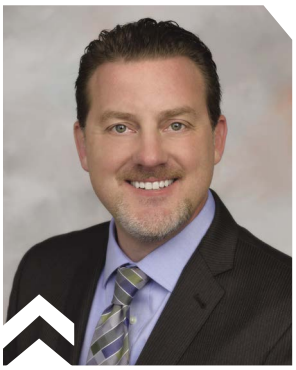
Trinity Health Mid-Atlantic

Network NEWS

April 2021

THMA Clinically Integrated Networks Pivot to Meet Commitment to Communities



Dan Bair, FACHE
Regional Executive Director
Clinically Integrated Network
Trinity Health Mid-Atlantic

It has been a challenging year for all of us, but the commitment to our communities has never wavered. Throughout the pandemic, our network of physicians has leveraged technology and rapidly pivoted to telehealth platforms to stay connected with our patients. Our teams were redeployed to the acute care setting to support our hospitals when census skyrocketed and supported our partner post-acute care facilities with both education and patient navigation assistance when volumes swelled. We spent countless hours of outreach to COVID-19 vulnerable patients to assure they were well-informed on how to protect themselves and their families from infection. And when the vaccine became available, we rapidly connected with our network and non-network physicians and staff, to provide access to appointments.

We, the THMA Clinically Integrated Network team strives to be a resource and support system for our participating physicians, and it is our hope that the updates and tools provided throughout the pandemic have been useful for you.

For all THMA-posted COVID-19 resource documents, please visit **our website**. And for the latest updates on the COVID-19 vaccine, visit the COVID-19 Vaccine page.

Sincere thanks for your continued support and participation in our Trinity Health Mid-Atlantic Clinically Integrated Network.

Save the Date

Trinity Health Mid-Atlantic All-CIN Physician WebEx

May 4, 2021

Click here to join the WebEx.

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Trinity Health Mid-Atlantic | Mercy Accountable Care

Quality Health Alliance

delaware care COLLABORATION

Annual Wellness Visits via Telehealth

Due to COVID-19, CMS expanded telehealth services to include the performance of Annual Wellness Visits (AWV). Completing an AWV via telehealth allows healthcare teams to proactively engage patients, help them avoid risky health behaviors, and identify and meet care needs before it is necessary for them to access urgent care or the emergency department.

AWV HELPS CLINICIANS

- Proactively engage patients
- Prevents risky behaviors in patients
- Meets care needs before ED and urgent care

ELEMENTS REQUIRED

- Health Risk Assessment (HRA)
- Patient's current medical and family history
- Medication reconciliation
- Patient's current providers
- History or present use of opioids or other substance disorders
- Height, weight, BMI, BP and other routine measurements
- Cognitive impairment review
- Depression screening
- Balance, gait and fall-risk screening
- Screen for alcohol misuse and tobacco use
- Creating a Personalized Prevention Plan (PPP) and providing appropriate referrals to health education or preventative services

BEST PRACTICE: AT THE PATIENT'S DISCRETION, FURNISH ADVANCED CARE PLANNING SERVICES

HOW TO DOCUMENT VITAL SIGNS AND MEASUREMENTS

1. Obtain weight, height, and BP from patient. This data will be documented in the encounter note (not the vital sign section), stating the information was "self-reported by patient."
2. If the patient is unable to obtain any of the vital signs on their own, document the patient's inability to perform/provide them, i.e. "Unable to obtain due to COVID-19 PHE."

Place of Service (POS) codes and modifier -95. Physicians will be paid at the non-facility rate for Medicare telehealth services. During the COVID-19 crisis, Medicare will pay the non-facility amount for telehealth services when billed with the POS the physician would have used if the service had been provided in person (POS 11 – Office). Physicians should append modifier -95 to the claim lines delivered via telehealth.

For additional information on performing an AWV via telehealth, please **click here**.

