



Office Manager Meeting September 11, 2019

Northeast

Physician Hospital Organization

A G E N D A

- Welcome
 - Referral Management Presentation
Care Retention 2019
 - Best Practice Advisories in Epic
 - NEPHO Coding and Billing Overview
 - Questions
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Referral Management Presentation Care Retention 2019

Ann Cabral, Manager of Referral Management

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Northeast PHO Referral Policy

BCBS, Fallon, Harvard Pilgrim, Tufts, and Tufts Medicare Preferred HMO

Referral Criteria	Policy
Pre-existing Relationship	<ul style="list-style-type: none">• Patient must have seen OOPHO specialist within one calendar year; clinical notes required to support relationship
Access to Care within system	<ul style="list-style-type: none">• Specialists or Specialty services not available in a timely manner; refer to PHO Specialty Access Guidelines
Services not available within NEPHO network	<ul style="list-style-type: none">• Patient will be directed to Lahey or Beth Israel Preferred Tertiary Provider; if service not available at Lahey or BI; patient will be directed to Out of Network provider.• Clinical Notes to Support this request
Coordination of Care	<ul style="list-style-type: none">• Clinical notes to support this request
Follow up ER	<ul style="list-style-type: none">• Surgical – Must have seen Specialist in ER; follow up allowed• Medical – 1 visit and re-directed back to NEPHO or Lahey Specialist as appropriate
Second Opinions	<ul style="list-style-type: none">• Required in system if possible• Out of PHO restricted to 1 visit and excludes surgery where applicable

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Referral Criteria	Policy
In PHO Orthopedic Policy	<ul style="list-style-type: none">Members must see an NEPHO Orthopedic Surgeon prior to being referred to an Out of PHO or Lahey/Beth Israel Preferred Tertiary Orthopedic Specialist
Pediatric Referral Rules Referrals will be subject for review for the following specialties as the PHO has Specialists within the NEPHO network	<ul style="list-style-type: none">AllergyDermatologyENTOrthopedicOphthalmology
Referrals for the following Pediatric specialties will be approved without PHO Medical Director review as services are not available within the NEPHO network	<ul style="list-style-type: none">CardiologyEndocrinologyGastroenterologyNephrologyNephrology/NeurosurgeryPulmonaryRheumatologyUrology
Referrals for the following services are not required for Medical Director review but may still health plan processing by NEPHO.	<ul style="list-style-type: none">Chiropractic CareOptometry- annual eye carePhysical Therapy/Occupational Therapy/Speech Therapy

NEPHO Q1 2019 – BILPN Leakage

	NEPHO	Lahey	Winchester	Congenial
Inpatient	17%	23%	27%	27%
Outpatient Surgery	13%	10%	29%	25%
Professional Visits	15%	16%	29%	26%



Best Practice Advisories in Epic Reporting improves outcomes!

Stephanie Cunningham, NEPHO

Ashley Gleason, Manager LHPC Beverly

Maria Valiere, Manager LHPC Danvers

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Sample of Monthly BPA Report

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ENC_DATE	VISIT TYPE	PCP	PCP_DEP	PAT_NAME	MRN	DOB	BPA	Tobacco Review Date	PH Q9	PHQ9_date	BMI	BMI_date	Fall	Fall_date	BP	BPdate	BPA USER NAME	PAYOR_NAME
08/03/2019	PC-EST	ABOU-EZZI, PIERRE	NMP BEV EZJ PRIM CARE			06/17/1952	AMB BASE CLINICAL DEPRESSION PHQ-9 SCREEN 85+	08/03/2019			30.5	08/03/2019			138/78	08/03/2019	GEARY, LAURA	MEDICARE
08/04/2019	PC-EST	ABOU-EZZI, PIERRE	NMP BEV EZJ PRIM CARE			07/01/1945	AMB BASE CLINICAL DEPRESSION PHQ-9 SCREEN 85+	07/22/2019			22.3	08/04/2019	No	08/04/2019	112/76	08/04/2019	DIAZ, NATHALIE	MEDICARE
08/12/2019	PC-EST	ABOU-EZZI, PIERRE	NMP BEV EZJ PRIM CARE			07/26/1992	AMB BASE CLINICAL DEPRESSION PHQ-9 SCREENING	08/12/2019			19.3	08/12/2019			90/62	08/12/2019	GEARY, LAURA	BLUE CROSS BLUE SHIELD
08/06/2019	PC-SDA	ABOU-EZZI, PIERRE	NMP BEV EZJ PRIM CARE			11/28/1979	AMB BASE CLINICAL DEPRESSION PHQ-9 SCREENING	08/11/2019			23.3	08/06/2019			114/52	08/06/2019	DIAZ, NATHALIE	HARVARD PILGRIM HEALTHCARE

