

IMPORTANT INFORMATION:

- Freedom/Optimum are switching from Quest to LabCorp effective 3/1/2020.
- Hedis Portal for Freedom – Optimum for DOS 2020 is open **this ONLY INCLUDES PART C DATA*****. Please let us know if you are not able to login to the portal and access your providers.
- March 12, 2020: We have made some corrections to the HEDIS scorecards for dates of service 2020. The CBP measure weight was changed from X3 to X1 and COA Functional Status was moved to the display section of the scorecard.
- Freedom/Optimum have changed their 2020 DOS HEDIS score cards and now combine Part C and D measures into one all-inclusive score. Please be aware that the Part D scores are still triple weighted and this may have a significant impact on your HEDIS score this year. Please review these tips to improve your Part D measures.
- Review your Part D reports on the HEDIS Portal with special attention to the ADH: Adherence Non-Compliant report
- Discuss all medications with your patients and prescribe generics to help keep the member out of the coverage gap.
- Prescribe three-month supply with (3) refills until their next visit. Use the mail order pharmacy whenever possible with automatic refills.
- Please review Freedom and Optimum Rx claims that Amanda sends out monthly via email, with suggestions.

Laughter is good for your health! 😊

- "A couple of years ago my therapist said I had trouble letting go of the past."
- "My doctor told me to avoid any unnecessary stress, so I decided not to open his bill."
- "So I understand you've lost the ability to speak. When did this happen?"
- "I went to the doctor and he said I had acute appendicitis, and I said compared to who?"
- "Pediatrician: Man of little patients."
- "I kept trying to play hide-and-seek in the hospital, but they kept finding me in the ICU."

PEER TO PEER:

Puzzling practice experiences that we have found to be useful in assisting individual clinicians and teams to explore and find workable solutions to practice issues.

A 93 yr. old patient went to the ER 2/9/2020 for abdominal pain. Had labs and CT abdomen and pelvis done. Was found to have porcelain gallbladder and cholelithiasis and was not a candidate for surgery due to his age, his prior medical history: Benign hypertension, Hyperlipidemia, CKD stage 2, and osteoarthritis. If the patient and family had agreed to the surgery, the patient probably would have died on the table. By not having the surgery the gallstones could have gotten stuck in the bile duct. He was frail, weak and in unbearable pain.

Patient was sent home from ER same day with no meds and told to follow up with PCP. Patient's son called the office on 2/10/20 stating that his dad was in a lot of pain and that he had been in the ER the night before with abdominal pain. He did not say what was told to them in the hospital regarding diagnosis. Wanted a script for a pain medication. We advised the son that we would have the patient come into the office to be evaluated before any controlled medications would be prescribed. Patient's son was asked to bring patient to the office. He said that he would need help getting his dad into the office because he himself had recently had a hernia surgery and would have difficulty getting the patient out of the car by himself. Office offered to help. When they arrived at the office the patient was unable to get out of the car due to had pain. Jessie the MA took the patient's vitals in the car while someone went to get Dr. Bermudez to see if he could come out to the car to see patient. In his note he documents that patient is "acute and chronic ill looking RUQ with guarding. Patient is unable to speak. His son is asking for management of pain." Dr. Bermudez felt that patient was a candidate for Hospice. After speaking with the son and trying to stabilize the patient, the office called Hospice and was told to send the patient to the Hospice house to be directly admitted. Patient passed away 2/17/20.

Share your experiences!!!

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