



MEDEHR Certified Version 2.0 – New Feature

MEDTRON is continually adding new features (enhancements) to **MEDEHR**. Outlined below are some of the new features moving to production in the coming week(s). It is important that the practice 'administrator' contact Software Support to turn on/off the new features, as they present, for specific 'user group access' as deemed appropriate.

Watch the **MEDEHR** sign-on screen for important notices and newly published News Blasts.

Watch the **MEDEHR** section of our website (www.medtronsoftware.com, link available via sign-on screen) for future updates to the User Guides associated with these new features.

As always, users can contact Software Support by clicking on support@medtronsoftware.com from the sign-on page to launch an email or calling 800-978-0599 for assistance.

News Blasts now available!

080116 Carrier Precert/Prior Auth Requirements
 071816 E&M Auditing BootCamp Training Session October 6, 2016
 071516 False Claims Act and Mid-Year OIG Work Plan
 052316 MEDEHR UPDATES - Drug Database

Double click on the website below to retrieve this information.

Visit our Website: <https://www.medtronsoftware.com>

Software Support:

800-978-0599

mail to: support@medtronsoftware.com

Technical Support:

866-334-0500

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New Features

The Healthcare Effectiveness Data and Information Set (**HEDIS**), through the National Committee for Quality Assurance (NCQA), is a tool used by non-Traditional Medicare Advantage (MA)/Part C, Managed Medicaid, and Commercial health plans to measure performance on important dimensions of care and service; similar to PQRS reporting through CMS for Traditional Medicare patients. Although many of the **HEDIS** measures mimic PQRS measures, the two are completely separate programs and thus require separate reporting.

Currently MEDTRON is staging to expand **HEDIS** \$0 charge claims reporting. The first stage is to confirm our users clearly understand **PQRS** vs **HEDIS** reporting (as defined above) including that all Cat II codes keyed, captured, and processed will be captured to a patient's history, but \$0 charge (P4P Revenue Center) only will file on a claim if Insurance Type is 'M' or 'R'.

Review the News Blast: [081116 HEDIS Quality Reporting](#) for more information on **HEDIS** and **MEDPM** setup prior to reporting.

Some health plans/carriers require practices to report all current (active) diagnosis codes (not just diagnosis from today's visit) as well as Category II (Cat II) reporting CPT codes (such as #####F or G#### codes). For non-Traditional Medicare carriers who may require all active diagnosis codes to be reported (not just those associated with today's visit), **MEDEHR**'s '**HEDIS**' trigger will gather all active ICD codes listed in patients **Facesheet** tab, Diagnosis (Problems List) section, i.e., for today's encounter user to select only today's ICD codes, **HEDIS** trigger is used to select all other active ICD codes.

When an encounter *with **HEDIS** trigger selected* is 'approved for billing' and sent to the EHR Charge Queue, **MEDPM** will gather all charge/diagnosis information from today's visit (encounter) as well as the unique active diagnosis codes from the **Facesheet** tab, Diagnosis (Problem) List for claims.

NOTE: As of October 1, 2015, **MEDPM** will only gather unique ICD-10 diagnosis codes from the **Facesheet** tab, Diagnosis (Problem) List, i.e., will not list ICD-9 codes.

Prior to this update, users did not have to select the **HEDIS** trigger for all ICD codes to file on type 'R' claims.

For a non-Traditional Medicare patient (active primary Insurance Code in patient demographics is not type M) when today's encounter includes the **HEDIS** trigger and Cat II codes:

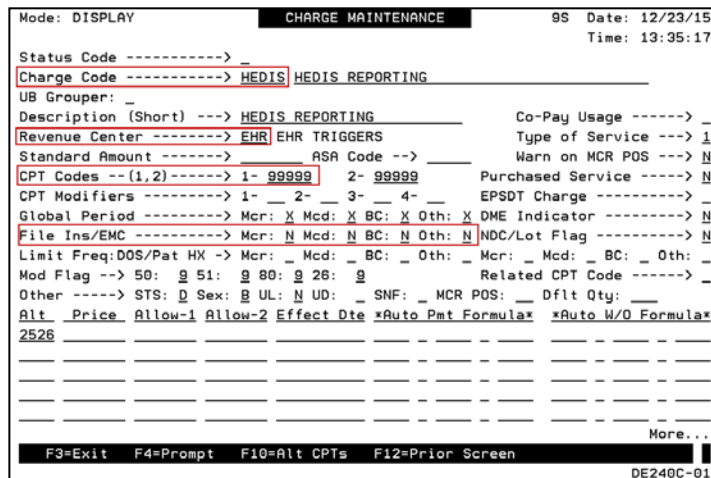
MEDPM will present the charges from today's encounter (services from the EHR Charge Queue) with 1-Select for user acceptance into an unprocessed batch, as well as assign the unique active diagnosis codes from the patient's **MEDEHR** Problem List to all the Cat II codes from today's encounter (regardless of the Insurance Code or charge amount/value).

