

# Health Endeavors

## Risk Score, HCC Coding, Benchmarks and Spend

1



# What is Patient's Risk Score?

Risk score is a measure of how sick and costly that patient is now or anticipated to be in the future.

A patient's risk score is calculated using the patient's demographics and diagnoses.

Every consumer has a risk score and associated financial benchmark.



**Health Score**

**0.624**

**Excellent**

**Health Spend**



**Below Expected**

# Patient's Risk Score

Every patient has a risk score.

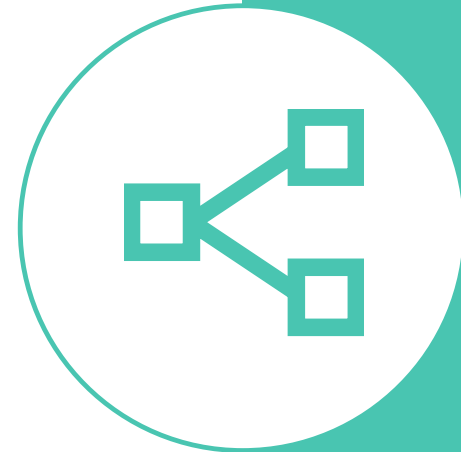
Every patient has a financial benchmark calculated using their risk score

Lower the score the better health of the patient. (Healthiest to Sickest)

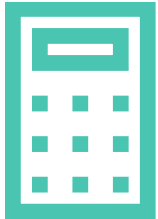
Risk score is based on patient's demographics and diagnoses.

# Other Names for Risk Score?

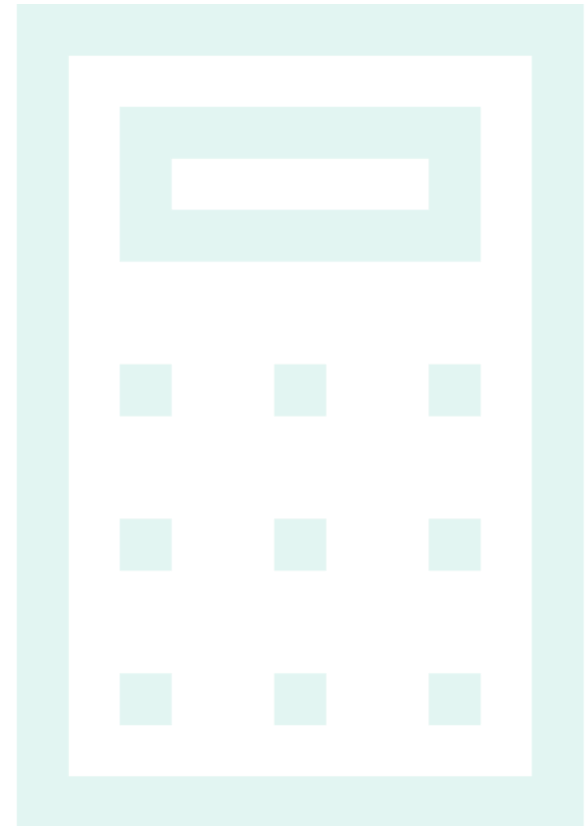
- HCC Score
  - Hierarchical Condition Categories
- RAF
  - Risk Adjustment Factor



Calculate using CMS  
Risk Adjustment Model



# HOW CALCULATE HCC RISK SCORE



# The Basics

Payment is based on this formula:

Health Status: Patient's  
HCC categories calculated  
with assigned values.

Patient's demographic  
characteristics.



**Risk Score =**



**Patient Demographic Score +  
Health Status (HCC Score)**

# How calculate health status

The CMS Risk Adjustment Model measures the disease burden that includes around 70 HCC categories

ICD10 diagnosis codes are assigned to HCC Categories.

# ICD10

<https://en.wikipedia.org/wiki/ICD-10>

**ICD-10** is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO).

It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.



Each HCC Category  
has an assigned  
value

# More than 1 HCC Category

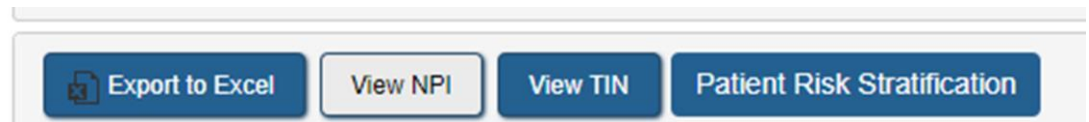
A patient can have more than one HCC category assigned to them as some categories override other categories and there is a hierarchy of categories.

Example: HCC X comprised of 10 ICD 10 codes is priority over HCC Y comprised of 8 ICD 10 codes.

Some HCC  
Categories  
have  
much  
higher  
value

A few top HCC categories include:

- Major depressive and bipolar disorders
- Asthma and pulmonary disease
- Diabetes
- Specified heart arrhythmias
- Congestive Heart Failure
- Breast and prostate cancer
- Rheumatoid arthritis
- Colorectal, breast, kidney



