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Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

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2020 Quick Reference Guide: Coding for Adult Health HEDIS

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Guidance: BCBSND encourages providers to submit a CPT Category II code to assist in tracking the delivery of quality care. The codes simplify how performance measures are

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reported and eliminate the need for BCBSND to request medical records to determine if HEDIS measures are met. Doctors and hospitals can use CPT Category II codes to report specific services that contribute to positive outcomes and high-quality care.

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The 2015 Master Medicare Guide is a one-volume desk reference packed with timely and useful information for providers, attorneys, accountants, and consultants who

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need to stay on top of one of the most complex programs maintained by the federal government.

Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health was released in September 2019, before the World Health Organization declared COVID-19 a global pandemic in March 2020. Improving social conditions remains critical to improving health outcomes, and integrating social care into health care delivery is more relevant than ever in the context of the pandemic and increased strains placed on the U.S. health care system. The report and its related products ultimately aim to help improve health and health equity, during COVID-19 and beyond. The consistent and

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compelling evidence on how social determinants shape health has led to a growing recognition throughout the health care sector that improving health and health equity is likely to depend " at least in part " on mitigating adverse social determinants. This recognition has been bolstered by a shift in the health care sector towards value-based payment, which incentivizes improved health outcomes for persons and populations rather than service delivery alone. The combined result of these changes has been a growing emphasis on health care systems addressing patients' social risk factors and social needs with the aim of improving health outcomes. This may involve health care systems linking individual patients with government and community social services, but important

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questions need to be answered about when and how health care systems should integrate social care into their practices and what kinds of infrastructure are required to facilitate such activities. Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health examines the potential for integrating services addressing social needs and the social determinants of health into the delivery of health care to achieve better health outcomes. This report assesses approaches to social care integration currently being taken by health care providers and systems, and new or emerging approaches and opportunities; current roles in such integration by different disciplines and organizations, and new or emerging roles and types of providers; and current and

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emerging efforts to design health care systems to improve the nation's health and reduce health inequities.

Understanding Health Insurance, 12th Edition, is the essential learning tool your students need when preparing for a career in medical insurance billing. This comprehensive and easy-to-understand text is fully-updated with the latest code sets and guidelines, and covers important topics in the field like managed care, legal and regulatory issues, coding systems, reimbursement methods, medical necessity, and common health insurance plans. The twelfth edition has been updated to include new legislation that affects healthcare, ICD-10-CM coding, implementing the electronic health record, the Medical Integrity Program (MIP), medical

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review process, and more. The practice exercises in each chapter provide plenty of review, and the workbook (available separately) provides even more application-based assignments and additional case studies for reinforcement. Includes free online SimClaim™ CMS-1500 claims completion software, and free-trial access to Optum's EncoderPro.com—Expert encoder software. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Each year, more than 33 million Americans receive health

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care for mental or substance-use conditions, or both. Together, mental and substance-use illnesses are the leading cause of death and disability for women, the highest for men ages 15-44, and the second highest for all men. Effective treatments exist, but services are frequently fragmented and, as with general health care, there are barriers that prevent many from receiving these treatments as designed or at all. The consequences of this are seriousâ€"for these individuals and their families; their employers and the workforce; for the nationâ€™s economy; as well as the education, welfare, and justice systems. Improving the Quality of Health Care for Mental and Substance-Use Conditions examines the distinctive characteristics of health care for mental and substance-use

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conditions, including payment, benefit coverage, and regulatory issues, as well as health care organization and delivery issues. This new volume in the Quality Chasm series puts forth an agenda for improving the quality of this care based on this analysis. Patients and their families, primary health care providers, specialty mental health and substance-use treatment providers, health care organizations, health plans, purchasers of group health care, and all involved in health care for mental and substance use conditions will benefit from this guide to achieving better care.

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two

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departments within the U.S. Federal Government's Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). These guidelines should be used as a companion document to the official version of the ICD-10- CM as published on the NCHS website. The ICD-10-CM is a morbidity classification published by the United States for classifying diagnoses and reason for visits in all health care settings. The ICD-10-CM is based on the ICD-10, the statistical classification of disease published by the World Health Organization (WHO). These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-CM: the American

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Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS.

The goal of eliminating disparities in health care in the United States remains elusive. Even as quality improves on specific measures, disparities often persist. Addressing these disparities must begin with the fundamental step of bringing the nature of the disparities and the groups at risk for those disparities to light by collecting health care quality information stratified by race, ethnicity and language data. Then attention can be focused on where interventions might be best applied, and on planning and evaluating those efforts to inform the development of policy and the

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application of resources. A lack of standardization of categories for race, ethnicity, and language data has been suggested as one obstacle to achieving more widespread collection and utilization of these data. Race, Ethnicity, and Language Data identifies current models for collecting and coding race, ethnicity, and language data; reviews challenges involved in obtaining these data, and makes recommendations for a nationally standardized approach for use in health care quality improvement.

Health Informatics (HI) focuses on the application of Information Technology (IT) to the field of medicine to improve individual and population healthcare delivery, education and research. This extensively updated fifth

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edition reflects the current knowledge in Health Informatics and provides learning objectives, key points, case studies and references.

Turn your R code into packages that others can easily download and use. This practical book shows you how to bundle reusable R functions, sample data, and documentation together by applying author Hadley Wickham ' s package development philosophy. In the process, you ' ll work with devtools, roxygen, and testthat, a set of R packages that automate common development tasks. Devtools encapsulates best practices that Hadley has learned from years of working with this programming language. Ideal for developers, data scientists, and

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programmers with various backgrounds, this book starts you with the basics and shows you how to improve your package writing over time. You ' ll learn to focus on what you want your package to do, rather than think about package structure. Learn about the most useful components of an R package, including vignettes and unit tests Automate anything you can, taking advantage of the years of development experience embodied in devtools Get tips on good style, such as organizing functions into files Streamline your development process with devtools Learn the best way to submit your package to the Comprehensive R Archive Network (CRAN) Learn from a well-respected member of the R community who created 30 R packages, including ggplot2, dplyr, and tidyr

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The 2015 Master Medicare Guide is packed with timely and useful information to help you stay on top of one of the most complex programs administered by the federal government. The 2015 Edition includes: Over 500 explanation summaries for all aspects of the Medicare program coverage, eligibility, reimbursement, fraud and abuse, and administration Highlights of the Protecting Access to Medicare Act of 2014 (P.L. 113-93) and the Improving Medicare Post-Acute Care Transformation Act of 2014 (P.L. 113-185)"; the most recent physician fee schedule reimbursement fix; A focus on the continuing implementation of the Affordable Care Act as it relates to Medicare, including accountable care organizations and a

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tighter link between the quality of health care and Medicare reimbursement All discussions include cross-references to relevant laws, regulations, CMS manual sections, administrative and judicial decisions, and more!

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