

Incentive Measure Billing and Coding

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EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Topics

- Why is this so important?
- Effective Contraception Surveillance Codes
- Adolescent Well Care Visit vs. Sports Physical
- Assessments within 60 days for Children in DHS Custody
- Electronic Health Record Measures
- Annual Chart Audit Requests
- New Measures in 2016
- Incentive Measure Billing Resources
- Community Health Worker Billing

Why is this so important??

- An estimated \$15 Million will be withheld from EOCCO's premium in 2016
- To receive our withhold back, EOCCO must meet a certain number of measures to receive either a portion or all of our withhold returned
- The returned withhold is invested into things such as grants, community health worker funding, LCAC funding, and PCPCH payments
- EOCCO relies on providers to report what is happening either through claims data, EHR reports or chart review

Effective Contraceptive Use

- 2016 Improvement Target is 42.7%
- EOCCO's 2015 results were 37.9%
- Measure is for women ages 15-50 who are at risk for unintended pregnancy
- EOCCO captures all the Rx claims, IUD's and other billable methods of contraception and excludes pregnancy
- Long-acting reversible or permanent contraception needs to be billed with a surveillance code every year

Effective Contraceptive Use

Surveillance codes:

- Z30.41 Encounter for Surveillance of contraceptive pills
- Z30.431 Encounter for routine checking of IUD
- Z30.42 Encounter for surveillance of injectable contraceptive
- Z30.49 Encounter for surveillance of other contraceptives
- Z30.018 Encounter for initial prescription of other contraceptives
- Z30.019 Encounter for initial prescription contraceptives, unspecified
- Z30.40 Encounter for surveillance of contraceptives, unspecified
- Z30.8 Encounter for other contraceptive management
- Z30.9 Encounter for contraceptive management, unspecified
- Z97.5 Presence of intrauterine contraceptive device

The surveillance codes do not need to be in the primary position and do not have to be used in combination for inclusion in the numerator.

AWC vs Sports Physical

- 2016 Improvement Target is 29.1%
- EOCCO's 2015 results were 25.6%
- Adolescents age 12-21
- CPT/HCPCS codes: 99383-99385, 99393-99395, G0438, G0439
- ICD-10 codes: Z00.00, Z00.01, Z00.121, Z00.129, Z00.5
- Administratively, EOCCO will allow more than 1 well child check in a 12 month time span

AWC vs Sports Physical

- To use the AWC billing codes, the following components must be present for a visit to count as a well-care visit:
 - A health and developmental history, e.g., social and emotional well-being, health behavior, academic history, physical development and mental health, etc.
 - A physical exam, e.g., weight, height, vision, heart, lungs, skin, etc.
 - Health education/anticipatory guidance, e.g., reproductive health, alcohol and tobacco avoidance, violence and injury prevention, etc.
- A sports physical usually includes a physical exam and a brief discussion of the child's medical history.

Assessments within 60 days, DHS Custody

- 2016 Improvement Target is 64.5%
- EOCCO's 2015 results were 61.5%
- Children and Adolescents ages 0-17 who enter into foster care

	Required assessments		
Age on CCO Notification Date	Physical	Dental	Mental
Less than 12 months old	YES	NO	NO
1 to 3 years old	YES	YES	NO
4 to 17 years old	YES	YES	YES

Assessments within 60 days, DHS Custody

- 2016 Improvement Target is 64.5%
- EOCCO's 2015 results were 61.5%
- GOBHI has partnered with local DHS offices to help educate the foster parents about the importance of scheduling the required visits
- EOCCO created a sticker to go on the front of the foster care packet outlining the visits that need to take place and by what date
- We need your help to schedule the visits within the 60 day requirement

Annual Chart Audit Requests

Colorectal Cancer Screening

- 2016 Improvement Target is 39.0%
- EOCCO's 2015 results were 36.0%

Prenatal and Postpartum Care

- 2016 Improvement Target is 93.0%
- EOCCO's 2015 results were 91.4%
- OHA provides a sample of the eligible population to the CCO, for example, 410 members in 2015 for Prenatal and Postpartum Care