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Pivot Table totals by User for missed BPA's for Falls, BMI and PHQ-9 makes reviewing missed items easier to review w/staff

	AMB BASE FALLS SCREENING: PATIENT >65 - BASE		Total Count of Fall BPA	
Provider	Count of Fall	Count of BPA		
ABOU-EZZI, PIERRE	14	14	14	14
BERTOLDI, DONNA	3	3	3	3
DIAZ, NATHALIE	3	3	3	3
GEARY, LAURA	3	3	3	3
QUIGLEY, BRITTANY	5	5	5	5
Grand Total	14	14	14	14

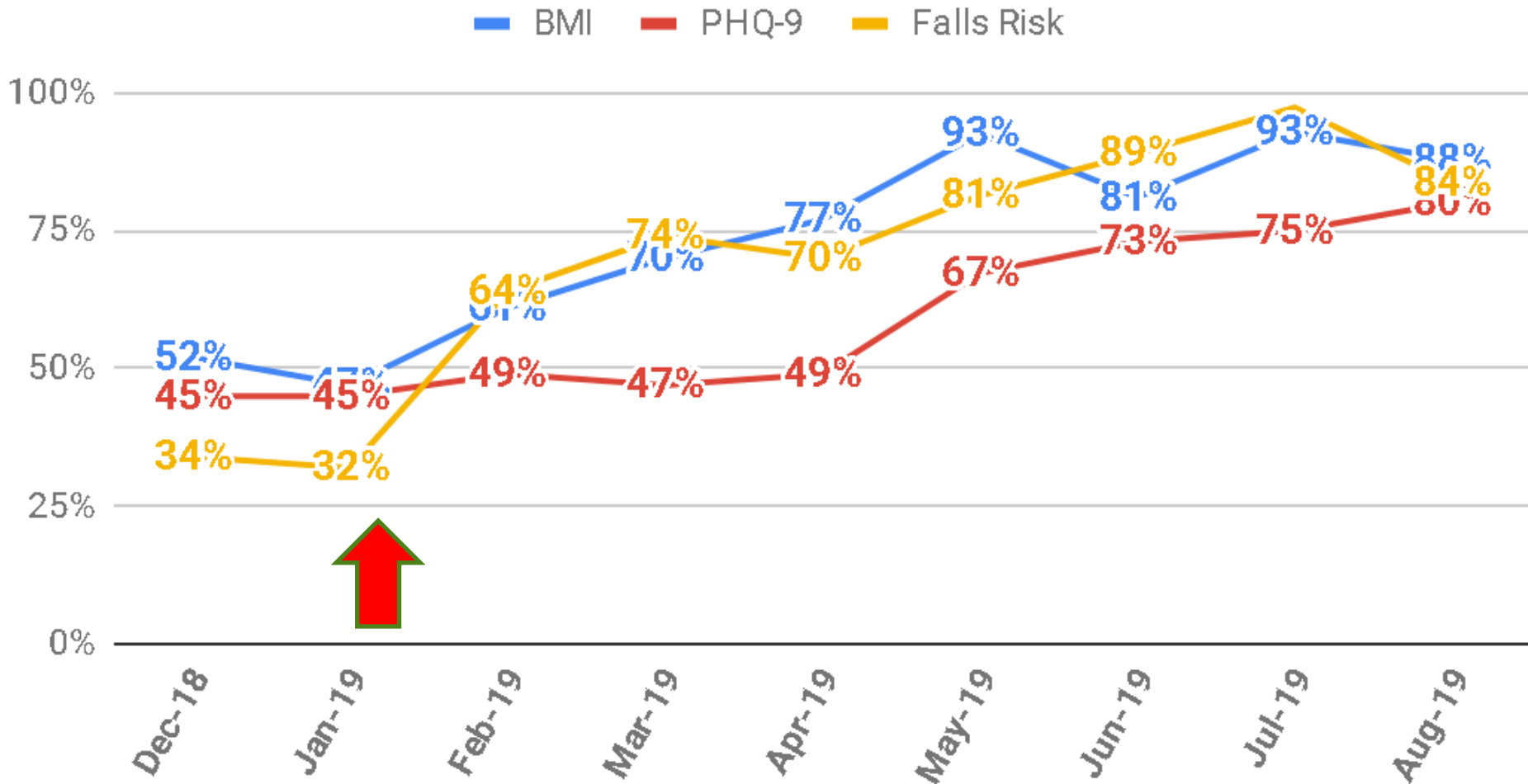
	AMB BASE BMI SCREENING EVERY 12 MONTHS AGES 65 AND OVER		AMB BASE BMI SCREENING EVERY 12 MONTHS UNDER AGE 65		Total Count of BMI	Total Count of BPA
Provider	Count of BMI	Count of BPA	Count of BMI	Count of BPA		
ABOU-EZZI, PIERRE	5	5	17	19	22	24
BERTOLDI, DONNA	1	1	8	8	9	9
DIAZ, NATHALIE	1	1	4	5	5	6
GEARY, LAURA	3	3	4	5	7	8
QUIGLEY, BRITTANY			1	1	1	1
Grand Total	5	5	17	19	22	24

