	PIOGLITAZONE HOL	08/10/2009	04/12/3010	1 cap po git
		Bhactive	Albuterol Sulfate	ER 8 mg 121# Tab	ALBUTERIOL SULFATE	04/01/2009	03/02/20 10	
		itactive	Antien 5 ng Tak		ZOLFEXEM TARTRATE	03/01/2010	-04/12/2030	4111332000000000000000000000000000000000
		Inactive .	Arthyphec 50 50	ng-200 mg Tab	DECLOPENAC SODELM/MESOPROSTOL	09/30/2008	02/03/2029	
		Inactive	ASA-acellaminopi	hen-salcylate-ceffst	ASA/SALICYLAR(ACETAMINOPH/CAPP	04/21/2012	05/04/2012	take I tablet by one router every 6 hour
		Directive	Aspe-8181 egT	ab	ASPOUN		04/12/2010	1 QHS per Dr Sotolongo
		Inactive	Azasite 1 % Eye	Örops	AZTHROMIVCEN	11/13/2008	62/03/2009	1 (R) god
		Inactive	Azitwonivch 500	I ing IV Solution	AZTHROMICIN	04/01/2009	12/02/2009	
		Inactive	Boniva 150 mg T	eb.	BLANDRONATE SOCOLM	04/01/2009	94/07/2009	\$ mon@1
		Traction	Rockes 190 per 7	*	BANERCHATE SOOT M.	04/09/00/09	12/02/20098	a month
	1.1.1.1.1.1				15			228 C 1 1 2
Prescribe !	New Old S	Print Ing Exc	di Renew + 1	nteractions • 🔗 Sto	op • 📳 Education • Dose Range	× Delete EB	igibiity 🔝 Medic	ation History
Boning 16	Il ma Tak							Excounter is Locked
DOBINI 12	u mg ) oc	2						
20 2100	to Plemove :	99.:						
Quanty,	0	Unite		Refile: 0	Chaparme Aa Vinitian	Accept	Carcel	
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Provider	Azz. Muhammad T MD							
Location	Southeast T	incas Medical Ap	acciates					
	Total Maria							

Click on the ellipses button and a the patient's problem list will appear to the left.

shiert Candilian		Last Aust	Datus	Markington Name	Canattic Name	Shart Date
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Contraction State 71541			Active	Motrin 803 erg Tab	BLEROFEN	1/159/10
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MEPERICINE HCL 2	2/25/2005 DEMERCE	Bunive 150 me 1	ab.			Max. daily does
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		1 ant Batament 12/17/	2017 Times	Remark 1 Fulliparty Callin	shale Distance His	Attend Pa
		commentation of the		Callenger Southers	State State State	and the second s

Find the diagnosis which is being treated by this medication and double-click it. You may select more than one if you like. You will see that diagnosis appear in the Problem window.

NEW COMPANY							
			Lest Audit	Status	Medication Name +	Generic Name	Start Date
Diagnosis Code	Date		Status: Active (4	(tems)			
Unresolved			->		Berrine 192 mg Tale	TRANSFERRATE SCORUM	12/17/2012
HE Dantolic Ac. 4283	8			Active	Lisinapril 30 mg Tab	LISDVOPRIL	07/12/2010
ontracture Shou 7184	1			Active	Motoin 800 mg Tab	INUPROPEN	
owulatona Seiz 7803'	5 3/4/2011			Active	Robitusin Cough-Congestion 10 mg	QUAIFENESIN/D-METHORPHAN HB	
OPD 496	9/13/201	1 1	Slatus: Inactive (	67 items)			
M 8 Renal Ma 2504	0			Inactive		MISCELLANEOUS MEDICAL SUPPLY	05/02/2007
M Type II W/O 2500	a			Inactive	Actors 13 mg Teb	PEOGLITAZONE HO.	08/10/2009
M Type II W/O 2500	£			Inactive	Albuterol Sulfate ER 8 mg 12 hr Tab	ALBUTEROL SULFATE	04/01/2009
M Pre-Dab Or 7902	10			Inactive	Anthen Sing Tab	ZOLPIDEM TARTRATE	05/01/2010
oam Well Adult V700	5/24/201	0		Inactive	Arthyptec 50 50 mp-200 mcg Tab	DICLOFENAC SODELM MESOPROSTOL	09/10/2008
entric Ulcer Acu 5310	8			Inactive	ASA-acetaninsphen-salicylate-caffei	ASA/SALICYLAM/AGETAMINOPH/CAFF	04/23/2012
HD/CKD Benig 4041	5			Inscitute	Appr-8181.mg Tab	ASPORDN	
perten Berlign, 4011	5/13/201	1		Inactive	Agasite 1 % Eve Droos	AZITHROMYCIN	11/13/2008
and an Half of Think				Inactive	Authromycin 500 mg TV Solution	AZTTHROMYCEN	04/03/2009
	and the second	and the second second		Inactive	Bankva 190 mg Tab	IBANDRONATE SOOUM	04/01/2009
ed.	Unset	Convert	11.475	Institut	Rookus (190 mn Tab	TRANSPORTATE STOCK M	n4/ns/mne
INDROCODONE BIT	4/16/2010 4/16/2010	VICODIN	Prescribe New	- Print - Erx -	🗿 Revense i - 🖉 Interactions i + 🍰 Sto	np 🔹 🎧 Education 🔹 Dove Range 🛛	Colete 🔄 Eli Max, daily do
AEPERIDINE HCL	2/25/2009	DEMERCI	Bonivo 150 mg	l ab			and the second se
RESERVATIVE FREE ROPOXYPHENE NAPSY ULFALENE	2/25/2009 (3/2/2010 3/6/2009	DEMERIO DARVOCI	Sig gmonth Rem Quentity: 0	ve Sic • Unta	• Settla: 0 •	Dispense As Writen	Accept
RESERVATIVE FREE ROPOXYPHENE NAPSY RULFALENE	2/25/2005 (3/2/2010 3/6/2005	DARVOCI	Sig ¢ month <u>Ram</u> Quantity: 0 Start: 12/1	ve Sig v Units 7/2012 v Stop	• Refila: 0 •	Dispense As Written	Accept
RESERVATIVE FREE ROPOXYPHENE NAPSY ULFALENE	2/25/2009 13/2/2010 3/6/2005	DEMERO DARVOCI	Sig gmonth Rem Quantity: 6 Start: 12/1 Comments: This for Any ad active	Vin Sic Vinta 7/2012 Stop of in for methological driven clinical imbro ming the Austronal (	Refila: 0     .      12/77/2012 • Derston: 0	Dispense As Writen Prescribed Bisewhere Site Problem Problem View.	Accept
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PRESERVATIVE FREE PROPOXYPHENE NAPS1 SULFALENE	2/25/2025 (	DEMERO DARVOCI	Sig gmonth Rem Quentity, 5 Start: 12/12/1 Comments: The fin Ally 30 active: Provider: [Holly, 4 Location: SETMA Note 600] Formulary Data	stan Sig • Unda 17/2012 • Siep I bl de for remotioned a thorear clanationed a singe the distanced singe LMD - 47 Edita	Reflix 8     In 12/17/2012      Durgtion 9     In 12/17/2012      Durgtion 9     In 12/17/2012      Durgtion 9     In 12/17/2012      Durgtion 9     In 12/17/2012      In 12/17/2012     In 12/17/201      In 12/17/2012     In 12/17/201      I	Dispense As Writen Prescribed Disewhere Site Poble Problem View. Convolsions Seizures (78038) COPD (496)	Accept