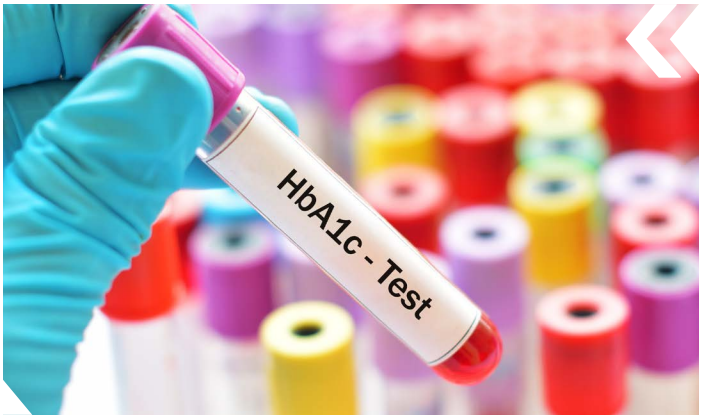
References:

https://caravanhealth.com/CaravanHealth/media/Resources-Page/Telehealth_AWV_AWV-033-20200406-APP.pdf

https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/coronavirus_modifier_coding.html

The Importance of CPT II Codes

CPT II Codes are tracking codes, which can close care gaps and facilitate data collection for the purpose of performance measurement. CPT II codes are comprised of 4 digits followed by the letter "F." These codes are billed in the procedure code field. They describe clinical components, usually evaluation, management, or clinical services, and are not associated with an RVU and are billed with a zero-dollar billable charge amount.



HbA1C CPT II CODES

When the HbA1c lab is performed, a claim is submitted. In order to receive credit for A1c measure, the results must be coded. This may be completed on the patient's next visit/telehealth, when the results are reviewed with the patient.

HbA1c level < 7.0%	- 3044F
HbA1c level 8 – 9	- 3052F
HbA1c level ≥ but < 8	- 3051F
HbA1c level > 9	- 3046F

CONTROLLING BLOOD PRESSURE

Systolic < 130	- 3074F
Diastolic < 80	- 3078F
Systolic between 130 – 139	- 3075F
Diastolic between 80-89	- 3079F
Systolic ≥ 140	- 3077F
Diastolic ≥ 90	- 3080F

MEDICATION RECONCILIATION

A review in which discharge medications are reconciled with the most recent medication list in the outpatient medical record. Documentation must include date of hospital discharge, date medication was reviewed, and evidence the patient's current list was reconciled against the hospital's discharge list of medications. (NOTE: When submitting TCM codes 99495 or 99496, it is not necessary to code 1111F. It is included in those codes.)

CPT-II coding varies across commercial and Medicaid/Medicare HMO payers—check with your local team for other codes.

Meet Our Pharmacy Team

Kristina Mazzie, PharmD, Mercy ACO Population Health Pharmacist

Kristina Mazzie graduated from Saint Bonaventure University in Olean, NY in with a bachelor's degree in Biology. She completed her doctorate degree in Pharmacy from Lake Erie College of Osteopathic Medicine in Erie, PA. Kristina also completed a pharmacy practice residency at Frederick Memorial Hospital in Frederick, MD with a focus on acute care medicine. She has more than 10 years of experience in the field of acute, transitional, long term, and ambulatory care. Her professional interests include comprehensive medication management, motivational interviewing and medication counseling.

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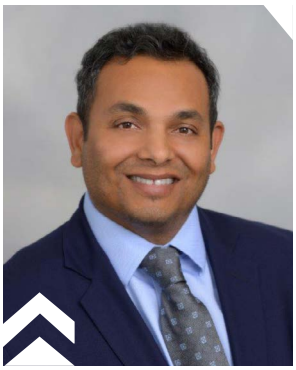

Rohit Moghe, PharmD, MSPH, CDCES, Ambulatory Care & Population Health Clinical Pharmacist and Certified Diabetes Care & Education Specialist (CDCES)

Rohit Moghe earned his bachelor's in Physiology from Penn State University, doctorate in Pharmacy from University of Illinois in Chicago and master's in Public Health from Thomas Jefferson University. Rohit has more than 19 years of experience in large academic health systems, with added expertise across vast areas of care delivery from acute and critical care, to rehabilitation, long-term care, and federally qualified health centers (FQHCs). Prior to his arrival at QHA, Rohit coordinated pharmacotherapy consult services at his previous institution as part of a geriatric trauma program.

email: rohit.moghe@stmaryhealthcare.org

Reducing the Burden of Medication Affordability

Evidence-based regimens, formulary tiers, branded status, and copay sharing often prohibit patients from being able to afford their medication, but there are options. Available through Google Play or the App Store there is a resource called **Coverage Search.** Through the app, clinicians can easily determine if a specific regimen is preferred and on formulary. Users can also search by medication, name, state of residence and type of insurance plan and get information on the provided regimen, formulary status, tier level and prescribing restrictions.

