

Introduction to Risk Adjustment at Blue Cross NC

Risk Adjustment
Provider Engagement Team
January 2023

Agenda

Introduction to Risk Adjustment at Blue Cross of North Carolina

- What is Risk Adjustment like at Blue Cross NC?
- Blue Premier and MAQIP Program Overview
- Annual Wellness Visits
- Q&A Session

What is Risk Adjustment like at Blue Cross NC?

Presented by:
Tonya Farmer-Eaton BS, CPC
HCC Risk Adjustment Management Associate

Life of a Risk Adjustable Claim

Introduction to Risk Adjustment



Patient seen by provider, chronic health conditions reviewed, and the plan of care is created or updated



Provider documents the chronic condition per CMS guidelines, and updates or creates a current plan of care for the condition



The claim is submitted to Blue Cross NC with the chronic condition ICD-10 code(s)



Blue Cross NC then submits the claim to CMS for approval



Once accepted by CMS, the provider group will be given "credit" for the ICD-10 code



How does Blue Cross NC use claims data to monitor
your progression through our Risk Programs?

(Risk Analytics)

What does Risk Adjustment look like at Blue Cross NC?

Monthly you will receive two reports (HCC Coding Persistency Report / Suspecting and Persisting Risk Gaps Report) via Data Rail or the Value Platform.

These reports are used to identify patients with outstanding HCCs, which provider and provider group each patient is attributed to, and who needs an Annual Wellness Visit.

As these patients are seen the associated chronic condition should be submitted by the provider group to BCNC for review. BCNC then submits the claim to CMS who will approve or deny the submission. As these submissions are approved your reports will update and the associated scores will reflect the HCC gap closure.

Please be patient while awaiting your claims to process, as there is a three-month claims lag with CMS currently.

How does Blue Cross NC communicate with provider participants in our Risk Programs?

(Monthly Workstreams)

What does Risk Adjustment look like at Blue Cross NC?

Risk Program Communications  Recurring monthly workstreams

Monthly workstreams allow you to meet with your Clinical Risk Management Contact who will review your program status and share any program updates.

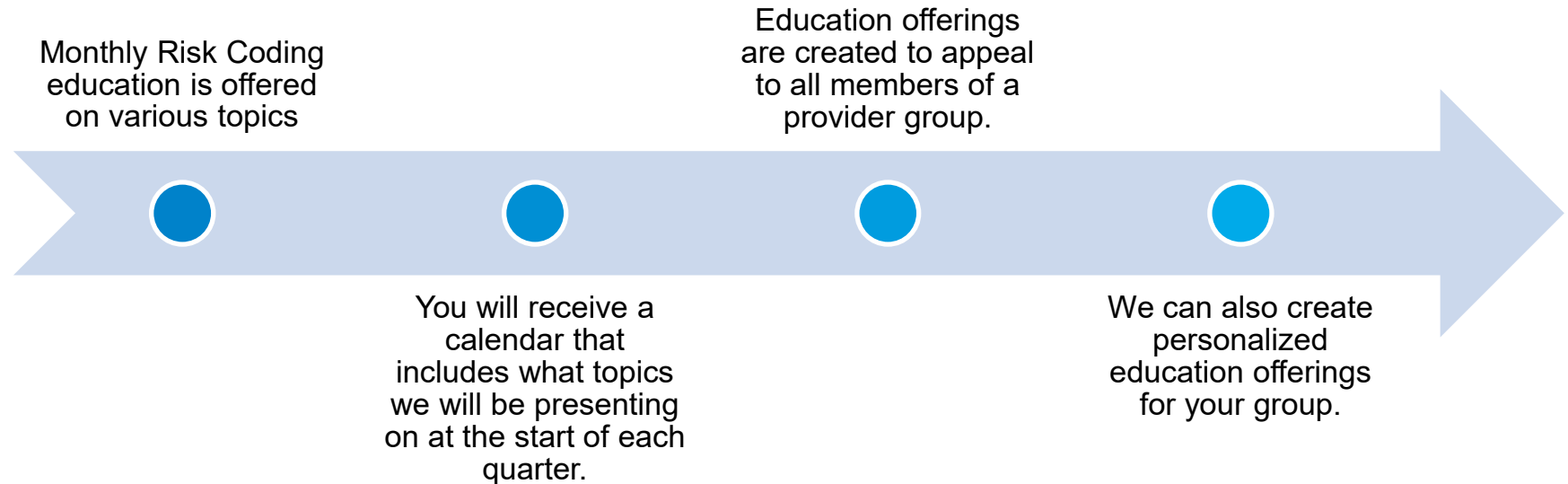
This workstream can be shared with your Clinical Quality Management Analyst so you can receive those updates at the same time

Workstreams provide a space to ask questions, share concerns, and discuss ways to strengthen your Risk Management Program

How does Blue Cross NC assist with improving your Risk program?