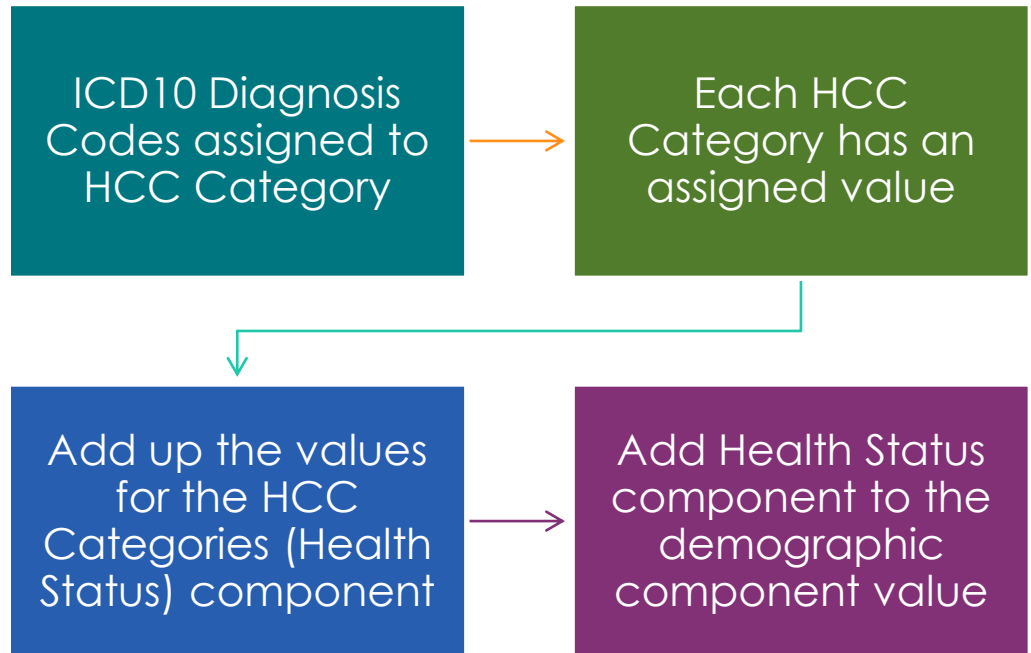
# Demographic factors

*Raw Risk Score = Demographic Score + Health Status*

- The demographic variables include:
  - **Age** as of February 1st of the payment year.
  - **Sex** of the beneficiary.
  - **Disabled Status** results in the inclusion of additional factors in the risk scores of community residents who are disabled beneficiaries under 65 years old.
  - **Original Reason for Entitlement** results in the inclusion of a factor in the risk score for beneficiaries 65 years of age or older who were originally entitled to Medicare due to disability; the factor differs by the age and sex of the beneficiary.
  - **Medicaid Eligibility** results in the inclusion of an additional factor in the risk score.



# Calculation



This is NOT patient data. This is for demonstration purposes only.

# What is in your control?

Since the provider team cannot influence the age and gender of the patient, the real impact that a provider team can have on risk score is the accurate documentation of the patient's Health Status by billing the proper ICD10 codes.

## Current Diagnosis List (ICD-10)

938 Abnormal findings on diagnostic imaging of body ructures

1013 Acute atopic conjunctivitis, bilateral

513 Age-related nuclear cataract, bilateral

9 Anemia, unspecified

Atrioventricular block, first degree

0A Breakdown if surgically created AV fistula, init

## Current Medication List

TATIN CALCIUM

brochloride

RIDE



# WHY ACCURATE RISK SCORE MATTERS?



# Risk Score NOT Accurate

---

The Problem:

Then the financial benchmark is NOT accurate.



**Health Score**

**0.624**

**Excellent**

**Health Spend**



**Below Expected**







**WRONG Risk  
Score** Financial  
Benchmark  
\$10,000 PPPY



Actual Spend  
\$13,000 PPPY



**RIGHT Risk Score**

Financial  
Benchmark  
\$15,000 PPPY



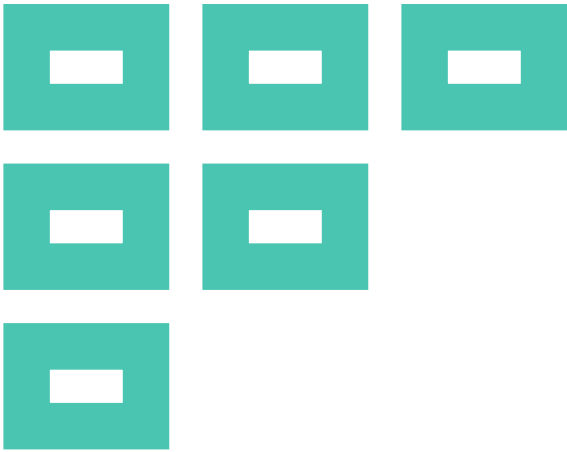
Actual Spend  
\$13,000 PPPY

# Financial Benchmark

- Financial Benchmark is calculated using Risk Score.
- Financial Benchmark for...
  - Payers
  - ACO, CIN (Organization Level)
  - Facility or TIN (Taxpayer Identification Number)
  - Individual Provider
  - Patient/Consumer
  - ...any value-based program concerned with spend



# IMPACT OF HCC FAILURE TO CODE DIAGNOSIS



# Impact of HCC Coding to HCC Benchmark – Example (Decreased Score)

*Most commonly, HCC categories are not captured, resulting in decreases to the HCC score:*

Risk Adjustment Factor	RAF Score	Expected Annual Expenditure
Base HCC Score (Male/76/DM/Morbid Obesity/CHF/Amputation)	1.973	\$17,856
<b>NOT CODED-</b> HCC 189 (Amputation Status, Lower Limb)	0.588	\$5,321
<b>NOT CODED-</b> HCC 22 (Morbid Obesity)	0.273	\$2,471
HCC Benchmark (With Removed HCCs)	<b>1.112</b>	<b>\$10,064</b>

*Based on 2017 Coefficients for a Community Non-Dual Aged Beneficiary*

# Impact of HCC Coding to HCC Benchmark – Example (Increased Score)

*Ensuring HCC codes are captured, results in adjustment to expected levels of spend per patient:*

Risk Adjustment Factor	RAF Score	Expected Annual Expenditure
Base HCC Score (Male/76/DM/Morbid Obesity)	1.062	\$9,611
<b>CODED</b> HCC 86 (Acute myocardial Infarction)	0.233	\$2,109
<b>CODED</b> HCC 111 (Chronic Obstructive Pulmonary Disease)	0.328	\$2,968
<b>CODED</b> HCC 137 (Chronic Kidney Disease, Severe Stage 4)	0.237	\$2,145
HCC Benchmark (With Added HCCs)	<b>1.86</b>	<b>\$16,833</b>

