



## Medication Reconciliation Post Discharge

Medication Reconciliation Post Discharge (MRP) is one of the Star Rating System measures identified as a cliff measure because there is a 30-day window after a patient is discharged to complete the reconciliation. A medical provider must compare the patient's medication list from before their hospitalization to the medications they should be taking after discharge. Medicare approves several different providers to review medication continuity, the patient's doctor, an RN, or a pharmacist with a Pharm.D degree. Below is a list of required documentation to close the care gap:

- Documentation that the provider reconciled the current and discharge medications.
- Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).



*The Provider Report is for healthcare providers, physicians, and office staff provides important and timely information to support providing quality healthcare to your patients.*

*Peach State Health Plan is dedicated to providing you with reliable services and support.*

*As our partner, we always want you to have access to industry knowledge, resources and programs created to deliver efficiency for your practice, so you can focus on your patients.*

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- Documentation of the member's current medications with a notation that the discharge medications were reviewed.
- Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on date of service.
- Notation that no medications were prescribed or ordered upon discharge.

Any of these notations closes the care gap and remember that the reconciliation must be documented in the patient's chart. Use the NCQA approved CPT Code, 1111F, when filing a claim to close the care gap.

Medication reconciliation addresses two types of discrepancies, intentional and unintentional. Unintentional discrepancies are those made without a professional involved, such as a patient stopping their medication due to side effects, or perhaps they not able to afford a copay or deductible. Intentional discrepancies are those made by a provider such as changing a prescription. Intentional discrepancies may lead to confusion on the patient's part, such as not being told to stop an older prescription with a dosage change and they end up taking both doses (Knez, Suskovic, Rezonja, Laaksonen, Mrhar, 2011). The purpose of this measure is to make sure your patients understand what medications they should be taking after their hospitalization. For example, your patient may have been taking 500mg of Metformin daily. The hospital then added Glyburide 5 mg daily. You want to make sure that your patient understands why they should be taking both medications. Providers should review any OTC medications patients are taking, assuring your patients are not taking conflicting supplements; for example, an antacid that might interfere with one of their medications or they are taking an antidiarrheal you were not aware of. Effective post discharge reconciliation is found to reduce hospital readmission rates (Kilcup, Schultz, Carlson, Wilson, 2013).

It is important that you complete medication reconciliation within 30 days of the date of discharge; otherwise, it will not count towards closing the care gap. Medicare requirements for medication reconciliation does allow completion over the phone, so a face-to-face



visit is not required. If the measure is closed by phone be sure it's documented in the chart and submit a claim using the 1111F CPT code.

Between 20% and 87% of patients encounter discrepancies at discharge. As the number of medications increases the chances for discrepancies increases (Michaelsen, McCague, Bradley, Sahm, 2015). Finally, being mindful of your patient's needs post discharge and routinely performing a medication reconciliation minimizes future problems for your patients.

### References

Kilcup, M., Schultz, D., Carlson, J., & Wilson, B. (2013). Post discharge pharmacist medication reconciliation: impact on readmission rates and financial savings. *Journal of the American Pharmacists Association*, 53(1), 78-84.

Knez L, Suskovic S, Rezonja R, Laaksonen R, Mrhar A *Respir Med*. 2011 Oct; 105 Suppl 1():S60-6.

Michaelsen, M. H., McCague, P., Bradley, C. P., & Sahm, L. J. (2015). Medication Reconciliation at Discharge from Hospital: A Systematic Review of the Quantitative Literature. *Pharmacy (Basel, Switzerland)*, 3(2), 53-71. <https://doi.org/10.3390/pharmacy3020053>

## How we measure quality

Peach State Health Plan strives to provide quality healthcare to our members as measured through HEDIS quality metrics.

HEDIS, the Healthcare Effectiveness Data and Information Set, is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) that allow direct, objective comparison of quality across health plans. NCQA develops the HEDIS measures through a committee composed of purchasers, consumers, health plans, healthcare providers and policymakers.