We are able to report this information and with it completed in the EMR, it will make an audit on HCC and/or RxHCC, so far as the medications are concerned, a breeze.

Definition: the HCC and RxHCC coefficients are a numerical designation by CMS of the relative value of a particular ICD-9 code. In general, when the coefficients are used for payment, a total of 2.0 or higher is where the greatest value is gained.

HCC and RxHCC code documentation and analysis are important for a number of reasons:

- In Medicare Advantage programs, the patient care given become eligible for enhanced payments based on these scores. In that patients such as ESRD and Renal Dialysis are treated at a loss by the MA programs, a loss which can be several thousand dollars a month per patient, it is important to recover as much of that revenue as it possible, in order to make the programs viable.
- 2. In ACOs, risk stratification, such as HCC and RxHCC will be considered in the calculation of revenue savings.
- 3. In the CMS study in which SETMA recently participated, Fee-for-Service Medication beneficiaries cost-of-care calculations were made with risk adjustment by HCC and RxHCC.
- 4. The payment model for care coordination in the Medical Home Model of Care for FFS Medicare will be calculated on the basis of the standard of Medical Home achieved, i.e., Tier 1, 2 or 3, and whether or not the aggregate of the HCC and RxHCC coefficients total 2.0 or higher.

For an explanation of HCC and RxHCC consult SETMA's Tutorial at <u>http://www.jameslhollymd.com/Tutorial\_HCC\_RxHCC\_Risk.cfm</u>. (To review copy and paste this address into your internet explorer.)

The key to SETMA's success with HCC and RxHCC was the deployment of a robust ICD-9 Code List with HCC and RxHCC code status denoted in the code list. Recently, SETMA upgraded our code list with the IMO data base (www.e-imo.com). IMO has organized the 15,000 ICD-9 codes with multiple descriptions, creating a database of over 100,000 codes. IMO has also solved the ICD-10 code problem which has 150,000 codes and also has solved the problem of the SNOMED nomenclature. This means that many of the major problems facing healthcare problems are solved with a reasonably priced solution. Because of the number of ICD-9 code descriptions listed by IMO's product, when ICD-10 is adopted, SETMA providers will already be accustomed to searching through virtually the same number of codes making the transition very simple.

#### IMO Now Being Used

As will be seen below, SETMA's use of IMO allows us to do the following:

- 1. Identify all HCC and RxHCC codes, showing those codes which are HCC, RxHCC or both.
- 2. Identifying the coefficient value of each code, i.e., each HCC and each RxHCC is assigned a value which is represented by a number such as .3210.

When the IMO search engine is launched in the Assessment step of the documentation of a patient visit, the description of the diagnosis is typed in. The entire diagnosis is not required but only a key word or series of letters.

The ICD-9 Code is displayed. In front of the description is the denotation as to whether or not the diagnosis is an HCC and/or an RxHCC. Following the ICD-9 Code, the is a another number which is the HCC and/or RxHCC coefficient. When all of the ICD-9 Codes' HCC coefficients are added together the aggregate HCC Code Coefficient is determined.