*Based on 2017 Coefficients for a Community Non-Dual Aged Beneficiary*



# RISK SCORE AND BENCHMARK ANALYTICS






# **CALCULATE FINANCIAL BENCHMARK**

---

**ALL LEVELS**  
**-ORGANIZATION**  
**-FACILITY**  
**-PROVIDER**  
**-PATIENT**



#No. Costly Patients	#No. CPC+ Patients	2018 AVG HCC Score 	2018 HCC Benchmark 	2018 YTD AVG Per Patient Spend 	2018 YTD AVG Per Patient Spend vs 2018 HCC Benchmark
30	0	1.251	\$11,323.09	\$7,642.85	67.50 %
78	0	1.352	\$12,231.21	\$12,270.92	100.32 %

## Executive Dash



TestPatient01AEB, Willie▼

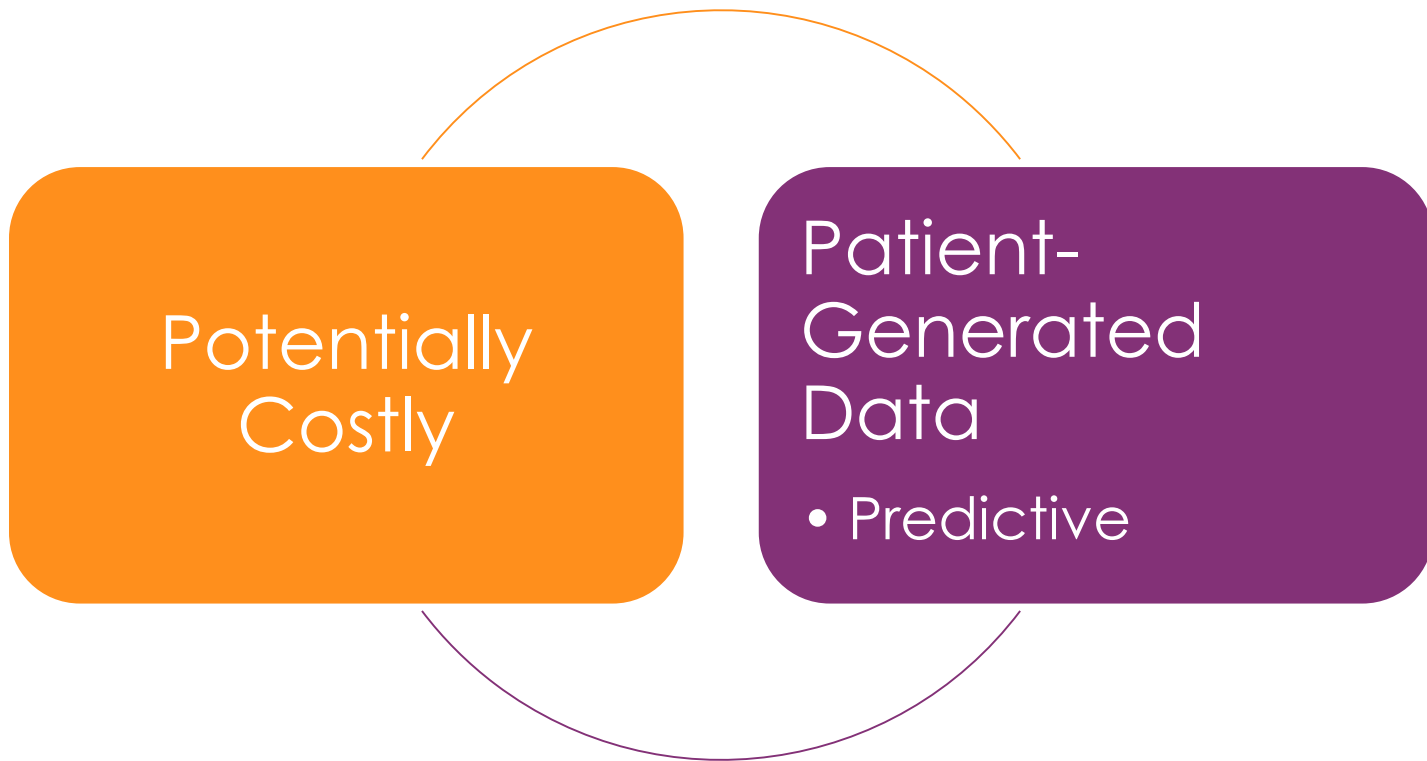
118.93 %




TestPatient01AEB, Willie

MRN	HCC 2015	HCC 2016	HCC 2017	HCC 2018
	.432	1.265	.699	2.162

Patient Master Dash

# Beyond the basics



#No. Costly Patients	#No. CPC+ Patients	2018 AVG HCC Score 	2018 HCC Benchmark 	2018 YTD AVG Per Patient Spend 	2018 YTD AVG Per Patient Spend vs 2018 HCC Benchmark
30	0	1.251	\$11,323.09	\$7,642.85	67.50 %
78	0	1.352	\$12,231.21	\$12,270.92	100.32 %

Potentially Costly

# DIAGNOSIS ACCURACY STRATEGIES

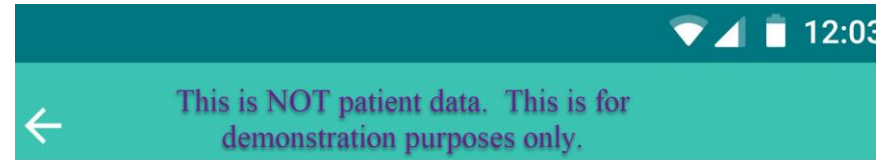
---



# What is in your control?

Diagnosis  
Diagnosis  
Diagnosis

For risk score and financial benchmark to be successful, the provider team must report all diagnoses that impact the patient's evaluation, care, and treatment including co-existing conditions, chronic conditions, and treatments rendered.



