Risk Adjustment & Incentives

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Thank you for joining us today.
We'll start momentarily.

If you haven't already, please call into the webinar to hear us speak. Your phone will automatically be set to mute.

Conference Number: **(855) 351-5537**
Conference Code: **7413903784**

You can ask us questions via the 'Chat' feature, but please hold your questions until the end of the presentation. If we run out of time before we get to your question, please email us at **Contact_Us_Provider_AR@centene.com**

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Risk Adjustment & Incentives

December 14th, 2017

Agenda

- Our Products
- Risk Adjustment 101
- Provider Incentives
- Provider Data Accuracy
- Physicians Assistants
- Important Reminders

Our Products

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We share your commitment to your patients and understand the importance of keeping them covered and healthy. As our partner, your patients have access to a range of health plans that fit their specific needs.

allwell.

Medicare Advantage Plans with Prescription Drug coverage included

ambetter.

Health Insurance Marketplace

New for 2018

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We will offer Allwell HMO MAPD plans in the following Arkansas counties:

- Benton
- Crawford
- Sebastian
- Garland
- Pulaski
- Saline
- Washington

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Member Benefits and Programs:

Prescription Coverage
Our Medicare Advantage plans include prescription drug coverage to help your patients treat or manage their conditions.

Care Management
Care Managers will work closely with you and your Allwell patients to make sure their health needs are always met.

24/7 Nurse Advice Line
Members will receive 24-hour, toll-free phone access to registered nurses for answers to their medical questions.

Over-the-Counter Allowance
Every quarter, members will receive $60 to spend on certain OTC items that are delivered via mail order.

Vision and Dental Benefits
In addition to medical benefits, members will be able to keep dental and eye health a priority with routine checkups and care.

MemberConnections Program
Plan representatives will provide members with in-person support to access their health benefits and community resources to ensure the members' health and safety.

Senior Health Resources
We will partner with our members to keep them engaged in their healthcare – including sending preventive health reminders, providing general health information, or offering support so that they can maintain their best health.

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Website: Allwell.ARHealthWellness.com

- Patient care forms
- Pre-Auth Needed tool
- Provider newsletters
- Provider Manual
- Preferred Drug List
- Member resources

Secure Provider Portal: Allwell.ARHealthWellness.com

- Verify member eligibility
- Access patient health records
- View patient gaps
- Manage prior authorizations
- Submit and manage claims
- And more!

Member Eligibility

Check member eligibility via:

- Secure Web Portal
- Provider Services: 1-855-565-9518
- TTY/TDD: 711

Patient Care Gaps

Find recommended services that a member has not completed.

1. Visit the Secure Provider Portal.
2. Review patient information for any gaps in care.
3. Plan to address care gaps during future appointment.

Pre-Visit Planning Checklist

- ✓ Verify member eligibility.
- ✓ Check for patient care gaps and address them during upcoming office visit.
- ✓ Use Pre-Auth Needed tool to determine if prior authorization is needed before appointment.

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Prior Authorization

Use the Pre-Auth Needed tool on our website to determine if prior authorization is required.

Submit prior authorizations via:

- Secure Provider Portal
- Fax: 1-833-562-7172
- Phone: 1-855-565-9518

Claims

Timely Filing guidelines: 180 days from date of service.

Claims can be submitted via:

- Secure Portal
- Clearinghouses: EDI Payor ID 68069
- Mail paper claims to:

  Allwell from Arkansas Health & Wellness
  ATTN: Claims
  P.O. Box 3060
  Farmington, MO 63640-3822

Other Partners

To contact our other health services partners:

- Dental: 1-855-565-9518
- Vision: 1-855-565-9518
- Behavioral Health: 1-855-565-9518

Allwell.ARHealthWellness.com

Provider and Member Services: 1-855-565-9518

Allwell Identification Cards

Allwell offers plans that utilize two distinct networks of providers, Allwell Medicare HMO and Allwell Medicare HMO ***Select***. When searching for a participating provider on the Find A Provider tool, please make sure you select the network that corresponds to the network listed on the members identification card.

Risk Adjustment 101

Importance of Effective Risk Adjustment Program to Health Plans and Providers

12/14/2017

Objectives

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At the completion of presentation, you will:

- Know what risk adjustment is
- How risk adjustment works; Hierarchical Condition Categories
- Know why risk adjustment is important to health plans and providers
- How risk adjustment affect provider partners
- Responsibility of health plans
- Responsibility of providers
- Relationship between coding and risk adjustment
- Benefits of effective risk adjustment program

Risk Adjustment Overview

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- Risk Adjustment is the method developed and used by the Department of Health & Human Services (HHS) to predict health costs of members enrolling in Affordable Care Act (ACA) plans for both small groups and individuals.
- The purpose of risk adjustment is to deter plans from developing products that only attract the healthiest members – protect against adverse selection
- Risk adjustment HHS uses the Hierachical Condition Category (HCC) grouping logic as basis of risk adjustment model.

