OPTUM®

INSIDER

Educational and program information for providers

For Optum in-office assessment program announcements, see page 2.

December 2022

FOCUS ON: Chronic obstructive pulmonary disease (COPD)

Medicare Advantage	Prevalent conditions that fall into these categories are: simple chronic bronchitis (mucopurulent or unspecified); emphysema (panlobular, centrilobular, interstitial, compensatory, other, or unspecified); COPD with infection, an acute exacerbation or unspecified.
HCC 111: COPD	
Affordable Care Act	For ACA enrollees age >2: All of the above account for any age; however, emphysema (panlobular, centrilobular, interstitial, compensatory, other or unspecified) and COPD unspecified applies to patients two years of age or older.
HCC 160, 161: COPD, including bronchiectasis and asthma	For ACA enrollees only, any age: Asthma – mild (intermittent or persistent), moderate (persistent), severe (persistent), or unspecified; with acute exacerbation, status asthmaticus or uncomplicated: bronchospasm (exercise induced); cough variant asthma; eosinophilic and other asthma.

The conditions listed in the table above do not represent an inclusive list. Please check the CMS and HHS mappings for a complete list of conditions. HCC information is provided for educational purposes on the differences between the CMS and HHS models and is not intended to affect patient care.

CMS requires submission of risk-adjusting diagnosis codes within the reporting period each calendar year based on what is documented in the medical record.

Documentation should be clear, concise and legible. All conditions that coexist at the time of the encounter/visit, and require or affect patient care, treatment and/or management, should be documented.

When documenting conditions regarding **chronic obstructive pulmonary disease (COPD)**, specify (if applicable):

- Type: For example, asthma with COPD, also document the asthma by severity, frequency and level of exacerbation; chronic asthmatic bronchitis, chronic obstructive bronchitis, chronic bronchitis with emphysema and chronic obstructive tracheobronchitis
- Severity: Acute exacerbation, acute-on-chronic exacerbation or chronic respiratory failure
- Comorbidities: Such as, but not limited to, pulmonary artery disease, malnutrition, diabetes, cardiac disease, hypertension, heart failure, coronary artery disease and lung cancer
- Cause: Identify any acute lower respiratory infection and the infectious microorganism, if known; identify any additional lung disease due to external agent and specify agent (for example: organic dust, chemical gases, fumes, vapors, ventilation system, etc.)
- Tobacco use/exposure: Any related tobacco use, abuse, dependence, past history or exposure (second hand, occupational, etc.)

HEDIS measures

Use of spirometry testing in the assessment and new diagnosis of COPD (SPR) (This measure is specific to the MA population)	The percentage of patients 40 years of age and older with a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis. An encounter with a new diagnosis of COPD and specific spirometry testing completed two years prior through six months after the diagnosis. Note: The type of encounter (outpatient/inpatient) may alter these requirements. See the NCQA specifications for complete information.

Documentation considerations may be specific to Optum programs such as the Comprehensive Gap Assessment Program (CGAP). Refer to the National Committee for Quality Assurance (NCQA) for a complete listing of documentation requirements.

For information on CGAP documentation verification requirements, please click here.

For additional HEDIS documentation requirement information, please refer to our closing gaps in quality measures toolbook.

For additional information, as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at ncqa.org.

For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to go.cms.gov/partcanddstarratings.

Optum in-office assessment program updates and reminders

Thank you for your participation in the Optum in-office assessment program. This program is designed to assist you in conducting a comprehensive annual exam, and potentially help you detect chronic conditions, at times before your patients have symptoms. We encourage you to schedule a comprehensive annual exam for each patient's next office visit. Please allow enough time to assess all gaps in care and screenings identified on your assessments.

Documentation should be clear, concise and legible. All conditions that coexist at the time of the encounter/visit and require or affect patient care, treatment and/or management should be documented.

This section is intended to notify you of in-office assessment program updates and reminders for our health plans' Medicare Advantage (MA), Medicaid Managed Care Plan (MCAID) and Affordable Care Act (ACA) members and to inform you of trainings that you and your team may leverage to support program success. Disclaimer: The information provided below is not specific to any one group or health plan; the terms below may vary from health plan to health plan. If you would like to understand what terms apply to what health plan, would like a reference to the full program requirements and/or have any further questions, please contact your Optum representative, or contact the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday–Friday.

Closing out the 2022 In-Office Assessment program

As you continue to complete your 2022 assessments, please remember these important dates and tips:

- The 2022 assessments will remain available via Practice Assist until the 2023 program year begins (on or around February 6, 2023). You may continue using the 2022 assessments to submit patient encounters that took place on or before December 31, 2022.
    - **Tip:** Please do not use the 2022 assessments to submit a 2023 date of service (DOS); eligible dates of service for submission are limited to January 1, 2022, through December 31, 2022, and can be submitted through January 31, 2023. Please hold 2023 encounter submissions until the 2023 assessments become available (on or around February 6, 2023).
- 2022 assessments with a 2022 DOS can be submitted through January 31, 2023.
- Rejected 2022 IOA corrections can be submitted through March 31, 2023, and must include a 2022 DOS.
    - **Tip:** For more information on correcting a rejected assessment, please refer to the Reject Code Explanations document for a list of rejection reasons and solutions to resolve those issues, or contact your Optum representative.

Reimbursement reminders

All providers who qualify for administrative reimbursement must receive reimbursement via direct deposit. If you have not already done so, please submit an Account Setup Form (ASF) and a W-9, and complete your direct deposit enrollment.

- Submission of the ASF, W-9 and direct deposit enrollment are due by March 31, 2023.
- *Submission of an ASF, W-9 and direct deposit enrollment is not required for any provider groups who are already receiving reimbursement.* This message only pertains to provider groups who have not yet been set up for direct deposit and are eligible for reimbursement for the 2022 IOA program. If you have any questions regarding the status of your direct deposit enrollment, please contact your Optum representative, or call the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday through Friday.
- Failure to comply with these requirements will result in automatic forfeiture of administrative reimbursement for eligible 2022 assessments, if applicable.

Did you know?

Your Optum representative or the Provider Support Center can provide access to several tools to assist you in completing the program, as well as tracking your results in the program. If you have questions, please contact your Optum representative or the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday through Friday, or via email at providersupport@optum.com.

To minimize errors or to correct previously rejected assessments, please refer to the Checklist and FAQ for providers.

Remember:

Assessments must be submitted via:

- **In-office assessment delivered as PDF:**
    - **Optum Uploader:** Please visit optumupload.com.
    - **Secure fax:** 1-972-729-6103
    - **Traceable carrier:** (Any commercial carrier with traceable delivery) to the following address:
      Optum Prospective Programs Processing
      2222 W. Dunlap Ave.
      Phoenix, AZ 85021
- **Optum electronic portal/modality**

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

The following references were used to create the content of this document:
1. *Optum360 ICD-10-CM: Professional for Physicians 2022.* Salt Lake City, UT: 2021.

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11000 Optum Circle, Eden Prairie, MN 55344