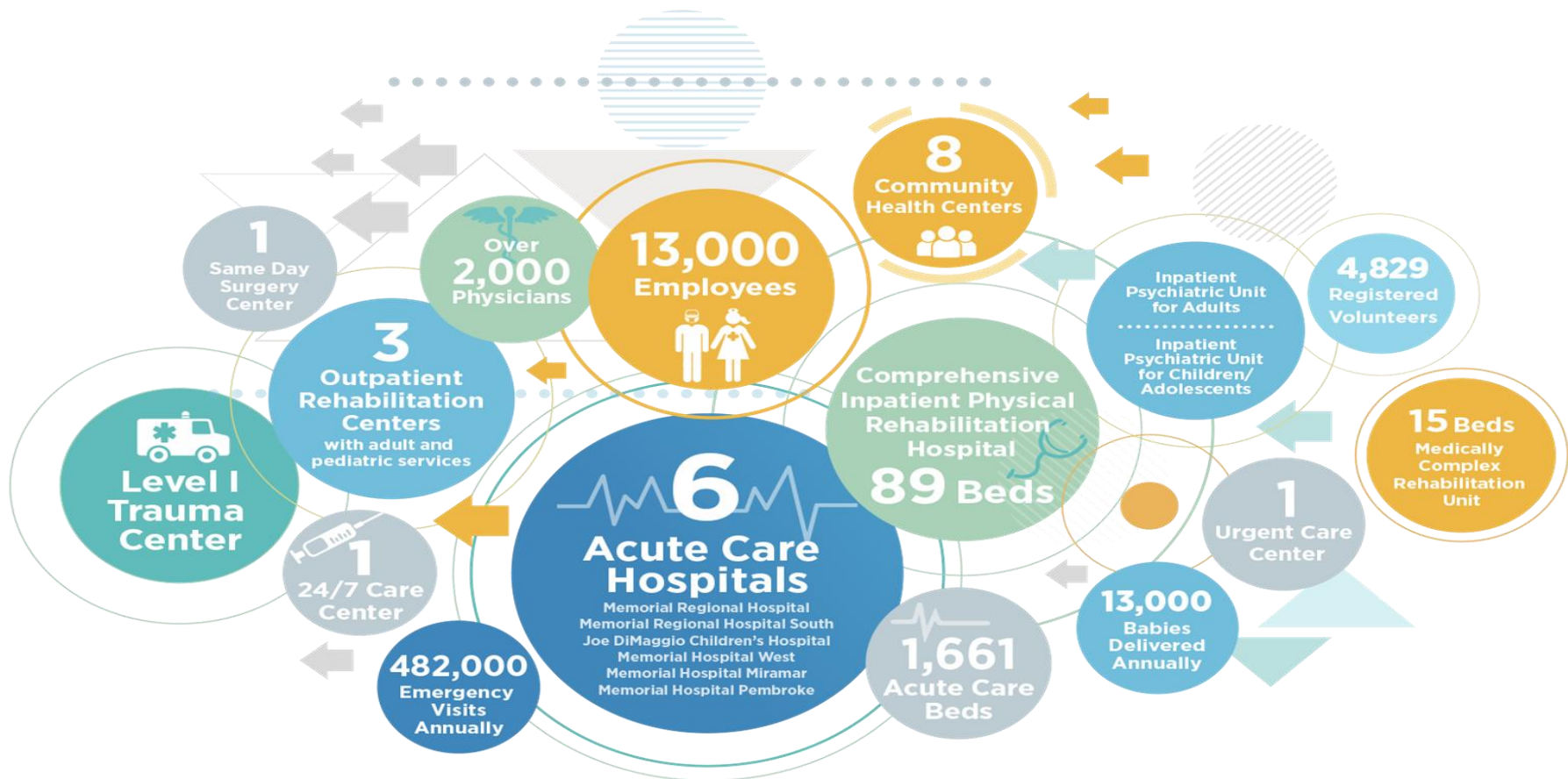


Automation of CPT-II Coding for BMI

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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?

