

ACO: Be in the Know

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Welcome to the seventh edition of the **Western Maryland Physician Network** provider newsletter, "**ACO: Be in the Know**" - a monthly publication that will provide important updates, reminders and key information to keep our practices up to date.

ACO Management:

The next **WMPN Quarterly Provider** meeting is on **Monday, December 12**, from 6 to 8 p.m. in WMHS auditoriums. Dinner will be served. This will be the last update on the ACO and reporting until GPRO starts in January 2017 for PY2016. **TENTATIVE:** Premier will also be sending a representative to speak on the new MACRA structure and impact to our ACO (starting in 2017).

GPRO Reporting:

- **GPRO Abstractor Training session** on 11/22/16 from 6 to 8 p.m. in Physician Conference Room
- **ACO CAHPS** reporting has already started through our vendor **HealthStream**. The period for this reporting is November through February for each performance year.
- CLICK [HERE](#) FOR A LIST OF THE **ACO CAHPS QUESTIONS** (Pdf file) 
- **CMS: Keys to Successful GPRO Reporting-Part I** on 12/1/16 from 1 to 3 p.m.
- **Premier GPRO Sprint PY2016 Kick-Off Meeting** on 12/5/16 from 2 to 3:30 p.m.
- **CMS: Keys to Successful GPRO Reporting-Part II** on 12/6/16 from 12:30 to 2 p.m.
- **GPRO Abstractor Training session** on 12/13/16 from 6 to 8 p.m. in WMHS auditorium 5.
- **CMS GPRO Web Interface Education and Outreach Kick-Off call** on 12/15/16 from 12 to 1 p.m.
- **GPRO Abstractor Training session** on 12/27/16 from 6 to 8 p.m. in Physician Conference room.

ACO Practice Spotlight: WMHS Urgent Care Centers

It is Cold and Flu season again! Just a reminder that the **WMHS Urgent Care Centers are open 7 days a week from 8 a.m. until 8 p.m.** There's no need to make an appointment, you can just walk in. The doors are always open at the **Hunt Club Medical Clinic in Ridgeley, WV, or the Frostburg Medical Center in the Frostburg Plaza off Georges Creek Road.** One of the clinics is always open on the holidays, too! So there is no reason to suffer through the weekend or even the holidays. Flu shots are available now and most insurances cover them at 100%! **Call 301-689-3229 for Frostburg or 304-726-4501 for Hunt Club.**

Upcoming CMS & Premier webinars and conference calls

- **ACO Learning System Webinar: Patient Engagement in Governance & Care from CMS.** 11/30 - 2:30 to 4 p.m.
- **Premier MACRA QPP Cohort- Merit Based Incentive Payment System (MIPS) deep dive.** 12/8 - 3 to 4 p.m.
- **Premier Collaboratives Webinar Series on Reducing Avoidable Admissions.** 12/14 - 3 to 4 p.m.
- *Please call Debbie Mullaney for more information on any of these webinars/calls at 240-964-8267.*

Choosing Wisely:



An initiative of the ABIM Foundation

Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms.

- **American College of Neurology**



Dr. Steve Smith
Medical Director

WMHS Provider News

ICD-10 Grace Period Is Over!

We have finally passed the one year mark with using the **new ICD-10 codes**. CMS gave us a one-year grace period in which to acclimate ourselves with the guidelines for ICD-10, but now we are past that year as of **October 1, 2016**.

While things have gone pretty smooth in the transition from ICD-9, **we now are faced with claim rejections and need to be on the lookout for those dreadful unspecified codes!** This isn't just for **inpatient hospital claims**; it also applies to **office visits**.