Hierarchical Condition Categories

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- HCC ‘s – Assigns risk factor score based upon chronic health conditions, demographics detail
  - ❖ Age
  - ❖ Gender
  - ❖ If member is community based or institution based
  - ❖ Interaction between disease categories within the hierarchy
  - ❖ Chronic conditions
- HCC’s help predict healthcare costs for plan enrollees
- HCC’s are based on encounter or claims data collected from providers
- Not all diagnosis map to an HCC

Risk Adjustment Importance

- HHS **requires** health plans to report complete **and** accurate diagnostic information on enrollees
  - ❖ Confirm diagnosis through medical record review
- Conditions must be accurately documented in each member's chart annually
  - ❖ Not documented annually, condition does not exist
- Providers should take every face-to-face encounter as opportunity to provide comprehensive care
  - ❖ Document chronic conditions, co-existing conditions, active status conditions, and pertinent past conditions

Risk Adjustment & Providers

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- Ensure their patient's entire risk profile is accurately reflected in the medical record AND coded accurately on claims and encounter data
- Address any suspected chronic conditions listed on health form provided by health plan
- Document confirmed conditions, assessments, and medical notes appropriately in the member's medical record
- Ensure codes are accurate by coding to highest specificity when applicable and noting in medical record
- Take holistic approach of care for every visit with patient

Risk Adjustment & Providers

Providers should use M.E.A.T guidelines to establish the presence of a condition during an encounter

M-Monitoring signs, symptoms, disease progression or regression

E-Evaluating test results, medication effectiveness, response to treatment

A-Assessing/addressing ordering tests, discussion, review records, counseling

T-Treatment medications, therapies, other modes

Coding & Documentation

- Ensure diagnosis are coded using applicable ICD-10 code
- Codes submitted **MUST** be supported by documentation in the medical record
- Notes must be dated and signed
- Electronic health record must be electronically signed
- Specify if condition is chronic
- Document chronic conditions annually

Coding & Documentation

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- Document and code only those conditions evaluated during the face-to-face encounter
- Understand proper use of “history of”; this is only acceptable if it affects current treatment plan
- Code diagnosis to the highest specificity for present conditions

Coding & Documentation

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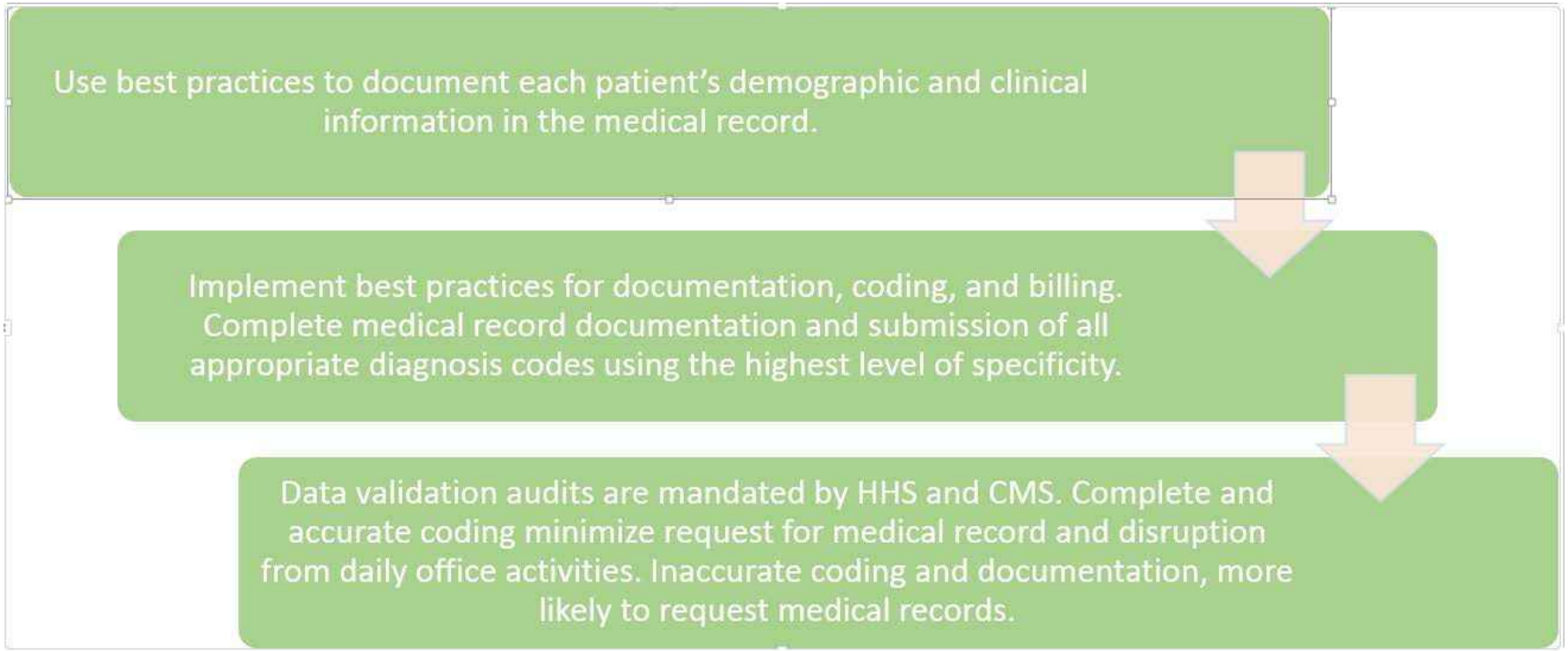

