

The “2 MN” Hats (2014 IPPS Final Rule)



- **Hat #1:** Do they need to be placed in the hospital for care?
- **Hat #2:** If so, do they have a clinical condition that you feel meets medical necessity (is “sick enough”) to merit an inpatient admission? If yes → (think INPATIENT) ...
- **Hat #3:** Will the care transcend two midnights (inclusive of ED)? If so, document why and order IP status. If not, then ... OBS
- **Hat #4:** If observation, here on day 2, can they go home before passing the 2nd MN? If not, WHY not? Document reason and if clinically pertinent, then IP status is merited.

2022 Stars and MSSP ACO Measures

Measure	Program		Star Category & Weight		2021 MSSP	Thresholds 10/4/2021		
	Stars	ACO	Part C or D?	Weight	Threshold	4 Star	5 Star	
Care for Older Adults - Functional Status Assessment	✓		C	0		85%	93%	
Care for Older Adults - Medication Review	✓		C	1		84%	95%	
Care for Older Adults - Pain Assessment	✓		C	1		87%	96%	
Medication Adherence for Diabetes	✓		D	3		87%	91%	
Medication Adherence for Hypertension (RAS)	✓		D	3		87%	90%	
Medication Adherence for Cholesterol (Statins)	✓		D	3		87%	91%	
Medication Reconciliation Post-Discharge	✓		C	1		69%	82%	
Plan All-Cause Readmissions	✓		C	0		7%	3%	
Osteoporosis Management in Women w/ Fracture	✓		C	1		50%	68%	
Statin Use in Persons with Diabetes	✓		D	1		84%	88%	
Diabetes Care - Kidney Disease Monitoring	✓		C	1		94%	97%	
Diabetes Care - Eye Exam	✓		C	1		71%	79%	
Diabetes Care - Blood Sugar Controlled	✓	✓	C	3		<23%	72%	81%
Breast Cancer Screening	✓	✓	C	1		70%	69%	76%
Colorectal Cancer Screening	✓	✓	C	1	65%	71%	80%	
Controlling Blood Pressure	✓	✓	C	3	70%	75%	82%	
Statin Therapy for Cardiovascular Disease	✓	✓	C	1	81%	84%	89%	
Reducing the Risk of Falling		✓			70%			
Depression Screening		✓			70%			
Influenza Immunization		✓			75%			
Tobacco Screening and Cessation Intervention		✓			75%			

As a Physician Advisor, you ...

- Will MOST LIKELY be doing IP/OBS status determination and be heavily involved in medical necessity education of providers, doing peer-to-peer discussions with plan Medical Directors, and may be involved with some appeals/denials work.
- MIGHT be involved with quality on the hospital side with readmissions, hospital associated infections, and/or patient satisfaction efforts of the system as you lead/participate in the Utilization Management committee efforts
- MIGHT be involved in looking at resource utilization (MSPB)
- MIGHT be involved with CDI and educating on DRG correctness to align your CMI with the clinical work you do
- MIGHT be involved with understanding/relaying info on the regulatory space and how that impacts providers/healthcare system
- And you MIGHT have to step into the ambulatory space in one/more areas above as well....

How do you become a PA?

- Get in touch with your Director of Case Management or the CMO of your healthcare system
- The UM Committee needs you...talk to the CMO of the Medical Staff/System and ask to be appointed to that group
- There is no “school”, so much of this is OTJ.
- American College of Physician Advisors (ACPA) – all physician advisors or the American Case Management Association (ACMA) – nurses with a physician advisor arm
- Connect with me and I can direct you as well