



Together, our
voices elevate° all.

Elevate *Connect*

*Initial Preventive Physical Exams (IPPE)
Annual Wellness Visits (AWVs)
Hierarchical Condition Categories (HCC)*

March 24, 2022

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



Elevate Journey... Your Way

 2nd Tuesday, monthly, 1-2 pm



Learning Forum:

- Microlearning
- Field examples
- Human-centered design
- Discussion

 4th Thursday, monthly, 1-1:45 pm



Elevate *Connect*:

- Gather with peers
- Share & Discuss
- Exchange tools

 Self-paced



Online Platform:

- Library of microlearnings
- Repository of tools & resources

Microlearnings: AWW



- Microlearning: AWWs
- Field Example: Keystone Rural Health Consortia
- Field Example: Evara Health (FL)
- FQHC Reimbursement for AWWs

FQHC Reimbursement Experts Joining Today's Call



Lisa Messina
Messina Consulting, MPH, CPC



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MANAGEMENT

Rebekah Wallace Pardeck, CMPE, CPC®, CPCO™



Learning Forum Recap: IPPE & AWW

Initial Preventive Physical Examination (IPPE)

IPPE

- Within 12 months of Medicare Part B enrollment.
- One-time benefit. “Use it or lose it”

- ‘Welcome to Medicare Visit’
- Assess risks, medical social history, preventive services education

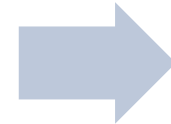


Initial Annual Wellness Visit (AWV)

Initial AWW

- 12 months after IPPE
OR
• >12 months after Part B enrollment and IPPE never performed
- One lifetime benefit

- Perform a Health Risk Assessment (HRA)
- Create a Personalized Prevention Person services plan (PPPS)



Subsequent Annual Wellness Visit (AWV)

Subsequent AWW

- 12 months after initial AWW
- One subsequent AWW per year thereafter

- Review and update HRA & PPPS

Elements of an IPPE, Initial AWW & Subsequent AWW

2022 IPPE/AWW Reimbursement Tips available by 4/1/22!

- CMS Requirements of Visit
- Tools & Resources
- IPPE (G0402)
- Initial AWW (G0438)
- Subsequent AWW (G0439)

Workflow	CMS Required Visit Elements	Tools & Resource Options	IPPE G0402	Initial AWW G0438	Subsequent AWW G0439
Screening Qs	Perform a Health Risk Assessment (HRA): demographics, health status, psychosocial risks, behavioral risks, activities of daily living (ADL)	(HRA includes all areas except shaded rows)		X	Update
	Review risk factors for depression or other mood disorders	Depression screening	X	X	Update
	Screen for Substance Use Disorders (SUDs) – NEW in 2021	Alcohol use screening Tobacco use screening Substance use screening	X	X	Update
	Social Risk assessment	Social risk screening (PRAPARE)	X	X	Update
Medical History	Establish medical and family history: • Medications (including opioids and supplements) • Allergies • Medical history • Surgical history • Hospitalizations • Family medical history		X	X	Update
	Current medications		X	X	Update
	Establish medical and family history: • Pain severity & treatment plan, non-opioid and specialist treatment options	Opioid Use Disorder risk assessment	X	X	Update
List of current providers	Establish current provider list. Include: • Medical specialty providers • Behavioral health providers • Dental providers • Home health providers			X	Update
Functional ability	Activities of daily living (ADL), Fall risk, Hearing, home safety	Activities of daily living (ADLs) Falls risk Hearing impairment	X	X	Update
List of current providers	Measure: • Height • Weight • BMI (or waist circumference) • Blood pressure		X	X	Update
	Vision		X		
	EKG		X		
Cognitive Function	Cognitive impairment assessment	Cognitive Test Direct Observation		X	Update
Written Screening Schedule	Establish health education and preventive screening schedule (e.g., checklist) for next 5-10 years. see Medicare Services Checklist. Consider: • Colorectal cancer screening • Breast cancer screening • Immunizations			X	Update
Personal plan; educate and refer, as needed	Personalized Prevention Plan Services: Supply health advice and referrals for lifestyle interventions (i.e., cognition, weight loss, tobacco use cessation, fall prevention)			X	
	Educate/Counsel/Refer on preventive services		X		
Personal plan; educate and refer, as needed	End-of-life planning		X		
	Advance Care Planning (ACP) (optional)			X	Update