	AMB BASE CLINICAL DEPRESSION PHQ-9 SCREEN 65+		AMB BASE CLINICAL DEPRESSION PHQ-9 SCREENING		Total Count of PHQ9 BPA	
Provider	Count of PHQ9	Count of BPA	Count of PHQ9	Count of BPA		
ABOU-EZZI, PIERRE	34	52	61	67	95	119
BERTOLDI, DONNA	6	10	17	22	23	32
DIAZ, NATHALIE	5	11	13	14	18	25
GEARY, LAURA	17	21	14	14	31	35
QUIGLEY, BRITTANY	6	10	17	17	23	27
Grand Total	34	52	61	67	95	119

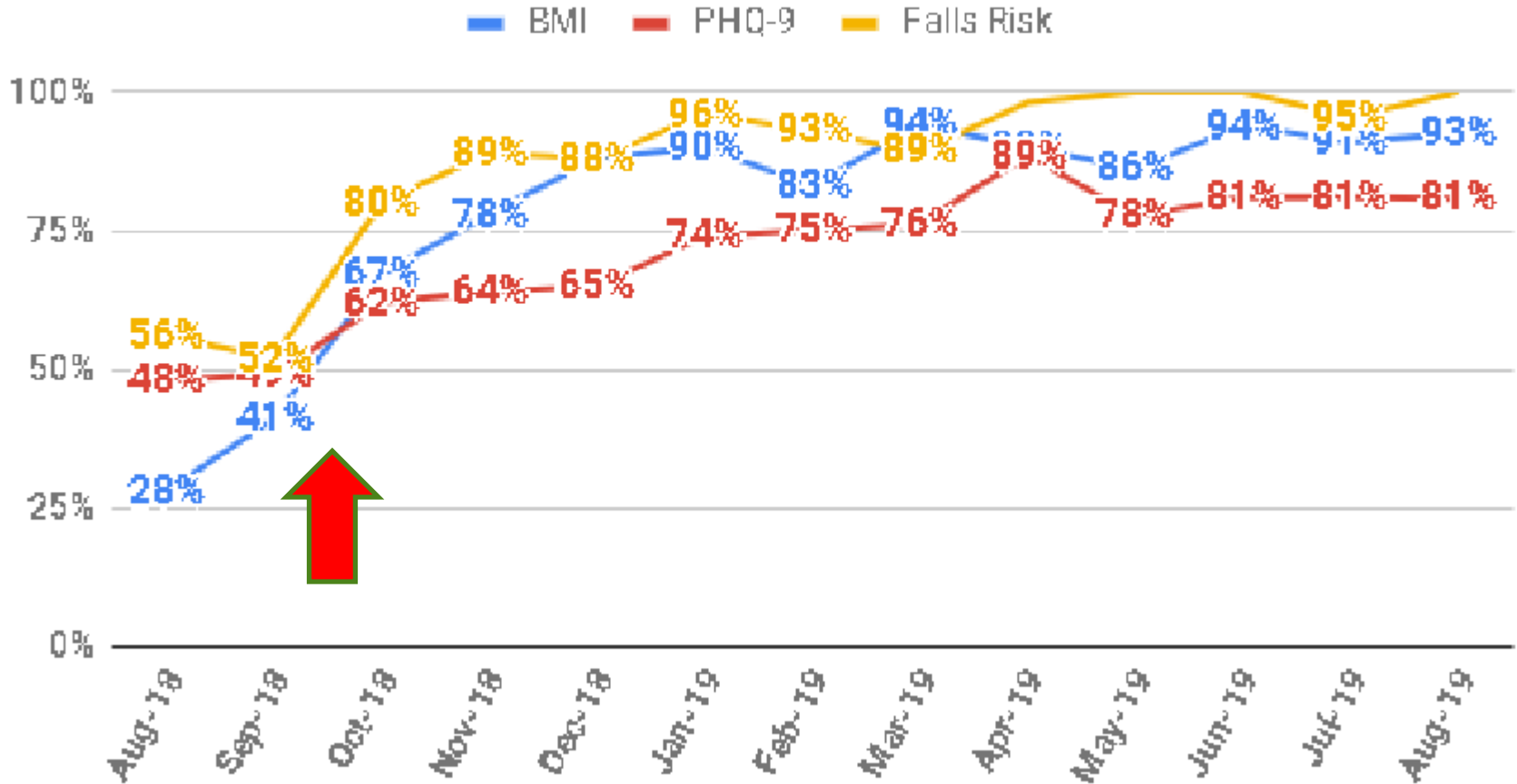
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NMP Danvers DMA BPA Trends



NMP Beverly Ezzi BPA Trends



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Challenges:

- **Provider Push Back**
 - only do at Physicals not optimal
 - time to treat elevated score w/in the visit is a challenge
- **Staffing shortages**
- **PHQ-9 fires in rooming, not check-in**
- **Patients leave form in exam room without completing it**
- **Patient refusal**
 - document in EPIC – refusal with comment is good for later follow up

"I need someone capable of doing fifty things at once in twenty areas of the office."