Coding & Documentation

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Acceptable Documentation Sources

- Inpatient Hospital Records
- Outpatient Hospital Records
- Office face-to-face visits

Unacceptable Documentation Sources

- Super bills
- Referral forms
- Encounter forms
- Non face-to-face encounter notes
- Patient problem list

Medical Record Reviews

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- Risk Adjustment Data Validation (RADV) audit – Government Mandated
- Chart Review Projects to ensure member diagnosis are being reported accurately
- Health Plans are required to:
  - ❖ Obtain charts from providers
  - ❖ Review and abstract data from the medical record
  - ❖ Ensure medical record follows DHHS guidelines or obtain attestation from provider
  - ❖ Submit medical record and attestation to DHHS

Medical Record Requirements

- Two patient identifiers on EACH page of every document
  - ❖ Patient's name, date of birth, medical record number
- Dates of Service
  - ❖ Complete Month/Day/Year
- Face-to-face encounter with acceptable type provider & setting
- Acceptable provider signature with credentials
- Documentation, signature, credentials, must be legible

Benefits of Effective RA Program

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- Effectively managing member's risk is beneficial for health plan, provider, and member
- Benefits Include:
  - ❖ Improving quality of care for member
  - ❖ Better coordination of care between payer, health plan, and member
  - ❖ Allows health plan to offer more comprehensive and affordable benefit packages to member
  - ❖ Improved care leads to improved member health outcomes

Health Plan RA Initiatives

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- Chart Review Projects
  - ❖ RADV
  - ❖ Annual medical record
- In-Home Assessment
- Telephonic Outreach
  - ❖ Conduct 3 way call with member and provider to schedule AWV
  - ❖ Fax Patient Profile (Risk/Quality Gaps) to provider office
- EMR Access
- Provider Incentive Program

Q & A

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- Risk Adjustment Contact
- Sherrill Montgomery, Risk Adjustment Supervisor
- 501.954.6100 x 81526
- Sherrill.S.Montgomery@Centene.com

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Provider Incentives

12/14/2017

Provider Incentives:

Pay for Performance (P4P) Incentive Program

Arkansas Health and Wellness offers a Pay for Performance (P4P) Incentive Program. This program rewards the provider for ensuring that their patients receive preventive services according to clinically recommended schedules and for helping with the management of their chronic conditions. This is an opportunity for additional reimbursement with no downside to you.

Program Details:

- This program is only being offered to participating Primary Care Providers.
- As a participating PCP, you are automatically enrolled in this program.
- The incentive amount is in addition to the contractual reimbursement you receive for providing services to your members.
- Incentive payments will be made on a quarterly basis.

A recent mailing has gone out to all in network primary care physicians with detailed information on the new 2017 P4P program. Please contract Provider Services if you did not receive a copy.

Provider Incentives:

Annual Wellness Visit Incentive Program Details

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Arkansas Health & Wellness is committed to supporting your efforts to provide the highest quality of care to our members. We recognize providers that are engaged in PCMH or CPC+ Track #1 or Track #2 and working to transform their practice towards patient-centered medical care. We have developed this incentive program to support your efforts in engaging with our members and to bring them into your practice for high quality patient-centered care.

Program Details:

What – A flat-rate incentive payment of $100 for every member seen and coded as a well visit using one of the eligible codes listed in the table below. This is in addition to the usual Fee for Service Payment for the office visit which will be paid through the regular claims process.