Recap from 3/8 Learning Forum: Conduct AWW (How-to: Step #4)

Establish a list of risk factors:

Establish a list of risk factors and conditions for which various interventions are recommended or already underway. **Essentially, the patient's diagnosis list!**

Coding Tips:

Use this visit as an opportunity to update the patient's diagnosis list in the EHR. Remove any resolved or duplicate items and add **appropriate specificity** as needed

Ensure all active diagnoses are captured in the documentation of the AWW and included on the claim. This allows Medicare to appropriately risk adjust attributed members each year.

Optimize Technology and Care Team Roles!



Use this step as an opportunity for the billing provider to review visit documentation and complete visit with patient



Can be completed by MD, DO, NP, PA, CNM, CNS



Complete via telehealth (audio-only or audio and visual) or in-person



Use EHR features or code gap reports to assist with Hierarchical Condition Category (HCC) coding

Hierarchical Condition Categories (HCC)



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Hierarchical Condition Categories (HCC)



WHAT?



WHY?



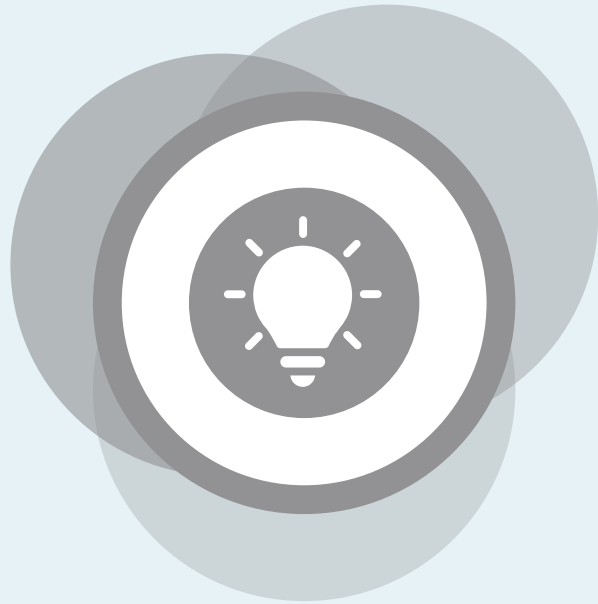
HOW?



WHAT **is Hierarchical Condition Category (HCC) Coding?**

- Groupings of clinically similar diagnoses
- Conditions are categorized hierarchically
- Each HCC is assigned a value relative to other conditions
- Used by CMS (and others) as part of determining risk or conducting a risk adjustments model

Hierarchical Condition Categories (HCC)



WHAT?



WHY?