HEDIS allows for standardized measurement and reporting and accurate, objective side-by-side comparisons. Learn more at [ncqa.org](https://www.ncqa.org).

HEDIS topics covered in this issue of the *Provider Report* include child and adolescent health visits and telehealth visits.

## You can help improve our HEDIS scores

Your practice can better our HEDIS performance scores. One way to do this is by reviewing the specific HEDIS measures we discuss in each issue of our newsletter to help providers meet quality improvement goals, such as greater use of preventive health screenings. We also offer guidance on how to bill appropriately to meet the applicable HEDIS measure specifications. Please follow state and/or Centers for Medicare & Medicaid Services billing guidance and ensure the HEDIS codes are covered before submitting.

Documentation is an important part of improving HEDIS scores. Here are a few tips:

- Submit accurate and timely claim or encounter data for every service rendered.
- Ensure that chart documentation reflects services billed.
- Bill (or report by encounter submission) for services delivered, regardless of contract status.
- Do not include services that are not billed or are not billed accurately.
- Consider including CPT II codes to reduce medical record requests.
- Respond promptly to requests for records.



## ***Meet the Brand That's Taking a No Nonsense Approach to Medicare***

Welcome to the new Wellcare. As a valued Wellcare and Allwell provider, we want to share some exciting changes to our Medicare plans. We've combined multiple brands under the Wellcare name to offer a better range of plans that provide members with affordable access to doctors, nurses, and specialists.

We're working hard to get rid of the nonsense in health insurance. That's why we're offering simplified plans, streamlined benefits, and new ways to save. And as always, Wellcare is committed to working with you to ensure your patients receive the best care.

This fall, you will begin to receive materials with the new Wellcare branding. We will officially transition to Wellcare on January 1, 2022, unless otherwise noted. Please note, you may see materials with the old branding prior to January 2022.

If you have additional questions, we're here to help. You can find more information at <https://allwell.pshpgeorgia.com>, [www.wellcare.com](https://www.wellcare.com) or or by contacting your [Provider Relations Representative](#).

# Well Child Visits and Adolescent Health Check

As we approach the fall months and the first break of the school year, this is a great opportunity to schedule your patients for Child and Adolescent Well visit appointments on behalf of Peach State Health Plan.

To ensure appropriate coding and HEDIS Care Gap closures are met, Peach State Health Plan–Provider HEDIS Quick Tips is an essential tool used to support our servicing providers in delivering the necessary care in conjunction with HEDIS requirements.

Here are key Provider HEDIS Quick Tips in reference to the following components for Child and Adolescent wellness visits.

## W15 and W30: Well Child Visits in the First 30 Months of Life

### Two Rates Reported:

**1.** Well Visits in the First 15 Months of Life: Children who turned 15 months old during the measurement year and had six or more well-child visits.

**2.** Well Visits for Ages 15 months–30 Months: Children who turned 30 months old during the measurement year and had two or more well-child visits.

### Required components of a comprehensive well-child visit include:

- A health history
- A physical developmental history
- A mental development history
- A physical exam
- And health education /anticipatory guidance

CPT	HCPCS	ICD-10-CM
99381-99385, 99391-99395 With HIPAA Modifier: EP	G0438, G0439, S0302	Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2

## LSC: Lead Screening in Children

Children 2 years of age who had a capillary or venous lead blood test for lead poisoning by their 2<sup>nd</sup> birthday.

### Proper coding if using Certified Lead Analyzer submit CPT code:

CPT	83655
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## Blood Lead Level (BLL) Screening Test EPSDT

**BLL screening test is required at the 12 and 24 month of EPSDT preventive medical visits (or catch-up visits) according to Georgia Department of Community Health.**

Consider performing past due BLL screening test at sick visit

- Ensure at least two BLL screening tests by the 24 month EPSDT preventive medical visit.
- Report BLL screening test results to <https://sendss.state.ga.us>

CPT	Description	ICD-10-CM
83655	Blood Lead Test	Z13.88
83655	Blood Lead Level Venous	Z13.88
36416	Blood Lead Capillary	Z13.88

A blood lead risk assessment is required at 6, 9 and 18 months and 3 to 6 years per the American Academy of Pediatrics Bright Futures periodicity schedule.

