HIMSS

New England *Chapter*

1/16/2020

Jeannette Currie
CIO, Community Hospitals, BILH

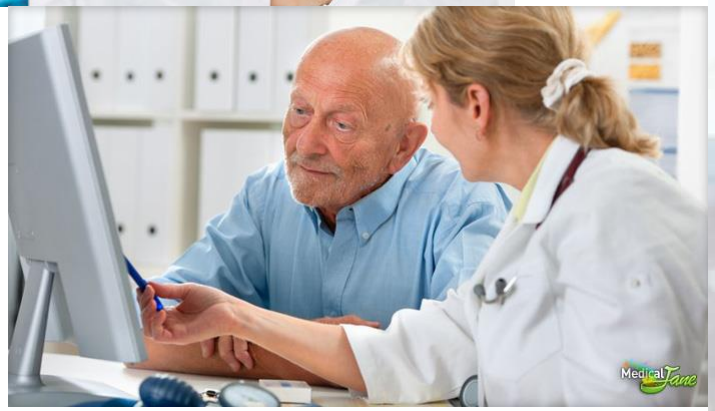
Agenda 1/16/20

- **Happy New Year!!**
- **Celebration – Healthcare Information Technology**
- **AUC**
  - What
  - Why
  - When
  - Who
  - How
- **BILH Approach**
- **Frequently Asked Questions**
- **Resources**
- **Group Sharing**
- **Q&A**

Oh no you didn't!