IMO Search Plus	>
Diagnosis Search	
esrd Search IMO 100 -	
O R Rx ESRD (end stage renal disease) (5856) 0.368	
<b>C P</b> ESPEC (and stage round discuss) on dailysts (2020) U.368	
C R SECTIVE (end-stage renal disease) due to SLE (7100) (specify) 0.540	
C R R ESED needing dialysis (5856) 0.269	
C R R ESPD on hemodialysis (5856) 0.368	
C R R ESED on peritoneal dialwrig (5856) 0.368	
R Ry Hypertensive CKD, ESRD on dialysis (40391) (specify) 0.368	
<b>O B By</b> Benjan hypertension with ESRD (end-stage renal disease) (40311) (specify) 0.368	
B By Diabetes mellitus with ESRD (end-stage renal disease) (25040) (specify) 0.508	
O <b>R</b> By Malignant hypertension with ESRD (end stage renal disease) (40301) <i>(specify)</i> 0.368	
O R By DM type 2 causing ESRD (25040) (specify) 0.508	
C R Rx Hypertensive heart and CKD, ESRD on dialysis (40492) (specify) 0.368	
C R Ry Hypertensive heart and CKD, ESRD on dialysis, w CHF (40493) (specify) 0.368	
C R R Hypertensive heart disease with ESRD (40492) (specify) 0.368	
C R R Hypertensive heart failure with ESRD (40493) (specify) 0.368	
🔿 🖪 💀 Hypertensive kidney disease with ESRD (end-stage renal disease) (40391) <i>(specify)</i> 0.368	
🔿 🖪 💀 Malignant hypertensive CKD w ESRD on dialysis (40301) <i>(specify)</i> 0.368	
🔿 🖪 🍢 Pulmonary hypertension associated with ESRD on dialysis (4168) <i>(specify)</i> 0.41	
C R 💀 Uncontrolled diabetes mellitus with ESRD (end-stage renal disease) (25042) <i>(specify)</i> 0.508	•
Select Cano	el I
	<u> </u>

#### Upgrades to SETMA's HCC and RxHCC Solution

Two recent improvements have aided SETMA in improving our HCC and RxHCC compliance.

- 1. At the suggestion of Scott Anthony, CFNP, all ICD-9 Codes in a patient's chronic problem list, which are HCC or RxHCC are highlighted in "red."
  - a. As the code is assessed each year, making it elibible for payment by CMS, the ICD-9 code is turned to "black." This means that on January all ICD-9 Codes which are HCC or RxHCC will turn to "red," as none of them would have been assessed for the current year.
  - b. On December 31<sup>st</sup>, most and hopefully all of those codes will be "black" indicating that they have been assessed for the year.
- 2. With the deployment of IMO and the identification of the HCC and RxHCC coefficients, three numbers will now appear;
  - **a.** Summation of HCC and RxHCC coefficients for all valid diagnosis in the patient's **chronic problem list**
  - **b.** Summation of the HCC and RxHCC coefficients for all diagnoses in the **acute assessment for the current visit**
  - c. Summation of the HCC and RxHCC coefficients which have not been assessed for the current calendar year.

#### **Examples of Real Patients**

The following screen shots illustrate the deployment of the **red color** and the **three new numbers which result from the aggregation of HCC and/or RxHCC coefficients.** Remember, all of these will not total to the same number. When two HCC codes, or two RxHCC codes are in the same Hierarchical Code Category (HCC), only the diagnosis with the highest coefficient will be counted toward the coefficient aggregation.

This means that the total codes available to be assessed by an evaluation of the ICD-9 codes in the chronic problem list, minus the codes assessed in the current visit, may not match the aggregate of the code coefficients which remain to be assessed. This is true for two reasons:

- 1. Some codes will have been assessed in previous visits.
- 2. All of the codes will not be paid by CMS because there be two or more codes in the same Hierarchical Code Category.

#### The following illustrate the above.

The following is the **Master GP template**. It illustrates that in the list of chronic conditions the HCC and RxHCC codes are noted. Also, there are functions for documenting that the codes have been assessed for the year.

In the right, lower corner the aggregate of the coefficients are totaled for:

- 1. Chronic Condition HCC
- 2. Chronic Condition RxHCC
- 3. Total for the two

	PDM NURSE HISTORIES HE		•	QUIZES HPI	ROS P.E.	X-RAY ASSESS	PLAN PROCS	Home
					Visit Type	Facility	Payor	Nursing
					Acute	SETMA I	Texan Plus Classic	
	Chief Complaints <u>Comment</u>				P	CP James    H	folly	Histories
1	weakness					B	P 128 / 66	Health
2	COPD					Pulse Pressure	62	Lab Results
3	anxiety					Pulse	9 e 92.00	Oursetimestimes
4						Res	p 20	Questionnaires
5						Wt. Ib:	s 150.00	HPI Chief
6						BM 	1 24.26	System Review
	Chronic Conditions Re-Order	нсс	Rx	Last Evaluate	d	Body Fa	at 1516	Physical Exam
1	Lipid HDL Deficiency Familial/		Y	09/20/2011	HPI-1,2	Cardiac Risk Ratio	0.96	
2	Spine, Backache NOS			11		Fall Rick Ass	essment 09/07/2011	Radiology
З	Hyperten Benign Essential		Υ	03/31/2011	HPI-3,4	Functional As:	sessment 09/07/2011	Assessment 🏴
4	Lipid Hyperlipidemia NOS		Υ	08/11/2011		Pain Asses	sment 09/07/2011	Hydration
5	PVD Unspecified	Υ	Υ	03/31/2011	HPI-5,6	Stress Asse	essment 09/19/2011	Nutrition
6	DM II Renal Manifestat Uncontr	Υ	Υ	03/31/2011		Wellness Ass	essment 09/19/2011	
7	Shoulder Rotator Cuff Frozen Shoule			08/24/2011	HPI-7,8	Clinic Pe		Exercise
8	Anxiety and depression		Υ	11			informatice measures	Plan 🏴
9	COPD	Y	Υ	03/31/2011	HPI-9,10	X Ale	ert	Procedures
10	H/CKD Benign CKD 1-4 Or Unspe		Υ	11		Aller	gies	
11	Retina NPDR DM Nonpro Retinopath		Υ	11	HPI-11,12	Comm	nents	Chart Note
12	Renal Stage I Chron Disease		Υ	08/11/2011		E-Mail	Note	
13	Sodium Hyponatremia Hyposmolal			11	HPI-13,14	Telepi	hone	
14	Osteoporosis Unspecified		Υ	11			/Time HIPAA	
15	Allergic Rhinitis NOS			08/11/2011	HPI-15,16	l Nursi	ing Home Patient	
16	Monitor Insulin Long Term Curr	Y	Υ	11				
17	Joint Pain Unspecified			11	HPI-17,18			
18	Oxygen Therapy Long Term Use			11		HCC Reviewe	ed Today	
19	Monitor Steroids Long Term Cur			11	HPI-19,20	Last Reviewed	09/19/2011	
20	COUGH ON ACEI			11				
21	MI Acute NSTEMI 2011			11		Chronic Condition	HCC Score 1 7530	
22	CAD to Cx Cardiac Angioplasty PTC.			11		Chronic Condition	Ded 400 Grame 1.48	
23	Intolerant to Ace Inhibtor		<u> </u>			Chronic Condition	TXTLC Score	
24				11		Total Chronic HCC	RxHCC Score 3.2330	
25				11				

The following is another example of the same template and shows the difference in the two patients.

	PDM NURSE HISTORIES H	EALTI	но	QUIZES HPI	ROS P.E.	X-RAY ASSESS	PLAN PROCS	Home
					Visit Type	Facility	Payor	Nursing
I.					Check up	SETMA I	Texan Plus Classic	
	Chief Complaints <u>Comment</u>				P	CP John \\	/ardiman	Histories
1	hypertension					BF	0 104 <b>/</b> 92	Health
2	hyperlipidemia					Pulse Pressure	12	Lab Results
3						Pulse	e 69.00	
4						Resp	0 18	Questionnaires
5						Wt. Ibs	s 265.50	HPI Chief
6						BM	1 39.31	System Review
	Chronic Conditions Re-Order	нсс	Rx	Last Evaluate	d	Body Fa	2255	Physical Evan
1	COPD	Y	Y	11	HPI-1,2	Cardiac Risk Ratio	1.01	
2	Bipolar Disorder Unspecified	Y	Υ	11		Fall Risk Ass	essment 10/05/2011	Radiology
3	Hyperten Benign Essential	1	Υ	05/18/2011	HPI-3,4	Functional Ass	sessment 10/05/2011	Assessment
4	Neuro Multiple Sclerosis	Y	Υ	11		Pain Asses	sment 10/05/2011	Hydration
5	Tobacco Use History Of	1		11	HPI-5,6	Stress Asse	essment 07/21/2011	hutrition
6	Renal Stage I Chron Disease	Y	Υ	11		Wellness Ass	essment 07/21/2011	
7	Lipid Hyperlipidemia NOS		Υ	11	HPI-7,8	Clinic Re		Exercise
8	Restless Leg Syndrome			11		Cirric Po	i formarice measures	Plan 🚩
9	Neuropathy Peripheral Unsp(elbow)	Y	Υ	11	HPI-9,10	Ale	ert	Procedures
10	Spine Backache NOS			11		Aller	gies	
11	Pain Chronic Syndrome			11	HPI-11,12	Comm	ients	Chart Note
12	Muscle Spasm			11		E-Mail	Note	
13	OA Unsp Local Or Gen Knee			11	HPI-13,14	Telepi	hone	
14	Aorta Aneurysm Unsp No Rupt	Y		11			/Time HIPAA	
15	Metab Cardiometabolic Risk Syn			11	HPI-15,16	l_ Nursi	ing Home Patient	
16	Anemia Unspecified			11				_
17	Elev C-Reactive Protein			11	HPI-17,18			_
18	DM Impaired Fasting Glucose			11		HCC Reviewe	ed Today	
19	CAD Mid RCA distal CX Vesse			05/18/2011	HPI-19,20	Last Reviewed	02/10/2010	
20	Cardiac Angioplasty PTCA Stent			05/18/2011				
21				11		Chronic Condition	HCC Seere 2 3620	
22				11		Chronic Condition	Dullos Grave 1 8400	
23						Chronic Condition		
24						Total Chronic HCC	RxHCC Score 4.202	
25				11				

The following template is from a real patient's **Assessment**. It shows the ICD-9 codes which are HCC and/or RxHCC Codes and which have not been assessed for the year in "red."

The box outlined in "green" shows three groups of numbers:

- From the Acute Assessment, the HCC and RxHCC aggregated coefficients are shown and then the two are totaled
- From the Chronic conditions, the HCC and RxHCC aggregated coefficients are shown and the two are totaled.
- From a review of all visits for the calendar year, the HCC and/or RxHCC aggregated coefficients which have not been assessed for the year are denoted.