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### CIS: Childhood Immunization Status

All of the following Immunizations are to be completed on or before the second birthday. The number of required vaccinations:

- 4 doses of DTaP
- 3 doses of IPV
- 3 doses of hep B
- 1 dose of hep A
- 3 doses of Hib
- 2 or 3 doses of rotavirus
- 1 dose of MMR
- 2 dose of VZV
- 2 doses of influenza
- 4 doses of pneumococcal

### IMA: Immunizations for Adolescents

All of the following immunizations are to be completed on or before the 13<sup>th</sup> birthday. The number of required vaccinations:

- 1 dose of meningococcal conjugate – on or between the 11<sup>th</sup> and 13<sup>th</sup> birthdays
- 1 TDaP vaccine–on or between the 10<sup>th</sup> and 13<sup>th</sup> birthdays
- 2 or 3 dose series HPV vaccine–on or between the 9<sup>th</sup> and 13<sup>th</sup> birthdays

### EPSDT Periodic Visit and Sick Visit Same Day

If patient present with an abnormality(ies) or a pre-existing problem during a EPSDT Periodic visit and it is significant enough to require additional services; perform the key components of a problem-oriented E/M (evaluation and management)

#### New Patients: EPSDT Periodic Visit and Sick Visit-Same Day

CPT	ICD-10-CM
Office/Outpatient: 99211 or 99212 Modifier: 25	*Use Appropriate Diagnosis code for E/M service
Well Child: 99381-99385 Modifier: EP	Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01, Z02.0-Z02.89

#### Established Patient: EPSDT Periodic Visit and Sick Visit-Same Day

CPT	ICD-10-CM
Office/Outpatient: 99211 or 99212 Modifier: 25	*Use Appropriate Diagnosis code for E/M service
Well Child: 99391-99395 Modifier: EP	Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01, Z02.0-Z02.89

### Sports Physical and Well Visit

Peach State Health Plan will reimburse our providers (PCP) for performing Sports Physicals for our members ages 8 -18 years old along with a well-check screening performed on the same date of service for member's **up-to-date** on their EPSDT health screening.

Description	Code
Well Child	CPT: 99383-99385 OR 99393-99395 Modifier: EP ICD-10-CM: Z00.121, Z00.129
Sports Physical Service	CPT: 99212 Modifier: EP ICD-10-CM: Z02.5

This is a Peach State Health Plan Value Added Benefit that is subject to change.

For a more detailed information access our website for the HEDIS Quick Reference Guide <https://www.pshpgeorgia.com/providers/quality-improvement/hedis.html>

# Telehealth COVID-19 and HEDIS Measures

Healthcare providers have expanded telehealth visits considerably during COVID-19 pandemic; there has been a surge of 95% increase in 2020. As the use of telehealth grows, practices are demonstrating the use of virtual care they provide is coordinated, appropriate and high quality.

Effective as of July 1, 2020 40 HEDIS Measures with New Telehealth Accommodations implemented by National Committee for Quality Assurance (NCQA); in support of health plans, clinicians and patients who rely on telehealth services in record numbers because of the disruption brought on by the COVID-19 pandemic.

## Telehealth Virtual Care

Peach State Health Plan is committed to providing the most pertinent information on behalf of HEDIS Measures with New Telehealth Accommodations.