If today's encounter does not include the **HEDIS** trigger or the patient is Traditional Medicare (Ins Type: M):

MEDPM will ignore the 'active diagnosis' codes from the patient's **MEDEHR** Problem List and only the diagnosis codes used on charges from today's visit/encounter will be used in the unprocessed batch for the selected charges.

Providers should setup the **HEDIS** trigger in the **MEDEHR** and **MEDPM** Transaction Master:

- Charge Code → HEDIS
- Revenue Center → EHR
- Standard Amount → blank
- CPT → 99999
- File Ins → N



NOTE: The **HEDIS** trigger is not needed for Traditional Medicare patients, as **HEDIS** measures are not reported to Traditional Medicare.

REMINDER: The **PQRS** (not **HEDIS**) numerators, i.e., Rev Ctr: P4P Cat II transaction codes with \$0 charge, are required on the same claim as the denominators (billed charges) for Traditional Medicare reporting only.

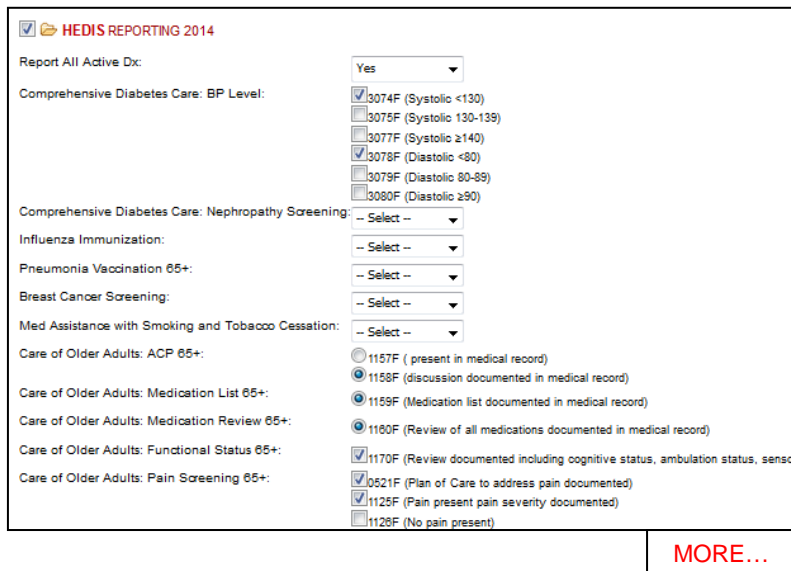
In **MEDEHR**, providers must update encounter templates with an option to select the **HEDIS** trigger and confirm the **HEDIS** transaction code is linked to all affixed encounter templates.

MEDTRON/MEDDATA suggests creating a new folder within the encounter template(s), specific to **HEDIS** reporting where provider can select the specific **HEDIS** measures.

Within the **HEDIS** Reporting folder, providers can list all the specific measure associated Cat II reporting codes to be selected during the encounter as well as the **HEDIS** trigger needed to use all active diagnosis codes (from EHR Problem List) on the reporting Cat II codes.

In the example at right, the 'Report All Active Dx' field is linked to the **HEDIS** trigger when 'Yes' is selected.

Below the trigger field, list all the measures the provider will be reporting (with Cat II reporting codes linked in template, setup with Revenue Center → P4P) for easy selection.



Example:

In MEDEHR, an encounter template was completed with an office visit (99212), the HEDIS trigger linked to 99999 and the Cat II reporting codes selected via the above encounter: 3074F, 1158F, 1159F, 1160F, 1170F, 0521F, 1125F, 3008F, 3078F, and 1157F.

All today's encounter/services, i.e., charge codes (even Cat II reporting numerators) have only 'today's' diagnosis codes assigned per the encounter template.