A Day in the Life

Building Meeting - Steering Committee - Urgent Care		
TOC Quality measures improvement mtg		
Falls Risk (SRE Review)		
DHS - Cybersecurity RE: Inreased tention with Iran		
Admin Council		
	Edaris/Meditech Transition meeting Conference call/GlobalMeet Lee,Terrance (HMFP - Emergency Medi	Medicare Promoting Interoperability Program 2020 Webinar https://engage.vevent.com/rt/cms/index.jsp?seid=1659
C1 Project Tracking/High Priority Issue meeting 866-642-1665 208378# Currie,Jeannette F (BIDMC - Community One)		
Rev Cycle Improvement Committee		
MCAR - Management Compliance, Audit and Risk		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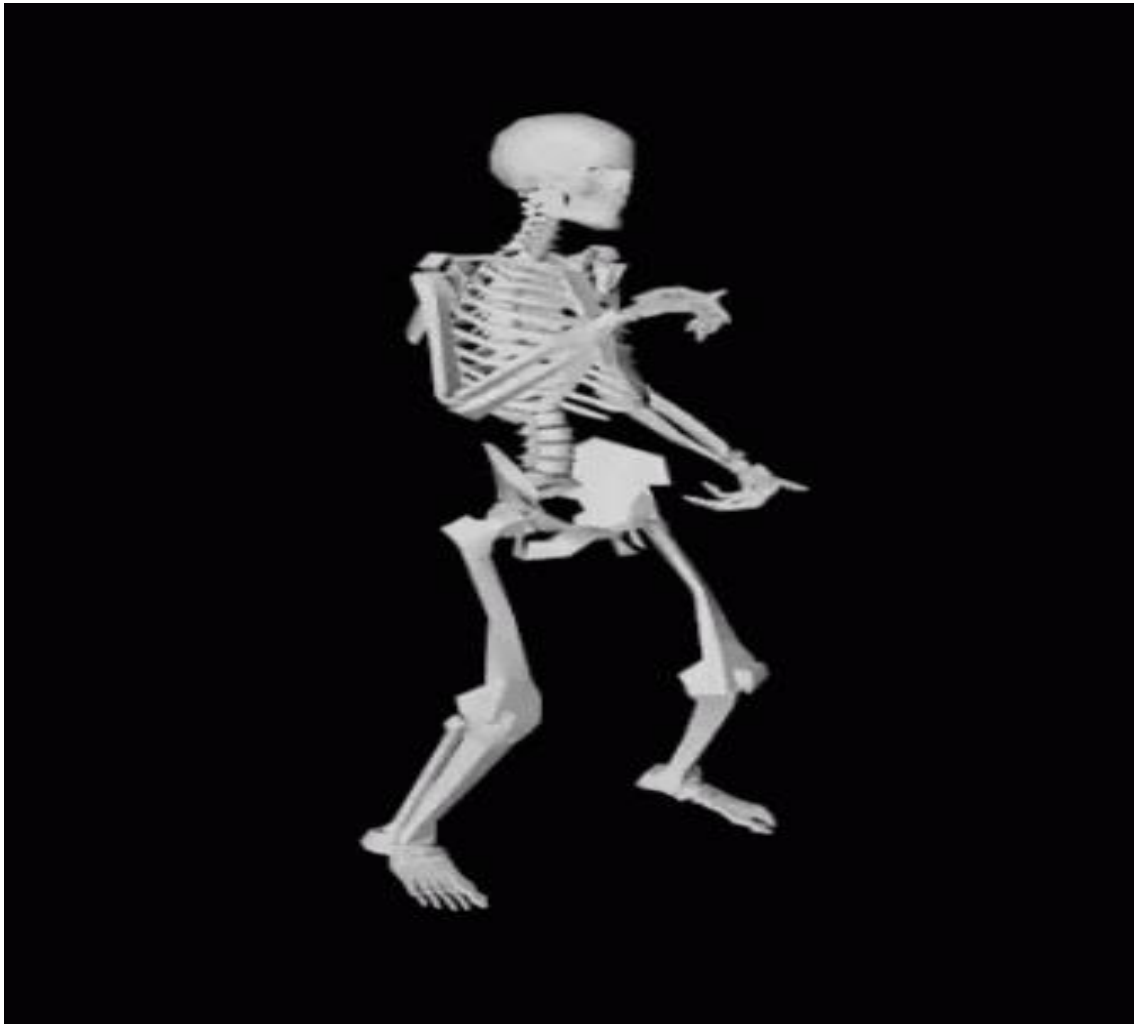
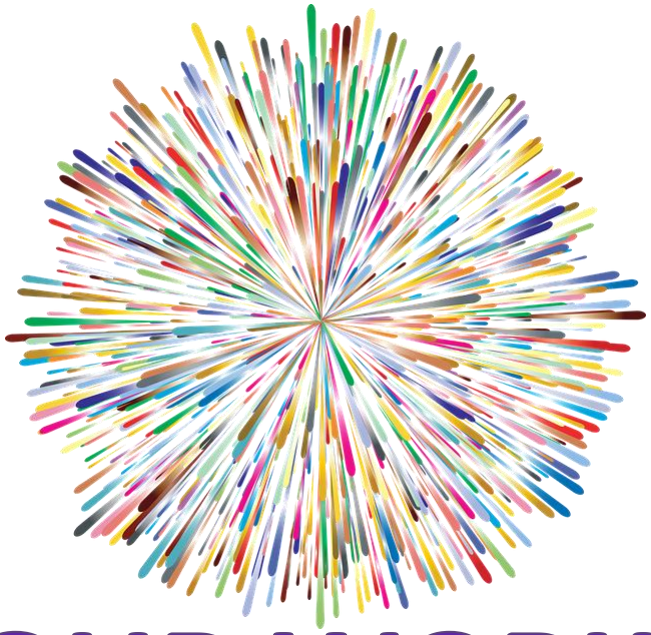
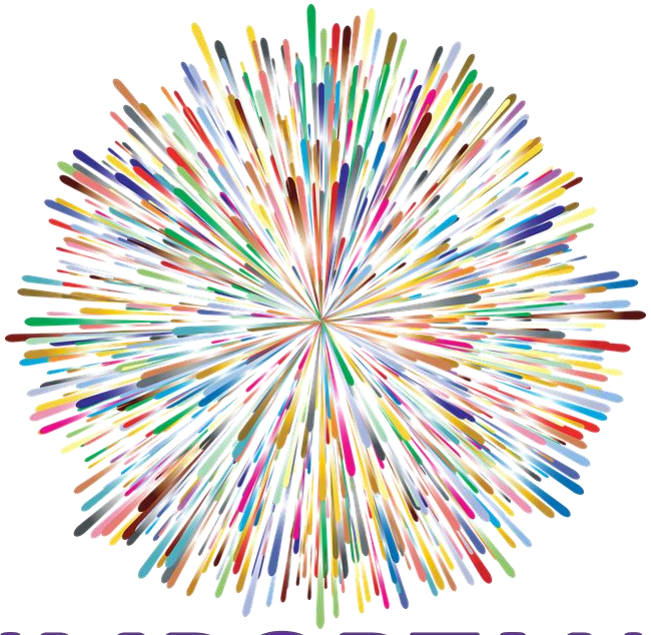
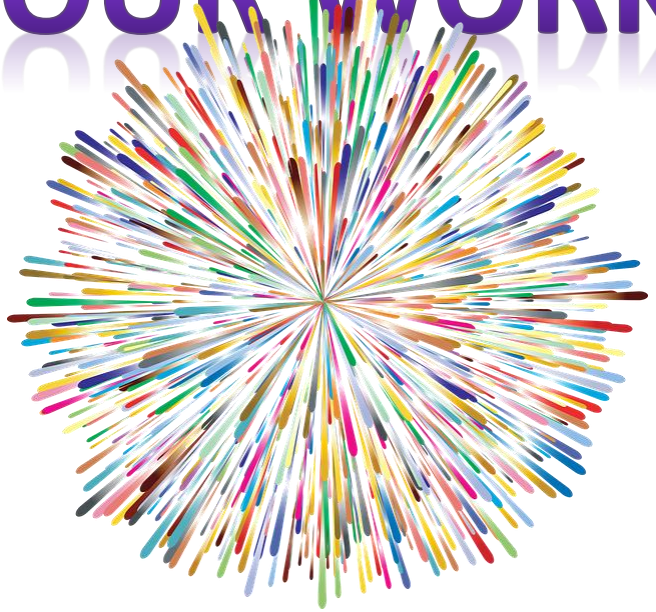
Health Information IT



