

Regal Wellness Center

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Regal Wellness Center



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Annual Wellness Exam

- Patients will be seen once a year by NP/PA
- Chronic conditions are addressed, validated and documented
- Assist with 5-star measures
- Patients remain your patients
- Total visit time is one hour
- Labs are done one week before the appointment



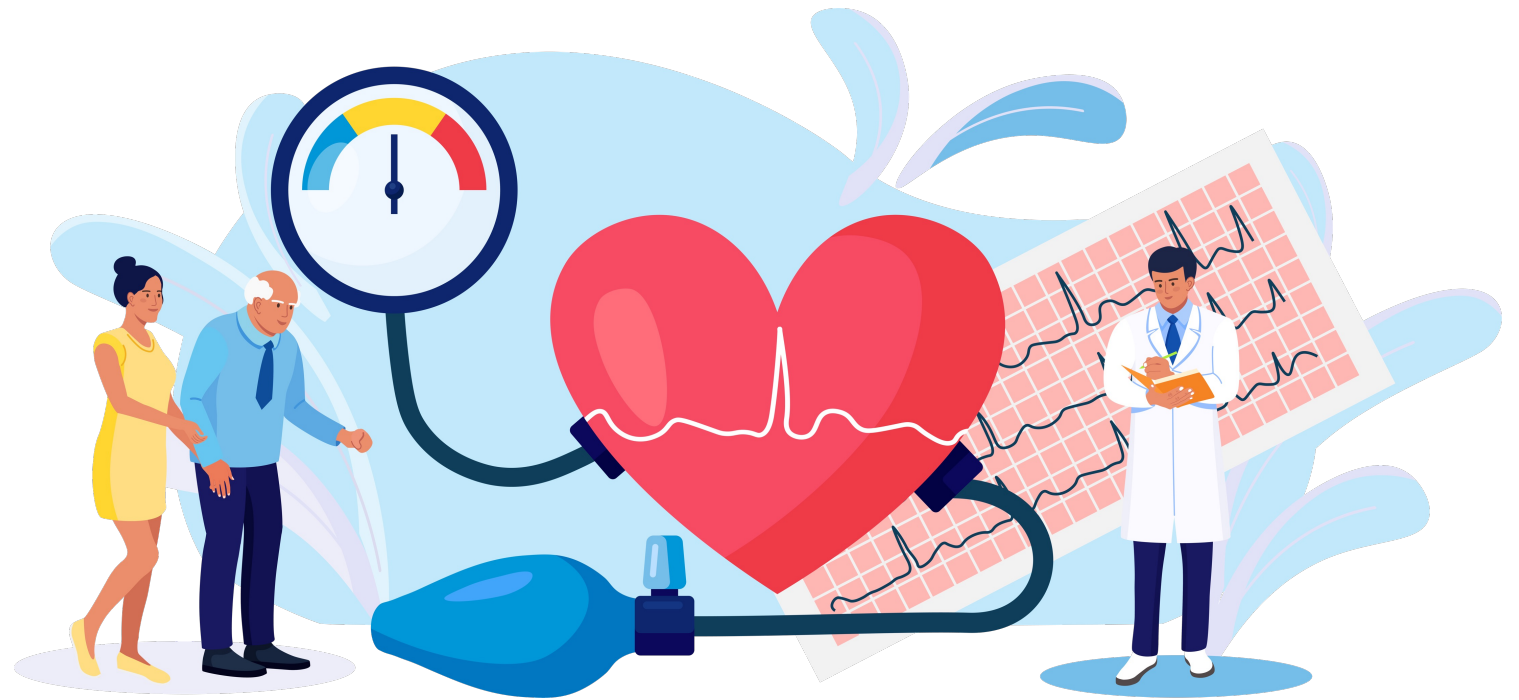
Labs and diagnostics ordered by the Wellness Center

- Routine mammogram and DEXA bone scan
- Routine CXR when indicated
- iFOBT/screening colonoscopy
- Senior panel: CBC, CMP, microalbuminuria, TSH, B12, vitamin D3, lipid panel, PTH, HgbA1c
- Pre-op EKG's
- Spirometry