When – Effective immediately, through dates of service ending on December 31, 2017.

Payments – Earned incentive payments will be paid monthly (incentive will be limited to one annual well visit per member per calendar year). No additional documentation is needed – payments will be based on paid claim activity.

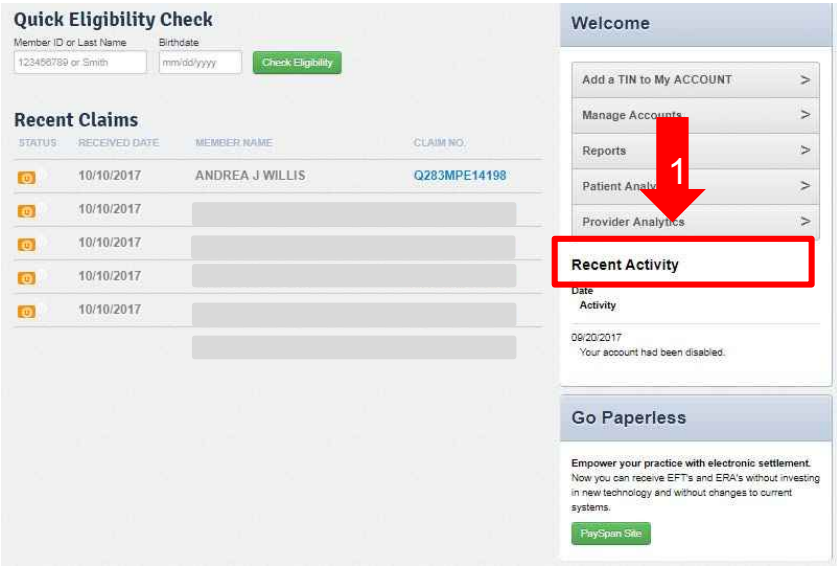
Member Incentive – We will assist you by providing our members with a My Health Pay incentive of $75 per year for one visit that is coded as a well visit.

The wellness outreach program is designed to complement the Marketplace P4P model so please be sure to utilize the secure provider portal to assist in your outreach efforts to your members.

Provider Analytics Tool

To access Provider Analytics:

1. From the portal, click on the Provider Analytics link to be directed to the launch page.
2. Click on Quality to be directed to the HEDIS Care Gap Dashboard and Member Gap in Care Reports.
3. Click on Value-Based Contract to be directed to the Pay for Performance dashboard and report.



Provider Analytics-Quality Gaps in Care

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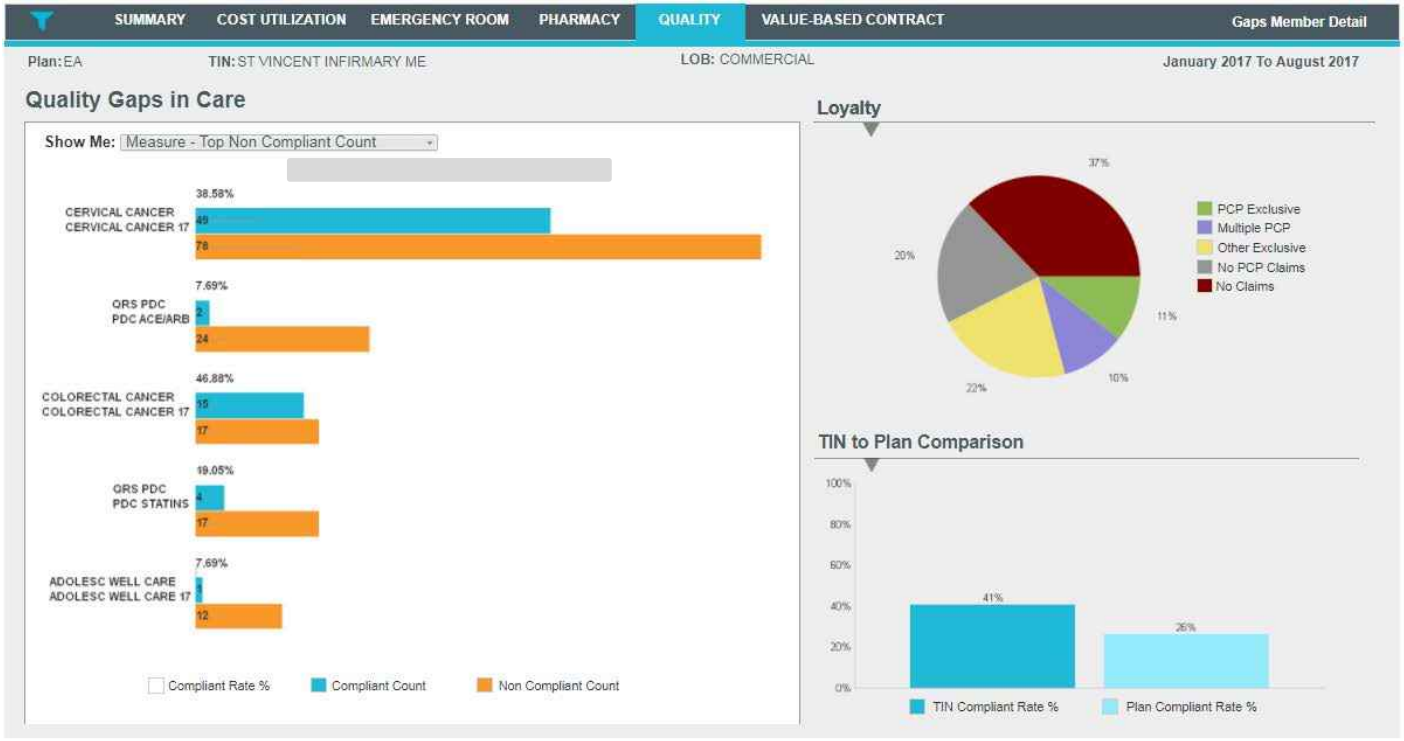
Quality Gaps in Care: Shows the compliant count and rate by HEDIS measure or provider.