## Current Diagnosis List (ICD-10)

R938 Abnormal findings on diagnostic imaging of body structures

H1013 Acute atopic conjunctivitis, bilateral

H2513 Age-related nuclear cataract, bilateral

D649 Anemia, unspecified

I440 Atrioventricular block, first degree

T82510A Breakdown if surgically created AV fistula, init

## Current Medication List

ATORVASTATIN CALCIUM

Auryxia

Azelastine Hydrochloride

Azithromycin

Dilantin

Escitalopram

MIDODRINE HYDROCHLORIDE

# Example: How Diagnosis Documentation Affects Scoring

**“c/o visual disturbance. PMH + Retinopathy and DM2”**

250.00 and 362.10  
(retinopathy w/o mention of diabetes)

Risk score: **.162**  
(.162 + 0)

**“Proliferated retinopathy due to DM2”**

250.50 and 362.02

Risk score: **.511**  
(.259 + .252)

# Key is be specific

MEAT is a common standard for documentation

The provider team must document all active chronic conditions as well as conditions that are relevant to the patient's current care.

# MEAT – All Chronic and Relevant Diagnoses

---

Monitor-signs and symptoms, disease process

---

Evaluate-test results, meds, patient response to treatment

---

Assess/Address-ordering tests, patient education, review records, counseling patient and family members

---

Treat-meds, therapies, procedures, modality..



# Capture the HCC Diagnosis Code with Payor

## Patient Superbill Diagnosis Codes

ICD10-1

ICD10-2

ICD10-3

ICD10-4

## Billing Company Submission of Diagnosis Codes

ICD10-1

ICD10-2

Missing Code

Missing Code

**Not capturing the codes results in lower HCC score for patient and lower benchmark for ACO.**

**Takes minimum of 12 months for this to create impact on your benchmark.**

**Compare your EHR records to Patient Profile for 10 Charts.**

**Over 50% of ACOs have encountered this issue.**



# **ACTIONABLE DATA AT POINT OF CARE**

## **USING DATA-DRIVEN INTELLIGENCE**

EHR API Connector  
Application Program  
Interface (API)



## EHR Strategy

After 12 months Diagnosis is removed  
unless recoded

**CPOE Viet, Two** - 0001250 Opened by Test DR, Hospitalist

Task EHR View Patient Chart Links Notifications Navigation Help

Home Message Centre Patient List Physician Handoff Dynamic Workflow eHealth Viewer Pharmacist Viewer PowerChart Web Manual VHA Clinical Resources DynaMed UpToDate

Test DR Bul Calculator Subst PM Conversation Communicate Patient Education Add Explore More Endorse Results Orders 58 Results 93

**CPOE Viet, Two**

61 years Male  
DOB: 09-25-1927  
MRN: 00011850

Inpatient Acute; Reg Date: 25-Aug-2015 13:14  
Disch DT:

Linda Niles, MD, FACP  
MD/TEST DR, Hospitalist  
PCP/TEST, Ambulatory Urgent Care Physician

Alerts/Falls Risk Disposition  
Precautions/Dropset  
Meas. Wt: 75.2 kg

MOCT.MD - Treatment including transfer care  
Allergies: Grass, ampicillin, Apple Juice, Calcium

Full screen Print 1 minutes ago

**Provider View**

Patient Requires Attention (Spend Is Greater Than Expected)

## Michelle TestPatient878F8

Export / Print Quick Profile PDF Export / Print Patient History PDF

HICN: 900478330X HCC Risk Score: 2.195 Text Alert Enrolled: No

MBI: Primary Assigned Practice: Demo Hospital Status: Attributed

DOB: 09-25-1927 Primary Assigned Provider: None Assigned CCM Eligible: Yes

Gender: F Population: AGO Potentially Costly: Yes

Quick Profile Patient History Patient Contact Details

### 2018 vs 2017 HCC DX

Chronic Kidney Disease (Stage 5)
Chronic Kidney Disease, Severe (Stage 4)
Diabetes without Complication
Other Significant Endocrine and Metabolic Disorders
Protein-Calorie Malnutrition
Specified Heart Arrhythmias
Vascular Disease

### 2018 vs 2017 Medications

Calcitriol
Clopidogrel
Fludrocortisone Acetate
Lovastatin
Metoprolol tartrate
Midodrine Hydrochloride
Nitrofurantoin (monohydrate/macrocrystals)
Synthroid
Tobramycin

# Point of Care HCC Coding

## Re-code removed diagnoses at the clinic encounter

CPOE Viet, Two - 00011850 Opened by Test DR, Hospitalist

Task Edit View Patient Chart Links Notifications Navigation Help

Home Message Centre Patient List Physician Handoff Dynamic Worklist eHealth Viewer PharmaNet Viewer PowerChart Web Manual VHA Clinical Resources DynaMed UpToDate

Tear Off Exit Calculator AdHoc PM Conversation Communicate Patient Education Add Explorer Menu Endorse Results [5] Documz 2 Order: 58 Result: 93

CPOE Viet, Tw... List Recent Home

CPOE Viet, Two  
DOB: 10-Oct-1954  
PHN: 5122-376-438

61 years Male  
MRN: 00011850

Enc: 103592  
Inpatient Acute; Reg Date: 25-Aug-2015 13:14  
Disch DT:

Loc4-NRG: 4026: 1  
MRP: Test DR, Hospitalist  
PCP: Test, Ambulatory: Urgent Care Physician

