CHESS HEALTH SOLUTIONS

# Value-based Care Chronicle: Guide to Improving Performance

*November 2025*

## The Countdown is On:

*Closing Quality Gaps before EOY*

There's still time left in the year to make a big impact. By acting now, you can boost performance, improve outcomes, and help your team finish the year strong. Here are 2 measures to prioritize in the final quarter:

### Glycemic Status Assessment for Patients with Diabetes (GSD)

*For quality reporting, the last A1c of the year is evaluated. If A1c level is out of range, ensure patients have follow-up appointments to return for another check before EOY.*

- Make sure staff know how to correctly document A1c results in EMR.
- GMI results collected by patients and documented in EMR can be used for reporting.
- Document E11.A, Type 2 Diabetes in Remission, when criteria are met (HbA1c<6.5% for 3 months, off all glucose-lowering medications, no active diabetic complications, and explicit documentation of "in remission").
- Submit a claim using CPT II codes to close the gap:
  - 3044F HbA1c < 7%
  - 3051F HbA1c ≥ 7% and < 8%
  - 3052F HbA1c ≥ 8% and ≤ 9%
  - 3046F HbA1c > 9%

### Controlling High Blood Pressure (CBP)

*Only the most recent reading counts toward compliance. If multiple readings are taken on the same day, report the lowest systolic and diastolic values.*

- When BP is elevated, recheck after at least 5 minutes. If it remains high, document a follow-up plan.
- Patient-reported digital device readings are acceptable.
- Do not include readings taken in the ED, inpatient stays, or during procedures requiring medication/diet changes.
- Standardize repeat BP checks during office visits. Consider a visual reminder to prompt rechecks.
- Submit a claim using CPT II codes to close the gap:
  - 3077F Systolic ≥ 140 mm Hg
  - 3075F Systolic 130-139 mm Hg
  - 3074F Systolic < 130 mm Hg
  - 3080F Diastolic ≥ 90 mm Hg
  - 3079F Diastolic 80-89 mm Hg
  - 3078F Diastolic < 80 mm Hg

EOY Gap Closure Flyer

Quality Measure Guide

## Office Visit Gap Closure Reminders

Use every encounter to close gaps. Whether it's an AWV, sick visit, walk-in appointment, or chronic check-in, each one can help move your quality measures forward.

- Check health maintenance during every visit to close gap in care.
- Review EMR alerts at every visit to identify overdue screenings.
- Take the visit as an opportunity to perform due services while the patient is there (A1c test, BP checks, etc.).

- If results aren't in the chart, ask patients during a visit whether they completed any tests externally.
- Offer same day labs, if available, to increase the likelihood that tests are completed.
- Consider combining appointments to capture more measures in one visit.

## CODING CORNER: HCC RECAPTURE AND DOCUMENTATION

Use MEAT criteria to confirm and document chronic and active conditions. Showing what was Monitored, Evaluated, Assessed, and Treated ensures risk scores reflect the patient's true clinical picture and supports appropriate resources.

- Document and submit yearly ALL active, chronic conditions.
- Document all acute and chronic conditions to the highest level of specificity.
- Document all status conditions (transplant, ostomy, etc.).
- Provide documentation for all diagnoses. Code signs and symptoms until diagnosis is confirmed.
- Do not use "history of" unless it's a past medical condition that no longer exists and the patient is no longer receiving treatment.

2025 HCC Recapture Guide
Maximizing HCC Recapture: A Guide for Healthcare Providers

| MEAT the Chronic Condition | | | |
|---|---|---|---|
| **Monitor** | **Evaluate** | **Assess** | **Treat** |
| Signs<br>Symptoms<br>Disease Progression<br>Disease Regression | Test Results<br>Medication<br>Effectiveness<br>Response to Treatment | Ordering Tests<br>Discussion<br>Review Records<br>Counseling | Medications<br>Therapies<br>Other Modalities |

## Additional Resources

- 2026 HIPAA Rule Updates
- The Rise in Direct to Consumer Pharma and What it Means for Health Equity and Patient Safety

Past VBC Chronicle Editions

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