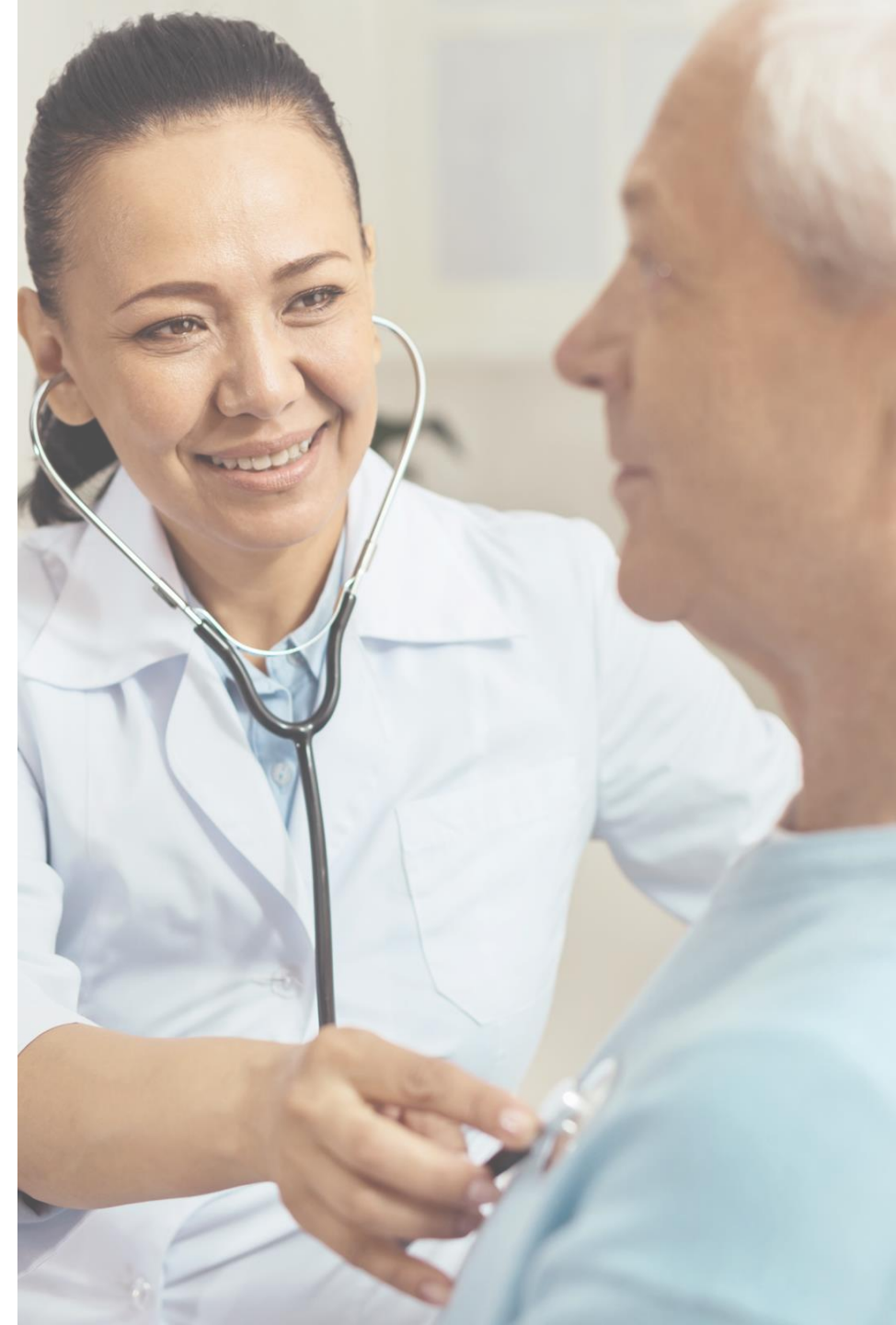


HOW?

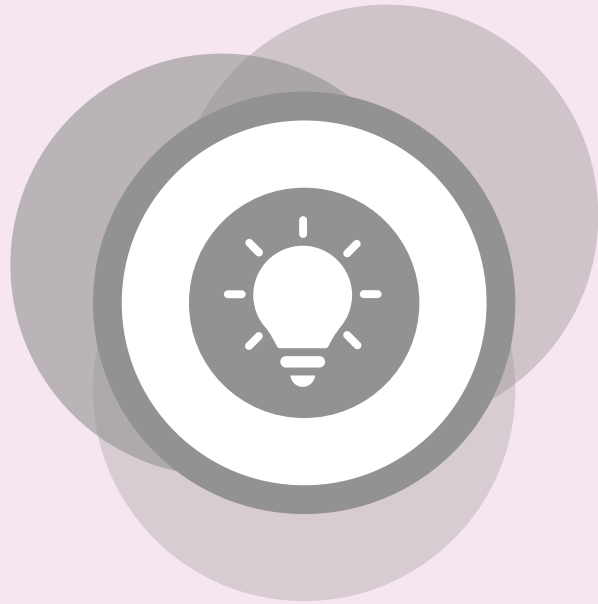


WHY **HCC codes are important to FQHCs?**

- As health centers transition to value-based payment models, capture of relevant patient conditions may impact reimbursement more significantly
- Method to assist with internal predictive modeling or analysis



Hierarchical Condition Categories (HCC)



WHAT?