PDM NURSE HISTORIES	HEALTH QUIZE	S 😶		05 P.E. X	K-RAY <u>ASSESS</u>	PLAN PROC	s	
Acute Assessments	Status					Chief Complair	nts	
Hypertension	Control, well			Detai	iled Comments	lipid		Master GP
Hyperlipemia	Control, well					blood pressure	check	Nursing 🎴
Prostate cancer		_				CVA		Histories
		-						Health
		_				í		Questionnaires
		_			Acute HCC Sco	re	0.2080	HPI Chief
Additional Acute Assessments	J				Acute RxHCC S	core	0.3300	System Review
Chronic Conditions <u>Re-Order</u>	Status	нсс	Rx		Total Acute Sco	ore	0.5380	Physical Exam
Hyperten Benign Essential			Y	HPI - 1,2				Radiology
CVA Paralytic Synd Nondominant		Y						
Onychia Of Toe				HPI - 3,4	Chronic HCC So	core	2.343	Plan
Heliobacter Pylori					Chronic RxHCC	Score	0.6970	Procedures
Hemiplegia Unspec Nondominant		Y	Y HPI - 5,6					Chart Note
Lipid Hyperlipidemia NOS			Υ		Total Chronic S	core	3.04	
Bunion Bunionette				HPI - 7,8				
OA, Local Gen Pelvic/Thigh Reg					HCC Not Research	and This Veer	2 1 3 5 0	
Spine, Stenosis Spinal Unsp				HPI - 9,10	FICC NOL ASSSE	sseu mis rear	0.6270	
Amputation Toe Great		Y			RXHCC NOT Ass	sessed This Yea	r_0.5570	
PVD Extermity Arterial Bypass		Y	Y	HPI -11,12	Total Not Asses	ssed This Year	2.6720	
Carotid Artery Sten W Infarct			Y					
Prostate cancer		Y	Υ	HPI - 13				
DM (diabetes mellitus) with complica		Y	Υ		Accase	mente into Prol	olom Liet	
				HPI - 15	Hastas	mente into PIO	Join List	
	í –				General C	omments		

The last template is one which reflects what we hope all patients' records look like. It is also from the Assessment template:

- All chronic conditions are in "black" which means that all HCC and/or RxHCC have been assessed for the year and are qualified to be submitted for payments.
- And the aggregation of the HCC and RxHCC coefficients shows that none need assessment for this year. However, on January 1<sup>st</sup>, all will turn red and all will be show as needing assessment.

Acute Assessments	Status					Chief Complain			
Fredrickson Fype IV (Hopertpainte	1			204	upor Comments Lipit Mget			Master GP	1
Retinopethy, hypertensive, ladh eye					* Disbetes Management		greet	Nureino	1
Sleep apres, obstructive						Hisetension Mg	et.	LEMUSAS	1
Hyjerteholot		- 18						14610,009	-1
Multiple scienasis	-							Field()	4
DM (datetes melitus) type 8 control							-	Guestionneres	1
	-				Abute HCC Sc	ore .	7.107	HPLOWE	1
Latitional Acute Assessments					Abute RuHCC	Score	1.2090	System Review	1
Strunic Conditions	Status	HOC	16		Total Acute Se	UTE .	2.3160	Physical Exem	1
Lipid Hyperlaidenia NOS			Υ.	1.1175-112			11 - 11 - 11 - 11 - 11 - 11 - 11 - 11	Parking	1
Hypotheroidize Unspecified			Y.	and the second			and the second second		4
Neuro Multiple Scienatiz		- Y	Y.	HTT-24	Owner HCCS	icore	1.47%	Pan	4
DM & Norvel Mantheatab Control	-	· Y.	Y.	1000000	Chronic RoHC	C Score	1.3680	Processes	4
Sleep Aprea Organic Other				1071-3.8			Change 1	Chart Hote	1
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With the use of IMO, when ICD-10 is deployed in 2014, all of these functions will work equally well.

### Medical Decision Making in Evaluation and Management Coding & Contrasting E&M Codes with HCC/RxHCC Risk By James L. Holly

This study examines an implied relationship between **Evaluation and Management Codes** (E&M) and the **Hierarchical Code Categories** (HCC) which has two sections the HCC Risk and the RxHCC. The first is based on the diagnosis and is the result of the Center for Medicare and Medicaid's judgment that caring for a patient with a specific diagnosis is costlier. All ICD-9 diagnostic codes were organized into 189 categories of which 89 were chosen for additional reimbursement. Therefore, if a patient is actively being treated for a specific diagnosis, which is an HCC, a higher payment will be made. The RxHCC refers to the diagnosis but in regard to the pharmaceutical support required to care for a patient with a particular diagnosis. If a patient has an RxHCC code a higher payment will be made.

In general, there are more RxHCC diagnoses than HCC. Almost all HCC diagnoses are also RxHCC, but most RxHCC are not also HCC. The additional payment for HCC is significantly higher than for RxHCC, but because there are more RxHCC diagnoses, generally the greater total value to the practice will come from RxHCC. They should not be ignored. Initially, the HCC system only had value to Medicare Advantage programs but with the advent of Accountable Care Organizations, their value has spread. Ultimately, payments for Patient-Centered Medical Home will be based on a risk-adjusted evaluation of the practice's population of covered lives. The foundation of that risk adjustment will be the HCC program, making it valuable in Medicare Advantage, Accountable Care Organizations and in Patient-Centered Medical Home.

