

AvMed Network NEWS BULLETIN

Provider News You Need to Know



June 2016

ASSISTANCE

with HRAs

AvMed identified Medicare Members who would most benefit from a Health Risk Assessment (HRA) based on current health and diagnosis history. We sent Member lists along with pre-populated HRA forms to Primary Care Physicians (PCPs) and are asking all PCPs who receive HRAs to schedule appointments with Members as soon as possible for the examination and annual review of conditions, medications and any health changes.

AvMed has also implemented a simple process to assist with Member contact. For help, you can send an email to Floor.Supervisor@AvMed.org. Be sure to include Member name, AvMed ID and phone number. We will also need your practice name, Provider number, an office contact name and phone number. As soon as we receive information, AvMed will call the Member on your behalf to explain the need for the appointment, and coordinate a visit with your designated office contact. We look forward to receiving your completed patient HRAs. ☺

CONTROLLING

High Blood Pressure

It is important to control high blood pressure in both diabetic and non-diabetic patients.

HEDIS monitors high blood pressure control with two quality measures: Controlling High Blood Pressure (CBP) and Diabetes Blood Pressure Control (CDC B/P). CBP assesses the percentage of Members, age 18 to 85, who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on specified criteria. CDC B/P assesses the percentage of Members, age 18 to 85, who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on specified criteria.

Improving your quality measure scores: If a Member's reading is too high for either systolic or diastolic, take another reading at least 5 minutes later, perhaps at the conclusion of the visit, and notate both readings on the medical record. If multiple readings are recorded for a single date, the lowest systolic and lowest diastolic BP on that date is considered the representative BP. The systolic and diastolic results do not need to be from the same reading.

Coding Tips for Capturing CDC B/P: Include the appropriate CPT II code on claims to improve HEDIS scores and reduce the need for medical record review. Use a separate code for systolic and diastolic values:

- 3074F: Systolic <130 mm Hg
- 3075F: Systolic 130-139 mm Hg
- 3077F: Systolic \geq 140 mm Hg
- 3078F: Diastolic <80 mm Hg
- 3079F: Diastolic 80-89 mm Hg
- 3080F: Diastolic \geq 90 mm Hg

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9400 S. Dadeland Blvd., Miami FL 33156

