



Value-based Care Chronicle: Guide to Improving Performance

July 2025

Don't Wait -- Start Closing Gaps Now!

Start addressing quality gaps now to stay ahead of deadlines, improve patient outcomes, and avoid the end-of-year scramble.

How to Close Quality Gaps with Payers

1. **Clinical Data Extract** - Shares validated EHR data with payers to capture services missed in claims.
2. **CPT II Codes** - Adds supplemental detail to claims to show quality actions were completed.
3. **Manual Submission** - Use attestation forms or upload documentation to close gaps not reflected in claims.

What You Can Do

- Review CHESS Weekly Gap Tracker,
- Confirm payer portal access, &
- Enhance documentation workflows and data capture, reducing manual submissions.

Need help with gap reports or the submission process? Contact your CHESS Performance Improvement Manager.

Immunizations and Well Child Visits *Commercial Contracts*

With back-to-school right around the corner, now is the perfect time to schedule well-child visits! During these visits, prioritize immunizations, vision screenings, and social determinants of health.

Children turning 2 and adolescents turning 13 should receive key immunizations before their birthdays. Ensure well-child visits are scheduled in advance, and follow-up with any missed appointments to keep patients healthy and on track.

[2025 Well Child Visit Quality Flyer](#)
[Closing the Quality Gap: Well Child Visits](#)

Optimizing COPD Management

COPD is a leading cause of morbidity and mortality nationwide, particularly in rural and underserved populations. In value-based models, managing COPD effectively goes beyond symptom control; it requires proactive, patient-centered strategies that reduce hospitalization and improve quality of life.

Proactive COPD Management

- **Regular Spirometry:** Confirm diagnoses and monitor progression.
- **Smoking Cessation Counseling:** Offer at every visit; document discussions and patient readiness.
- **Vaccination Adherence:** Pneumococcal and annual flu vaccines reduce exacerbations.
- **Medication Optimization:** Follow 2025 GOLD guidelines for COPD treatment. These guidelines emphasize tailoring treatment based on symptom burden, exacerbation history, and biomarkers, incorporating newer therapies for specific patient populations.
- **Multidisciplinary Approach:** Utilize pharmacists for monitoring drug interactions, optimizing inhaler techniques, and providing smoking cessation services. Care coordination can help track patient progress, reinforce education, and address SDOH that may impact access or adherence.
- **Exacerbation Monitoring:** Implement action plans for early intervention to reduce ED visits. Consider using [COPD Zone Tool](#) for self-management.

Accurate Documentation & Coding

Without precise documentation, the severity of COPD can be underestimated, leading to under-coding and inaccurate risk stratification.

Best Practices & Tips for Coding COPD:

- Document to the highest level of specificity, including the status.
- Use symptom codes until diagnosis of COPD is confirmed.
- Add additional codes for infections, exacerbations, and contributing factors like tobacco use or environmental exposure.
- Consistently assess status, documenting any changes or exacerbations.

For more information on COPD, check out our latest resources:

[Redefining COPD Management](#)

[Documenting & Coding COPD](#)

CODING CORNER: UPCOMING CMS MEDICARE ADVANTAGE AUDITS

CMS is ramping up its oversight of MA plans through audits aimed at ensuring accuracy in risk adjustment and compliance with documentation requirements.

- **Annual Audits for All Eligible MA Plans** - CMS is expanding RADV audits to all eligible MA plans, every year.

- **Records per Plan Increase** - Audit sample size now 35-200 records per plan, depending on plan size.
- **Backlog Clearance** - CMS aims to complete RADV audits for payment years 2018-2024 by early 2026.
- **Enhanced Use of Technology** - CMS will deploy technology to review records and flag unsupported diagnoses.

Be Audit-Ready, Every Day

- Document clearly and completely -- every time
- Ask questions and seek support
- Double-check accuracy before sign-off
- Stay updated on coding and coding guidelines by partnering with CHES

PATIENT EDUCATION POINTER OF THE MONTH

Teach Back Method

Did you know patients immediately forget 40-80% of the information they receive during an office visit? And half of the information they do retain is incorrect.

The teach-back method is a nationally endorsed health literacy intervention that verifies patient understanding. It mitigates the human desire to be defensive, asking patients to state in their own words what you told them.

To use the teach-back method, ask patients to explain what you have told them using their own words. Start with "We have covered a lot today and I want to make sure that I explained things clearly. Can you tell me in your own words what we talked about?" If the patient does not explain correctly, try explaining things using a different approach.

Discover more about this important health literacy intervention from CHES Director of Care Coordination, Shannon Parrish, here:

<https://www.chesshealthsolutions.com/2022/08/17/patient-education-tools-teach-back/>.

Additional Resources

- [Beyond the Office Visit: The Power of Chronic Care Management in Value-based Care](#)
- [Cracking the Statin Code](#)

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