(Monthly Education Sessions)

What does Risk Adjustment look like at Blue Cross NC?



Overview of role: Provider Engagement and Education Team

Risk Adjustment Provider Engagement

The Provider Risk Engagement and Education Team exists to improve member outcomes. The following tools are used to educate, track and communicate progression through our programs.

Monthly Workstreams

We will meet with you monthly to review your risk data and program status.

Monthly Education Sessions

We will provide monthly risk coding education to all members of your team.

Risk Analytics

We will identify trends within your risk data and communicate potential interventions for HCC gap closures

Audit Feedback

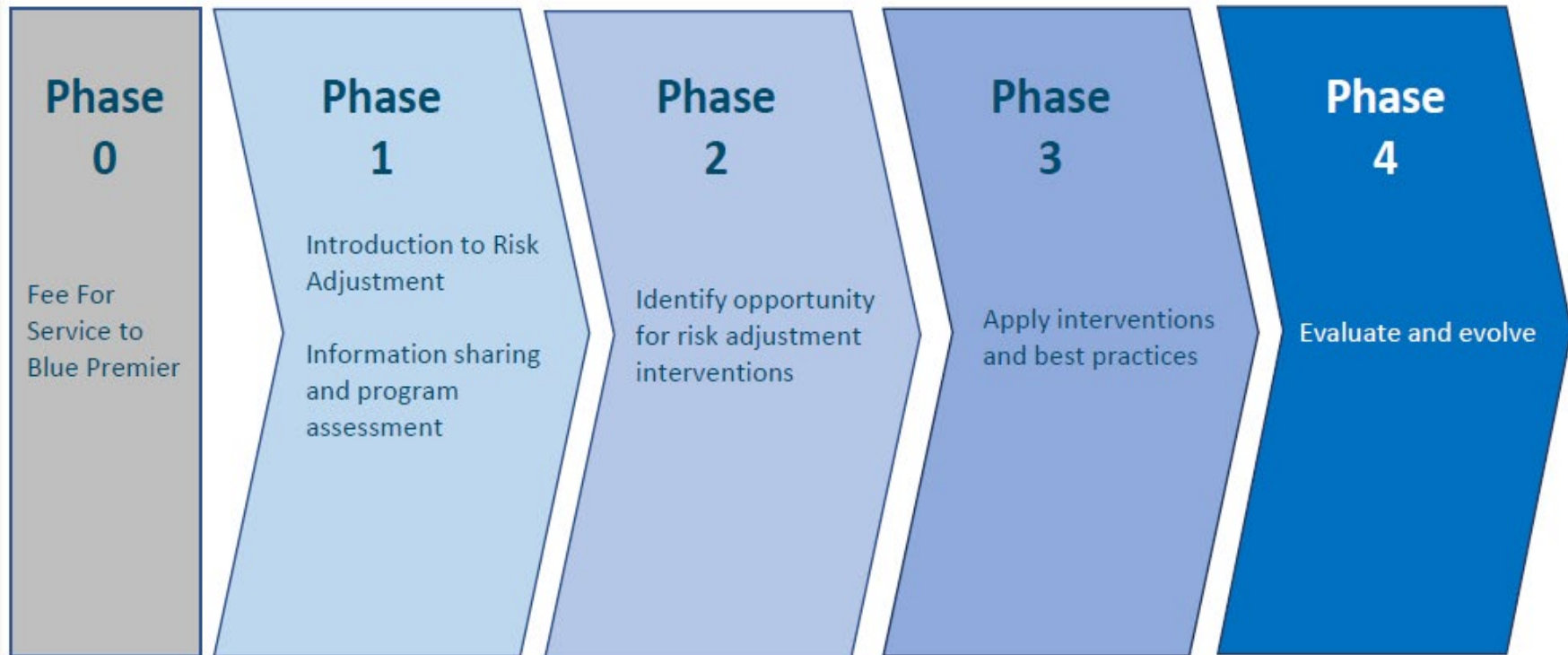
Feedback related to your risk coding and documentation will be shared after your annual audit (when applicable)