Alerts: Falls Risk Elopement  
Precautions: Droplet  
Meas. Wt: 75.2 kg

MOST: M3 - treatment including transfer care  
Allergies: Grass, ampicillin, Apple Juice, Calcium

Full screen Print 1 minutes ago

Menu

- Provider View
- Results Review
- Historical View
- Clinical Notes
- Allergies + Add
- Diagnosis & Problems + Add
- Documentation + Add
- eHealth Viewer
- Form Browser
- Growth Chart
- Health Maintenance
- Histories
- Immunization Schedule
- Interactive View and I&O
- MAR Summary
- Medication List + Add
- Orders + Add
- Patient Information
- Sepsis Antibiotic Advisor
- Transfusion Medicine Summary

Provider View

Patient Requires Attention (Spend is Greater Than Expected)

Michelle TestPatient878F8

Export / Print Quick Profile PDF Export / Print Patient History PDF

HICN: 900478330X HCC Risk Score: 2.195 Text Alert Enrolled: No

MBI: Primary Assigned Practice: Demo Hospital Status: Attributed

DOB: 09-25-1927 Primary Assigned Provider: None Assigned CCM Eligible: Yes

Gender: F Population: ACO Potentially Costly: Yes

Quick Profile Patient History Patient Contact Details

2018 vs 2017 HCC DX

Chronic Kidney Disease (Stage 5)
Chronic Kidney Disease, Severe (Stage 4)
<del>Diabetes without Complication</del>
Other Significant Endocrine and Metabolic Disorders
Protein-Calorie Malnutrition
Specified Heart Arrhythmias
Vascular Disease

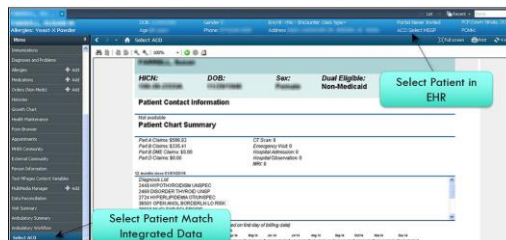
2018 vs 2017 Medications

Calcitriol
Clopidogrel
Fludocortisone Acetate
Lovastatin
Metoprolol tartrate
Midodrine Hydrochloride
Nitrofurantoin (monohydrate/macrocrystals)
Synthroid
Tobramycin



# Patient Match - Application Program Interface (API)

Provider Team  
opens patient  
record in EHR



Patient Match  
with Health  
Endeavors' EHR  
API Connector

Health Endeavors'  
consolidated  
clinical and claims  
Patient History  
renders display in  
EHR for that patient

Cost and Utilization	
2018 YTD Spend	\$39189.40
2018 HCC Benchmark	\$11864.55
2018 HCC Benchmark vs 2018 YTD Spend	330.00%

Quality	
Care-1 Medication Reconciliation	Action Required
Care-2 Falls: Screening for Future Fall Risk	Action Required
PREV-9 Body Mass Index (BMI) Screening and Follow-up	Action Required
PREV-10 Tobacco Use: Screening and Cessation Intervention	Done
Wellness Visit Done Last 12 Mo	No

FHIR and CDA used for  
consolidated patient  
history, medical text alerts  
and quality measure  
reporting

Get FHIR and  
CDA  
API Call to EHR  
from Health  
Endeavors' EHR  
API Connector

FHIR and Clinical  
Document

Health Summary Architecture (CDA)	
Patient	Adam Evelyman
D.O.B	October 22, 1962
Race	White
Ethnicity	Not Hispanic or Latino
Contact Info	55 Center Avenue Apt 2B Phoenix, AZ 85002, USA
Patient IDs	1111111112 2.16.840.1.113883.3.13.300.1.1.2.1
Allergies, adverse reactions, alerts	
Allergy Substance	Code CodeSystem Reaction Severity Status
Penicillin G benzathine	7982 RxNorm Hives ModerateActive
Cocaine	2670 RxNorm Nausea ModerateActive
Medications	
Medication	Medication Code Medication CodeSystem Start Date Route Dose Status Fill Instruc
albuterol 0.09 MG/ACTUAT [Proventil]	573621 RxNorm 2012-08-14 Inhalation SOLUTION 2 puffs every 6 hours PRN wheezing Active Generic substituti allowed
Hospital discharge medications	
Medication	Direction Start Date Status Indications Fill Instructions
No Discharge Medication	
Problems	
Problem Name	Code CodeSystem Start Date End Date Status
Costochondritis	64109004 SNOMED-CT 2012-08-15 Active
Asthma	195967001 SNOMED-CT 2011-09-25 Active
Laboratory values/results	
Test	Test Code Code System Actual Result Date
CO2	2028-9 LOINC 23 mmol/L 2012-08-15
Procedures	
Procedure Name	Code CodeSystem Target Site Date of Procedure
No procedure	

# Risk Score, Benchmarks and Spend

Patient Requires Attention (Spend is Greater Than Expected)

**Provider team instantly knows if patient is above their financial benchmark.**




# Cost & Utilization

Patient Requires Attention (Spend is Greater Than Expected)

Cost and Utilization	
2018 YTD Spend	\$20037.49
2018 HCC Benchmark	\$19864.75
2018 HCC Benchmark vs 2018 YTD Spend	✖ <b>101.00%</b>
Out of Network Spend*	\$18634.66
Office Visits*	06-26-2018;06-26-2018;06-27-2018
Most Visited Provider*	1003177767 DONALD TOBIAS M.D.
Last Wellness Visit*	✖ <b>N/A</b>
Admits*	✖ <b>1</b>
Readmissions*	0
ED Visits*	✖ <b>1</b>
ED Visits that led to Hospitalizations*	✖ <b>1</b>
CT Scans*	✖ <b>2</b>
MRI Events*	0



