Automation of CPT-II Coding for BMI

Jennifer Goldman, DO
Ganesh Persad, MSBI
Memorial Healthcare System

- 1 Same Day Surgery Center
- Over 2,000 Employees
- 3 Outpatient Rehabilitation Centers with adult and pediatric services
- 1 Level I Trauma Center
- 24/7 Care Center
- 4,829 Registered Volunteers
- Inpatient Psychiatric Unit for Adults
- Inpatient Psychiatric Unit for Children/Adolescents
- Comprehensive Inpatient Physical Rehabilitation Hospital
- 89 Beds
- 6 Acute Care Hospitals:
  - Memorial Regional Hospital
  - Memorial Regional Hospital South
  - Joe DiMaggio Children’s Hospital
  - Memorial Hospital West
  - Memorial Hospital Miramar
  - Memorial Hospital Pembroke
- 1 Urgent Care Center
- 15 Beds Medically Complex Rehabilitation Unit
- 482,000 Emergency Visits Annually
- 1661 Acute Care Beds
- 13,000 Babies Delivered Annually
Introduction

• Jennifer Goldman, DO is a Board Certified Family Physician and the Medical Director of Memorial Healthcare System’s Primary Care program known as South Broward Community Health Services (SBCHS).

• Ganesh Persad is the Supervisor of Clinical Systems & Interoperability at Memorial Healthcare System and elected board member of South Florida Healthcare Information and Management Systems Society (SFHIMSS)
Agenda

• Who is Memorial Primary Care
• Shift to Value Based Care
• Quality Metrics
• Why Automate CPT-II
• Workflow
• Our Success
• Looking ahead
What is SBCHS/Memorial Primary Care?
Shift from Volume to Value-based Care?

Volume
- Fragmented providers and payments
- No uniform quality
- Fees for volume
- Demand increasing

Value
- Collaboration, connectivity
- Clinical, financial data, analysis
- Optimize outcomes
- Accountable care
Reimbursement is Generated By:

- Accurate Coding
- Quality Treatment
- Specific Documentation
- Early Identification

RISE Risk Adjustment Academy - HCC Coding Accuracy
The Future of Healthcare Reimbursement

- Will pay for the treatment of diseases, not for office visits and procedures
  - 50% risk adjustment by 2015

- Will promote quality care through value based reimbursement
  - 75% value based payments by 2020

- Will put primary care physicians back in the driver seat
  - 85% of codes that drive the RAF score are generated by primary care providers

RISE Risk Adjustment Academy - HCC Coding Accuracy
It’s a good time to Innovate!

- Innovation allows us to provide data necessary for both providers and payors to facilitate value-based care.
- Our success in value based care hinges on the flow of information from providers to payers and vice versa.
- We chose the BMI quality metric as a metric to automate because it was captured by the EMR when height and weight were entered, but was not being transmitted to the payers.
- We looked for a solution that did not increase the workload on providers or staff.
- Automation was born!!!
“Automagic”

- Integrated team approach
- Complex system configuration
  - Workflow
- Quality Measure Coding guidelines
- Claims management
- Payor collaboration
Measuring Value

• Our goal was to exceed expectations in the BMI Quality Metric for our attributed Florida Blue lives.

• From implementation on 10/26/17 through 12/31/17, we closed a total of 2,560 individual BMI care gaps, by automatically transmitting the BMI Diagnosis and CPT-II code after each encounter where a height and weight was documented.

• We closed 2017 exceeding expectations in BMI and have continued to do so in 2018.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Number of Quality Opportunities</th>
<th>With Compliance</th>
<th>Without Compliance</th>
<th>Provider Rate</th>
<th>Peer Rate</th>
<th>Quality Conclusion</th>
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<tbody>
<tr>
<td>Adult BMI Assessment</td>
<td>1380</td>
<td>397</td>
<td>969</td>
<td>30.40%</td>
<td>41.73%</td>
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<tr>
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<td>5303</td>
<td>3033</td>
<td>2270</td>
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<td>43.38%</td>
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<td>620</td>
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<td>53.84%</td>
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What’s next?

• Our success with this project has prompted us to continue to work collaboratively to find solutions to the transmission of other CPT-II codes such as:
  ❖ Blood Pressure (3074F – 3080F)
  ❖ Hemoglobin A1C (3044F – 3046F)
  ❖ Medication Reviewed during Encounter (1160F)
  ❖ Medication Documented (1159F)
  ❖ Medication reconciliation completed 30 days post Inpatient Discharge (1111F)