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***MSHO, MSC+ and SNBC  
Care Coordinator Training  
2009 Performance Improvement  
Project***

**March 2009**



***New Member Utilization of Preventive  
Care  
(2009 Preventive Visit PIP)***

## Agenda:



- Welcome and Introductions
- 2009 PIP Intro
- Keynote Clinical Presentation
- 2009 PIP Overview
- Barriers
- Interventions
- Role of Care Coordinators
- Question & Answer Session
- Evaluation and CEU forms

## Welcome and Introductions



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## Overview of Performance Improvement Projects



- Purposes of a PIP are to:
  - Improve health outcomes, member satisfaction and implement evidence-based best practices.
  - Projects are clinical or non-clinical (administrative).
  - Assess and improve processes within health plans and health care system.
- Regulatory requirement for CMS and DHS—one beginning each year for each population.
- Opportunity for Managed Care Organizations to collaborate on a targeted topic.
- Facilitation and data aggregation provided by Stratis Health, the Medicare Quality Improvement Association for Minnesota.

## Overview of Performance Improvement Projects



- Projects include a planning year followed by project implementation, typically three years in duration.
- Aim of PIP is to incorporate interventions into health plan processes and sustain improvements over time.
- PIPs are implemented broadly for Medicare and/or Medicaid members.

## 2009 PIP Introduction

### *New Member Utilization of Preventive Care*



- **Project populations:** adults, 21+, community based:
  1. MSHO/MSC+
  2. PMAP/MNCARE/GAMC
  3. SNBC
- **Project Goal:** Increase new member use of preventive care visits within the first six months of enrollment.

## 2009 PIP Overview



- Population:
  - New, community-based adult members 21 and older.
  - Institutionalized members and/or in hospice not included
  - Needs and delivery of preventive services for these populations vary due to other health conditions—at discretion of Primary Care Provider.
- Baseline periods and average rate of preventive visits:
  - MSHO, MSC, MSC+: 10/1/2005-9/30/2007 (6.06%)
  - SNBC: 4/1/08-9/30/08 (To be reported 9/09)

## Keynote Clinical Presentation



### Dr. Thomas von Sternberg

Associate Medical Director,  
Geriatrics and Hospice Services,  
Government Programs and Case Management,  
HealthPartners

*Welcome!*

## Barriers to Prevention



- New health plan members understanding of benefits
- Patient lack of knowledge of and attitudes toward preventive care
- Socioeconomic and logistical
- Health disparities
- Health system barriers and constraints

## Interventions



- Interventions targeted towards:
  - New members
  - Care Coordinators
  - Internal health plan staff
  - Providers
- Interventions:
  - Designed to fit within existing workloads
  - Aim to be time- and cost-effective
  - Engage new members as partners in care

## Role of Care Coordinators



- Participate in DHS-required quality improvement initiatives
- Assist new members in:
  - understanding the importance of prevention care
  - accessing their health plan benefits for preventive care
- Document education provided in the member's Care Plan
- Review new member list to assist in focused discussion with members

## Resources for Care Coordinators



- Toolkit
- All project materials will be available online at Stratis Health: [www.stratishealth.org/MSHO\\_PIP](http://www.stratishealth.org/MSHO_PIP)
- Your health plan representative for the project.

## Preventive Visits PIP vs. Comprehensive Elder Health Evaluation



- 2009 Preventive Visit PIP –general preventive care check-up for new adult members, ages 21+
- Comprehensive Elder Health Evaluation (CEHE) –general preventive care check-up and five specific assessments.
  - Incentive program from DHS via health plans with additional incentive payments for providers
  - For seniors, age 65+
  - Five CEHE assessments:
    - Influenza vaccination status
    - Pneumococcal vaccination status
    - Visual function
    - Presence of urinary incontinence
    - Mental status

## **Preventive Visits PIP vs. Comprehensive Elder Health Evaluation**



- 2009 PIP and CEHE are both new programs but are implemented separately.
- 2009 PIP and CEHE they complement each other as the shared goal is the getting adults in for preventive care services.
- Health plans will be communicating with providers via mailings and newsletter articles on the 2009 PIP and CEHE.

## **Billing information**



- Codes will be used to monitor utilization of preventive care through claims.
- Codes are used to measure project success.
- Providers will be sent coding tools with this list of PIP codes and CEHE visit codes.
- Refer to Provider Coding Tool for list of project codes and CEHE billing codes.

## Preventive Visit PIP Codes



<b>CPT:</b> <b>99385, 99386,</b> <b>99387</b>	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunizations, laboratory/diagnostic procedures, new patient.
<b>CPT:</b> <b>99395, 99396,</b> <b>99397</b>	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunizations, laboratory/diagnostic procedures, established patient.
<b>HCPCS:</b> <b>*G0402</b> <b>* Updated code</b>	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first six months of Medicare enrollment.

## Question and Answer Session



## Thank you!



- Evaluation—complete here:  
<http://vovici.com/wsb.dll/s/efbcg3b8ae>
- CEU forms will be mailed after completion of the on-line evaluation.
- Contact your health plan representatives with questions or comments.

*Thank you—your work ensures PIP success!*