Loyalty: Displays the number of members in each of the five engagement categories to determine how frequently the members are visiting their assigned PCP. The five categories are PCP Exclusive, Multiple PCP, Other Exclusive, No PCP Claims, and No Claims.

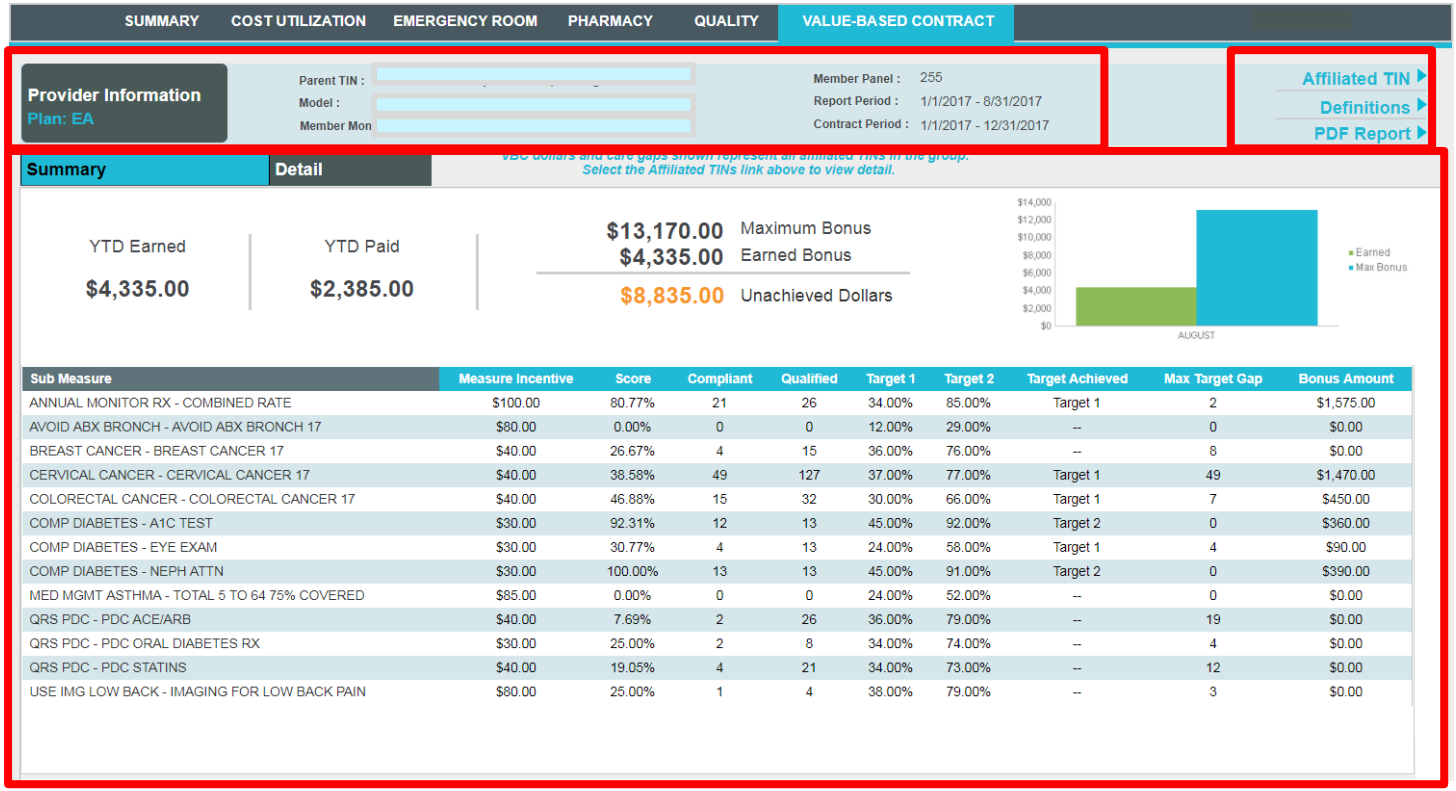
Tax Identification Number (TIN) to Plan Comparison: Displays the TIN's average compliant rate and the plan's compliant rate as a percentage.