WHY?



HOW?



HOW: HCC codes are used

- Health conditions are identified via International Classification of Diseases–10 (ICD–10-CM) diagnoses that are submitted by providers on incoming claims
- ICD-10 codes map to HCC category
- Distinct HCCs are assigned specific values used to calculate individual patient risk score



HOW:

HCC coding and ICD-10-CM codes work together

ICD-10-CM Codes	HCC Category Description	HCC	Disease Hierarchy
B20, B97.35, Z21	HIV/AIDS	1	
A02.1, A20.7, A22.7, A26.7, A32.7, A39.2-A39.4, A40.-, A41.-, A42.7, A48.3, A54.86, B00.7, B37.7, P36.-, R57.1, R57.8, R65.1-, R65.2-, T81.12XA	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/ Shock	2	
A07.2, A31.0, A31.2, B25.-, B37.1, B37.7, B37.81, B44.0-B44.7, B44.89, B44.9, B45.-, B46.-, B48.4, B48.8, B58.2, B58.3, B59	Opportunistic Infections	6	
C77.1-C77.2, C77.4-C77.8, C78.-, C79.00-C79.72, C79.89, C79.9, C7B.-, C80.0, C91.0-, C92.00-C92.02, C92.40-C92.A2, C93.0-, C94.00-C94.22, C94.40-C94.42, C95.0-	Metastatic Cancer and Acute Leukemia	8	9, 10, 11, 12
C15.-, C16.-, C17.-, C22.-, C23, C24.-, C25.-, C33, C34.-, C38.4, C45.-, C48.-, C90.00-C90.22, C92.10-C92.32, C92.Z0-C92.92, C93.10-C93.92, C94.30-C94.32, C94.80-C94.82	Lung and Other Severe Cancers	9	10, 11, 12
C40.-, C41.-, C46.-, C47.-, C49.-, C56.-, C57.00-C57.4, C58, C70.-, C71.-, C72.-, C74.-, C75.1-C75.3, C77.3, C77.9, C79.2, C79.81, C79.82, C81.-, C82.-, C83.-, C84.-, C85.-, C86.-, C88.2-C88.9, C90.3-, C91.-, C95.10-C95.92, C96.-	Lymphoma and Other Cancers	10	11, 12
C01, C02.-, C03.-, C04.-, C05.-, C06.-, C07, C08.-, C09.-, C10.-, C11.-, C12, C13.-, C14.-, C18.-, C19, C20, C21.-, C26.-, C30.-, C31.-, C32.-, C37, C38.0-C38.3, C38.8, C39.-, C51.-, C52, C53.-, C57.7-C57.9, C64.-, C65.-, C66.-, C67.-, C68.-	Colorectal, Bladder, and Other Cancers	11	12
C43.-, C4A.-, C50.-, C54.-, C55, C60.-, C61, C62.-, C63.-, C69.-, C73, C75.0, C75.4-C75.9, C76.-, C7A.-, C80.1, C80.2, D03.-, D18.02, D32.-, D33.-, D35.2-D35.4, D42.-, D43.-, D44.3-D44.7, D49.6, E34.0, Q85.-	Breast, Prostate, and Other Cancers and Tumors	12	
E20.0, E20.1, E20.2, E20.3, E20.4, E20.5, E20.6, E20.7, E20.8, E20.9, E20.91, E20.92, E20.93, E20.94, E20.95, E20.96, E20.97, E20.98, E20.99, E21.0, E21.01, E21.02, E21.03, E21.04, E21.05, E21.06, E21.07, E21.08, E21.09, E21.1, E21.11, E21.12, E21.13, E21.14, E21.15, E21.16, E21.17, E21.18, E21.19, E21.2, E21.21, E21.22, E21.23, E21.24, E21.25, E21.26, E21.27, E21.28, E21.29, E21.3, E21.31, E21.32, E21.33, E21.34, E21.35, E21.36, E21.37, E21.38, E21.39, E21.4, E21.41, E21.42, E21.43, E21.44, E21.45, E21.46, E21.47, E21.48, E21.49, E21.5, E21.51, E21.52, E21.53, E21.54, E21.55, E21.56, E21.57, E21.58, E21.59, E21.6, E21.61, E21.62, E21.63, E21.64, E21.65, E21.66, E21.67, E21.68, E21.69, E21.7, E21.71, E21.72, E21.73, E21.74, E21.75, E21.76, E21.77, E21.78, E21.79, E21.8, E21.81, E21.82, E21.83, E21.84, E21.85, E21.86, E21.87, E21.88, E21.89, E21.9, E21.91, E21.92, E21.93, E21.94, E21.95, E21.96, E21.97, E21.98, E21.99	Diabetes with Acute	17	10, 12