Blue Premier and MAQIP program review

Presented by:
Tracey Cox RN, CRC, CPC
Clinical Risk Management Analyst

Blue Premier Program

Blue Premier Engagement Model for Risk Coding



Operational Improvements: shared priorities, communications, data exchange, and chart review

Blue Premier Program

- A Blue Premier agreement holds both providers and Blue Cross NC jointly accountable for better health outcomes, exceptional patient experience and lower costs. For example, inefficiencies in care such as medically unnecessary tests or procedures turn into an expense rather than revenue for a provider.
- Through this “shared risk” financial model, Blue Premier providers share in cost savings if they meet industry-standard goals to improve the health of patients and share in the losses if they fall short.
- The Blue Premier collaboration helps providers more actively manage a patient’s health care conditions, leading to fewer hospital visits and better health overall. Additionally, patients may have more time and more frequent communication with their doctors.
- Within this program your group will work with a Blue Cross NC Strategic Advisor to schedule your workstreams, communicate with your Blue Cross team and navigate within the Blue Premier Program.
- Can include your MA and / or ACA populations

Medicare Advantage Quality Incentive Program (MA QIP)

Medicare Advantage Quality Incentive Program

- Not a contract; upside-only program
- MA population only
- Blue Cross NC will pay the Provider a fixed Per-Member-Per Year (“PMPY”) fee for each Attributed Member who was attributed to Provider at the end of the Measurement Year
- The Per-Member-Per Year fee is calculated using the Risk Rating Tier and the Contract Star Rating. The lower the Risk Rating and the Higher the Contract Star Rating, the higher the PMPY fee.

QUALITY INCENTIVE PROGRAM –PMPY						
Risk Rating	Contract Star Rating					
	2.5	3.0	3.5	4.0	4.5	5.0
Tier 1	\$0.00	\$50.00	\$75.00	\$150.00	\$200.00	\$250.00
Tier 2	\$0.00	\$25.00	\$50.00	\$125.00	\$175.00	\$225.00
Tier 3	\$0.00	\$0.00	\$25.00	\$100.00	\$150.00	\$200.00
Tier 4	\$0.00	\$0.00	\$0.00	\$75.00	\$125.00	\$175.00

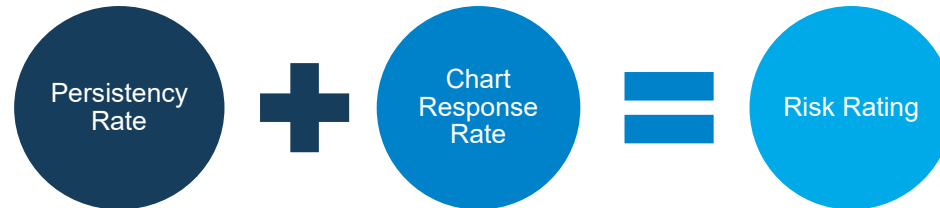
Medicare Advantage Quality Incentive Program

Persistence Rate

- Found in your monthly HCC Persistence Report
- Will fluctuate during the year as more patients are seen
- Reflects how well your PCPs are capturing HCCs from the previous year for attributed members

Chart Response Rate

- Provided during your monthly workstream
- If you have no charts requested during the year this will default to 100%
- If you grant access to our Chart Retrieval Team, then you will automatically get 100%



Annual Wellness Visits

Presented by:
Jacqueline Duncan BA, LPN, CPC, CRC, COBGC
Clinical Risk Management Analyst

Annual Wellness Visits

Medicare Physical Exams Coverage

Initial Preventive Physical Exam (IPPE)

Review of medical and social health history and preventive services education

- ✓ **Covered** only once within 12 months of first Part B enrollment
- ✓ Patient pays nothing (if provider accepts assignment)

Annual Wellness Visit (AWV)