Charge Code	Description	Qty	Auth #	Date	Place of Service	CPT Code	Modifiers	Diagnosis	Charge Provider/Assistant	Options
HEDIS	HEDIS	1		12/23/2015		99999		V85.1, E78.2, I10, C91.10, I20.9, Z00.00	Kristen Barker, MD (PROV)	
3074F	SYST BP < 130 MM HG	1		12/23/2015		3074F		V85.1, E78.2, I10, C91.10, I20.9, Z00.00	Kristen Barker, MD (PROV)	
1158F	ADVNC CARE PLAN TLK DOCD	1		12/23/2015		1158F		V85.1, E78.2, I10, C91.10, I20.9, Z00.00	Kristen Barker, MD (PROV)	
1159F	MED LIST DOCD IN RCRD	1		12/23/2015		1159F		V85.1, E78.2, I10, C91.10, I20.9, Z00.00	Kristen Barker, MD (PROV)	
1160F	RVW MEDS BY RX/DR IN RCRD	1		12/23/2015		1160F		V85.1, E78.2, I10, C91.10, I20.9, Z00.00	Kristen Barker, MD (PROV)	
1170F	FXNL STATUS ASSESSED	1		12/23/2015		1170F		V85.1, E78.2, I10, C91.10, I20.9, Z00.00	Kristen Barker, MD (PROV)	
0521F	PLAN OF CARE 4 PAIN DOCD	1		12/23/2015		0521F		V85.1, E78.2, I10, C91.10, I20.9, Z00.00	Kristen Barker, MD (PROV)	
1125F	AMNT PAIN NOTED; PAIN PRSNT	1		12/23/2015		1125F		V85.1, E78.2, I10, C91.10, I20.9, Z00.00	Kristen Barker, MD (PROV)	
3008F	BODY MASS INDEX DOCD	1		12/23/2015		3008F		V85.1, E78.2, I10, C91.10, I20.9, Z00.00	Kristen Barker, MD (PROV)	
G0438	AWV, INITIAL VISIT	1		12/23/2015		G0438		V85.1, E78.2, I10, C91.10, I20.9, Z00.00	Kristen Barker, MD (PROV)	
	OFFICE/OUTPATIENT VISIT	1		12/23/2015		99212	25	E78.2, I10, C91.10, I20.9, V85.1, Z00.00	Kristen Barker, MD (PROV)	
3078F	DIAST BP < 80 MM HG	1		12/23/2015		3078F		E78.2, I10, C91.10, I20.9, V85.1, Z00.00	Kristen Barker, MD (PROV)	
	ADVNC CARE PLAN IN RCRD	1		12/23/2015		1157F		E78.2, I10, C91.10, I20.9, V85.1, Z00.00	Kristen Barker, MD (PROV)	

The example patients' active problem list includes 10 unique diagnosis codes, however only the diagnosis codes from today's visit are ICD-10:

Date	ICD Code	ICD Description	Notes	Provider	Status	Resolved Date	Created Date	Updated Date	Updated by	Opt
12/23/2015	V85.1	Body Mass Index between 19-24, adult		Kristen Barker, MD	Active		12/23/2015			
12/23/2015	E78.2	Mixed hyperlipidemia		Kristen Barker, MD	Active		12/23/2015			
12/23/2015	C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission		Kristen Barker, MD	Active		12/23/2015			
12/23/2015	I10	Essential (primary) hypertension		Kristen Barker, MD	Active		12/23/2015			
12/23/2015	Z00.00	Encounter for general adult medical examination		Kristen Barker, MD	Active		12/23/2015			
12/23/2015	I20.9	Angina pectoris, unspecified		Kristen Barker, MD	Active		12/23/2015			
07/14/2015	789.00	Abdominal pain, unspecified site		Kristen Barker, MD	Active		07/14/2014			
07/01/2015	354.0	Carpal tunnel syndrome		Kristen Barker, MD	Active		07/01/2014			
05/30/2015	789.07	Abdominal pain, generalized		Kevin Bucknum, MD	Active		06/06/2014			
05/30/2015	787.91	Diarrhea		Kevin Bucknum, MD	Active		06/06/2014			

Added to patients active problem list per today's visit/encounter

When the encounter for a non-Traditional Medicare patient whose template includes the Yes-**HEDIS** trigger is 'approved for billing' and associated charges (services) are sent to the EHR Charge Queue:

MEDPM will gather all charge/diagnosis information from today's visit as well as the unique active ICD-10 diagnosis codes from the **Facesheet** tab, Problem List and assign the unique active diagnosis codes to at least one of the Cat II codes selected in today's encounter template, i.e., at option 1-Select by the user into an Unprocessed Batch, the ICD codes from the active Problem List will be systematically assigned to the Cat II reporting codes.