YOUR WORK IS IMPORTANT



• AUC – The "What"

- **PAMA – Protecting Access to Medicare Act (2014)**
  - Requires Referring Providers to consult Appropriate Use Criteria prior to ordering advanced diagnostic imaging services
    - CT (Cat Scan)
    - MR (Magnetic Resonance)
    - NM (Nuclear Medicine)
    - PET (Positron Emission Tomography)

Trulioo©

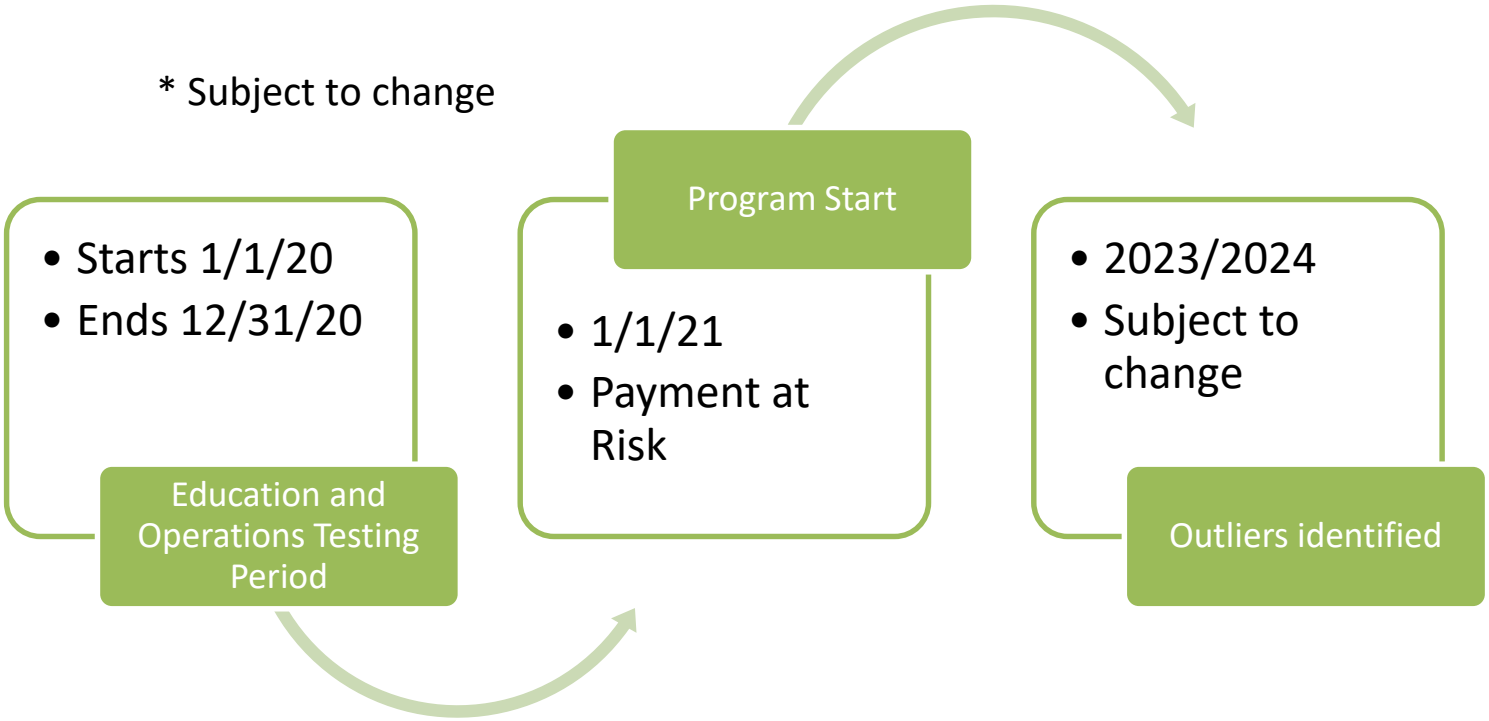
AUC – The "Why"