Risk Adjustment:

- Risk Adjustment Factor (RAF)
- Each enrollee RAF is based on:
 - Individual's demographic
 - Health status information
- RAF are calculated as the sum of these factors

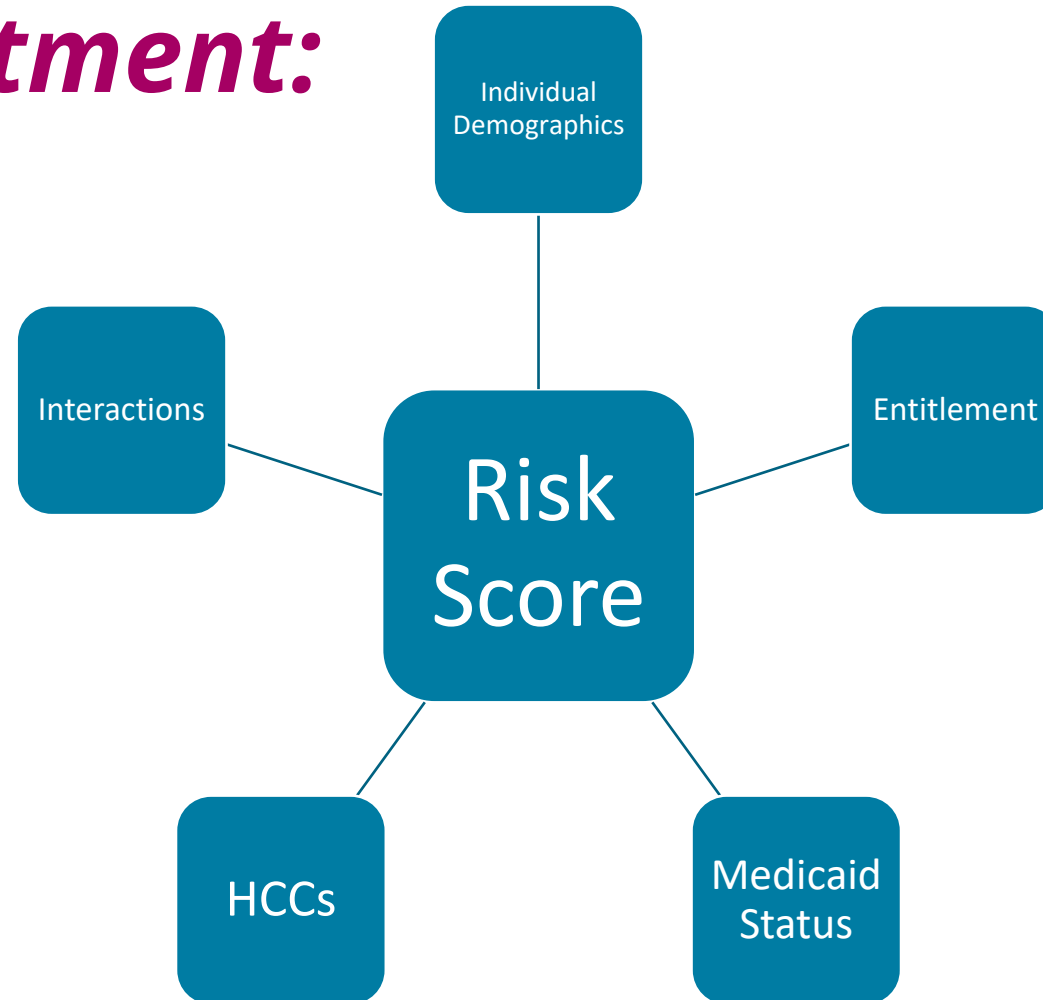
HCC1	HIV/AIDS	0.312
HCC2	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	0.455
HCC6	Opportunistic Infections	0.435
HCC8	Metastatic Cancer and Acute Leukemia	2.625
HCC9	Lung and Other Severe Cancers	0.970
HCC10	Lymphoma and Other Cancers	0.677
HCC11	Colorectal, Bladder, and Other Cancers	0.301
HCC12	Breast, Prostate, and Other Cancers and Tumors	0.146
HCC17	Diabetes with Acute Complications	0.318
HCC18	Diabetes with Chronic Complications	0.318
HCC19	Diabetes without Complication	0.104

