



FROM  **louisiana  
healthcare  
connections**

# Provider Newsletter



WINTER 2020

## Provider Coding for Impactful HEDIS Rates

As state and federal governments move toward a quality-driven health care industry, HEDIS® rates are becoming more important for both health plans and individual providers. Physician-specific scores are also used to measure your practice’s preventive care efforts. Your practice’s HEDIS® score determines your rates for physician incentive programs that pay you an increased premium — for example *Pay For Performance* or *Quality Bonus Funds*.

HEDIS® rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Accurate and timely claim/encounter data reduces the need for medical record review.

If services are not billed or not billed accurately, they are not included in the calculation.

HEDIS® scores can be improved by:

- Submitting claim/encounter data for each and every service rendered
- Making sure that chart documentation reflects all services billed
- Billing (or reporting by encounter submission) for all delivered services—regardless of contract status
- Ensuring that all claim/encounter data is submitted in an accurate and timely manner
- Consider including CPT II codes to provide additional details and reduce medical record requests

The **HEDIS Quick Reference Guide** is located on our website at [www.LaHealth.cc/hedisguide](http://www.LaHealth.cc/hedisguide). This resource provides technical information highlights, as well as CPT and HCPCS codes for more accurate and impactful claim submissions.

For additional HEDIS information, visit [www.ncqa.org](http://www.ncqa.org).

### (CDC) COMPREHENSIVE DIABETES CARE

DESCRIPTION	CODES
<b>Outpatient Codes</b>	<b>CPT:</b> 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015
<b>Non-acute Inpatient</b>	<b>CPT:</b> 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334, -99337
<b>Remote BP Monitoring</b>	<b>CPT:</b> 93784, 93788, 93790, 99091
<b>Diastolic Less Than 80</b>	<b>CPT-CAT-II:</b> 3080F
<b>Systolic Less Than 140</b>	<b>CPT-CAT-II:</b> 3074F, 3075F
<b>Diabetic Retinal Screening With Eye Care Professional</b>	<b>CPT-CAT-II:</b> 2022F, 2024F, 2026F
<b>Unilateral Eye Enucleation with a bilateral modifier</b>	<b>CPT:</b> 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, <b>CPT Modifier:</b> 50
<b>HbA1C Lab Test</b>	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3044F, 3045F, 3046F
<b>HbA1c Level Greater than/equal to 7 and Less than 8</b>	<b>CPT-CAT-II:</b> 3051F
<b>HbA1c Level Greater than/equal to 8 and Less than/equal to 9</b>	<b>CPT-CAT-II:</b> 3052F
<b>Urine Protein Tests</b>	<b>CPT:</b> 81000 - 81003, 81005, 82042 - 82044, 84156 <b>CPT:</b> 81000 - 81003, 81005, 82042 - 82044, 84156 <b>CPT-CAT-II:</b> 3060F, 3061F, 3062F
<b>Nephropathy Treatment**</b>	<b>CPT-CAT-II:</b> 3066F, 4010F
<b>Kidney Health Evaluation</b>	<b>CPT:</b> 82565 <b>CPT:</b> 82043 + 82570 (combined testing)

\*Codes subject to change \*\*Medicare only

# Star Ratings and Medication Adherence

Star Ratings were created by the Centers for Medicare & Medicaid Services (CMS) to provide quality and performance information to help Medicare beneficiaries choose a plan. Star Ratings range from **1 to 5 (lowest to highest)** and **reflect the experiences of members** about health and drug services received. They apply to both Medicare Part C (medical plan) and Part D (pharmacy plan). This article focuses on improving Part D medication adherence.

**Medication adherence is 33%** of the total score for Part D Star Ratings and is measured by adherence to diabetic medications (insulin excluded), ACEi/ARBs, and statin medications.<sup>1</sup> These adherence measure scores also happen to rate among the **lower half compared to the other Star Rating measures**, meaning there is much room for improvement. Adherence is measured by the percentage of days that a patient has enough medications to cover a set period of time. Members are adherent when 80% of days are covered, but CMS prefers that number be **above 90% for full scores and better health** outcomes.<sup>1</sup>

**Poor patient adherence** to medications for chronic conditions often leads to worse clinical outcomes, more readmissions, and a lower quality of life. Patient adherence requires a multi-disciplinary approach from healthcare professionals such as pharmacists and nurses. However, it is often overlooked how large of an **impact physicians can have** on adherence. From a doctor's office or pharmacy in the last 6 months, only 50% of members were reminded about refills, and only 33% were reminded to take medications.<sup>2</sup> Proactively sending refill reminders, sending reminders to take medications, and offering **90-day supplies** can also help unburden patients and improve adherence. The complexity of a medication plan should also take into account the patient's physical and mental capacities to adhere to it. This is especially true for Medicare-eligible members over 65 years old.<sup>3</sup>

**Patient satisfaction** with the physician-patient relationship also directly influences and improves medication adherence.<sup>3</sup> Adherence rates ultimately depend on a patient's agreement and ability to adhere to physician recommendations. Higher patient satisfaction is 1.2 times more likely to lead to adherence.<sup>4</sup> Consciously applying patient-centered communication behaviors can further improve patients' perceptions. **Using good manners, exuding confidence, and involving the patient help decrease the barriers between older adults and physicians.**<sup>3,4</sup> This increases overall patient satisfaction and makes patients more likely to be engaged during consultations. Providers' efforts to improve medication adherence has lasting effects on better health outcomes and is reflected in improved CMS Star Ratings.