- The legislation was enacted in response to rising cost of advanced diagnostic imaging studies
- The purpose of AUC is to enable clinicians to order the most appropriate test for the patient
- CMS will use the data collected during the first year of the program to identify outliers, who will then be subject to prior authorization.

• AUC – The "When"

- **PAMA – Protecting Access to Medicare Act (2014)**
  - The 2014 legislation originally called for this to be enacted by 2017
  - Current timeline:
    - 2018 – 2019: Voluntary Testing Reporting Period
    - 2020 (as of 1/1): Education and Operations Testing Period
    - 2021 (As of 1/1): Start Date – Payment at risk for compliance *
    - 2023/2024: Outliers identified *

* Subject to change



AUC – The "Who"

- **All Outpatients for Medicare Part B**
  - Emergency Department
  - Observation Patients
  - Surgical Day
  - Referring outpatient orders
  - PCP, Specialist, ETC
- **Exclusions**
  - Inpatients (Paid on DRG)
  - EMTALA
  - Hardship and other exclusion criteria

AUC – The "HOW"

- **The Ordering Provider must consult a qualified CDSM during the ordering process**
  - Clinical Decision Support Mechanism (CDSM) Definition: An interactive, electronic tool for use by clinicians that communicates appropriate use criteria information to the User and assists them in making the msot appropriate treatment decision for a patient with specific conditions.
- **There are 15 agency approved CDSMs at this time. 3 of them are available at no cost.**

https://providerportal.com
https://openaccess.careselect.org/registration

http://www.testappropriate.com/#contact

• Conditions of Focus

* Coronary Artery Disease
* Suspected Pulmonary Embolism
* Headache (Traumatic or Non Traumatic)
* Hip Pain
* Lower back pain
* Shoulder pain
* Lung cancer
* Cervical or neck pain

• AUC - Output

- **Meeting the regulation**
  - Using the CDSM during the ordering process should allow for the following to be present on the claim
    - NPI – identifies the ordering provider
    - HCPCs code – identifies the procedure ordered
    - G Code – identifies the qCDSM used
    - Modifier (M Code) – identifies the output of the CDSM of the criteria or the reason for not using it
  - Current code:
    - QQ: Testing modification – ordering provide consulted a qCDSM and the related data was provided to the furnishing professional.

March 7, 2018 • Regulatory Review

CMS Creates Modifier QQ for Voluntary AUC Reporting

• Important

- **For testing and education, there is no payment at risk (CY 2020)**
- **For the current start date of 2021 (Jan 1), the only requirement is to submit the required fields with that order. You don't have to meet appropriate use criteria for payment.**
- **Examples:**
  - Modifier MF: The order for this service does not meeting AUC
  - Modifier MH: The AUC information was not provided

BILH Approach

BILH Approach

- Anna Jaques (Commuity Hospital):
  - Status: In Production
  - AUC Vendor: NDSC
  - Current utilization: Pilot in the Emergency Department
  - Steering Committee: CIO, CMO, COO, CFO, Radiologist
  - Full deployment: Q4

BILH Approach Continued

NEBH (Specialty Orthopedic):

- Topic Introduced at Clinical Advisory and IS Steering Committee
- Infrastructure purchased
- Waiting for Outpatient vendor for delivery of software

BIDMC (Academic Medical Center):

- Steering Committee Exists
- Vendor selection close to completion

BILH Approach Continued

Lahey

- Fully deployed as of September
- Turned on for all Inpatient/Emergency Department providers
- 1st data pull
  - 22,000 times the CDS fired
  - 1000 times, indicated the order wasn't appropriate
  - @ 1/3 of providers took action on that order
- 2nd data pull plus adding to claims in next month

