Adirondack Health Institute

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Practice Transformation Workgroup
November 2020

PRESENTED BY:

Louann Villani, RN, AHI

Brenda Stiles, RN, Adirondacks ACO

Nov. 19, 2020

Agenda

I. Opening/Welcome – Louann Villani

II. PCMH: Have you submitted?

III. SDoH coding initiatives – Ann Hutchison

IV. Coding: “Painting the Patient Picture” – Brenda Stiles

V. Future topics

VI. Open forum

NCQA PCMH and QPASS Updates

- How many have submitted?
- Any questions?
- QPASS still has issues
- Zoom accounts

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NYS Health Homes SDoH Screening Process

PRESENTED BY:

Ann Hutchison

Director, Health Home and Care Management

Nov. 19, 2020

Health Home Overview

- ✓ Medicaid Eligible
- ✓ Chronic Conditions
- ✓ Behavioral Health
- ✓ **Social Problems**
- ✓ High Utilizers

Target Population

Health Home Overview

Health Home Network

- ✓ Clinical Providers
- ✓ Behavioral Health Providers
- ✓ Social Services Agencies and CBOs

AHI Health Home Network

- AHI's Community Access Team
- Alliance for Positive Health
- Behavioral Health Services North
- Capital District Psychiatric Center
- Catholic Charities Care Coordination
- Champlain Valley Family Center
- Citizen Advocates
- Community Connections of Franklin Co.
- Essex County Mental Health Services
- Families First in Essex
- Fort Hudson Care Management
- Glens Falls Hospital
- Hamilton County Community Services
- HCR Care Management
- Hudson Headwaters Health Network
- Mental Health Association in Essex County
- Salvation Army
- St. Anne Institute
- St. Lawrence Psychiatric Center
- Transitional Services Association
- United Helpers Mosaic
- University of Vermont Health Network - CVPH
- Warren-Washington Association for Mental Health
- Lakeside House (onboarding)
- People, Inc. (onboarding)

Care Coordination Process

ASSESS

DOCUMENT

REFER

CLOSE LOOP

Care Coordination Process

ASSESS

- Comprehensive Assessment is completed for every patient/member;
- Identifies clinical, behavioral and social problems;
- Assessment includes 10 SDoH questions;
- Subset of CMS tool.

5 Core SDoH Domains

- Housing instability;
- Food insecurity;
- Transportation problems;
- Utility help needs; and
- Interpersonal safety.

Care Coordination Process

DOCUMENT

- Problems are documented;
- ICD10 and Snomed Codes used;
- Tied to member/patient care plan.

Examples of Codes

- **Housing Instability** (ICD 10 Code)
  - Homeless (Z59.0)
  - Inadequate housing (Z59.1)
- **Food Insecurity** (SNOMED Code)
  - Food insecurity (733423003)
- **Transportation Problems** (SNOMED Code)
  - Lack of access to transportation (713458007)
- **Utility Help Needs** (ICD 10 Code)
  - Problem related to housing and economic circumstances – unspecified (Z59.9)
- **Interpersonal Safety** (SNOMED Code)
  - Victim of physical abuse (225824003)
  - Victim of emotional abuse (419916003)

Care Coordination Process

REFER

- Problems are referred to a service provider;
- Service providers are inventoried in care management record system;
- Care Manager tracks the status of the problem and the referral.

Care Coordination Process

CLOSE LOOP

- Both the status of the problem and the referral are followed until closed;
- Contact is monthly (at minimum);
- Member discharges with connections to needed services.

For more information about the Health Home program, or to learn how to make a referral, please contact:

ahutchison@ahihealth.org
or
healthhome@ahihealth.org

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Painting the Patient Picture

November 2020

Adirondacks ACO

Better Community Care Through Collaboration

adirondacksaco.com

Why Focus on Risk Coding Opportunities?