Gaps Member Detail: The build a report feature allows users to create a custom report with member detail including line of business, NPI, HEDIS measure, HEDIS sub-measure, member compliancy, and Loyalty.



Provider Analytics – P4P

- Provider Information: Includes the parent TIN, model, member months, member panel, report period, and contract period.
- Other Information: The user has the option to view an affiliated TIN, product list, or definitions found in the report.
- Summary: Shows the earned and paid amount year to date, outlines the maximum, earned, and unearned bonus amounts in figures and graphical form. The summary includes a measures list that displays the score, compliant and qualified counts, targets, maximum target gap, and bonus amount.



Sub Measure	Measure Incentive	Score	Compliant	Qualified	Target 1	Target 2	Target Achieved	Max Target Gap	Bonus Amount
ANNUAL MONITOR RX - COMBINED RATE	$100.00	80.77%	21	26	34.00%	85.00%	Target 1	2	$1,575.00
AVOID ABX BRONCH - AVOID ABX BRONCH 17	$80.00	0.00%	0	0	12.00%	29.00%	--	0	$0.00
BREAST CANCER - BREAST CANCER 17	$40.00	26.67%	4	15	36.00%	76.00%	--	8	$0.00
CERVICAL CANCER - CERVICAL CANCER 17	$40.00	38.58%	49	127	37.00%	77.00%	Target 1	49	$1,470.00
COLORECTAL CANCER - COLORECTAL CANCER 17	$40.00	46.88%	15	32	30.00%	66.00%	Target 1	7	$450.00
COMP DIABETES - A1C TEST	$30.00	92.31%	12	13	45.00%	92.00%	Target 2	0	$360.00
COMP DIABETES - EYE EXAM	$30.00	30.77%	4	13	24.00%	58.00%	Target 1	4	$90.00
COMP DIABETES - NEPH ATTN	$30.00	100.00%	13	13	45.00%	91.00%	Target 2	0	$390.00
MED MGMT ASTHMA - TOTAL 5 TO 64 75% COVERED	$85.00	0.00%	0	0	24.00%	52.00%	--	0	$0.00
QRS PDC - PDC ACE/ARB	$40.00	7.69%	2	26	36.00%	79.00%	--	19	$0.00
QRS PDC - PDC ORAL DIABETES RX	$30.00	25.00%	2	8	34.00%	74.00%	--	4	$0.00
QRS PDC - PDC STATINS	$40.00	19.05%	4	21	34.00%	73.00%	--	12	$0.00
USE IMG LOW BACK - IMAGING FOR LOW BACK PAIN	$80.00	25.00%	1	4	38.00%	79.00%	--	3	$0.00

Provider Analytics – P4P

- Detail: Outlines the number of members need to reach the maximum target. The selected views include members needed or dollars missed.

Provider Data Accuracy

Arkansas Health and Wellness has partnered with LexisNexis to validate the demographic data we have on file quarterly to ensure accuracy. Providers should have recently received information with instructions on how to log in to the AMA portal and validate your data. Validating through the AMA portal this will allow your edits to be implemented across all Medicare and Marketplace payers who also use the AMA portal.

We validate provider demographic data quarterly for numerous reasons including:

- to help provide our members with accurate information through our Find a Provider tool on the website.
- to allow our members to locate and access the care and services that they are needing from in-network providers.
- to help other providers make referrals and accurately direct their patients' care to in-network practitioners and providers.
- to ensure that payment and other correspondence are received timely, and reduces the potential for delayed or denied payments resulting from inconsistent demographic information
- to ensure that we meet the regulatory standards set by the Centers for Medicare & Medicaid Services.

Physician Assistants

Arkansas Health and Wellness is now recognizing and credentialing Physician Assistants.