BILH Approach Continued

BIDMC Community Hospitals – Committee Structure

Executive Committee

- Chaired by Community Hospital CIO
- Charter: To execute the IT requirements and report to all local teams
- Meeting cadence – Monthly
- Composition: IT, Radiology, Revenue Cycle, CMIO
- Will increase meeting cadence and involve more front line clinicians when ready to kick off testing

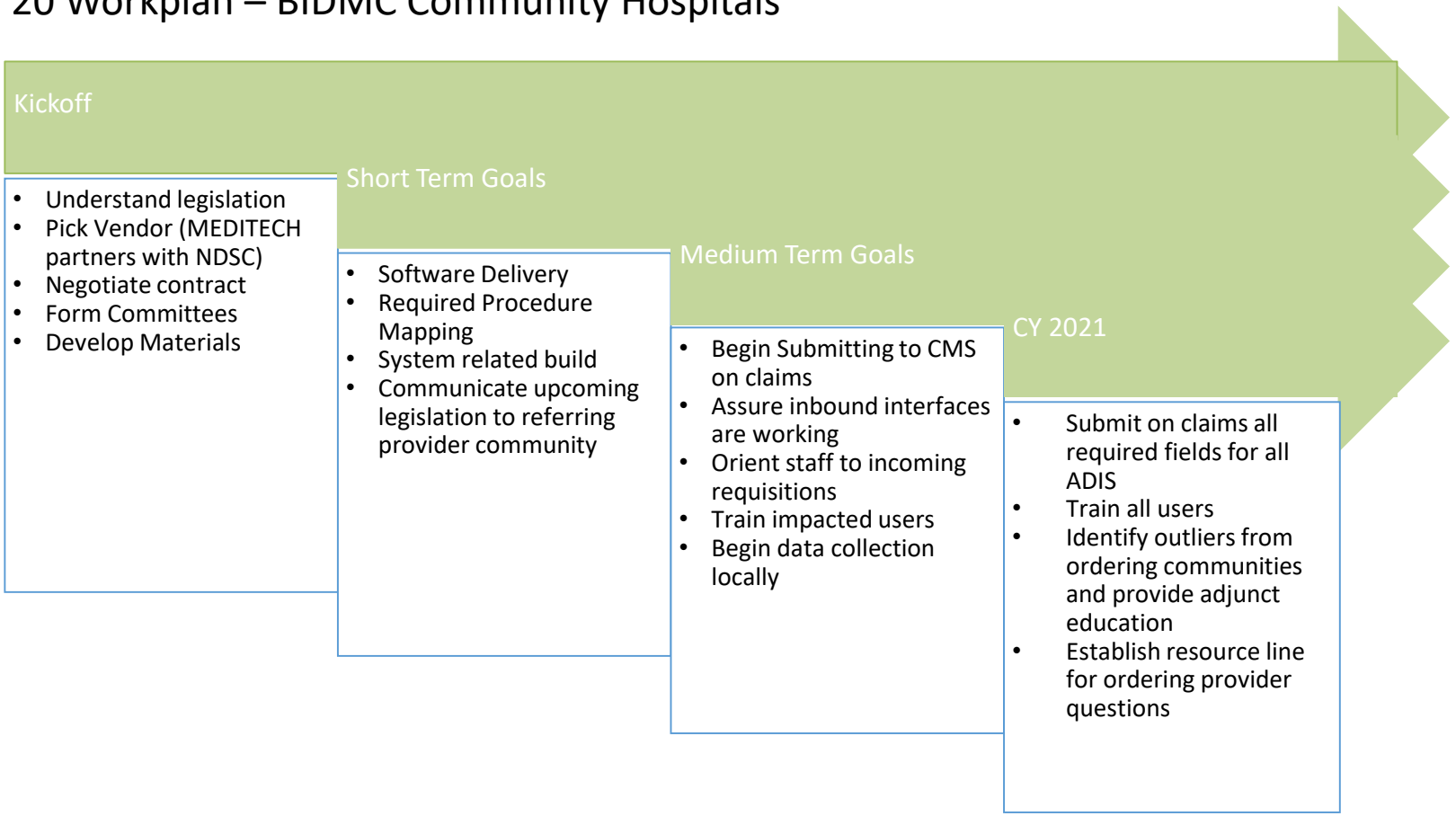
BILH Approach Continued

Local Steering Committees

- Chaired by Director of Radiology and Director of Revenue Cycle
- Charter: To operationalize IT, create education materials and communicate to ordering provider community
- Meeting cadence – Depends on organization, biweekly or monthly
- Composition: IT, Radiology, Revenue Cycle, Communications, Senior Leadership
- Local discretion as to when communication efforts happen. IT adoption will happen per Exec Steering Committee timing

BILH Approach Continued

FY 20 Workplan – BIDMC Community Hospitals



What does compliance look like?