And a medical assistant was born....





NEPHO Coding and Billing Overview

Shawn Bromley, Director of Contracting and Operations

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Agenda

- ICD-10 CM & CPT Description
 - National Correct Coding Initiative (NCCI)
 - Payer Policies
 - Best Practice to Reduce Denials
 - Best Practice to Work Denials
 - Resources
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ICD-10 Clinical Modification (CM) & CPT

	ICD-10 CM Codes	CPT Codes
Annual Updates	October 1 st	January 1st
Description	A system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care in the United States	Current Procedural Terminology (CPT) is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations.
Claim Location 1500 Form	Section 21 – up to 12 holders for diagnosis	Section 24A – up to 4 diagnosis for each procedure performed
Example	<u>Sick Visit Cough</u> – Diagnosis R05 and physician ordered x-ray for chest pain R07.9 (unspecified)	<u>X-Ray of Chest</u> – 71010 Medical necessity has been met with chest pain
Medical Necessity	Reasonable and necessary to diagnosis or to treat a patients condition	Medically necessary to perform procedure – documentation should support the procedure billed

NCCI Edits

Centers for Medicare and Medicaid (CMS) developed the NCCI edits to promote national correct coding methodologies and to help control improper coding that led to inaccurate reimbursement.

- NCCI edits are updated quarterly
 - The scrubbing system will ensure to capture inaccurate coding
 - Claims that hit edits will be rejected/denied
 - Denials will need to be appealed
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Example of NCCI Edit

- **Incidental Services:** Includes procedures that can be performed along with the primary procedure but are not essential to complete the procedure. They do not typically have a significant impact on the work and time of the primary procedure. Incidental procedures are not separately reimbursable when performed with the primary procedure.
 - **Example:** *Billing the following procedures together: 44005-Enterolysis (surgical separation of intestinal adhesions, separate procedure) & 44140-Partial colectomy with anastomosis (primary procedure).*
 - **Correct Coding:** *Separate procedures are not reported in addition to the total procedure or service – Line item denial of procedure 44005 and reimbursement in full of line item 44140.*
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Payer Policies

- Provide guidelines on payer reimbursement
 - Medical Policies – Defines whether a technology, procedure, treatment, supply, equipment, drug or other is covered or not covered.
 - Payment Policies – Help providers understand the way a submitted claim for service will be processed.
- Are usually reviewed annually to identify National or State coding changes
- Follow Local and National Coverage Determination policies (LCD & NCD)
- Payer policies highlight coverage for contracted providers vs. non-contracted providers

LCD and NCD policy information can be located on Noridan (Durable Medical Equipment Contractor for Massachusetts) and National Government Services (MAC for Massachusetts)

Best Practice to Reduce Denials

- Lack of medical necessity is the most common reason for denials
 - Know your payer policies
 - Review claim rejections monthly to identify possible trends
 - Know provider contract participation status
 - Know recent coding changes and updates
 - Educate yourself and your practice
 - Remember payers have a scrubbing system – ensure your claims are going out clean
 - Include supporting documentation when required
 - Ask questions earlier than later to avoid multiple denials
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Best Practice to Work Denials

- Rejections vs. Denials
 - Rejections should be processed in a timely manner
 - Denial error codes identify length of time necessary to work a denial
 - Create a workflow for staff to work denials
 - Communicate directly with third party billers to understand recent denials
 - A denial can be appealed – know when to work an appeal and understand the payer appeal process
 - Understand your payer filing limits and work denials appropriately
 - Track denial trends
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Resources

- <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>
 - <https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>
 - https://www.ngsmedicare.com/ngs/portal/ngsmedicare/newngs/entry/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfljo8ziTRw9XQ0NnQ283b08TQwcTVwCgxx9Qw0tjI31wwkpiAJKG-AAjgZA_VFgJXAT_I39LYAmuDm5uAQGGLs7GUEV4DGjIDfCINNRUREAsEcyEg!!/dz/d5/L2dBISvZ0FBIS9nQSEh/
 - <https://www.cms.gov/>
 - <https://oig.hhs.gov/reports-and-publications/workplan/updates.asp>
 - <https://emuniversity.com/>
 - https://www.bluecrossma.com/common/en_US/medical_policies/medcat.htm
 - <http://www.massmed.org/>
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