

Greetings from our Executive Director

We want to thank the members of our network for their cooperation with our recent record requests on behalf of our collaboration partners. Your prompt response allowed us to deliver the information timely, fulfill collaboration obligations and validate care provided to your patients. The information delivered will typically improve our network quality scores, which will hopefully help us achieve quality bonus awards and shared savings.

It is important this quarter to complete the scheduling of all patients for an annual preventative visit in 2023. This visit with your patient gives you an opportunity to close care gaps, complete full health assessments, conduct tests and screenings, patient education, and care planning. As you know, the visit helps to detect or prevent serious diseases and medical problems before they become major for your patients.

Again, we appreciate the fabulous response to the submission of the medical records requested! It is with your continued engagement that we can achieve great successes in 2023!

Regards,

Neysa Stallmann Guezino

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Newsletter: May 2023 Edition

Did you know? In any given year, nearly 1 in 5 American adults will have a diagnosable mental health condition.

Mental Health Awareness Month:

Every year millions of American's face the reality of living with mental illness. It is truly becoming a crisis for all ages and it affects everyone either directly or indirectly with friends, family and coworkers.

Mental Health issues can be masked therefore, it is important for providers to do depression screenings on all patients. A quick and easy way to screen is to have each patient fill out a PHQ2 form before visit or upon arrival, if the patient shows any distress you can further discuss and go more in depth with either conversation or review PHQ9 questionnaire with patient. Below is a link to PHQ forms.

https://www.aafp.org/pubs/afp/issues/2018/1015/p508.html

Pop Health Tools

As part of your contract with CSMS-IPA there are certain health tools that office's should be utilizing. These tools are designed to help improve better patient outcomes and gives the physician a snapshot of their patients health. Utilization of the tools brings financial benefit to our value based contracts. If you need assistance with any of these tools please contact your CSMS-IPA Resource.

CareScreen® - ConnectiCare and WellCare
Provider Care Management Solutions - Anthem
iCollaborate - Cigna
Practice Assist—UnitedHealthcare

Coding Corner - Cognitive Assessment and Advanced Planning

One of the most difficult face to face conversations with patients is discussing their cognitive impairment or Advanced care planning. It can be a discussion due to a family member concern that was brought to you, or you just notice during an exam. As tough as these conversations may be they are part of giving good quality care to your patients and hoping for the best quality of life and safest lifestyle for that individual and their families.

99483 - Cognitive Assessment and care planning for a patient with Cognitive impairment https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=59035&ver=3

99497 - Advanced care planning including explanation and discussion of advanced directives such as standard forms (with completion of such forms) by the physician or qualified health care professional—first 30 minutes, face to face with patient, family member or surrogate: https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/advancecareplanning.pdf

99498 - Advanced care planning including explanation and discussion of advanced directives such as standard forms (with completion of such forms)by the physician or qualified health care professional—each additional 30 minutes (list separately in addition to code for primary procedure); https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/MOLST/042715AdvanceDirectivesEnglishpdf.pdf

"This article is intended to provide a high-level, informational overview only and is not intended to constitute complete information on CMS codes or official payment guidance. Billing to CMS must follow all CMS guidelines and may be changed or updated at any time."