### We have highlighted some of the HEDIS Measures with Telehealth revisions

HEDIS Measure	Telehealth Enhancement
Controlling High Blood Pressure (CBP)	The measure includes telephone visits, e-visits and virtual check-ins to the advanced illness exclusion <b>*BP adequately controlled (&lt;140/90mm Hg) meets compliance for measure</b>
Comprehensive Diabetes Care (CDC)	The measure includes telephone visits, e-visits and virtual check-ins to the advanced illness exclusion. <b>*Lab HbA1c, Urine and Eye exam and adequately Controlled BP are required to meet compliance.</b>
Care for Older Adults (COA)	The measure includes telephone visits, e-visits and virtual check-ins for Advance Care Planning, Functional status assessment and Pain Assessment indicators. <b>*Telehealth not applicable for Medication Review.</b>
Kidney Health Evaluation for Patients with Diabetes (KED)	The measure includes telephone visits, e-visits and virtual check-ins of the event diagnosis. <b>*eGFR and uACR are required for member compliant with measure</b>
Prenatal and Postpartum Care (PPC)	The measure includes telephone visits, e-visits and virtual check-ins to the Timeliness of Prenatal Care <b>*Not applicable to postpartum care.</b>
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	The measure includes telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis and removed the requirement to exclude telehealth. <b>*Documentation of spirometry testing required to meet compliance</b>

For a complete list and further details to closing the HEDIS Measures with Telehealth revisions, follow the link to access our website at <https://www.pshpgeorgia.com/providers/quality-improvement/hedis.html> and download our HEDIS Quick Reference Guide “Telehealth & HEDIS – Using Technology to Deliver Quality Care.”

## In-Person Office Visits during COVID-19

As we navigate through the health care barriers of COVID-19 there are medical services that require an in-person office visit that Telehealth cannot solve. As offices have re-opened with safety pre-cautions in place, there is an opportunity to deliver healthcare services that drives key HEDIS Measures.

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**EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) QUICK REFERENCE GUIDE**

INFANCY AND EARLY CHILDHOOD EPSDT PREVENTIVE MEDICAL VISITS			
Children should have 11 EPSDT visits before 3 years old. Complete Eight (8) visits within 15 months. Three (3) additional EPSDT preventive medical visits should occur before age 3 years:			
3-5 days	By 1 month	2 months	4 months
6 months	9 months	12 months	15 months
18 months	24 months	30 months	3 years old/annually
HEDIS REQUIREMENTS			
HEDIS requires at least 6 visits by 15 months and 2 or more visits by 30 months. Note: EPSDT preventive medical visits that occur at 15 months and 1 day old, will not count towards HEDIS scores.			
BEST PRACTICE			
<ul style="list-style-type: none"> <li>■ If the Provider is compliant with the Bright Futures guideline (BFG), they will be compliant with the HEDIS requirements.</li> <li>■ Schedule a visit for members who may need to catch up periodicity schedule.</li> <li>■ Document all types of anticipatory guidance.</li> <li>■ Assess for a dental home and first dental exam no later than 12 months. The dental schedule is American Academy of Pediatric Dentistry AAPD.</li> <li>■ Anaphylactic reaction can happen and should be documented with ICD-10 diagnosis codes: T80.52XA, T80.52XD or T80.52XS</li> </ul>			
DEVELOPMENTAL SCREENINGS			
Perform a Developmental Screening using a STANDARDIZED DEVELOPMENTAL SCREENING TOOL this is required at 9 month, 18 month and 30 month EPSDT preventive medical visits.			

# Antipsychotic Medication and the Potential for Metabolic Syndrome

In the US, there is an increase in individuals being diagnosed with co-occurring Metabolic Syndrome and schizophrenia or bipolar disorder. This can be attributed to the side effects associated with second generation antipsychotic medications, including weight gain, hypertriglyceridemia, increased insulin, glucose, and low-density lipoprotein cholesterol levels. (J.A., 2004)

