

Getting You Prepared for Clinical Decision Support: *Part 2*

Next Steps in Implementation



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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

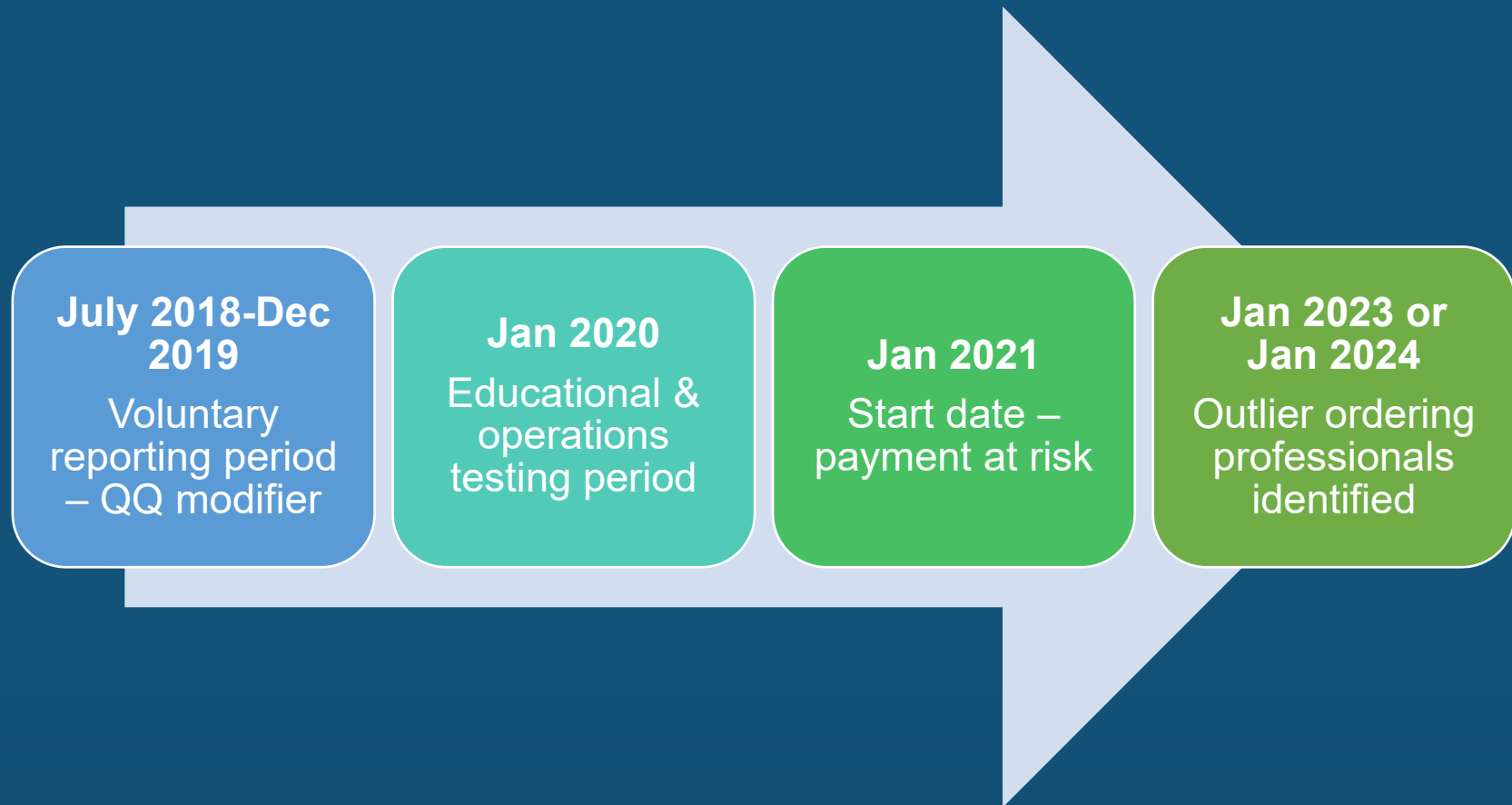
Quick Program Recap: Important Acronyms

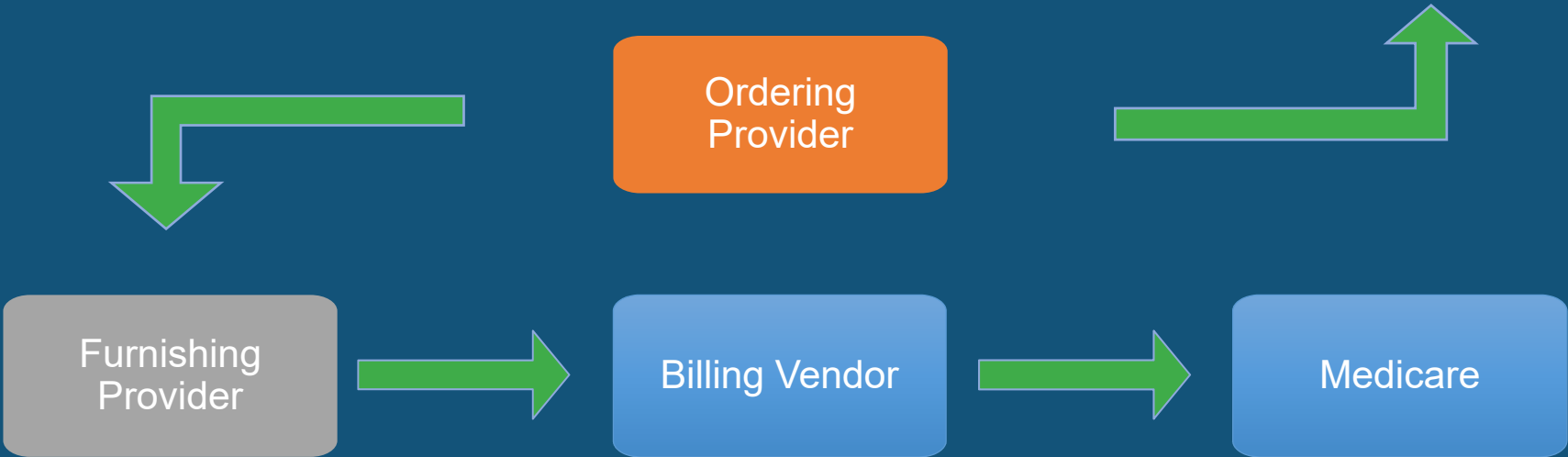
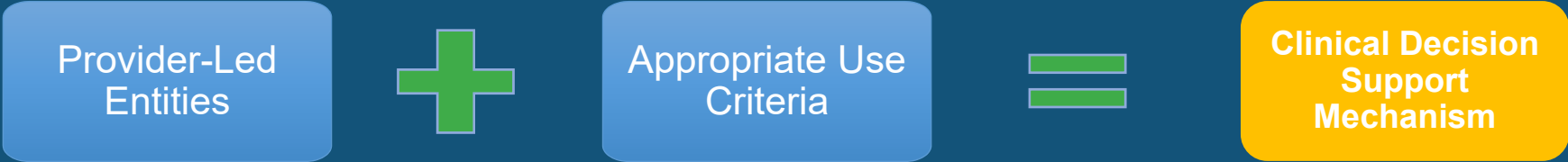
- CDS: Clinical Decision Support
- AUC: Appropriate Use Criteria
- CDSM: Clinical Decision Support Mechanism
- PLE: Provider-led Entity
- PAMA: Protecting Access to Medicare Act
- CAH: Critical Access Hospital

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





Quick Program Recap: Qualified CDSMs

- AIM Specialty Health ProviderPortal®*
 - Applied Pathways CURION™ Platform
 - Cranberry Peak ezCDS
 - eviCore healthcare's Clinical Decision Support Mechanism
 - MedCurrent OrderWise™
 - 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

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html>

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

Critical Access Hospital Update

From: CMS Imaging AUC <ImagingAUC@cms.hhs.gov>
Sent: Tuesday, March 26, 2019 1:52 PM
To: Lauren Sloan <Lauren.Sloan@radadvocate.com>
Cc: CMS Imaging AUC <ImagingAUC@cms.hhs.gov>
Subject: RE: CDS and critical access hospitals

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

Hospital Collections

CDS At Risk Collections by Facility by Modality

Zero payments indicate Critical Access Hospital (exempt)