A detailed explanation of the HCC system is given at the following link: <u>http://www.jameslhollymd.com/Tutorial\_HCC\_RxHCC\_Risk.cfm</u>

#### **Evaluation and Management Codes**

The most critical aspect of proper E&M coding is the determination by the provider of the **Complexity of Medical Decision Making**. There are four levels of this Decision Making. SETMA's deployment of the E&M Code Calculator, which was created by SETMA without reference to any previously or subsequently published calculator, incorporates all of the elements of E&M coding such as number of systems addressed in the ROS, in the Physical examination, Personal and Family history, disease management tools, etc.

At the following link: <u>http://www.jameslhollymd.com/Tutorial\_E\_and\_M\_Codes.cfm</u> you will find SETMA's tutorial for the E&M code determination. This tutorial is also accessible from the Evaluation and Management Template which is deployed from the Plan Template.

Details of the proper selection of E&Ms are given there. Because Medical Decision

Making is such an important part of E&M coding, and because the HCC and RxHCC system establishes the relative risk of at he complexity of the care a patient requires, we will review the Medical Decision Making aspect of the E&M coding. There are four Medical Decision Making Categories associated with each of four E&M codes: Straight Forward (99212), Low Complexity (99213), Moderate Complexity (99214), and High Complexity (99215).

#### Medical Decision Making in the Selection of E&M Codes

The following are screen shots of SETMA's E&M tutorial referenced above. They give the details of Medical Decision Making. There are two principles of E&M Coding which are inviolable:

- 1. If you do not have a chief complaint, you do not have a visit with Medicare. The exceptions to this are the new wellness assessment which is being paid for by Medicare and the provision for the evaluation of two or more chronic conditions qualifying for a 99213 or 99214 visit.
- 2. The driver of the distinction between each of the four E&M codes is Medical Decision Making. The application of this principle is that if the Medical Decision Making is "straight forward," no matter how extensive a review of systems or physical examination you do, you cannot get to a 99214 or 99215 visits.

As a general concept, 99215 visits in a clinic will be a very low percentage of a clinic's E&M codes.

#### Straight Forward (99212)

Example of "Straight Forward" Office Visit								
Level of Risk								
Minimal								
Presenting Problem(s)								
1. One self-limited or minor problem (e.g. cold, insect bite, tinea coporis)								
Diagnostic Procedures(s) Ordered								
1. Laboratory tests requiring venipuncture 2. Chest X-Ray								
3. ECG/EGG 4. Urinalvais								
5. Ultrasound(e.g. echocardiography)								
6. Kon prep								
Management Option(s)								
1. Rest 2. Gargles								
3. Elastic bandages 4. Superficial dressings								

As you review the Medical Decision Making criteria for a 99213 visit, you will see that most visits in a multi-specialty clinic will result in virtually no 99212 visits. The step from 99212 and 99213 is very short. In addition, it is possible to begin seeing the correlation between HCC and E&M. If a patient has an HCC coefficient aggregate score above 0.75, they are certainly going to have at least one "stable chronic illnesses such as well-controlled hypertension, or diabetes," etc. And, if either of those are not well-controlled, you quickly go in your management, with proper documentation from a 99213 to a 99214.

If any one of SETMA's disease management tools is used effectively, the 99213 visit is reached and if two of them or used, the 99214 visit is reached. This requires that the tool be used effectively but it is an efficient process.

#### Low Complexity (99213)

Example of "Low Complexity" Office Visit
Level of Risk
Low
Presenting Problem(s)
1 Two or more self-limited or minor problems
<ol> <li>One stable chronic illness (e.g. well-controlled hypertension, non-insulin dependent diabetes, cataract, BPH</li> <li>Acute uncomplicated illness or injury (e.g. cystitis, allergic rhinitis, simple sprain)</li> </ol>
Diagnostic Procedures(s) Ordered
<ol> <li>Physiologic tests not under stress(e.g. pulmonary function tests)</li> </ol>
2. Non-cardiovascular imaging studies with contrast (e.g. barium enema)
3. Superficial needle biopsies
4. Clinical laboratory tests requiring arterial puncture.
o, okiii biopsies
Management Option(s)
1. Over-the-counter drugs
2. Minor surgery with no identified risk factors.
3. Physical therapy
4. Occupational metapy 5. I.V. fluids w/o additives
o hudo tro dourros

As stated, the step from a 99212 to a 99213 visit is very short. The step from a 99213 to a 99214 is slightly longer but still a relative short step. Again, relating E&M to the appropriate and necessary evaluation and treatment of a patient with multiple HCCs and/or RxHCCs diagnoses, which diagnoses result in a coefficient-aggregate score over 1.00, to the Medical Decision Making criteria for a 99214 visit, shows that patients with this level of risk will most often result in a visit with an E&M code of 99214.

It should be possible, therefore, to compare an individual provider's E&M code distribution with the mean of his/her HCC coefficient aggregates. The higher the HCC coefficient aggregates the higher one should expect the E&M code distribution to be.

Reviewing the Complexity of Medical Decision Making for the 99214 visit below, it is seen that going from a 99213 to a 99214 involves the evaluation of two or more chronic conditions. Remember, all of this is dependent upon your having evaluated an adequate number of systems review and systems in physical examination. Whether you have or not will be told to you by SETMA's E&M Code calculator.