If you are currently contracted through a delegated entity, we have reached out to that organization for a complete roster of Physician Assistants that are currently credentialed.

If you are directly contracted with NovaSys Health for Arkansas Health and Wellness products, in order to be a participating practitioner, you will need to complete an Allied Credentialing application.

If you would like to request a copy of the Allied Credentialing application, please contact us at the phone, fax or email listed below.

Credentialing Department
Phone: 1-844-263-2437
Fax: 1-844-357-7890
Email: arkcredentialing@centene.com

Important Reminders

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Same Day Well & Sick Visit Guidelines

Multiple E/M codes may be billed on the same claim for visits that occur on the same day.

Example:
A scheduled wellness visit that turns into a (consecutive) sick visit can both be billed on the same claim

To bill for a wellness/preventative care visit, use one of the following procedure/diagnosis codes:

Check the Ambetter Provider Manual for more information regarding use of E/M Modifier 25

Procedure Codes:

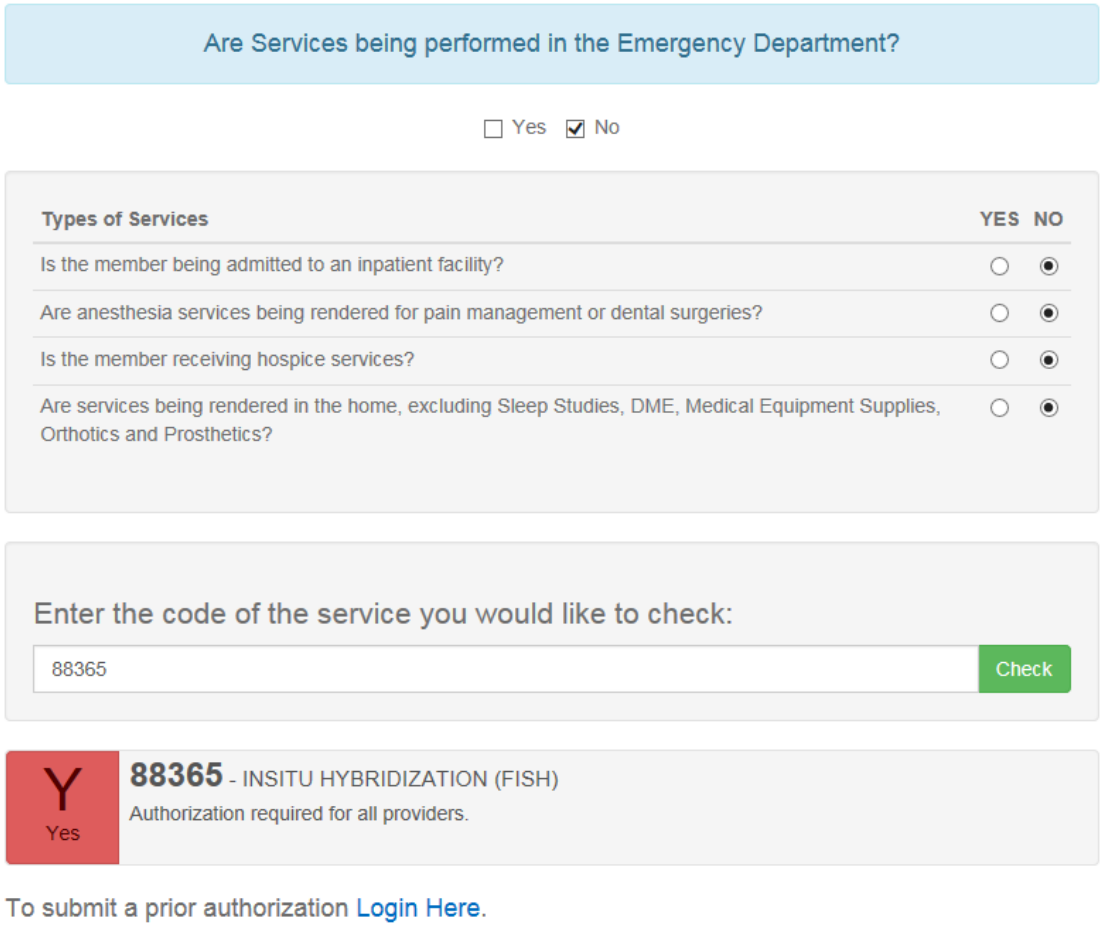
99381,99382,99383,99384,99385,99386, 99387,99391,99392,99393,99394,99395, 99396, 99397,99461

Diagnosis Codes:

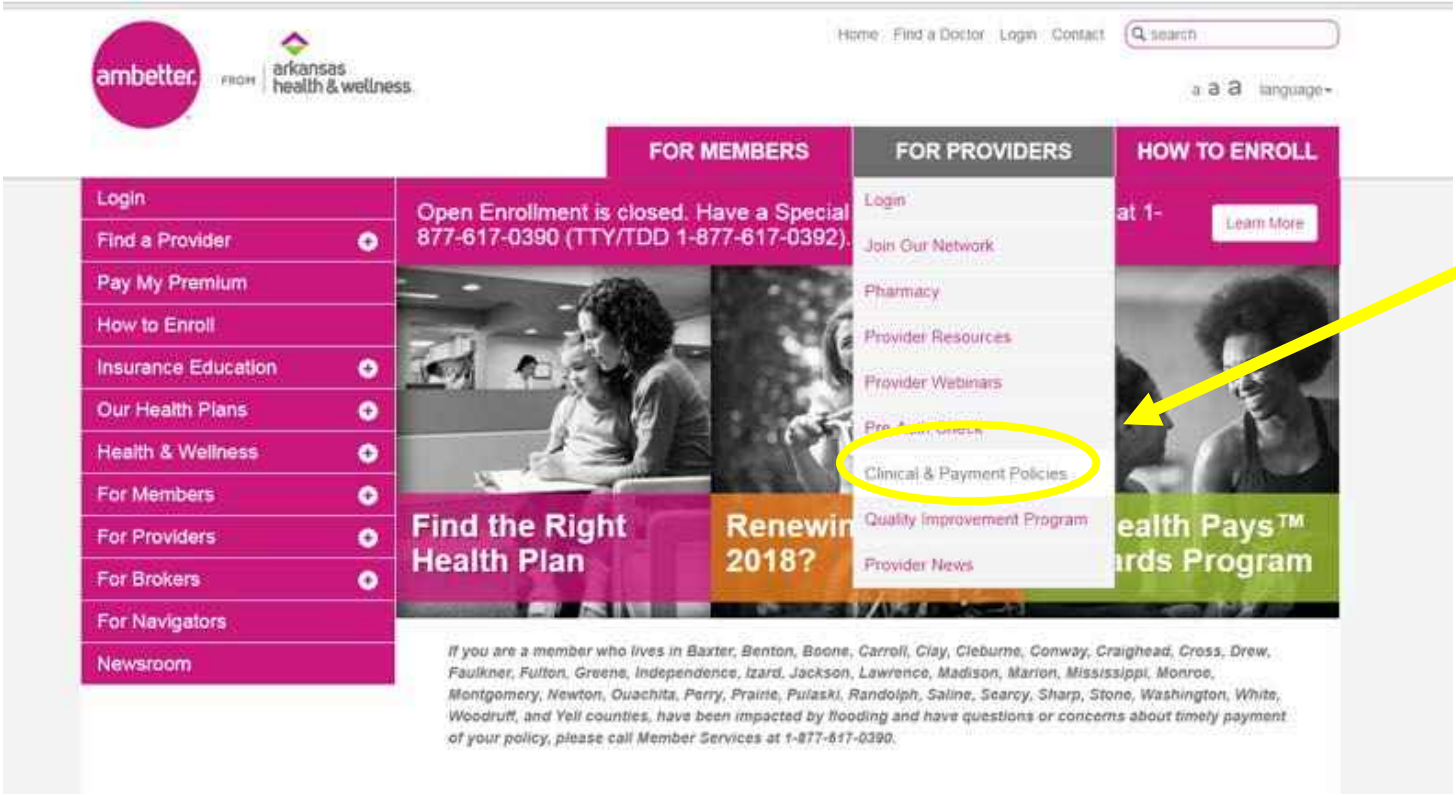
V202, V203, V2031, V2032, V700, V703, V705,V706,V708,V709,Z0283,Z0283, Z0271,Z0282,Z0281,Z024,Z025,Z022, Z005,Z023,Z029,Z00111,Z008,Z026, Z00110,Z00121,Z020,Z021,Z00129, Z0001,Z0000,Z0279,Z0289

Important Reminders

All authorizations are done at the procedure code level. The Pre-Auth Needed tool is found on the public website and does not require a login to use.



Important Reminders



Clinical and Payment policies are also located on the public website.

Contact Information

Ambetter from Arkansas Health and Wellness
Provider Services
Phone: 1-877-617-0390
TTY/TDD: 1-877-617-0392
ambetter.arhealthwellness.com

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Phone: 1-855-565-9518
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Phone: 1-844-263-2437
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Questions?

Please submit an additional using ‘Provider Webinar” in the subject line to Contact_Us_Provider_AR@centene.com

Thank you.