Hospital Name	Sum of Hospital \$	Sum of Charge Count
A HOSPITAL	\$ -	424
CT - CAT SCAN	\$ -	384
MR - MRI	\$ -	40
B MEMORIAL HOSPITAL	\$ 818,184	5,356
CT - CAT SCAN	\$ 423,581	4,288
MR - MRI	\$ 59,778	356
NM - NUCLEAR MEDICINE	\$ 334,825	712
C REGIONAL MEDICAL CTR	\$ 207,725	1,988
CT - CAT SCAN	\$ 167,333	1,760
MR - MRI	\$ 26,583	172
NM - NUCLEAR MEDICINE	\$ 13,808	56
D CITY HOSPITAL	\$ -	632
CT - CAT SCAN	\$ -	524
MR - MRI	\$ -	92
NM - NUCLEAR MEDICINE	\$ -	16
E HEALTH SYSTEM	\$ -	344
CT - CAT SCAN	\$ -	344
F GENERAL HOSPITAL	\$ 881,818	4,996
CT - CAT SCAN	\$ 407,586	3,832
MR - MRI	\$ 117,480	732
NM - NUCLEAR MEDICINE	\$ 356,752	432

Radiologist Collections

Radiology Group Collections

CDS At Risk Collections by Facility by Modality

Hospital Name	Sum of Group \$	Sum of Charge Count
A HOSPITAL	\$ 28,919	424
CT - CAT SCAN	\$ 25,879	384
MR - MRI	\$ 3,040	40
B MEMORIAL HOSPITAL	\$ 358,237	5,356
CT - CAT SCAN	\$ 274,239	4,288
MR - MRI	\$ 30,448	356
NM - NUCLEAR MEDICINE	\$ 53,551	712
C REGIONAL MEDICAL CTR	\$ 123,352	1,988
CT - CAT SCAN	\$ 107,067	1,760
MR - MRI	\$ 13,844	172
NM - NUCLEAR MEDICINE	\$ 2,441	56
D CITY HOSPITAL	\$ 39,228	632
CT - CAT SCAN	\$ 32,124	524
MR - MRI	\$ 6,567	92
NM - NUCLEAR MEDICINE	\$ 538	16
E HEALTH SYSTEM	\$ 22,731	344
CT - CAT SCAN	\$ 22,731	344
F GENERAL HOSPITAL	\$ 350,617	4,996
CT - CAT SCAN	\$ 253,418	3,832
MR - MRI	\$ 58,556	732
NM - NUCLEAR MEDICINE	\$ 38,643	432

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



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Implementing Medicare's Appropriate Use Criteria Program in a Hospital Setting

Introduction
The Medicare Appropriate Use Criteria (AUC) program is a national initiative to reduce unnecessary imaging services. It is designed to ensure that imaging services are performed only when they are medically necessary and likely to provide a benefit to the patient. The program is implemented through a series of steps, including the development of a policy, the implementation of a review process, and the monitoring of the program's performance.

Background
The Medicare AUC program is a national initiative to reduce unnecessary imaging services. It is designed to ensure that imaging services are performed only when they are medically necessary and likely to provide a benefit to the patient. The program is implemented through a series of steps, including the development of a policy, the implementation of a review process, and the monitoring of the program's performance.

Objectives
The primary objective of the Medicare AUC program is to reduce unnecessary imaging services. This is achieved through the implementation of a review process that ensures that imaging services are performed only when they are medically necessary and likely to provide a benefit to the patient. Other objectives include the improvement of patient care and the reduction of healthcare costs.

Implementation
The implementation of the Medicare AUC program in a hospital setting involves several key steps. These include the development of a policy, the implementation of a review process, and the monitoring of the program's performance. The development of a policy is the first step, and it involves the identification of the imaging services that will be subject to the program. The implementation of a review process is the second step, and it involves the establishment of a review committee and the development of a review process. The monitoring of the program's performance is the final step, and it involves the collection and analysis of data to determine the program's impact on imaging services.

Conclusion
The Medicare AUC program is a national initiative to reduce unnecessary imaging services. It is designed to ensure that imaging services are performed only when they are medically necessary and likely to provide a benefit to the patient. The program is implemented through a series of steps, including the development of a policy, the implementation of a review process, and the monitoring of the program's performance.