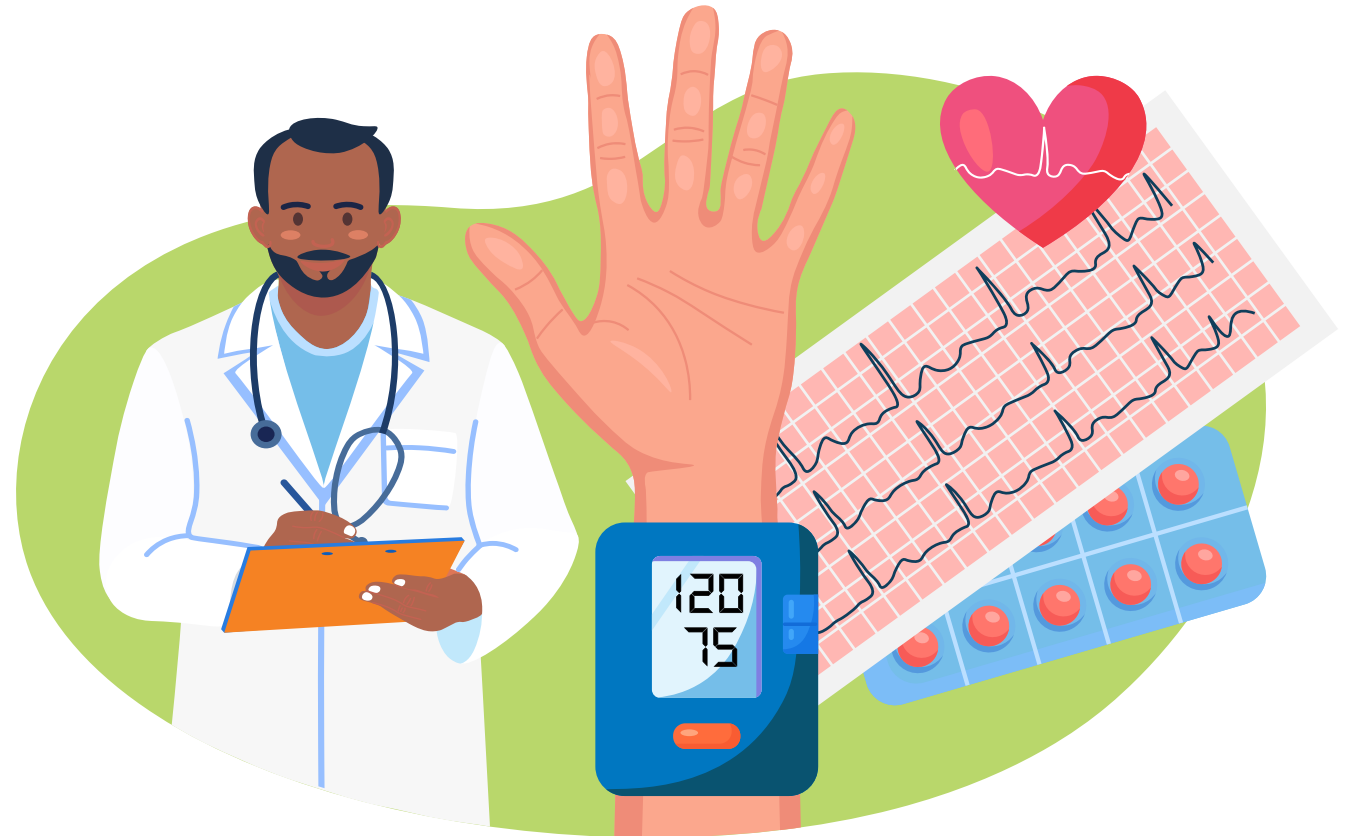
What happens at the visit? CMA portion

- EKG
- dABI
- Memory test (Mini-Cog)
- Depression screening (PHQ-2)
- Fall risk assessment
- Urinary incontinence screening



What happens at the visit? Provider portion

- Chronic conditions are addressed, validated and documented
- Provider reviews the findings of the CMA portion with the patient
- Review of labs done prior to the visit (senior panel)
- Results of the visit are tasked/Goldfaxed to you within 24 hours of the visit



How is the clinic staffed?

- 2 front desk receptionists
- 1 scheduler
- 3 CMA's
- 2 providers



Who are the providers?

Ben Toucey, PA

- He has over 4 years experience performing wellness exams
- Has been a PA for 15 years
- Ended 2022 with RAF >2.0
- Has excellent patient satisfaction score



Who are the providers?

Grace Gleason, NP

- Has 2 years experience performing wellness exams
- Has been an NP for 12 years
- Ended 2022 with RAF >2.0
- Has excellent patient satisfaction score



Why send a patient to the Wellness Center?