Please remember the following when dictating a diagnosis or assigning a code in order for the claim to be paid promptly or staff will need to begin querying the provider for additional information. Does your diagnosis tell the whole story, such as:

- Is there a **left or right**.
- Are there **quadrants or lobes**.
- Is it: **acute or chronic, or acute on chronic**.
- Is the **condition associated with any other disease, such as diabetes with neuropathy; hypertensive chronic kidney disease; hypertensive heart and chronic kidney disease**.
- **Diabetes** – type 1 or type 2, insulin or non-insulin dependent; also list any complications due to the diabetes.
- **CHF** – is it : systolic, diastolic or combined; acute, chronic or acute on chronic.
- **Atrial Fibrillation** – is it paroxysmal, persistent, or chronic.
- **Atrial Flutter** – Is it typical or atypical.
- **Lipid disorder** – is it: pure hypercholesterolemia, pure hyperglyceridemia, mixed hyperlipidemia, familial hypercholesterolemia, hyperchylomicronemia, other hyperlipidemia.
- **Hypothyroidism** – Is it: acquired or congenital (with or without goiter), due to any medication or Hashimoto's, post-infectious or post-operative, subclinical iodine deficiency, or post ablative.
- **Osteoarthritis** – list the site of the arthritis (or state multiple joints), the laterality, if it is in the spine then what portion of the spine and is there myelopathy or radiculopathy.
- **CAD** – is it with/without angina, with unstable angina, with angina pectoris with documented spasm or with other forms of angina.
- **Obesity** – is it due to excess calories, drug induced, or with alveolar hypoventilation. Is it morbid or non-morbid obesity.
- **PLEASE REMEMBER WITH OBESITY - YOU ALSO NEED TO DOCUMENT THE PATIENT'S BMI** so it can be coded according to guidelines.

Also take note:

- **"History of"** – Personal history explains that the patient had a past medical condition that no longer exists and is not receiving treatment, but that has the potential for recurrence. "History of" codes are also acceptable on any medical record regardless of the reason for a visit. A "history of" an illness, even if no longer present, is important information that may alter the type of treatment ordered.
- **First listed diagnosis** – should be the reason why you are seeing the patient.
- **There are many others, but above are the top codes that are rejected for not having enough specificity.** If you have any specific diagnosis codes that you are having problems with, remember to read the guidelines at the beginning of each chapter in the ICD-10 manual. You can also send me an e-mail at bbarnard@wmhs.com and I will be glad to help you any way I can.



- Barb Barnard, Certified Professional Coder and Certified Medical Records Auditor. Supervisor of Coding and Compliance, WMHS Clinics & Practices Administration.

Quality Performance/Clinical Measures

Each month we will focus on a few of the clinical measures and items for quality performance for the ACO. These measures and guidelines are what every ACO must document for assessment of compliance with the ACO directives. This month's focus will be on two Clinical Measures: **ACO-20: PREV-5: Breast Cancer Screening** and **ACO-19: PREV-6: Colorectal Cancer Screening**.

ACO-20: PREV-5: Breast Cancer Screening: This is a clinical measure for reporting purposes only for PY2016. This measure is based on the percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer within 27 months and with a visit within the measurement period. Denominator Note: The measure's 27 month look-back period applies to women ages 52-74 (the numerator looks for a mammogram any time on or between October 1, 27 months prior to the measurement period, and December 31 of the measurement period in order to capture women who have had a mammogram every 24 months per clinical guidelines, with a 3 month grace period.) Therefore, women ages 50-52 are included in the measure if they had a visit and a mammogram since age 50, but the 27 month look-back period only applies to patients age 52-74. For patients that are 51 years of age during the measurement period, look back only to age 50. Denominator Exclusions include women who had a bilateral mastectomy or for whom there is evidence of two unilateral mastectomies.

ACO-19: PREV-6: Colorectal Cancer Screening: This is another clinical measure for reporting purposes only for PY2016. This measure is based on the percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer who had a visit during the measurement period. Denominator Exclusions include patients with a diagnosis or past history of total colectomy or colorectal cancer. The numerator includes patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any of the following criteria below:

- ***Fecal Occult Blood test (FOBT) during the measurement period.***
- ***Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period.***
- ***Colonoscopy during the measurement period or in the nine years prior to the measurement period.***

Reports & Dashboards

The WMPN governing body and ACO staff have been reviewing all reports (coming from a variety of sources: Premier, ECW, Meditech) to ascertain strengths and weaknesses of the ACO as we get closer to the GPRO reporting period in January 2017 for PY2016. We still have six weeks left in the year to make some minor changes and to capture as many Medicare beneficiaries as we can for the needed data. Any office that would like to see beneficiary level reports on their data or if you have any questions on reports, please call Debbie Mullaney at 240-964-8267.