Annual Chart Audit Requests

- We need your help
 - › When chart are received, please review and send back by the requested return date
 - › Forward to the correct person to fill out the request
 - › Contact the EOCCO Metrics team with any questions
- Limited window of time to collect charts
 - › EOCCO has a deadline to capture all data and report back to OHA
 - › This usually is only about 30-45 days

New Measures in 2016

- In 2016, there are now 18 measure, 2 of them are new
 - › Child Immunization Status Combo 2
 - › Cigarette smoking prevalence

Child Immunization Status Combo 2

- 2016 Improvement Target is 75.3%
- EOCCO's 2015 results were 73.3%

Cigarette smoking prevalence

- 2016 Improvement Target is 75.3%
- EOCCO's 2015 results were 73.3%

New Measures in 2016

- Child Immunization Status Combo 2, date of service must be on or before the child's 2nd birthday
- EOCOC relies on the Public Health Division Program Registry (ALERT) data for reporting
- The member needs to have the following complete:

DTaP	At least four
IPV	At least three
MMR	At least one or history of measles, mumps or rubella illness
HiB	At least three
Hepatitis B	At least three or history of hepatitis illness
VZV	At least one or history of varicella zoster illness

New Measures in 2016

- Cigarette Smoking Prevalence
- EHR Measure
- Members age 13+
- Please indicate if cigarette smoking only and/or broader tobacco use
- Report queries must be able to query the following:
 - › Of all your patients with a qualifying visit, how many have their cigarette smoking or tobacco use status recorded?
 - › Of all your patients with their cigarette smoking or tobacco use status recorded, how many are cigarette smokers?
 - › Of all your patients with their cigarette smoking or tobacco use status recorded, how many are smokers and/or tobacco users?

Incentive Measure Billing Resources



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Billing and payments


As a valued partner, we recognize the work you do is important to your community. That's why we want to make sure you get paid in a timely manner.

Below are links to provider documents that will help move the payment process along. Click on the Provider Manual to see what we hold our providers to. The Reimbursement Policy Manual explains how Moda Health pays claims, while the claims payment information page provides additional details around claims and appeals. Finally, the electronic claims page shows you how to submit a claim and receive faster payment. Using these links will help speed up the payment process.

2016 EOCCO Incentive Measure Coding Reference Guide

<http://www.eocco.com/pdfs/2016 EOCCO Incentive Measure Coding Reference Guide.pdf> 

2016 EOCCO Incentive Measure Dictionary

<http://www.eocco.com/pdfs/2016 EOCCO Incentive Measure Dictionary.pdf> 



Incentive Measure Billing Resources

- Quarterly Progress Reports
- State website:

The screenshot shows the Oregon Health Authority website. At the top, there is a navigation bar with the Oregon.gov logo on the left, a search bar with 'Google Custom Search' and a 'Find' button, and a 'PENDLETON ROUND-UP' banner for 'September 14-17, 2016'. Below the navigation bar is a blue header with 'Office of Health Analytics' on the left and the 'Oregon Health Authority' logo on the right. The main content area is divided into a left sidebar and a main content column. The sidebar contains a 'Health Analytics home' section with links for 'About Us', 'Contact Us', and 'Committees' (including 'All Payer All Claims TAG', 'Child & Family Well-Being Measures Workgroup', 'Hospital Performance Metrics Advisory Committee', and 'Metrics & Scoring Committee'). Below this is a 'CCO Incentive Metrics' section with links for 'Hospital Incentive Metrics' and 'OHP Rate Development'. At the bottom of the sidebar is the 'Oregon Health Authority' logo and 'Oregon Health Policy Board' link. The main content column features the title 'Technical Specifications and Guidance Documents for CCO Incentive Measures' in large, bold black text. Below the title is an 'Overview' section with a paragraph explaining that the Oregon Health Authority is using quality health metrics to show how well Coordinated Care Organizations (CCOs) are improving care, making quality care accessible, eliminating health disparities, and curbing the rising cost of health care. This is followed by a paragraph stating that outcome and quality measures have been developed by the Metrics and Scoring Committee, and funds from a quality pool will be awarded to CCOs based on their annual performance on these CCO Incentive Measures. A bulleted list of links follows: '2016 Metrics Timeline and Due Dates', '2016 Quality Pool Methodology ("2016 Reference Instructions")', and '2016 Quality Pool INITIAL Estimates'. Below this is a 'Data & Reporting' section with a paragraph stating that OHA regularly provides CCOs with progress reports on the CCO Incentive and State Performance Measures for their review and feedback. A link is provided for 'Health System Transformation Progress Reports'. A box contains three links: '2016 Benchmarks', '2016 Measures', and 'CCO Incentive Measures since 2013'. At the bottom of the main content column is a 'Guidance Documents' section with a paragraph stating that technology plans and measure specific guidance documents from previous measurement years are available upon request, and that these documents have been removed from the webpage to minimize confusion between the measurement years. To the right of the main content column is a blue-bordered box containing 'Questions?' with an email link 'Metrics.Questions@state.or.us', 'Media Inquiries?' with contact information for Robb Cowie (Robb.Cowie@state.or.us, 503-945-7849), and 'For more information' with links to 'Metrics and Scoring Committee', 'Metrics Performance Reports', 'Metrics Technical Advisory Group', 'Oregon's Measurement Strategy', and 'Oregon's Medicaid Demonstration'.

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September 14-17, 2016 PENDLETON ROUND-UP

Office of Health Analytics Oregon Health Authority

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Committees
All Payer All Claims TAG
Child & Family Well-Being Measures Workgroup
Hospital Performance Metrics Advisory Committee
Metrics & Scoring Committee

CCO Incentive Metrics
Hospital Incentive Metrics
OHP Rate Development

Oregon Health Authority
Oregon Health Policy Board

Technical Specifications and Guidance Documents for CCO Incentive Measures

Overview

The Oregon Health Authority is using quality health metrics to show how well Coordinated Care Organizations (CCOs) are improving care, making quality care accessible, eliminating health disparities, and curbing the rising cost of health care.

Outcome and quality measures have been developed by the Metrics and Scoring Committee. Funds from a quality pool will be awarded to CCOs based on their annual performance on these CCO Incentive Measures.

- [2016 Metrics Timeline and Due Dates](#)
- [2016 Quality Pool Methodology \("2016 Reference Instructions"\)](#)
- [2016 Quality Pool INITIAL Estimates](#)

Data & Reporting

OHA regularly provides CCOs with progress reports on the CCO Incentive and State Performance Measures for their review and feedback.

Metrics are publicly reported in the [Health System Transformation Progress Reports](#).

[2016 Benchmarks](#)
[2016 Measures](#)
[CCO Incentive Measures since 2013](#)

Guidance Documents

Technology plans and measure specific guidance documents from previous measurement years are available upon request. These documents have been removed from the webpage to minimize confusion between the measurement years.

Questions?
Email:
Metrics.Questions@state.or.us

Media Inquiries:
Robb Cowie
Robb.Cowie@state.or.us
503-945-7849

For more information
[Metrics and Scoring Committee](#)
[Metrics Performance Reports](#)
[Metrics Technical Advisory Group](#)
[Oregon's Measurement Strategy](#)
[Oregon's Medicaid Demonstration](#)

Community Health Worker Billing

- EOCCO will reimburse for Community Health Workers (CHW)
- The CHW policy can be found on eocco.com
- Example case of billing: Your CHW is going to conduct a monthly class about how to properly use a glucose monitor for diabetics.
 - › PCP or eligible provider orders the member to go to the class by the CHW
 - › 6 EOCCO members attend
 - › CHW documents all the required info and it is placed in the member's chart
 - › A claim would be submitted for each of the 6 member with a 98962 and the appropriate diagnosis
 - › Ordering PCP would be rendering provider on the claim



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