CHESS HEALTH SOLUTIONS

Value-based Care Chronicle: Guide to Improving Performance

August 2025

Get Ahead of Flu Season

As flu season approaches, it's important to take proactive steps to protect your patients and your practice. Encourage early vaccination, ensure your team is up to date on CDC guidelines, and review vaccine supply. Don't forget to promote virtual visits as a convenient option for sick patients, helping limit exposure while maintaining access to care.

Transitions of Care, Unplanned Admissions, & Timely Follow-Up

Transitional Care Management (TCM) and Chronic Care Management (CCM) play a vital role in helping keep patients healthy, engaged, and out of the hospital.

TCM

TCM ensures patients receive the right support during the critical 30-day period following discharge from an inpatient setting. The goal? Prevent readmissions, promote recovery, and ensure continuity of care.

To meet CMS guidelines for TCM, practices must:

- Reach out to patient or caregiver within 2 business days post-discharge (via phone, email, or in-person). The conversation must go beyond simply scheduling a follow-up.
- Schedule a face-to-face visit within 7 or 14 days, depending on the complexity of medical decision-making.
- Complete a medication reconciliation and management by the date of the face-to-face visit.
- Review discharge instructions and any pending diagnostic tests or treatments.
- Educate the patient and/or caregiver on managing the condition and recovery.
- Coordinate care, making the necessary referrals, and arrange community resources as needed.

CMS has created two specific billing codes for TCM services:

TCM Services Summary	
Moderate Complexity CPT 99495	**High Complexity** CPT 99496
Communication with Patient/Caregiver within **2 business days** of discharge	Communication with Patient/Caregiver within **2 business days** of discharge
A face-to-face visit within **14 calendar days** of discharge	A face-to-face visit within **7 calendar days** of discharge
Medical decision making of at least moderate complexity during service period	Medical decision making of at least high complexity during service period

CCM

For patients with two or more chronic conditions, CCM provides ongoing, non-face-to-face support to help manage their health in between visits. Each month, patients enrolled in CCM receive at least 20 minutes of personalized care coordination.

CCM services include:

- Recording and maintaining up-to-date health information
- Developing and updating a comprehensive care plan
- Monitoring care transitions
- Coordinating care across multiple providers
- Educating patients on how to manage their conditions effectively

Make sure your team is leveraging TCM and CCM services to support patients when it matters most. Start by reviewing your current workflows and identifying opportunities to enhance post-discharge follow-up and chronic care coordination. Every touchpoint counts.

TCM: Supporting Patients During Vulnerable Transitions
Beyond the Office Visit: The Power of CCM
TCM Flyer
Leveraging Technology to Reduce Utilization

High Utilizer Engagement

By improving both access and education, we can help patients get the right care at the right time in the right place.

Access is foundational. Patients with complex needs often use the ED or urgent care because they don't know how or when to access their PCP. To improve access, consider:

- Same-Day Appointment Availability: Do you have designated time slots each day for urgent needs?
- After-Hour Care: Are there ways to extend your reach beyond regular hours?
- Virtual Visits: Encourage the use of telehealth for appropriate concerns. It's convenient for the patient and often quicker to implement.
- Clear Communication: Make sure patients know how to reach you and when to seek different levels of care. Consider using a When & Where to

Go Flyer.

Education is equally vital. Many high utilizers are unaware of how to manage their conditions or when a primary care visit is more appropriate than a trip to the ER. Strategies include:

- Care plan discussions during visits to empower patients with knowledge and action steps.
- Follow-up after hospital discharges or ED visits to reinforce care plans and ensure patients understand next steps.
- Use care managers, community health workers, and pharmacists who can reinforce education outside of the exam room.
- Encourage the use of self-management tools, like Zone Tools, to keep patients out of the hospital when possible.

Educating Patients to Reduce Avoidable ED Visits

From Plan to Practice: Implementing Zone Tools

CODING CORNER: HYPERTENSION WITH COMPLICATIONS

Essential (primary) hypertension (I10) may not risk-adjust on its own under CMS HCC categories, but the complications it often brings do. Documenting with accuracy and specificity not only accurately captures risk, it supports treatment decisions and keeps quality reporting on track.

Documentation Tips for Providers:

- Specify type of heart failure (e.g., systolic vs. diastolic, acute vs. chronic)
- Document CKD stage (1-5 or ESRD)
- Clarify any cardiac or renal condition is not related to hypertension when applicable
- Avoid vague terms like "CHF" or "CKD" without further detail

Common Mistakes:

- Using only I10 when complications are present
- Failing to add I50.- or N18.- codes when needed
- Documenting "CHF" or "renal disease" without specificity

Hypertension Documentation & Coding Best Practices

PATIENT EDUCATION POINTER OF THE MONTH

Chunk & Check

In today's fast-paced clinical environment, it's easy for patients to leave appointments feeling overwhelmed and confused. That's where the Chunk & Check strategy comes in. Like eating an elephant one bite at a time, chunk and check is a strategy to break large amounts of information into smaller sections, promoting understanding and recall of important health information.

Instead of delivering a flood of information all at once, break it down into smaller, manageable "chunks," starting with the most important points. After each chunk, "check" for understanding using tools like Teach Back or demonstrations before moving on.

This approach improves retention, encourages real-time questions, and supports better health outcomes. Discover more: https://www.chesshealthsolutions.com/2022/08/19/patient-education-tools-chunk-and-check-technique/.

Additional Resources

- Beyond Math: Making Data Work in Healthcare with Rob Field
- Why VBC in the US is Still Stuck in First Gear

Past VBC Chronicle Editions

CHESS Education
100 Kimel Forest Dr, Winston-Salem, NC 27103