#### Moderate Complexity (99214)



Moving from 99212 to 99213 and from 99213 and 99214 in regard to Complexity of Medical Decision Making is relatively easy. Now, however, the step from a 99214 to a 99215 is a huge leap. It is possible to make this leap, as in the case of malignant hypertension with exacerbation, COPD with exacerbation, CHF with exacerbation, etc, but it will be rare.

#### High Complexity (99215)

Exa	ample of "High Complexity" Office Visit
Level of Risk	
High	
Presenting Problem(s)	
<ol> <li>One or ore chronic illi</li> <li>Acute or chronic illine pulmonary embolus, potential threat to sel</li> <li>An abrupt change in</li> </ol>	nesses with severe exacerbation, progression or side effects of treatment. isses or injuries that may pose a threat to life or bodily function (e.g., multiple trauma, acute severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with for others, peritonitis, acute renal failure) neurologic status (e.g., seizures, TIA, weakness, or sensory loss)
Diagnostic Procedures(s)	Ordered
<ol> <li>Cardiovascular imagi</li> <li>Cardiac electrophysic</li> <li>Diagnostic endoscop</li> <li>Discography</li> </ol>	ng studies with contrast with identified risk factors plogical tests ies with identified risk factors
Management Option(s)	
1. Elective major surger 2. Emergency major sur 3. Parenteral controlled 4. Drug therapy requirin 5. Decision not to resus	y (open, percutaneous, or endoscopic) with identified risk factors. gery (open, percutaneous, or endoscopic) substances. g intensive monitoring for toxicity citate or to deescalate care because of poor prognosis.

#### HCC and E&M Correlations

Because SETMA's electronic patient record displays whether a diagnosis is an HCC, an RxHCC or both, and because our system aggregates the coefficients for all of the diagnoses which are documented in a patient's care, it is possible for a provider to know on each patient he/she treats:

- 1. The coefficient aggregate for the acute diagnoses documented for each visit.
- 2. The coefficient aggregate for the Chronic Diagnoses documented for each patient.
- 3. The coefficient aggregate which has not been evaluated on a patient for the current year.

#### The following tables contrast:

- 1. Medicare Fee-for-Service HCC/RxHCC coefficient aggregates with Medicare Advantage HCC/RxHCC aggregates
- 2. Medicare Fee-for-Service contrasted with Medicare Fee-for-Service E&M Code distribution by provider name.
- 3. All Payers HCC/RxHCC aggregates contrasted with E&M Codes

The following is a contrast between Medicare FFS and Medicare Advantage's Mean HCC/RxHCC coefficient aggregates and their standard deviations. It can be seen that Medicare FFS coefficient aggregates are significantly lo0wer than the Medicare Advantage Coefficients.

The question is, "Is this because the populations are significantly different?," or is it because we have not been as effective in capturing HCC/RxHCC for Medicare Fee-for-Service patients?. Now that SETMA is participating in an ACO, where patients are also risk stratified as to cost and revenue attributed to that group of patients, we need to make sure that we are being as effective in FFS as in MA.

	Medic	are FFS		Medicare Advantage					
Acute HCC/	RxHCC Score	Chronic HCC	/RxHCC Score	Acute HCC/	RxHCC Score	Chronic HCC	/RxHCC Score		
Average	Deviation	Average	Deviation	Average	Deviation	Average	Deviation		
0.905	0.312	1.897	1.027	0.933	0.415	2.429	1.248		
1.113	0.884	1.820	1.230	1.209	0.864	1.907	1.125		
0.741	0.512	1.853	1.159	0.884	0.591	1.731	1.104		
0.555	0.479	1.568	1.127	0.772	0.653	1.841	1.231		
0.989	0.323	2.040	1.018	1.178	0.434	2.749	1.268		
0.501	0.455	1.127	0.880	0.616	0.542	1.373	1.091		
0.515	0.475	1.131	1.108	0.742	0.567	1.550	1.126		
0.555	0.480	1.355	1.010	0.880	0.688	2.054	1.442		
0.421	0.309	1.019	0.698	0.655	0.512	1.756	1.152		
0.673	0.471	1.293	1.064	0.690	0.463	1.644	1.507		
0.483	0.381	1.329	0.883	0.705	0.594	1.667	1.276		
0.606	0.514	1.499	1.038	0.937	0.736	2.018	1.286		
1,197	0.760	1.742	1.123	1.404	0.815	2.082	1.323		
0.557	0.427	1.072	0.828	0.780	0.596	1.516	1.054		
0.222	0.194	1.110	0.825	0.597	0.639	2.017	1.151		
0.950	0.607	1.586	1.045	0.912	0.655	1.852	1.228		
0.839	0.605	1.159	0.894	1.172	0.784	1.850	1.238		
0.349	0.262	0.849	0.671	0.629	0.543	2.043	1.383		
0.612	0.493	1.506	1.171	0.765	0.617	1.884	1.306		
0.761	0.879	1.842	1.384	0.675	0.481	1.606	1.052		
0.889	0.572	1.045	0.850	0.998	0.732	1.307	0.941		
1.053	1.017	1.636	1.334	0.905	0.708	1.550	1.109		
0.495	0.452	1.201	0.975	0.604	0.513	1.556	1.122		
0.803	0.559	1.364	0.893	0.944	0.654	1.640	1.025		

The next display is of Medicare Fee-for-Service coefficient aggregates both for acute diagnoses which have been evaluated at a visit and the chronic diagnoses which represent the patient's problem list for which he/she is being treated. Later, this is contrasted with the E&M code distribution for each provider.

