

'Delivering High Quality Care One Patient at a Time'



March 31 Deadline for PCPs—HCC Webinar Citizenship Metric

Previously announced, 40% of citizenship credit for 2020 for the Horizon Alliance Shared Savings Program is based on primary care physicians and office managers viewing a webinar training session on Hierarchical Condition Codes (HCC) and their impact on shared savings programs by March 31, 2020.

The webinar can be accessed as follows and the system will track compliance, there is no need to send anything to IHP after viewing. As of March 13, 41% of PCPs and 60% of office managers are compliant.

Link = https://caravanhealth.training.reliaslearning.com/;

Username = Your Email Address

Password = Welcome1

Also attached please find HCC cheat sheets that can be used to guide your coding efforts. Additional HCC documents are posted to your practice's secure file transfer site and also on the IHP website (http:// inspirahealthpartners.com/horizon-alliance-program/ under Reference Materials).

Questions? Please contact Kristen Tirrell at TirrellK@ihn.org or (856) 641-6351

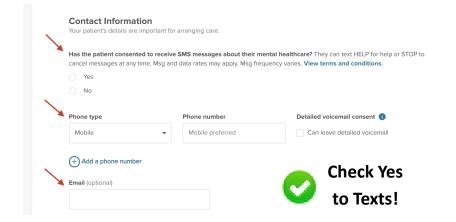
Quartet Program Update & Reminders

Sponsored by Horizon, the Quartet tool was implemented across IHP primary care practices in 2018. It is designed to improve access to behavioral health services, a challenge that has persisted for years for our practices and patients. Through a web-based portal in which referrals are input, Quartet matches patients to providers based on their location, insurance, and behavioral health need. IHP has seen widespread use of the tool. Through 12/31/19, there have been 1,820 patients activated.

- Average days to behavioral health connection is 3.2
- Average days to appointment creation is 15.2
- Average days to first appointment attended is 25.5

One of the largest barriers to connecting with patients who were activated by the practice is that patients do not answer their phones. Quartet has found that connecting with patients has been more successful when using text messages or emails. Please remember to check "yes" on the referral form if patients consent to receiving text messages and include email addresses as well.

As always, your feedback is welcome and valuable. Please do not hesitate to reach out to the IHP team.



COVID-19 Note:

Tele-Therapy Services are available through Quartet for behavioral health patients whose needs have been exacerbated by the Coronavirus.

Please indicate on your referrals if tele-therapy services are recommended.



Which chronic diseases are most commonly not coded from one year to the next? You'd be surprised.

The list below shows the most common diagnoses that don't get coded year over year- and their risk adjustment factors.

Diagnosis reconciliation helps you identify all diagnoses from the past year so that chronic conditions can be appropriately carried forward. Those codes can significantly impact the RAF for your patients. The HCC Facesheet makes it easy for nurses and providers to efficiently complete diagnosis reconciliation during the AWV. Talk to your **Caravan Health team** for more information about integrating the Facesheet into the AWV workflow or adequately documenting chronic conditions.

HCC 18	: Diabetes with Chronic Complication (RAF 0.305)	
	Type 1 DM with complication Type 2 DM with complication	
21	Diabetic Nephropathy	
22	Diabetic CKD	
29	Other Diabetic Kidney Complications	
319	Unspecified Diabetic Retinopathy w/o Macular Edema	
3293	Mild Nonproliferative Diabetic Retinopathy w/o Macular Edema, Bilateral	
36	Diabetic Cataract	
40	Diabetic Neuropathy, Unspecified	
42	Diabetic Polyneuropathy	
43	Diabetic Autonomic (poly) Neuropathy	
49	Diabetic Neurological Condition	
51	Diabetic Peripheral Angiopathy w/o Gangrene	
59	Other Circulatory Complications	
621	Foot Ulcer	
622	Other Skin Ulcer	
628	Other Skin Complications	
649	Hypoglycemia w/o Coma	
65	Hyperglycemia	
69	Other Specified Complication	
8	Unspecified Complications	
HCC 19: Diabetes w/o Complications (RAF 0.105)		
E11.9	Type 2 DM w/o Complications	
Z79.4	Long Term (current) Use of Insulin (only code for Type 2 DM)	
	HCC 85: Heart Failure (RAF 0.337)	
I11.0 Hy	pertensive Heart Disease w/ Heart Failure	
I13.0 Hypertensive Heart and Chronic Kidney Disease w/ Heart Failure and CKD Stage I-IV or Unspecified Kidney Disease		
150	_ Heart Failure, <i>specified</i>	
20	Unspecified Systolic	
22	Chronic Systolic	
30	Unspecified Diastolic	
33	Acute on Chronic Diastolic	
42	Chronic Combined Systolic & Diastolic	
142 Cardiomyopathy, specified		
0	Dilated	
9	Unspecified	

	USB OS A L III : TOTALIA	
HCC 96: Arrhythmias (RAF 0.269)		
I44.2 AV block, complete I47 Paroxysmal Tachycardia, origination		
147	Supraventricular	
2	Ventricular	
2 Ventricular 148 Afib/Aflutter, specified		
0	Paroxysmal Atrial Fibrillation	
1	Persistent Atrial Fibrillation	
2	Chronic Atrial Fibrillation	
3		
	Typical Atrial Fibrillation	
4	Atypical Atrial Fibrillation	
91	Unspecified Atrial Fibrillation	
92	Unspecified Atrial Flutter	
HCC 108: Vascular Disease (RAF 0.296)		
170	Atherosclerosis	
203	Unspecified, of Native Arteries of Extremities, Bilateral	
213	Of Native Arteries of Extremities, with Intermittent Claudication, Bilateral	
293	Other, of Native Arteries of Extremities, Bilateral Legs	
I71 Aortic Aneurysm		
2	Thoracic, without Rupture	
4	Abdominal, without Rupture	
I73 Peripheral Vascular Disease		
89	Other Specified Peripheral Vascular Diseases	
9	PVD, unspecified	
HCC 111: COPD (RAF 0.336)		
J42—Unspecified Chronic Bronchitis J41 Bronchitis, specified		
0	Simple Bronchitis	
1	Mucopurulent Chronic Bronchitis	
J43 Emphysema, location		
1	Panlobular Emphysema	
2	Centrilobular Emphysema	
8	Other Emphysema	
9	Unspecified Emphysema	
J44 COPD with complication		
0	With Acute Lower Respiratory Infection	
1	With (acute) Exacerbation	
9	Unspecified	

^{*}Values may not match current published CMS HCC weights