- We work in conjunction with you to help keep your patients healthy
- We are a patient-centered environment
- Patients receive a comprehensive, free overview of their health from experienced health professionals
- The burden of the annual HCC wellness visit is shifted from you to us
- Improvement in your RAF score






Impact on risk adjustment and HEDIS

2023

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The objective

Goal is to extend **additional resources** to our providers and MA members in the Temecula network which will:

For providers

- Improve member seen metrics
- Assist with overwhelming schedules and patient workload
- Early detection of disease states to prevent unnecessary hospitalizations
- Improve disease management and population health
- Improve Risk Adjustment score, Quality metrics and maximize financial benefits

For members

- Prompt availability to see a healthcare provider for an annual assessment if PCP has a busy schedule
- Improve member's quality of life by comprehensive, collaborative and preventive clinical care
- Improve overall member satisfaction

For Regal

- More consistent and efficient ways to distribute financial resources to patients and providers who need them
- All of the above



Impact on providers

- Continue to function as the member's **PCP**
 - **No** change to your **current financial structure**
 - **No** change in your **current incentive program** whether risk adjustment or quality, if you are on the Revenue Based Incentive Program (RBIP) or on a contract arrangement
 - Comprehensive member visit and thorough disease prevention screenings at the wellness center will assist in identifying **NEW** conditions and **RECAPTURE** existing chronic conditions, thereby improving your HCC scores (RAF), quality metrics and overall member satisfaction
 - Benefit provider's overall **growth** in terms of membership and increased incentive payments
- PCP will receive a copy of the completed wellness visit
 - As the Wellness Center becomes more functional, we will be phasing out the current Home Visit program unless a member requires it circumstantially (homebound or cannot go to their PCP or the Wellness Center)



Most common diagnosis

- Diabetes mellitus with complications
- CKD stage 3, 4, 5
- End-stage renal disease (ESRD)
- Dialysis compliance or non-compliance
- Secondary hyperparathyroidism (due to renal causes)
- Vascular — aortic atherosclerosis, ectasia, CHF, angina, arrhythmias, secondary hypercoagulable state
- Pulmonary — COPD/smoker's cough, emphysema, pulmonary hypertension
- Morbid obesity and malnutrition
- Major depression — mild/moderate/severe/partial/full remission
- Substance use disorder — mild/moderate/severe
- Secondary immunodeficiency
- Secondary hypercoagulable state
- Dementia and Alzheimer's



CMS's top 10 risk adjustment coding errors

1. Health record does NOT have a legible signature WITH credentials
2. Electronic health record was not authenticated and electronically signed
3. Highest degree of specificity was not assigned to diagnoses
4. A discrepancy exists between billed diagnoses and actual description of the condition noted in the document
5. Documentation does NOT indicate a condition as being monitored, evaluated, assessed or treated
6. Cancer status is unclear and treatment is not documented
7. Chronic conditions such as hepatitis are not documented as chronic
8. Lack of specificity is an issue, such as unspecified arrhythmia versus a specific type of arrhythmia
9. Chronic conditions and status codes are not documented on an ANNUAL basis
10. Required linking language, casual relationship, or manifestation codes are missing



Article Citation: Fernandez, Valerie. "Ins and Outs of HCCs" Journal of AHIMA 88, no. 6 (June 2017): 54-56.

To be successful

- Providers must see **ALL** patients once a year
 - We recommend making these 30-minute appointments
 - Providers must address **ALL** of patient's chronic conditions **ONCE** a year
 - Providers must **DOCUMENT** correctly
 - Coders must **UTILIZE** correct ICD-10 codes
 - Billers must **BILL** all ICD-10 codes and **SUBMIT** all encounters
 - If the number of diagnoses you can submit is limited, then please use **Box 19** for additional diagnoses codes and send us the note so we can ensure the diagnoses are included
- It is important to **document once a year all chronic conditions and active stable conditions** even if you are not the treating physician
 - Review patient's **medication list** to be sure there is a diagnosis associated with each medication



Documentation is key!

For good and complete clinical care, please document accurately!

If it is not documented in the medical record...
it didn't happen!



Thank You!



The contents provided are for informational purposes only and not intended to be a substitute for professional medical advice, diagnosis, or treatment. Please consult with your physician or other qualified health provider prior to changing your diet, starting an exercise regimen, or with any questions that you may have about your health or medical condition.

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