Digital Channel: Athena Moments of Care

Frequently asked questions - MCAIP ONLY

Moments of Care is a bidirectional data exchange channel. It enables UnitedHealthcare to display MCAIP gaps directly within Athenahealth pre-encounter and point-of-care workflows.



When you respond or act on open gaps, this information is automatically returned to UnitedHealthcare via Claims at no additional cost to you. Please note, the below applies to Medicare Advantage lines of business.

Frequently asked questions

How can I be included in Moments of Care?

Moments of Care follows an automatic opt-in method, so the functionality will be available unless you actively opt out.

Is attestation required through provider action in this channel?

No. With the direct capability for capturing the provider gap action, additional attestation is not required.

Where can we find additional information on what this looks like within Athena?

Athenahealth included this functionality within their 2022 spring tri-annual release as "Moments of Care," along with information on the Success Community. Reach out to your Athenahealth contacts for more information.



Will the actions I take within the workflow close open gaps within the MCAIP program?

Yes. You are passed to UnitedHealthcare.

If a suspect condition is present in my EMR, what do I do?

Assess the condition. If accurate for your patient, add the ICD-10 code with appropriate specificity to the visit using your typical EMR workflow to ensure it is submitted on a claim. Add supporting documentation to your visit note using MEAT criteria (monitor, evaluate, assess, treat).

If I am unable to diagnose a suspect medical condition, what do I do?

Report in your native Athena EMR workflow (Moments of Care) that you're unable to diagnose the suspect medical condition at the present time (see Athena's Moments of Care tip sheet for more details if needed).

Do I also have to report out in Practice Assist to get the provider incentive credit?

No. If you added the ICD-10 code with appropriate specificity to the visit using your typical EMR workflow to ensure it is submitted on a claim or reported that you were unable to diagnose the suspect medical condition at the present time in your typical EMR workflow, you **DO NOT** need to report out in Practice Assist.

When do I use Practice Assist?

Only use Practice Assist if you did not use your native EMR workflow to report that you were unable to diagnose the suspect medical condition at the present time or if a provider needs to supplement what was done in the EMR.

Is the data in my EMR, Practice Assist, and Patient Care Opportunity Report (PCOR) all the same?

No. There are instances where some suspect conditions are suppressed by either Athena or UnitedHealthcare for various reasons. This can lead to discrepancies between PCOR, Practice Assist and Moments of Care screens.

How and when does the work I do in my EMR translate to Practice Assist and PCOR?

Following assessment during a patient visit, gaps will be soft closed (no longer in the workflow) within 24 hours. This process assumes that the patient visit was closed/signed, and any gaps that were addressed by adding the ICD-10 code to the claim or by rejecting the gap will be soft closed.

How often are new gaps refreshed?

Any care gaps that are addressed will be processed daily and soft closed within 24 hours. New or updated care gaps may appear following the monthly refresh.

What is the Athena Moments of Care workflow?

Use the Athena Native workflow in EMR to close and attest to risk gaps.

What is the source of the MCAIP gap data?

Recapture of ICD-10 codes submitted in a 2-year lookback for recapture (e.g., PY 2025 recapture conditions from DOS 2023 and 2024) claims data, clinical data from the EMR and inferred conditions.

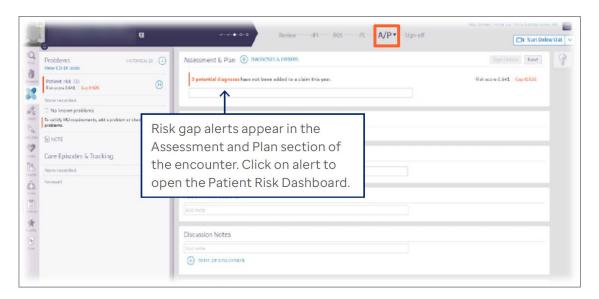


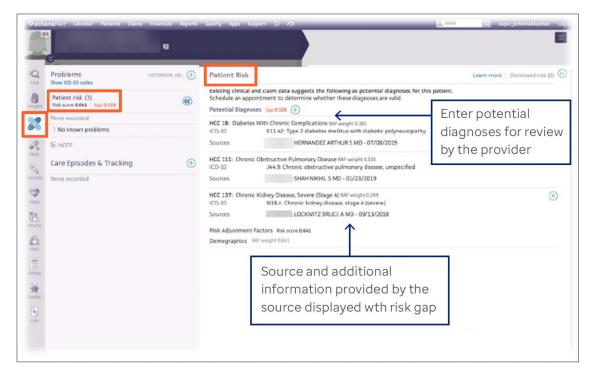
Onboarding

Athena will automatically opt in provider groups, so the Moments of Care functionality is available. If you don't want to use that functionality, you can manually opt out.

Athena screenshots

Physicians can see risk suspects and recapture display in a patient's, giving them the ability to address or dismiss the condition.







Care gaps (quality) are displayed within both the worklist and the patient's chart.