- Risk Coding allows you to ‘Paint’ a complete “Patient Picture”
  - Present the complexity of the patient
  - Identifies gaps in care providing a comprehensive view of a patient’s health
- Coding determines the complexity of the patients that you are serving:
  - Severity of illness
  - Family history of
  - Past medical history
  - Social Determinants of Health
- Risk Coding is not a one-time process:
  - Patient conditions change annually therefore capturing new conditions or those that have ceased must be done annually.
  - Each year is a clean slate – must recode conditions you know have existed for years
  - Diagnosis codes impacting a particular visit but also any diagnosis code associated with the person (chronic conditions, permanent conditions)

Z-Codes

- Z-Codes represent factors influencing health status and contact with health services.
- Z-Codes may be assigned as appropriate to further explain the reason for presenting for healthcare services.
- Z-Codes commonly used:
  - Contact/Exposures
  - Status
  - History (of)
    - Breast Cancer – Z85.3
  - Screenings
    - Screening for depression – Z13.89 (encounter for screening for other disorder)
  - Newborns and infants
  - Social Determinants of Health (Z55-Z65)
    - Z55-Problems related to education and literacy
    - Z56-Problems related to employment and unemployment
    - Z57-Occupational exposure risk factors
    - Z59-Problems related to housing and economic circumstances
    - Z60-Problmes related to social environment

Case Study #1

- 65-year-old male in for a routine visit
- History of diabetes, retinopathy, hyperlipidemia
- BP 120/75, Ht. 67 in., Wt. 280, BMI 43.9
- Labs: A1C 6.5
- Social history – recently retired from his 40-year career as an accountant for a manufacturing company, states difficulty with the change.

Case Study # 1 Coding Scenarios

Scenario # 1

Diagnosis	ICD-10 Code	HCC	HCC Weight
Type 2 diabetes, uncomplicated	E11.9	18	0.104
Obesity	E66.0		0
Retinopathy	H35.109		0
Hyperlipidemia	E78.5		0
Total			0.104

Scenario # 2

Diagnosis	ICD-10 Code	HCC	HCC Weight
Type 2 Diabetes, with unspecified retinopathy	E11.329	18	0.318
Morbid Obesity	E66.01	22	0.273
BMI 40 - 44.9	Z68.41	22	0
Hyperlipidemia	E78.5		0
Problems with adjustment to life cycle transitions	Z60.0		0
Total			0.591

Case Study #2

- 68-year-old female with Type 2 Diabetes and polyneuropathy. She expresses how expensive her medications are and difficulty meeting monthly expenses. History of great toe amputation 5 years ago and personal history of uterine cancer with complete hysterectomy as well. Patient continues to smoke ½ pack per day. She has a history of depression. Screened with PHQ-9 and the score was 12. Complaints of increased fatigue, lacking desire to participate in family events and activities since the loss of her sister.

Case Study # 2 Coding Scenarios

Scenario # 1

Diagnosis	ICD-10 Code	HCC	HCC Weight
Type 2 Diabetes, uncomplicated	E11.9	18	0.104
Nicotine Dependent	F17.209		0
Major Depressive Disorder, recurrent episode unspecified	F32.9		0
Total			0.104

Scenario # 2

Diagnosis	ICD-10 Code	HCC	HCC Weight
Type 2 Diabetes, with polyneuropathy	E11.42	18	0.318
Nicotine Dependent	F17.209		0
Acquired loss of unspecified great toe	Z89.419	189	0.588
Major Depressive Disorder, recurrent, moderate	F33.1	58, 59	0.395
Disappearance and death of family member	Z63.4		0
Personal History of malignant neoplasm of uterus	Z85.42		0
Total Hysterectomy	Z90.710		0
Low Income	Z59.6		0
Total			1.301

Case Study 3

- 45-year-old male in for annual wellness visit.
- Hypertension - monitors several times a week and takes medication.
- History of alcoholism – reports he remains abstinent; continues counseling to address issues regarding past childhood abuse -which led to removal from parent's home because of alcohol/drug addiction of the parents.

Case Study # 3 Coding Scenarios

Scenario # 1

Diagnosis	ICD-10 Code	HCC	HCC Weight
Hypertension	I10	0	0
Total			0

Scenario # 2

Diagnosis	ICD-10 Code	HCC	HCC Weight
Hypertension	I10	0	0
Alcoholism, remission in	F10.21	55	0.383
Personal history of unspecified abuse in childhood	Z62.819		0
Alcoholism and drug addiction in family	Z63.72		0
Total			0.383

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December Topic: Looking Ahead

- 2021 PCMH updates
- Tracker grid updates
- 2020 metrics
- Risk coding

Additional Resources

- AHI Website: https://ahihealth.org/
  - *Recordings and slides from meeting are posted on the site.
- AHI COVID newsletter – Monday afternoons
- AHInformer – Every other Thursday newsletter
- ADK ACO website: https://www.adirondacksaco.com/
- Adirondacks ACO monthly newsletter

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