Getting You Prepared for Clinical Decision Support: Part 2

Next Steps in Implementation
Agenda

• Quick program recap
  • Acronyms
  • Timeline
  • Schematic
  • Roles of providers
• Critical Access Hospital update
• Putting it into context
  • Analysis examples
• Client support
  • Educational piece
• What’s new?
• Billing vendor perspective
• Things to think about
• Submitted questions
Quick Program Recap: Important Acronyms

- CDS: Clinical Decision Support
- AUC: Appropriate Use Criteria
- CDSM: Clinical Decision Support Mechanism
- PLE: Provider-led Entity
- PAMA: Protecting Access to Medicare Act
- CAH: Critical Access Hospital
Appropriate Use Criteria (AUC) Program

• Protecting Access to Medicare Act (PAMA) of 2014
  • Provision for mandatory use of appropriate use criteria (AUC) for advanced diagnostic imaging

• Applicable studies
• Applicable payment systems
• Applicable settings
Quick Program Recap: Current Timeline

- **July 2018-Dec 2019**: Voluntary reporting period – QQ modifier
- **Jan 2020**: Educational & operations testing period
- **Jan 2021**: Start date – payment at risk
- **Jan 2023 or Jan 2024**: Outlier ordering professionals identified
Provider-Led Entities + Appropriate Use Criteria = Clinical Decision Support Mechanism

Provider Furnishing Provider Billing Vendor Medicare

Ordering Provider
Quick Program Recap: Qualified CDSMs

- AIM Specialty Health ProviderPortal®*
- Applied Pathways CURION™ Platform
- Cranberry Peak ezCDS
- eviCore healthcare's Clinical Decision Support Mechanism
- MedCurrent OrderWiseTM
- Medicalis Clinical Decision Support Mechanism
- National Decision Support Company CareSelect™*
- National Imaging Associates RadMD
- Sage Health Management Solutions Inc. RadWise®
- Stanson Health's Stanson CDS
- Test Appropriate CDSM*

*Free Tool Available

Quick Program Recap: Role of Ordering Provider

- Communication with radiologist
- Utilize AUC to provide evidence-based patient care
- Abide by regulations to avoid outlier ordering professional status
Quick Program Recap: Role of Radiologist

- Educate referring providers
- Open lines of communication
- Feedback to referring providers
- Create sense of urgency
Dear Ms. Sloan,

The Medicare AUC program applies to advanced diagnostic imaging services furnished in an applicable setting. A CAH is not considered an applicable setting. Therefore we would not expect the radiologist’s claim for that service to include AUC consultation information. We are working through ways to identify those situations within the claims processing system.

Sincerely,

CMS AUC Team
Putting It Into Context

• Determine amount potentially at risk
• How to do this?
  • Client manager assistance
  • Analyze by location, modality, annualized collections, volume
• Provides tangible data when speaking with facilities and referring providers
## Hospital Collections

CDS At Risk Collections by Facility by Modality

Zero payments indicate Critical Access Hospital (exempt)

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Sum of Hospital $</th>
<th>Sum of Charge Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>A HOSPITAL</td>
<td>$ -</td>
<td>424</td>
</tr>
<tr>
<td>CT - CAT SCAN</td>
<td>$ -</td>
<td>384</td>
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<tr>
<td>MR - MRI</td>
<td>$ -</td>
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<tr>
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<td>C REGIONAL MEDICAL CTR</td>
<td>$ 207,725</td>
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<tr>
<td>CT - CAT SCAN</td>
<td>$ 167,333</td>
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<tr>
<td>MR - MRI</td>
<td>$ 26,583</td>
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<tr>
<td>NM - NUCLEAR MEDICINE</td>
<td>$ 13,808</td>
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<tr>
<td>D CITY HOSPITAL</td>
<td>$ -</td>
<td>632</td>
</tr>
<tr>
<td>CT - CAT SCAN</td>
<td>$ -</td>
<td>524</td>
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<tr>
<td>MR - MRI</td>
<td>$ -</td>
<td>92</td>
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<tr>
<td>NM - NUCLEAR MEDICINE</td>
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<tr>
<td>E HEALTH SYSTEM</td>
<td>$ -</td>
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<td>CT - CAT SCAN</td>
<td>$ -</td>
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<td>F GENERAL HOSPITAL</td>
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<tr>
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<td>MR - MRI</td>
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<tr>
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## Radiology Group Collections
### CDS At Risk Collections by Facility by Modality

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<th>Hospital Name</th>
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<th>Sum of Charge Count</th>
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<td>C REGIONAL MEDICAL CTR</td>
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<tr>
<td>CT - CAT SCAN</td>
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<td>MR - MRI</td>
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<tr>
<td>CT - CAT SCAN</td>
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<tr>
<td>F GENERAL HOSPITAL</td>
<td>$350,617</td>
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<tr>
<td>CT - CAT SCAN</td>
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<td>MR - MRI</td>
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<tr>
<td>NM - NUCLEAR MEDICINE</td>
<td>$38,643</td>
<td>432</td>
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</tbody>
</table>
Questions to Ask - Facility

• What CDSM is being used?
• Is the CDSM integrated in the EHR?
• Has a process been implemented in outpatient settings? Emergency department?
• How will AUC information flow to the radiologist?
Questions to Ask - Referring Provider

• Are referring providers aware of AUC program?
• Who is responsible for purchasing the CDSM?
• How will AUC information be communicated to furnishing provider?
• Do they meet any of the significant hardship exceptions?
Advocate Support for Our Clients

Education and Communication Materials
Implementing Medicare’s Appropriate Use Criteria Program in a Hospital Setting
Medicare’s Appropriate Use Criteria Program and Referring Providers
Billing Vendor Perspective

• What we’re waiting on:
  • When will the G-codes and modifiers be published?
  • How will the data flow to us?
  • How will we take data from a radiology report and turn it into a charge?
    • CDSM used
    • Action taken
  • Where will the data be located in the report?
  • What manual processes will we need to put in place?
Things to Consider

• What will data transfer look like in the hospital setting?
• Impact on radiology volume and revenue?
• What impact will CDS have on provider workflow? In the ED?
• Will MACs be ready to receive and validate data?
Things to Consider

• The future of CDS?
  • Agency for Healthcare Research Support
    www.ahrq.gov
  • CDS Connect

https://cds.ahrq.gov/cdsconnect/about
Submitted Questions
Thank you!

Lauren Sloan MHA, RD, LD | Director of Regulatory Affairs

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