- **NPI of the ordering professional**
- **Capture of what CDSM was used (indicated by G Code)**
- **Capture of the result (indicated by Modifier)**
  - A. Adherence
  - B. Non adherence
  - C. No appropriate use criteria found

IT Considerations (Hospital centric)

- **qCDSM partnered with your Electronic Health Record**
  - Ordering system
  - Radiology system
- **Referring Provider EHR**
  - Interfaced in – where will codes be received
  - Non Interfaced – where will codes be on the req
- **Claim Generation software/systems**
- **Professional Billing reports/vendors**
- **Scheduling System**

Considerations (Operational)

- **What providers are impacted within your organization**
  - Order sets
  - Inpatient ordering (IN to OBS workflow)
- **Referring Provider EHR**
  - All are impacted – cannot be completed by the furnishing provider
- **All financial classes vs Medicare only?**
- **When an exam is changed from the original, does AUC have to be consulted again? No**

FAQs

For modifiers that indicate hardship, do we need to be able to prove it in an audit?

- CMS has indicated they will monitor cases of exception, but no guidance has been provided

Is AUC a separate program from Medical Necessity? **Yes**

Will Joint Commission be looking at AUC? **PAMA law does not require Joint Commission oversight**

Is there a penalty for the Ordering Provider? **Not currently**

To Be Determined

- **Is the industry ready?**
- **How will EMTALA recognition be achieved?**
- **Is Medicare as a secondary payer included?**
- **What happens when we exceed the limit of 4 modifiers on the claim?**
- **Will CMS recognize the MH modifier once outliers are identified?**

Resources

- CMS Transmittal:

https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R2323OTN.pdf

- CMS MLN Matters Article:

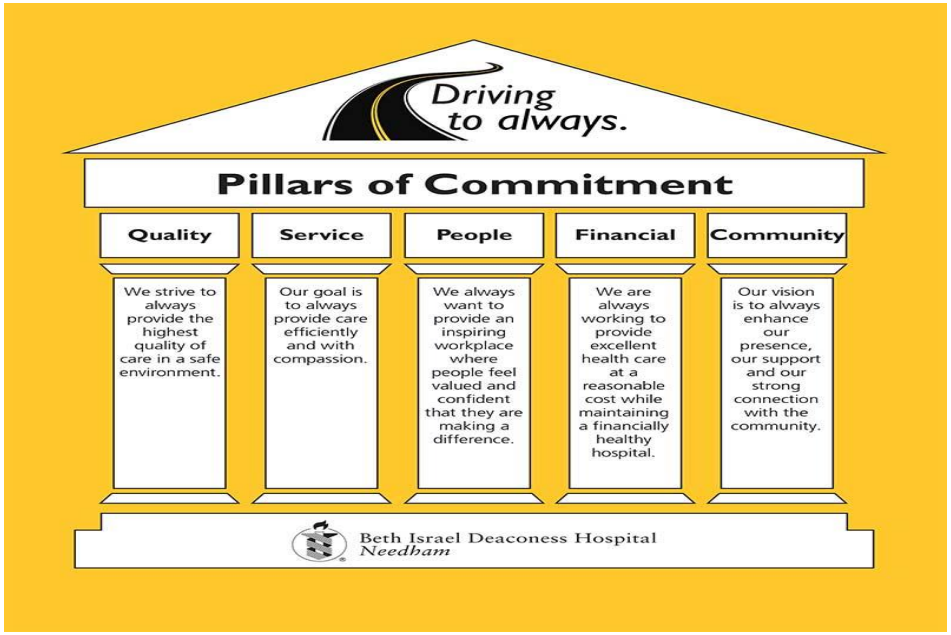
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM11268.pdf

- CMS MLN Matters Fact Sheet:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AUCDiagnosticImaging-909377.pdf

- American College of Radiology http://acr.org/cds

• Questions and Answers

Community ONE

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