# Quality Metrics - Action Required - Alerts Provider Team

Quality 		
Care-1 Medication Reconciliation	✖	<b>Action Required</b>
Care-2 Falls: Screening for Future Fall Risk	✖	<b>Action Required</b>
PREV-5 Breast Cancer Screening		Not Applicable
PREV-6 Colorectal Cancer Screening		Not Applicable
PREV-7 Influenza Immunization		Done
PREV-8 Pneumococcal Vaccination	✖	<b>Action Required</b>
PREV-9 Body Mass Index (BMI) Screening and Follow-up	✖	<b>Action Required</b>
PREV-10 Tobacco Use: Screening and Cessation Intervention	✖	<b>Action Required</b>
PREV-12 Screening for Depression and Follow-up Plan	✖	<b>Action Required</b>
PREV-13 Statin Therapy	✖	<b>Action Required</b>
DM-2 Composite/DM with HbA1c > 9 percent (poor control)		Not Applicable
DM-7 Composite/DM and Eye Exam		Not Applicable
HTN-2 Controlling High BP		Not Applicable
IVD-2 IVD and Use of Aspirin or another Antiplatelet	✖	<b>Action Required</b>
MH-1 Depression Remission		Not Applicable

Gaps In Care	
Wellness Visit Done Last 12 Mo	✖ No - 09/15/2017 - Complete

Gaps In Care at Risk	
Diagnosed with Hypertension	Yes
Blood Pressure Last 12 Mo	✖ No - 06/17/2016 - IN RANGE
Tobacco Use Last 12 Mo	✖ No - 06/17/2016 - 3-Not a tobacco user

Gaps In Care at Risk	
Diagnosed with Diabetes	Yes
Blood Pressure Last 12 Mo	✖ No
Foot Exam Last 12 Mo	✖ No
HbA1C Last 12 Mo	Yes - 05/29/2018
LDL-C Last 12 Mo	✖ No - 03/30/2016
Retinal Exam Last 12 Mo	✖ No - 02/22/2016
Tobacco Use Last 12 Mo	✖ No
Diagnosed with Hypertension	Yes
Blood Pressure Last 12 Mo	✖ No
LDL-C Last 12 Mo	✖ No - 03/30/2016

# Disease, Quality and Wellness Care Gaps

# Out-of-Network

## Eligibility

**Dual Eligible:** Non-Medicaid

**Medicare Status Code:** Aged without  
ESRD

## HCC Trend

**2017 Your Risk Score:** 1.826

**2016 Your Risk Score:** 2.676

**2015 Your Risk Score:** .817

**2014 Your Risk Score:** .265

■ Part A In Network ■ Part A Out Of Network ■ Part B In Network ■ Part B Out Of Network

◀ 2018

### January

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
		6	7	8	9	10
		11	12	13	14	15
		16	17	18	19	20
		21	22	23	24	25
		26	27	28	29	30
		31				

### February

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
			4	5	6	7
		8	9	10	11	12
		13	14	15	16	17
		18	19	20	21	22
		23	24	25	26	27
		28				

### March

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
		4	5	6	7	8
		9	10	11	12	13
		14	15	16	17	18
		19	20	21	22	23
		24	25	26	27	28
		29	30	31		

# Patient Search

Patient First Name Patient Last Name  Admin ▾

Alternative to EHR API  
Connector

Patient search allows users to  
access the point of care  
actionable analytics.

## Cost and Utilization

2018 YTD Spend	\$39189.40
2018 HCC Benchmark	\$11864.55
2018 HCC Benchmark vs 2018 YTD Spend	<span>✖</span> <b>330.00%</b>

## Quality

Care-1 Medication Reconciliation	<span>✖</span>	Action Required
Care-2 Falls: Screening for Future Fall Risk	<span>✖</span>	Action Required
PREV-9 Body Mass Index (BMI) Screening and Follow-up	<span>✖</span>	Action Required
PREV-10 Tobacco Use: Screening and Cessation Intervention		Done
Wellness Visit Done Last 12 Mo	<span>✖</span>	No