Example for Discussion Purposes Only



Risk Adjustment:

CMS-HCC Risk Score Elements



Example for Discussion Purposes Only






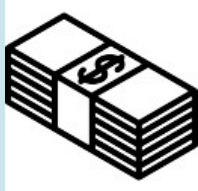


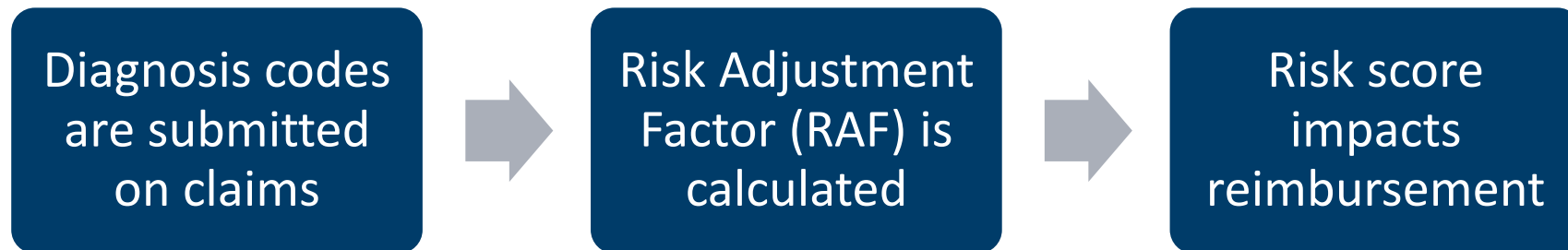
HOW: to assist with accurate HCC coding

- Assign all ICD-10 codes to the highest level of specificity possible
- Maintain an accurate and up-to-date problem list
- Address (in face-to-face encounter), document and code for all chronic conditions every calendar year
 - Scores are reset January 1st of each year
- Tip for documenting chronic conditions:
 - M** Monitoring
signs, symptoms, disease progression, disease regression
 - E** Evaluated
test results, medication effectiveness, response to treatment
 - A** Addressed
ordered tests, discussion, review records, counseling
 - T** Treated
medications, therapies, other modalities



WHY *HCC codes are important?*

Provider	Coding	Claim	HCC	RAF	Payment
					



UPCOMING EVENTS

April 2022

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



12. April Learning Forum

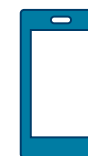
Reimagining Care Teams: Times of Crises & Opportunity



28. Elevate Connect

Elevate events on your calendar?

click Webex link to add:



bit.ly/Webinars22

@NACHC    

FEEDBACK

Don't forget! Let us know what you thought about today's session.

FOR MORE INFORMATION CONTACT:

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Next Monthly Forum Call:

April 12, 2022
1-2 pm ET



elevate°

**Together, our
voices elevate° all.**

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