By implication, we think there is a correlation between the acute diagnoses' HCC/RxHCC coefficient aggregate and the E&M code. The higher the HCC/RxHCC coefficient aggregate for the acute visit, the higher it is reasonable to expect the E&M coding to be, IF the documentation is present in the record related to two or more chronic conditions.

1	Acute HCC/RxHCC Score		Chronic HCC	/RxHCC Score	1	Distribution of	f E&M Charge	5
	Average	Deviation	Average	Deviation	99212	99213	99214	99215
	0.905	0.312	1.897	1.027	0.0	8.1	91.8	0.1
	1.113	0.884	1.820	1.230	0.0	66.4	33.6	0.0
	0.741	0.512	1.853	1.159	2.5	71.0	25.5	1.0
	0.555	0.479	1.568	1.127	0.3	66.3	33.3	0.1
	0.982	0.322	2.036	1.025	1.1	59.3	39.6	0.0
	0.501	0.455	1.127	0.880	0.0	65.6	34.4	0.0
	0.515	0.475	1.131	1.108	0.0	52.1	47.9	0.0
	0.555	0.480	1.355	1.010	0.1	0.8	94.9	4.2
	0.421	0.309	1.019	0.698	0.2	67.8	31.9	0.0
	0.673	0.471	1.293	1.064	1.8	94.5	3.6	0.2
	0.483	0.381	1.329	0.883	1.2	63.7	31.9	3.1
	0.606	0.514	1.499	1.038	0.2	80.8	19.0	0.0
	1.197	0.760	1.742	1.123	0.0	1.6	96.7	1.6
	0.557	0.427	1.072	0.828	0.6	46.8	52.6	0.0
	0.222	0.194	1.110	0.825	0.0	100.0	0.0	0.0
	0.950	0.607	1.586	1.045	6.3	22.5	71.3	0.0
	0.839	0.605	1.159	0.894	0.0	17.6	82.2	0.0
	0.349	0.262	0.849	0.671	0.1	36.3	63.1	0.1
	0.612	0.493	1.506	1.171	27.2	63.4	9.4	2.6
	0.761	0.879	1.842	1.384	22.0	69.5	8.5	0.0
	0.889	0.572	1.045	0.850	5.6	23.9	70.4	0.0
	1.053	1.017	1.636	1.334	4.2	42.0	44.3	0.0
	0.495	0.452	1.201	0.975	27.7	56.7	15.6	6.7
	0.803	0.559	1.364	0.893	0.3	33.1	66.6	0.0

Sevice Dates 07-01-2011 to 06-30-2012, Medicare FFS Only

The following displays the HCC/RxHCC coefficient aggregates for all payers contrast with the distribution of E&M Codes. This is a good control on Medicare Fee-for-Service and Medicare Advantage.

Acute HCC/RxHCC Score		Chronic HCC,	/RxHCC Score	Distribution of E&M Charges				
Ave	erage	Deviation	Average	Deviation	99212	99213	99214	99215
0.	872	0.351	1.834	1.096	0.3	10.4	89.1	0.1
1.	047	0.858	1.709	1.183	1.8	69.2	28.9	0.0
0.	785	0.544	1.773	1.142	3.8	50.3	44.7	1.2
0.	605	0.551	1.548	1.181	0.8	63.2	35.9	0.0
0.	999	0.373	2.032	1.104	0.5	66.8	32.7	0.0
0.	216	0.120	0.686	0.665	0.1	0.8	13.8	85.2
0.	461	0.450	0.998	0.936	0.1	62.8	37.2	0.0
0.	480	0.460	1.038	1.055	3.2	64.5	32.3	0.0
0.	584	0.536	1.353	1.125	0.4	1.3	86.8	11.5
0.	427	0.375	1.077	0.937	1.9	71.8	26.4	0.0
0.	682	0.479	1.327	1.072	3.7	91.8	4.4	0.1
0.	511	0.452	1.285	1.030	1.5	66.0	29.1	3.4
0.	622	0.566	1.455	1.118	1.7	83.5	14.8	0.0
1.	350	0.857	2.009	1.322	0.2	2.2	97.1	0.5
0.	521	0.438	0.971	0.822	5.2	55.0	39.8	0.0
0.	267	0.302	1.108	0.908	4.7	91.4	3.9	0.0
0.	893	0.622	1.543	1.079	6.6	26.2	67.2	0.0
0.	877	0.685	1.285	1.104	0.9	23.5	75.5	0.0
0.	355	0.284	0.866	0.745	1.5	45.7	52.5	0.3
0.	612	0.543	1.389	1.215	34.2	57.9	8.0	0.0
0.	666	0.790	1.565	1.379	31.1	61.1	7.8	0.0
0.	878	0.644	1.087	0.903	11.2	24.6	62.8	1.3
0.	965	0.914	1.525	1.196	8.5	49.0	32.6	9.9
0.	489	0.451	1.178	0.979	29.0	56.4	14.4	0.2
0.	762	0.577	1.281	0.952	0.7	45.2	54.1	0.0

Sevice Dates 07-01-2011 to 06-30-2012, All Payers

#### **Summary:**

The correlation between HCC/RxHCC coefficient aggregates is not proved and it is not supported by CMS policy. It is a new idea, which I think has benefit in our understanding of risk and reward.

Because HCC/RxHCC now has validity beyond Medicare Advantage, contrasting ACO, MA, and Medical Home populations – which in the future will probably become the same population – helps us make sure that our management of these patients is the same.