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## REFERENCES:

1. Centers for Medicare & Medicaid Services, Medicare 2020 Part C & D Star Ratings Technical Notes, October 1, 2019.
2. Centers for Medicare & Medicaid Services, Medicare 2020 Part C & D Display Measure Technical Notes, December 9, 2019.
3. Yap AF, Thirumorthy T, and Kwan YH. Systematic review of the barriers affecting medication adherence in older adults. *Geriatr Gerontol Int.* 2016;16:1093-1101.
4. Nasir NM, Ariffin F, and Yasin SM. Physician-patient interaction satisfaction and its influence on medication adherence and type-2 diabetic control in a primary care setting. *Med J Malaysia.* 2018;73(3):163-169.

# Secure Provider Portal

Manage patient administrative tasks quickly and easily.

- **Visibility of Multiple TINs**—*One point of entry allows for quick and easy access to Allwell from Louisiana Healthcare Connections member information for multiple TINs/practices.*
- **Access Daily Patient Lists from One Screen**—*One concise view allows primary care providers to scan patient lists for Allwell from Louisiana Healthcare Connections, member eligibility, care gaps, and much more.*
- **Manage Batch Claims for Free**—*Submit and manage claims, including batch files, for free. View detailed Electronic Funds Transfer (EFT) payment history.*
- **Simplify Prior Authorization Process**—*“Smart Sheets” feature prompts for required clinical information when submitting prior authorization requests.*
- **Additional Features to Streamline Office Operations:**
  - › View patient demographics and history
  - › Secure messaging between provider and Allwell from Louisiana Healthcare Connections
  - › Update provider demographics

**Questions?** Contact Allwell from Louisiana Healthcare Connections at: **1-855-766-1572. Get Started Now!**

Visit **Allwell.LouisianaHealthConnect.com** and click **Create an Account**. Have your TIN ready during signup.

## My Health Pays Program for Members

Allwell by Louisiana Healthcare Connections supports our providers in assisting members to reach healthy outcomes through our Medicare Rewards program. This program provides member incentives for completing annual screenings, assessments, and care.

**EARN \$20** by getting a flu vaccine

**EARN \$20** by getting a breast cancer screening

**EARN \$20** by going to your annual wellness visit

**EARN \$20** by getting ongoing diabetes care

**EARN \$20** by getting a colon cancer screening

**EARN \$20** by completing a personal wellness assessment

**EARN \$100- BONUS** reward for completing all eligible activities

Allwell members can find additional program information in the “Member Perks” section at:

**www.Allwell.LouisianaHealthConnect.com.**

**my health pays™**

# Payspan: A Faster, Easier Way to Get Paid

Allwell from Louisiana Healthcare Connections offers Payspan®, a free solution that helps providers transition into electronic payments and automatic reconciliation.



- Improve cash flow by getting payments faster
- Settle claims electronically through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs)
- Maintain control over bank accounts by routing EFTs to the bank account(s) of your choice
- Match payments to advices quickly and easily re-associate payments with claims
- Manage multiple payers, including any payers that are using Payspan to settle claims
- Eliminate re-keying of remittance data by choosing how you want to receive remittance details
- Create custom reports including ACH summary reports, monthly summary reports, and payment reports sorted by date

Set up your Payspan® account today by visiting [Payspanhealth.com](http://Payspanhealth.com) and clicking Register. You may need your **National Provider Identifier (NPI)** and **Provider Tax ID Number (TIN)** or **Employer Identification Number (EIN)**.

## Statin Use in Patients with Diabetes

As a Medicare/Medicare-Medicaid provider, you know that quality health care is a high priority for the Centers for Medicare & Medicaid Services (CMS). CMS considers statin use an important quality measure in patients with diabetes. For patients 40-75 years of age with risk factors, the potential benefits of LDL-C lowering with a high-intensity statin are substantial.<sup>1</sup> The current ACC/AHA Blood Cholesterol Guidelines recommend the use of moderate to high intensity statin therapy in patients with diabetes who are between the ages of 40–75 years. Individuals with diabetes experience greater morbidity and worse survival following the onset of clinical ASCVD (atherosclerotic cardiovascular disease). Treatment recommendations are noted in the table below:

### Primary Prevention in Individuals With Diabetes Mellitus and LDL-C 70-189 mg/dL<sup>1</sup>

RECOMMENDATION	NHLBI GRADE	ACC/AHA CLASS OF RECOMMENDATION	ACC/AHA LEVEL OF EVIDENCE
Moderate-intensity statin therapy should be initiated or continued for adults 40 to 75 years of age with diabetes mellitus	A (Strong)	I	A
High-intensity statin therapy is reasonable for adults 40 to 75 years of age with diabetes mellitus with a ≥7.5% estimated 10-year ASCVD risk unless contraindicated	E (Expert Opinion)	Ila	B

CMS measures the use of statin medications in diabetics ages 40 to 75. Below are moderate to high intensity statins included in the CMS measure that are also covered on Louisiana Healthcare Connections’s formulary:

<b>MODERATE INTENSITY STATIN *°</b>	Atorvastatin 10-20 mg	Simvastatin 20-40 mg	Pravastatin 40-80 mg	Lovastatin 40 mg
<b>HIGH INTENSITY STATIN **°</b>	Atorvastatin 40-80 mg			

\*Daily dose lowers LDL-C on average, by approximately 30% to <50%    \*\*Daily dose lowers LDL-C on average, by approximately ≥50%

°One tab per day is covered (titration to higher dosage requires higher strength)

Please consider using one of these statins when treating your diabetic patients.

#### REFERENCES:

1. ACC/AHA Prevention Guideline: 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. Neil J. Stone, Jennifer G. Robinson, Alice H. Lichtenstein, et. Al. Circulation. 2014;129:S1-S45.