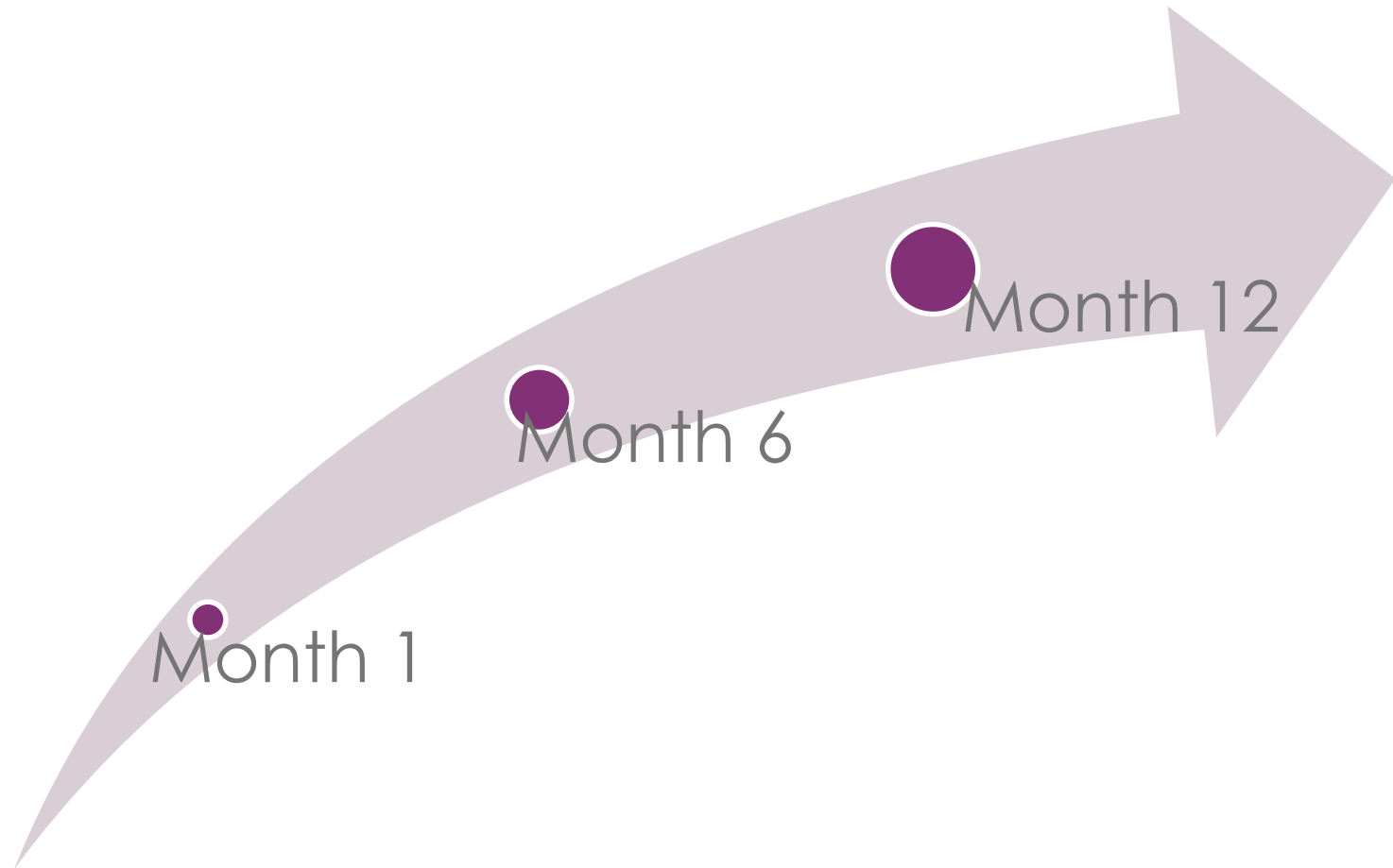
Why  
annual  
wellness  
visit is  
important

HCC Coding at  
Point of Care

Recode diagnosis  
every year

MEAT - Manage  
patient's diagnoses

# Changes will Take 12 months DO NOT WAIT IF ASSUMING RISK MODEL



# Quick Wins - Accuracy Strategies

- Schedule Annual Wellness Visit (AWV)
  - Implement MEAT during AWV
  - Code applicable diagnoses accurately
- HCC Coding Point of Care
  - Recode applicable diagnosis every 12 months
  - Importance of the Annual Wellness Visit
- Capture the HCC diagnosis code with payer
  - Verify EHR and Billing system sending ALL diagnoses

# Report Strategies

- Not taking medication (NOT refilling)
- Diagnosis but NO medication
- Medication but NO diagnosis





# HCC Coding External Audit

Long-term  
strategy

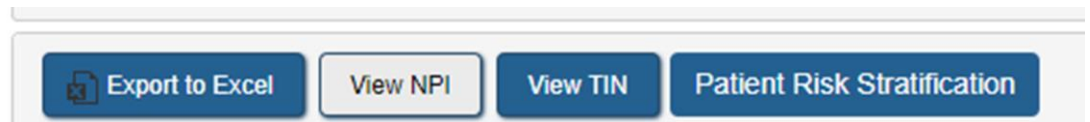
---



## Problem with calculating Risk Score using only EHR data

- EHRs only have the data for the encounters for the providers using it
- Does not have all encounters for all providers.

This is why claims data is normally used to calculate.



Risk  
Score is  
Accurate

## Our New Problem:

- Risk Score is Accurate
  - Patient not managing conditions; e.g., emergency room, re-admission therefore provider exceeds allocated spend for the patient.

The Result: Actual cost of the coded diagnoses exceeds expected level for that HCC Score.

# MEAT Manage Diagnoses

- Once risk score and financial benchmark are accurate, manage patient conditions to keep below patient financial benchmark.
  - Must document diagnoses
  - Must manage diagnoses



# Consumer Engagement

# Consumer Incentives to Improve My Health Score



# Consumer Interactive Health History Form

## MANAGE MEDICATIONS AND DIAGNOSES

Use your data to create a health history form that you can have with you on the go or print a PDF to share with family or providers

**Unaware of Diagnosis**

- D631 Anemia in chronic kidney disease
- Z23 Encounter for immunization

**Not Managing**

- W5641XA Bitten by shark, initial encounter

**Managing**

- R42 Dizziness and giddiness

**Management Not Required**

- D509 Iron deficiency anemia, unspecified  
Testing diagnosis details

[Add Diagnosis](#)

**W5641XA Bitten by shark, initial encounter**

**Diagnosis Management Status**

- Unaware of Diagnosis ☐
- Not Managing ☒
- Managing ☐
- Management Not Required ☐

**Details**

[Cancel](#) [Save](#)

**Yes, taking**

- Vitamin C Liquid
- Prednisone
- Pentoxifylline
- Pantoprazole Sodium
- Metoclopramide Hydrochloride
- Calcium Acetate

**No, not taking**

- Ibuprofen  
Sometimes I take this for swelling

[Add Medication](#)

**Prednisone**

**Are you currently taking this medication?**

- Yes, taking ☒
- No, not taking ☐

**Notes**

[Cancel](#) [Save](#)

