

Note: This does not constitute medical advice and is a best practice recommendation only.

Dear Fellow ACO Participant,

As busy practicing providers, workflow, ease of use, and efficiency is critical to the patient encounter. In our office, we have found the following approach to be one that you might find helpful in order to provide and document quality care for your ACO beneficiaries.

When you first get started, your designated Practice Administrator will receive a registry list (“LIST”) of beneficiaries attributed to you/your practice. Your office will use this LIST to call beneficiaries, and may elect to use a script like the sample noted below. Have the Primary Care Forms printed for your review. Consider the following steps:

Step1: Review the **Primary Care Form** and/or **Log on** to the CareScreen® website:

For CareScreen® users, review, download, and print the “Getting Started Provider User Guide” and the “Quality Registry User Guide” found in the Help Section in the upper right-hand corner. You will become much more familiar with the software as you read through this information.

Step 2: Medical Condition Update Visit. All beneficiaries are seen periodically by their Primary Care Provider (PCP) to review their medical conditions, and renew medications. One consideration is to have those beneficiaries that are “higher utilizers” scheduled first.

- Review the “Chronic Co-morbid Conditions” and “Other Diagnoses.” Highlighted diagnoses (impactful conditions) are provided for you, and your delegated assistant can perform some of this work. The entry of these codes will result in the summation of the total Projected Risk Adjustment Factor (pRAF), an important determinant of the total funds provided to our ACO in managing the healthcare for our beneficiaries.
- Be sure to document appropriately in the patient’s medical record.
- Check boxes and save your work if on the CareScreen® application.
- Code this Office Call with diagnosis and E&M codes such as 99213, 99214.

Step 3: Wellness Visit. All beneficiaries with Medicare Insurance are eligible for an Annual Wellness Visit (AWV). In CareScreen®, this is noted with a red date in the Last Wellness Visit column, or a yellow date if the patient is due for the AWV in the next two months.

- A staff member schedules the AWV with you, an advanced practice clinician (PA/FNP), or another delegated individual (RN, LPN, or Pharmacist). Patients often welcome the opportunity to see “Dr. Jones’ Medicare Quality Coordinator”, as more time can be spent coordinating quality measures.
- Review Health Maintenance Activity and perform “DUE” items.
- Be sure to document appropriately in the patient’s medical record

- “Edit Quality Registry” in the “Quality Measure Review” during the AWW if on the CareScreen® application. You will note the red “DUE” items and perhaps some green “DONE” items already populated from Medicare Claims data.
- If time allows, fill out the “Co-Morbid risk prediction/prevention” section of the Primary Care Form. Calculating the BMI and GFR may result in additional ICD-10 codes that would add to the pRAF Score.
- Check boxes and save your work if on the CareScreen® application.
- Code this Office Call with G0402, G0438, or G0439 with appropriate diagnosis codes.

In summary, logging on, reading the guides, then scheduling the beneficiaries for a Medical Condition Visit and an AWW will help you render high quality medical care for your patients, document your work, and ultimately reward you with additional remuneration for your world class performance.

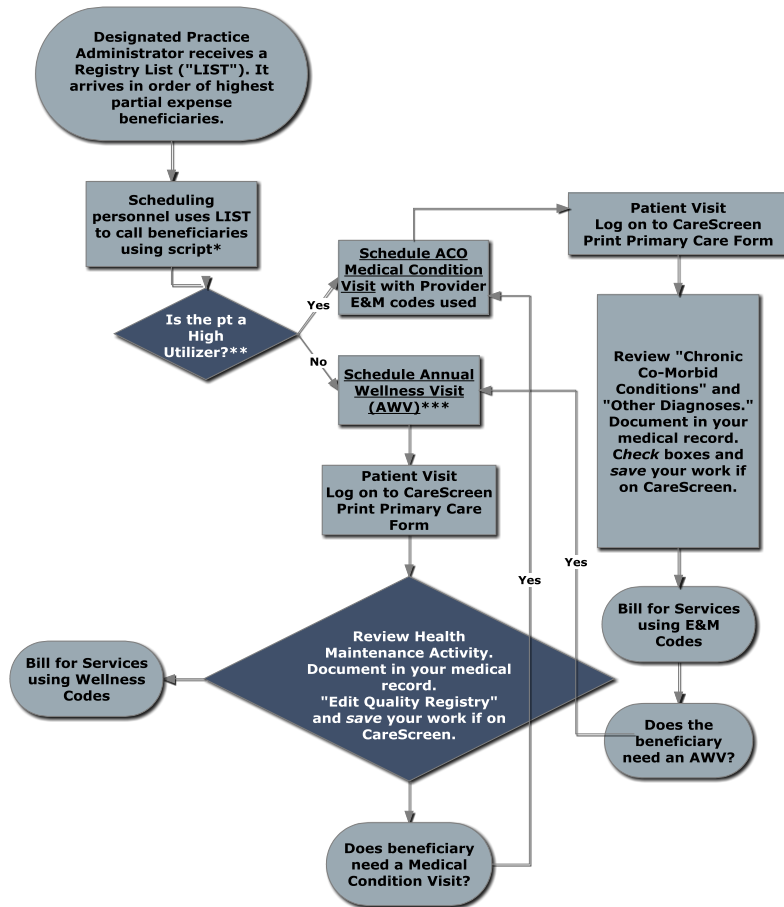
Have fun!

Sincerely and Professionally,

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CareScreen ACO New Visit
 Example Methodology Flow Diagram



* "Hello," we have been informed from your insurance company that you have some medical conditions that need to be discussed in the office with Dr._____. What date and time fits best with your schedule?

**"High Utilizers" are beneficiaries with the "highest partial expense" amounts on the LIST.

***Support staff, such as an RN can do the Wellness Exam, working from the bottom of the list (lower utilizers) while the MD works the list top down (seeing the High Utilizers first). Well visits and Medical condition visits cannot be billed on the same date, a separate appointment is needed.