Visit to develop or update a Personalized Prevention Plan (PPP) and perform a Health Risk Assessment (HRA)

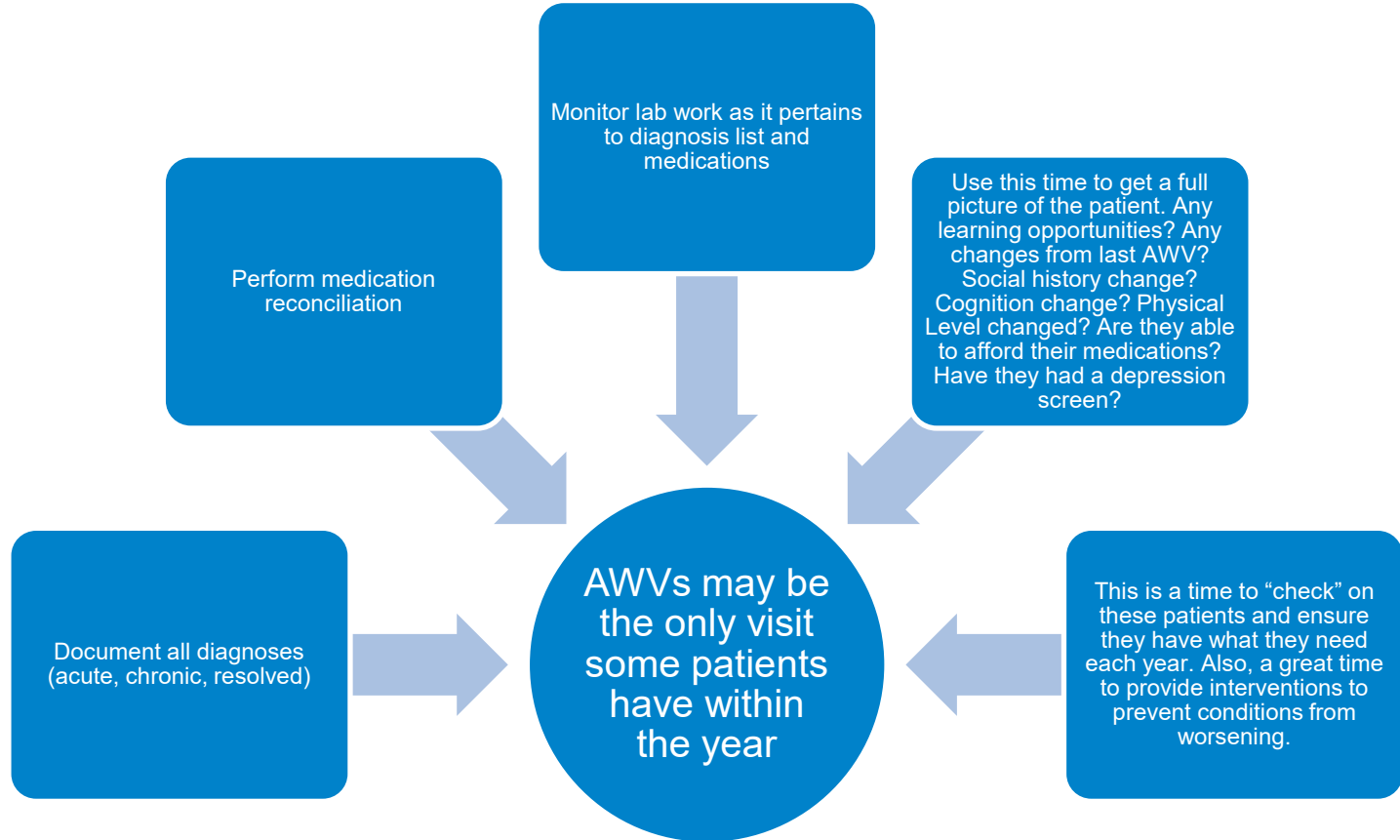
- ✓ **Covered** once every 12 months
- ✓ Patient pays nothing (if provider accepts assignment)

Routine Physical Exam

Exam performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury

- ✗ **Not covered** by Medicare; prohibited by [statute](#), however, the IPPE, AWV, or other Medicare benefits cover some elements of a routine physical
- ✗ Patient pays 100% out-of-pocket