Although the ADA and APA/AACAP indicate the best practice is for patients to receive Hemoglobin A1c (HbA1c), glucose and low density lipoprotein (LDL) labs annually, at a minimum, there are many barriers that may impede the patient following through with the recommendations. This may be a result of not knowing the plans' in-network labs, lack of standing lab testing orders, limited communication between behavioral health and medical specialists to discuss the patient's medical and psychiatric status, and social determinants of health barriers such as transportation or child care, or lack of patient/caregiver education. (Jolene R. Bostwick & Lindsey R. Murphy, May 29, 2017)



Here are some recommendations that can help patients' treatment compliance and reduce risk factors associated with metabolic imbalances as a result of taking antipsychotic medication(s):

- Obtain list of the network labs used by the health plan and provide the lab location to your patient or the patients' caregiver when ordering the lab work.
- Write an annual standing order for your patients diagnosed with schizophrenia or bipolar disorder prescribed an antipsychotic medication to get an annual HbA1c test or glucose test at the time of their visit.
- Encourage your patients or their caregivers to execute a Release of Confidential Information form with your office and your patients' other treating practitioners to improve the coordination and communication of your patients' care.
- Educate your patients and their caregivers on the importance of annual lab testing while taking their antipsychotic medication(s).
- Coordinate with the members' care manager at their health plan to address any barriers to follow up.

Below are HEDIS® Behavioral Health Measures that are used to monitor quality of care and best practices based on the outcomes of patients diagnosed with schizophrenia or bipolar disorder prescribed antipsychotic medications.

- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
- Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

# Healthy Solutions for Life

To support your commitment to provide quality care for your patients, Peach State Health Plan is offering a highly effective motivational and educational population health management program called Healthy Solutions for Life.

Healthy Solutions for Life is accredited by the National Committee for Quality Assurance (NCQA) and has developed its program based on a comprehensive set of protocols and evidence-based guidelines from the American Diabetes Association, the American Heart Association, the American Lung

Association, National Institutes of Health, and others. These guidelines are available on request.

Healthy Solutions for Life will support your treatment plan as well as complement the care you provide. Our caring, experienced health coaches provide self-care education for optimal health and condition management. As the primary care provider and principal channel for patient contact, your support and input is essential in determining the services provided by our clinical staff.

Peach State Health Plan and Healthy Solutions for Life staff will identify members with a specified diagnosis who are eligible for the program. An identified member will be enrolled in the program unless he or she declines. A health coach from the program may be contacting you regarding your patient’s enrollment in or eligibility for the program, and how you can help promote healthy choices and behavior.

<b>Program Components</b>	<p><b>The Healthy Solutions for Life program has six basic components:</b></p> <ul style="list-style-type: none"><li>■ Educating patients with an emphasis on establishing and maintaining a partnership with you, their physician</li><li>■ Identifying triggers and work to minimize or eliminate them in the patient’s environment</li><li>■ Working collaboratively with you to optimize each patient’s medication regimen</li><li>■ Regular monitoring of your patient’s symptoms</li><li>■ Assistance in developing an individual plan of action for managing your patient’s exacerbations</li><li>■ Periodic follow-up</li></ul>
<b>Program Benefits</b>	<p><b>Benefits of the program include:</b></p> <ul style="list-style-type: none"><li>■ Fully individualized treatment plans for each patient</li><li>■ Increase in appropriate physician office visits</li><li>■ Educated patient self-monitoring to minimize flare-ups and optimize wellness</li><li>■ Fewer emergency room visits and hospital admissions</li><li>■ Patients’ increased attendance at school or work</li></ul>

**Peach State Health Plan invites you to learn more about our opportunities for patient health support.** For additional information, please contact the Healthy Solutions for Life staff at **1-800-303-2317**.

We are open Monday through Thursday, 8:00 a.m. to 8:00 p.m., Friday, 8:00 a.m. to 6:00 p.m., and Saturday from 8:30 a.m. to 5:00 p.m., EST.