Another digital resource is **Simple Fill,** which helps patients screen and enroll in prescription assistance programs sponsored by the drug manufacturers and nationwide organizations. Screening and enrollment services are completely free. If a patient qualifies for enrollment, Simple Fill will take care of paperwork and correspond with the office to obtain any documentation or prescriptions. Patients can enroll via phone at 1.877.386.0206 or online at: **https://simplefill.com**.

For more information about these resources, you can contact Kristina Mazzie at kristina.mazzie@mercyhealth.org or Rohit Moghe at rohit.moghe@stmaryhealthcare.org.

Care Management Q&A

WHAT IS AMBULATORY CARE COORDINATION OR CARE MANAGEMENT?

Ambulatory Care Coordination takes a patient-centered approach to delivering high quality care in the community. Our goal is to improve health outcomes while providing exceptional patient and provider experiences along with reducing unnecessary or avoidable utilization.

WHO IS INVOLVED IN MY PATIENT'S CARE?

Multiple disciplines can be involved in the patient's care depending on the individual's needs. Our teams across the region consist of RNs, MSWs, behavioral health specialists, community health workers, pharmacist and post-acute care liaisons along with numerous community agency partnerships.

HOW CAN THIS PROGRAM SUPPORT THE PRACTICE?

We are your practice support team and available to manage the needs of your patients through coordination of care, chronic disease management, and addressing social/behavioral health needs including social determinates of heath. We can meet with your practice team to review new programs and patient cases. Providing referrals to rising risk patients, and those with immediate needs, is essential to meeting the goals of the program, but largely underutilized. Our team strongly encourages referrals.

HOW CAN I REFER MY PATIENTS?

To refer patients to our FREE program, please call or email your care manager or program director.

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Physician Spotlight: Esther H. Cha, MD, St. Mary Surgical Associates

Esther H. Cha, MD, is a colorectal surgeon specializing in minimally invasive surgical techniques including laparoscopic, robotic and endoscopic surgeries. She performs colorectal surgical procedures for benign and malignant disease, including techniques in transanal minimally invasive surgery for sphincter preservation and surgery for inflammatory bowel disease. As an expert on treating colon cancer, we asked Dr. Cha what role the primary care physician can play in colorectal cancer screening.

"Increasingly younger patients are being diagnosed with colorectal cancer. For this reason, there is a push to screen average risk adults starting at age 45 instead of 50. Primary care physicians should start having the conversation with their patients about colonoscopies and how they can detect early precancerous lesions and prevent cancer in the near future." She also explains, "There is a fear of mechanical bowel preparation." Today, there are gentler bowel preps that do not entail a large volume of Golytely or ones that give bad abdominal discomfort. "I am a huge proponent of being mindful of how some of these fancy bowel preparation can be quite costly. There are some great over-the-counter and cheaper options for bowel preparation as well" she adds.

In many cases, even after the primary care physician educates the patient about CRC screenings, some patients still refuse. If colonoscopy is not an appealing option, there are other options to screen patients. The American Cancer Society suggests:

STOOL-BASED TESTS

- Highly sensitive fecal immunochemical test (FIT) every year
- Highly sensitive guaiac-based fecal occult blood test (gFOBT) every year
- Multi-targeted stool DNA test (mt-sDNA) every 3 years

VISUAL (STRUCTURAL) EXAMS OF THE COLON AND RECTUM

- Colonoscopy every 10 years
- CT colonography (virtual colonoscopy) every 5 years
- Flexible sigmoidoscopy (FSIG) every 5 years

To hear more from Dr. Cha **listen to her podcast** featured on KYW News Radio about Colon Cancer Screenings.

THMA Clinically Integrated Web Page

trinityhealthma.org/accountable-care

We are excited to announce our unified website for our clinically integrated network that features important information about each of our regional accountable care organizations in one place. The site will provide health resources for patients and CIN participation resources for providers and much more.

THMA COVID Vaccine Info.

Trinity Health Mid-Atlantic is committed to helping vaccinate our community against COVID-19. For the latest information on the COVID-19 vaccine, please visit our **website**. Information is updated regularly, including scheduling information.

The demand for the vaccine is high and many patients are anxious to get an appointment scheduled. We ask for your patience. Vaccine supply is being allocated by the state. It will take time to cover everyone who is eligible.