

Anthem Commercial Risk Adjustment (CRA) Reporting Update: Health Assessment requests for 2019 / Alternative reporting engagement

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In a continuation of our [CRA reporting update](#) articles throughout 2019, Anthem Blue Cross and Blue Shield requests your assistance with respect to our Commercial Risk Adjustment (CRA) reporting processes.

As a reminder, there are **two approaches that we take (Retrospective and Prospective) to improve risk adjustment reporting accuracy**. We are focusing on performing appropriate interventions and chart reviews for patients with undocumented Hierarchical Condition Categories (HCC), to close the documentation and coding gaps that we are seeing with our members enrolled in our Affordable Care Act (ACA) compliant plans.

This month, we'd like to focus on the Prospective approach and the request to our providers:

Anthem network providers -- **usually primary care physicians** -- may receive letters from our vendor, Inovalon, requesting that physicians:

1. **Schedule a comprehensive visit** with patients identified to confirm or deny if previously coded or suspected diagnoses exist, and
2. **Submit a Health Assessment** documenting the previously coded or suspected diagnoses (also called a SOAP Note -- *Subjective, Objective, Assessment and Plan*).

Incentives for properly submitted health assessments (in addition to the office visit reimbursement):

- \$100 submitted electronically
- \$50 submitted via fax

Health assessment requests through Inovalon

We have engaged Inovalon -- an independent company that provides secure, clinical documentation services -- to help us comply with provisions of the ACA that require us to

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assess members' relative health risk level. In the coming weeks and months, Inovalon will be sending letters to providers as part of our risk adjustment cycle, asking for their help with completing health assessments for some of our members.

This year will bring a new round of assessments. As a reminder, chronic conditions must be coded every year, and we encourage you to code to the greatest level of specificity on all Anthem claims submissions. If you have questions about the requests you receive, you can reach Inovalon directly at 1-866-682-6680.

Maximize your incentive opportunity: Submit electronically via Inovalon's ePASS® tool

Join an ePASS webinar to learn how to submit a health assessment electronically and maximize your incentive opportunities. Webinars are offered every Wednesday from 3 to 4 p.m. ET. Register by sending an email to ePASSProviderRelations@inovalon.com with your name, organization, contact information and the date of the webinar you wish to attend.

- Teleconference: Dial 1-415-655-0002 (US Toll) and enter access code: 736 436 872
- WebEx: Visit <https://inovalonmeet.webex.com> and enter meeting number: 736 436 872
- Once you join the call, live support is available at any time by dialing *0

Alternative reporting engagement

ePASS is our preferred method for submission for the Prospective approach. However, to improve engagement and to collaborate with our providers who are not submitting via ePASS, we have identified other alternatives which may be helpful and provide more flexibility with your current processes.

Alternative Reporting Option/Description

Availity Comprehensive Health Assessment

Availity will send a notification of members who have gaps and need assessments. The office will schedule members to be seen, at this time open gaps are displayed. Once the visit is completed, the office will complete the health assessment via Availity and the provider will review and sign off. *Eligible for **\$100** incentive.*

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EPIC Patient Assessment Form (PAF)

Providers with EPIC as their EMR system can fax the EPIC PAF to Inovalon at:

1-866-682-6680 without a coversheet. *Eligible for \$50 incentive.*

Providers Existing Patient Assessment Form (PAF) -- Utilize providers existing EMR system and applicable PAF and fax to Inovalon at 1-866-682-6680. Must be submitted with a coversheet indicating "see attached Anthem Progress Note." *Eligible for \$50 incentive.*

Note: Please reach out to the CRA Network Education Representative listed above for confirmation that your EMR system's PAF is compliant.

EPHC Providers using PCMS -- Providers participating in our Enhanced Personal Health Care (EPHC) program can use member reports from our PCMS tool within Availity to schedule members for comprehensive visits. Providers use normal gap closure through claims submission. No Health Assessment needed.

List of Members to be scheduled -- Anthem provides member report for provider to schedule members for comprehensive visits. Providers use normal gap closure through claims submission. No Health Assessment needed.

Allscripts Push Notifications (*combine with EMR Interoperability for Chart Requests from our Retrospective approach*)

Once a member is scheduled for visit, provider will get notification of outstanding gaps. Benefit: Provider is aware upfront, at the time of the visit to address chronic conditions with members and code them accurately on the claim. No Health Assessment needed.

<https://providernews.anthem.com/virginia/article/anthem-commercial-risk-adjustment-cra-reporting-update-health-assessment-requests-for-2019-alternative-reporting-engagement-3>

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