Annual Wellness Visits



Annual Wellness Visits

Initial Preventive Physical Exam (IPPE)

“Welcome to Medicare”
preventive visit
(HCPCS G0402)

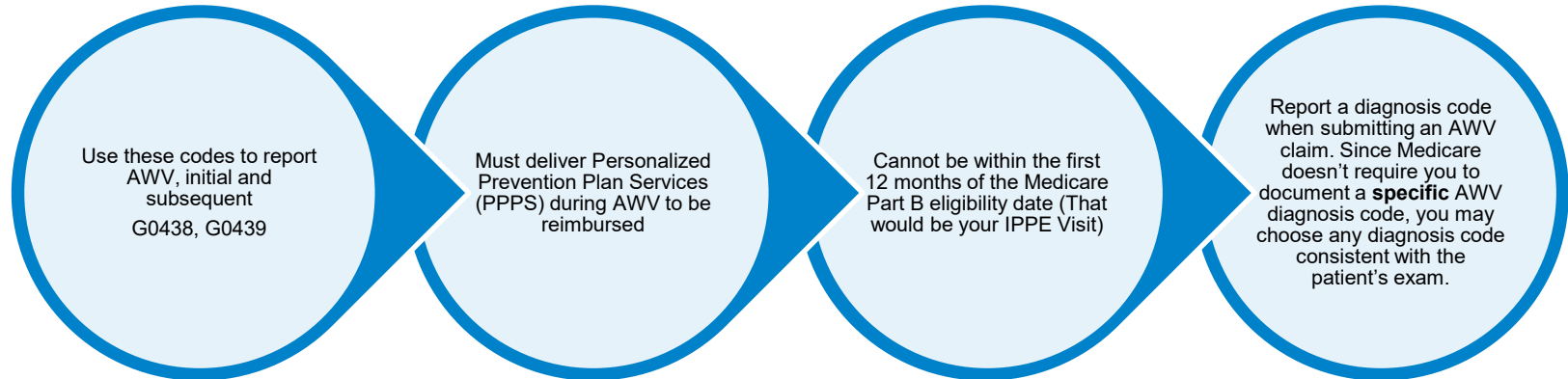
Medicare pays for 1 patient
IPPE per lifetime
*(no later than the first 12
months after the patient's
Medicare Part B benefits
eligibility date.)*

Use these HCPCS codes
to file IPPE and ECG/EKG
screening claims:
G0402, G0403, G0404,
G0405

You must report a
diagnosis code when
submitting an IPPE claim.
*(Medicare doesn't require
you to document
a specific IPPE diagnosis
code, so you may choose
any diagnosis code
consistent with the
patient's exam)*

Annual Wellness Visits

Annual Wellness Visit (AWV) Health Risk Assessment (HRA)



Annual Wellness Visits (AWV)

Tips for Success



Utilize EHR and system alerts for upcoming due visits and perform member outreach and reminders.



Schedule Annual Wellness Visits and Preventive Care Visits via Telehealth as appropriate



Document and code for any active condition during the Annual Wellness Visit.



Educating members on the value of and promoting the AWV prior to the visit is important to achieve compliance

Medicare Advantage AWW

- G0438 and G0439 are approved for telehealth

ACA Preventive Visits

- CPT 99395-99397 are approved for telehealth



Due to technical difficulties, we will need you to submit your questions to:

Davina.Bowden@bcbsnc.com

We will have a Q&A chat box for next month



Mark your calendars!

Recapture Rate versus Persistency Rate
What do they mean?

Wednesday, February 22nd at 10 am

Risk Education Presentation Survey

Blue Cross and Blue Shield of
North Carolina Survey



Please scan this QR code or follow the link placed in the chat box to complete our post-presentation survey.

Your responses are invaluable as we continuously develop this education program.

Thank You!

References

- <https://www.aapc.com/risk-adjustment/risk-adjustment.aspx>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>
- https://www.encoderprofp.com/epr4payers/hcpcsHandler.do?_k=102*G0438&_a=view&searchTerms=G0438&_mrad=true&#selected
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- <https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes>
- [Medicare Telehealth policy](#)
- https://www.bluecrossnc.com/sites/default/files/document/attachment/providers/public/pdfs/Provider_Manual.pdf