NOTE: The **HEDIS** trigger prompts system to assign the first 4 diagnosis (ICD) codes to the first Cat II code, then the next 4 diagnosis codes to the second Cat II code, etc.

When the diagnosis codes outnumber the Cat II codes selected for reporting, **MEDPM** will repeat the last Cat II code until all the unique diagnosis codes (from active Problem List) have been assigned.

Conversely, if the Cat II codes reported outnumber the unique diagnosis codes to report, **MEDPM** will repeat assignment of the last unique diagnosis code on all the Cat II codes remaining.

For example, charges listed via the **MEDEHR** services tab would include:

<u>CPT:</u>	<u>Diagnosis:</u>
99212	E78.2 I10
3074F	E78.2 I10
1158F	E78.2 I10
1160F	E78.2 I10

NOTE: Duplicate active ICD codes listed in patients **MEDEHR** Active Problem List are skipped.

When charges presented at **MEDPM** Front Desk to option 1-Select into unprocessed batch, they would include:

If unique diagnosis codes listed in the problem list outnumbered the Cat II codes, charges presented for selection into an unprocessed batch per the above example with the below red diagnosis codes would include a repeated Cat II code (last used, red) in order to assign all the additional unique ICD codes.

<u>CPT:</u>	<u>Diagnosis:</u>
99212	E78.2 I10
3074F	E78.2 I10 C91.10 I20.9
1158F	V85.1 Z00.00 R14.0 I71.4
1160F	A42.1 Q53.11 O28.1 K04.3
1160F	H02.512 R89.4 M26.51 P09
1160F	N93.9

If Cat II codes selected for reporting outnumbered the unique diagnosis codes listed in the problem list, charges presented for selection into an unprocessed batch per the above example with the below red Cat II codes would include a repeated diagnosis code (last used, red) in order to allow the additional Cat II codes.

<u>CPT:</u>	<u>Diagnosis:</u>
99212	E78.2 I10
3074F	E78.2 I10 C91.10 I20.9
1158F	V85.1 Z00.00
1160F	Z00.00
1175F	Z00.00
1182F	Z00.00

It is very important that providers/staff aggressively update the status of each patient's problem list, i.e., must 'Resolve' or 'Inactivate' diagnosis codes that are no longer current (active) or have been resolved.

This cleanup is needed to maintain an accurate patient medical record and will assist in eliminating duplicates.

NOTE: **HEDIS** trigger is limited to only select 90 unique diagnosis codes to add to Cat II codes for reporting.

NOTE: Once all charges are selected and present in an unprocessed batch, user may change the ICD pointer via the regular MEDPM protocol for updating charges.

Refer to User Guide: Front Desk Charge Entry

Edit Diagnosis Information

Date: 12/23/2015

ICD Code: V85.1

ICD Description: Body Mass Index between 19-24, adult

Notes

Created By: Kristen Barker, MD

Provider: Kristen Barker, MD

Status: Active Resolved Inactive

Chronic:

Resolved Date: 12/23/2015

Submit Close

To Recap..

The **HEDIS** trigger must be 'on' for \$0 charge reporting of all active ICD codes. This change allows the user to determine when **HEDIS** reporting is needed.

For an encounter *with the HEDIS trigger 'on'*, at 'approved for billing' via the EHR Charge Queue, **MEDPM** will gather all charge/diagnosis information from today's visit (encounter) as well as the unique active diagnosis codes from the **Facesheet** tab, Diagnosis (Problem) List and assign to each Cat II code for maximal ICD10 reporting on insurance claim type 'R'.

See previously published News Blasts for more information on **HEDIS** reporting:

081016 HEDIS Quality Reporting

052313 HEDIS Reporting for Part C Plans

040413 Educational Series - Medicare Insurance Cards

Contact Software Support for assistance or any questions via:

Email: From **MEDPM** or **MEDEHR** Sign On screens, double click on 'support@medtronsoftware.com'

-OR-

Phone: (985) 234-0599 (local) or (800) 978-0599 (toll free)

-OR-

Fax: (985) 234-0609

Coming Soon...

MDS/MSI is testing Stage 2 which will be to validate other carriers' ability to accept Cat II \$0 charge claims only. Stay tuned for Stage 2 which will include \$0 charge **HEDIS** reporting on Insurance Type 'B' and 'W' claims.