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Medicare's Appropriate Use Criteria Program and Referring Providers

Introduction
The Medicare Appropriate Use Criteria (AUC) program is a national initiative to ensure that Medicare beneficiaries receive the right care at the right time. The program is designed to help providers and patients understand when a particular service is medically necessary, reasonable, and appropriate. This document provides an overview of the program and its impact on referring providers.

Background
The AUC program was established by the Centers for Medicare & Medicaid Services (CMS) in 2015. It is a voluntary program that applies to Medicare Part B services. The program is designed to help providers and patients understand when a particular service is medically necessary, reasonable, and appropriate. The program is designed to help providers and patients understand when a particular service is medically necessary, reasonable, and appropriate.

Key Components
The AUC program consists of several key components, including:

- Appropriate Use Criteria (AUC):** A set of criteria that define when a particular service is medically necessary, reasonable, and appropriate.
- Appropriate Use Review (AUR):** A process by which CMS reviews a provider's AUC to determine if the service is medically necessary, reasonable, and appropriate.
- Appropriate Use Review (AUR) Report:** A report that provides feedback to the provider on the results of the AUR.

Impact on Referring Providers
The AUC program has a significant impact on referring providers. It requires providers to submit AUC information to CMS for review. This information is used to determine if the service is medically necessary, reasonable, and appropriate. Providers who do not submit AUC information may be denied payment for the service.

Conclusion
The Medicare Appropriate Use Criteria (AUC) program is a national initiative to ensure that Medicare beneficiaries receive the right care at the right time. The program is designed to help providers and patients understand when a particular service is medically necessary, reasonable, and appropriate. This document provides an overview of the program and its impact on referring providers.

What's New?



Billing Vendor Perspective

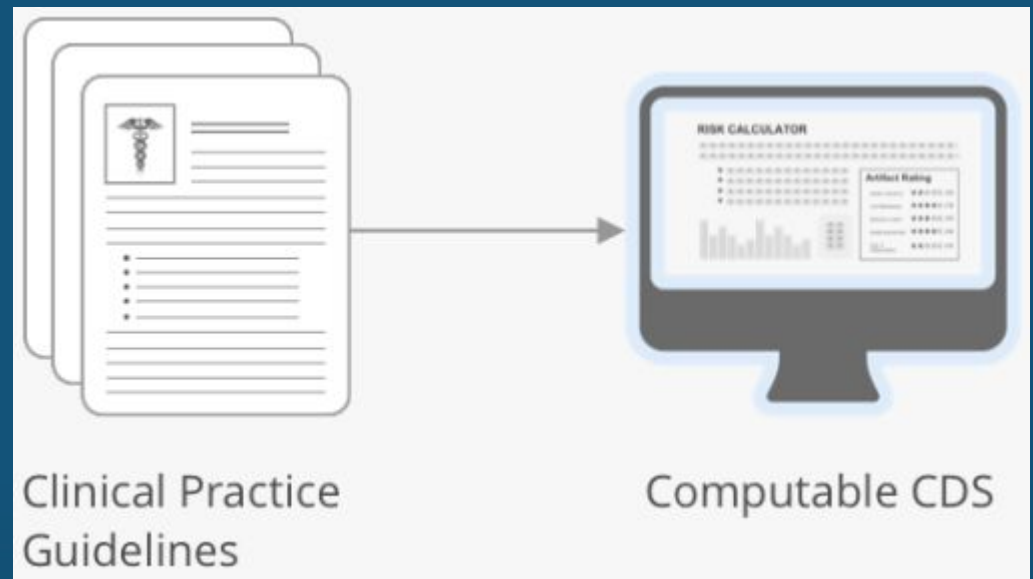
- What we're waiting on:
 - When will the G-codes and modifiers be published?
 - How will the data flow to us?
 - How will we take data from a radiology report and turn it into a charge?
 - CDSM used
 - Action taken
 - Where will the data be located in the report?
 - What manual processes will we need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



Submitted Questions



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Thank you!

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

ADVOCATE Radiology Billing

10567 Sawmill Parkway, Suite 100 | Powell, Ohio 43065

O: 614.210.1885 Ext: 2779 | M: 937.238.1928

Lauren.sloan@radadvocate.com | www.radadvocate.com



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