## Practitioner Experience

The Provider Satisfaction Survey targets providers to assess their satisfaction with Peach State Health Plan. Summary Rates display the proportion of respondents who select the most positive response options ('Well above average' or 'Somewhat above average', 'Excellent' or 'Very good' and 'Completely satisfied' or 'Somewhat satisfied') for each survey question. The average of all Summary Rates fall into composite scores for the following categories:

- Overall satisfaction
- All other plans (comparative rating)
- Finance issues
- Utilization and quality management
- Network / coordination of care
- Pharmacy
- Health plan call center service staff
- Provider relations



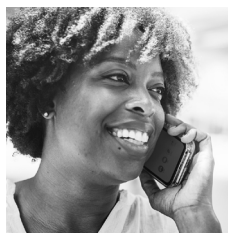
In the latest survey, providers were most pleased with Provider Relations' ability to answer questions and resolve problems. Providers were also very pleased with the degree to which the Plan encourages preventive care and wellness as well as timeliness of claims processing. Providers showed dissatisfaction with the Plan's ability to drive:

- Availability of comparable drugs to substitute those not included in the formulary;
- Variety of branded drugs on the formulary; and
- Extent to which formulary reflects current standards of care.

Peach State Health Plan strongly supports continuity of care and information sharing between providers. The Plan employs **Quality Practice Advisors (QPAs)** to educate providers on various performance measures. QPAs are clinical nurses who visit high-volume Providers to discuss HEDIS criteria among other performance measures throughout the year. During such visits, QPAs conduct Provider medical record abstraction and use data to determine root causes or barriers prohibiting HEDIS service capture in claims/encounter data. QPAs also educate Providers on ways to optimize routine visits by completing well child checks, immunizations and preventive screenings. Furthermore, they help encourage the use of best practices and compliance to Clinical Practice Guidelines. To accompany continuity of care, the Plan drives information sharing between providers through various platforms.

PSHP invests in platforms such as Interpreta, an analytics engine that updates, interprets and synchronizes clinical and genomics data in real-time. The system creates a personalized roadmap and enables coordination of timely care. Interpreta offers insights that give physicians, care managers and the Plan member-specific guidance required for quality improvement, clinical prioritization, population management and precision medicine. PSHP will continue to optimize its resources to advocate associates and enhance tools to facilitate the care providers give to members.

## Georgia Lifeline Wireless Program



Did you know that all Georgia Medicaid members qualify for a free phone and plan via the federal Lifeline program? To learn more about this free benefit for Medicaid members visit, <https://galifeline.com/> or call 1-833-473-1482.

## Leading the Fight in Suicide Prevention

September is recognized as National Suicide Prevention Month, an opportunity to raise awareness of suicide prevention. In the U.S., suicide is one of the [top 10 causes of death](#) and results in one death every 11 minutes each day.

Centene is dedicated to increasing suicide awareness and prevention to help individuals live their lives to their fullest. A recent [white paper \(PDF\)](#) from Centene Advanced Behavioral Health outlines the opportunity and responsibility payers have in leading efforts to reduce suicide and attempts. Recommendations focus on three main areas:

- **Supporting healthcare teams through evidence-based strategies and trainings**
- **Identifying early risks and innovating for improved engagement and intervention**
- **Advocating for Federal and state policy that enables improved access to, delivery of, and equal coverage of mental health care**

The white paper also highlights how Centene's enterprise-wide program, Choose Tomorrow™, strengthens access to care, collaborates with providers in the delivery of care, and employs technology to identify suicide risk through data analytics, screening, and assessment.



## Keep Us Informed

At Peach State Health Plan we value everything you do to deliver quality care to our members. We want to make sure your practice receives timely information to help you do business with us and help change the health of our communities' one person at a time.

Please keep Peach State Health Plan informed of your most up to date demographic information for your practice. That means it's important for us to know if you plan to move, change phone numbers or leave the network.

Call **1-866-874-0633** to update/verify your contact information or status. You can also check your information on our secure provider portal at [psHP.com](https://psHP.com).

Please let us know at least **30 days before** you expect a change to your information.



Provider Services: 1-866-874-0633,  
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