## Data in 2 Buckets

Incomplete Care Gaps –  
Text Alert to Consumer

Complete Care Gap -  
Quality Measure  
Registry Reporting for  
Scoring



# Care Gap Text Alerts

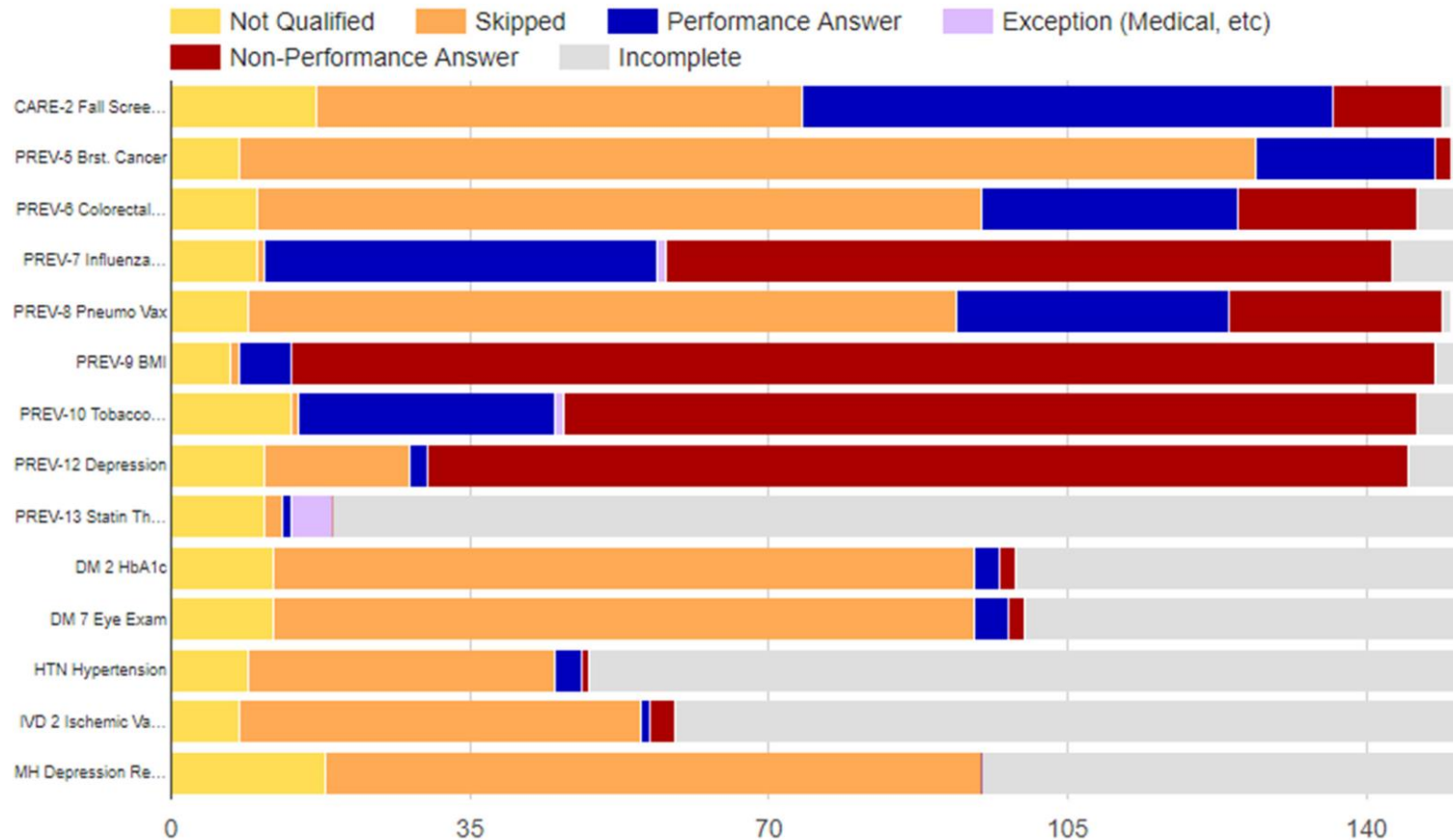
[← Home](#) **Things to Complete**

<b>Wellness Visit</b> Complete	<a href="#">Change Status</a>
<b>HbA1C</b> Action Required	<a href="#">Change Status</a>
<b>Foot Exam</b> Action Required	<a href="#">Change Status</a>
<b>Blood Pressure</b> Action Required	<a href="#">Change Status</a>
<b>Tobacco Use</b> Action Required	<a href="#">Change Status</a>
<b>LDL-C</b> Action Required	<a href="#">Change Status</a>

[Save Activity Statuses](#)

# Quality Metric Gap Analysis

**GPRO Completion by Measure**



# Performance Score

PREV-5	PREV-6	PREV-7	PREV-8	PREV-9
90%	90%	90%	90%	90%
92.19%	58.78%	29.87%	44.60%	4.26%
100.00%	78.57%	28.21%	36.84%	2.27%
71.43%	53.64%	50.00%	69.57%	2.38%
87.50%	44.44%	38.46%	50.00%	2.13%
80.00%	43.75%	53.85%	72.73%	6.67%

# Get the Right Benchmark Webinar Thursday, May 9

Health  
Endeavors: Risk  
Scores and  
Benchmarks



Enjoin: Conduct  
an Audit to fast-  
track coding  
fixes



# Contact

**J. Garrett Schmitt, MBA**  
**CEO & Managing Editor**



8058 30th Ave NW | Seattle | WA 98117  
706.461.4756 | [gschmitt@ACOExhibitHall.com](mailto:gschmitt@ACOExhibitHall.com)  
[www.ACOExhibitHall.com](http://www.ACOExhibitHall.com)

Kris Gates  
[gates@healthendeavors.com](mailto:gates@healthendeavors.com)  
480-912-1209

David Weideman  
[david@healthendeavors.com](mailto:david@healthendeavors.com)  
480-404-6400