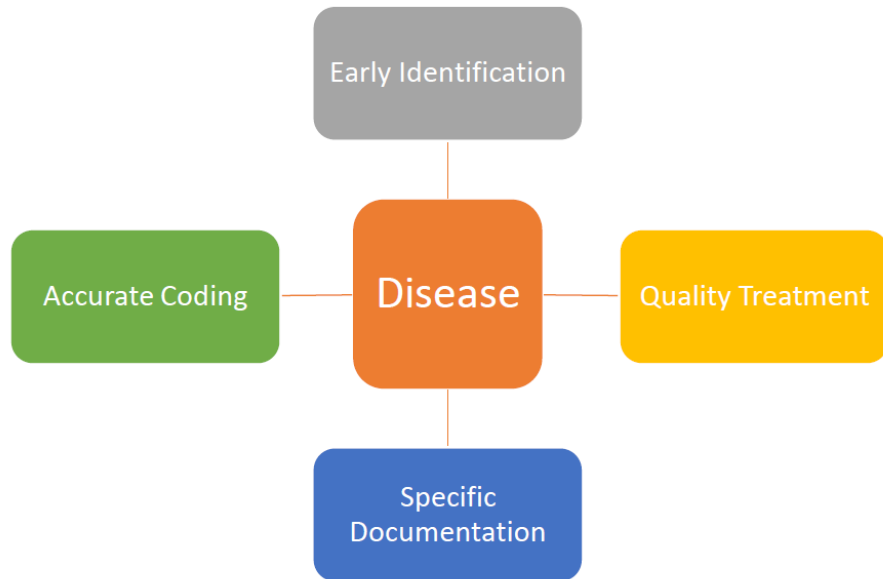
Volume

- 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:





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

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.



2017

Payor

2018

Claim Start Date thru Claim End Date		9/30/2017					Claim Start Date thru Claim End Date		1/31/2018				
Measure	Number of Quality Opportunities	With Compliance	Without Compliance	Provider Rate	Peer Rate	Quality Conclusion	Measure	Number of Quality Opportunities	With Compliance	Without Compliance	Provider Rate	Peer Rate	Quality Conclusion
Adult BMI Assessment	1306	397	909	30.40%	41.73%	Below Expectations	Adult BMI Assessment	5303	3033	2270	57.19%	43.38%	Exceeds Expectations
Claim Start Date thru Claim End Date		10/31/2017					Claim Start Date thru Claim End Date		5/31/2018				
Measure	Number of Quality Opportunities	With Compliance	Without Compliance	Provider Rate	Peer Rate	Quality Conclusion	Measure	Number of Quality Opportunities	With Compliance	Without Compliance	Provider Rate	Peer Rate	Quality Conclusion
Adult BMI Assessment	1280	501	779	39.14%	43.79%	Below Expectations	Adult BMI Assessment	5120	3219	1901	62.87%	43.47%	Exceeds Expectations
Claim Start Date thru Claim End Date		11/30/2017					Claim Start Date thru Claim End Date		7/31/2018				
Measure	Number of Quality Opportunities	With Compliance	Without Compliance	Provider Rate	Peer Rate	Quality Conclusion	Measure	Number of Quality Opportunities	With Compliance	Without Compliance	Provider Rate	Peer Rate	Quality Conclusion
Adult BMI Assessment	1264	620	644	49.05%	45.47%	Exceeds Expectations	Adult BMI Assessment	5063	4055	1008	80.09%	51.46%	Exceeds Expectations
Claim Start Date thru Claim End Date		12/31/2017					Claim Start Date thru Claim End Date		8/31/2018				
Measure	Number of Quality Opportunities	With Compliance	Without Compliance	Provider Rate	Peer Rate	Quality Conclusion	Measure	Number of Quality Opportunities	With Compliance	Without Compliance	Provider Rate	Peer Rate	Quality Conclusion
Adult BMI Assessment	6115	3061	3054	50.06%	41.20%	Exceeds Expectations	Adult BMI Assessment	4980	4089	891	82.11%	53.84%	Exceeds Expectations

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 30days post Inpatient Discharge (1111F)

