Enrollee Health Assessment Program Implementation Guide and Best Practices

December 2015

033129 (12-2015)

This guide will help you answer these questions:

- What is the Enrollee Health Assessment (EHA) Program and the Annual Health Review (AHR) visit?
- How do we receive EHA Program information from Premera?
- What do we need to know to schedule patients?
- What do we need to do during an Annual Health Review visit?
- What do we need to know about submitting claims and documentation?

Use this guide to help plan implementation of the EHA Program in your clinic

- This guide is intended to help you think through roles, tasks, information, and processes needed to make the implementation of the EHA Program successful
- Additional resources, including best practices from other clinics, are at the end of this deck

Premera's Enrollee Health Assessment Program

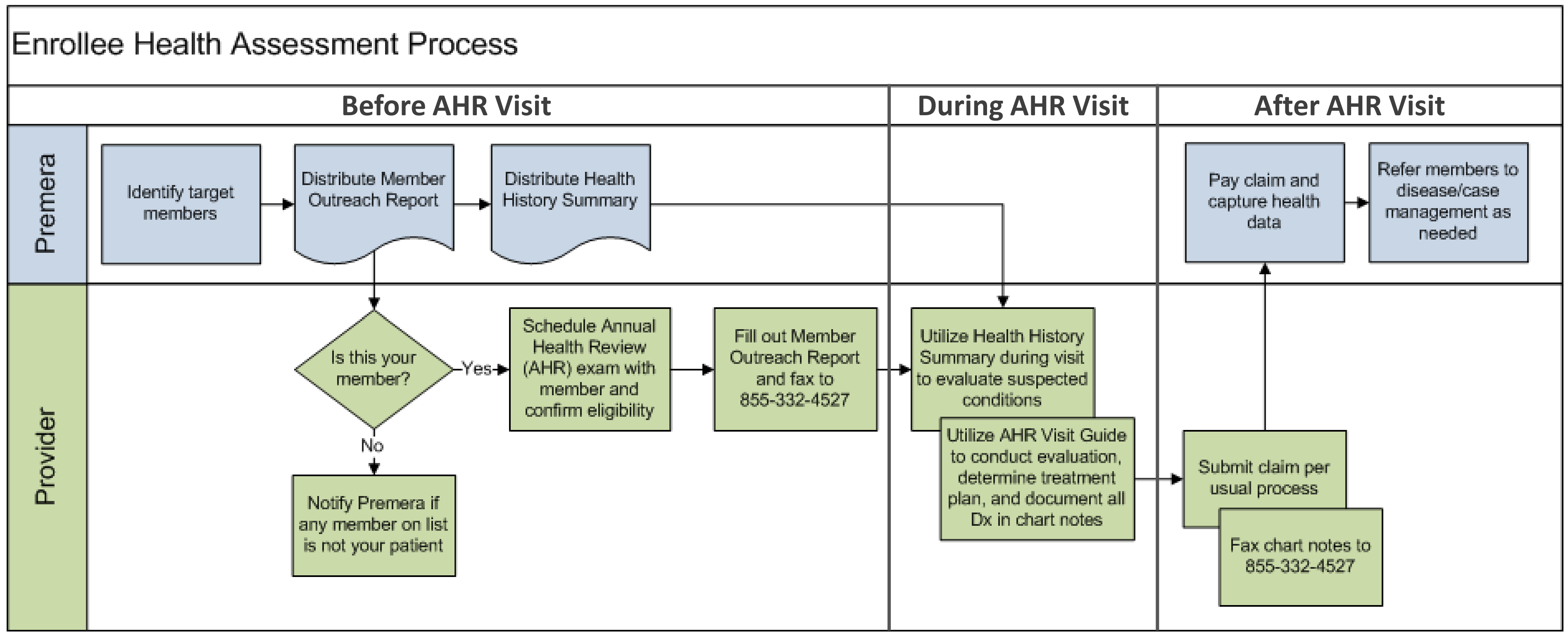
The Enrollee Health Assessment (EHA) Program goal is to improve member health by helping providers identify and manage their patients' chronic conditions through processes that:

- Improve identification of high-risk patients who may qualify for Premera outreach of care management services
- Encourage providers to completely assess, document, and code the diagnoses, severity, testing, and treatment plans for their patients' chronic conditions
- Ensure providers get credit for the work they are already doing, but may not be capturing through appropriate documentation, coding, and claims submission

The Annual Health Review

- The EHA Program accomplishes its goal of improving patient health through the Annual Health Review (AHR) visit
- The Annual Health Review (AHR) visit should be conducted once a calendar year by EHA-contracted providers
- Premera will send a list quarterly of patients who qualify to be in the EHA Program and should receive an AHR visit

Annual Health Review Process



What happens before the AHR visit?

Premera mailings

Premera
Sends a Member Outreach Report quarterly

Clinic
- Reviews Member Outreach Report
- Notifies Premera if any members on Member Outreach Report are not their patients
- Begins scheduling patients for the AHR visit

Premera
Sends clinics the Health History Summaries for each eligible patient two weeks after the Member Outreach Report is sent

Clinic
Ensures that clinicians have access to Health History Summaries prior to the visit to review possible HEDIS gaps or suspected conditions

What happens before the AHR visit?

Patient scheduling

- The clinic will contact the patients listed on the Member Outreach Report to schedule the Annual Health Review visit
- Suggested talking points when scheduling appointments:
  - You may have recently received a letter from Premera encouraging you to have an Annual Health Review
  - The Annual Health Review is an opportunity to assess any current health conditions, ensure that you're getting the right treatment plan, and find any potential health problems early
  - The visit is covered 100% by your plan and is not subject to copay, deductible, or co-insurance. Keep in mind that if we find any health issues of concern and order diagnostic tests, you may be responsible for paying part of the cost of those tests
- The scheduler should ensure that patient eligibility (insurance coverage is in effect) is confirmed prior to the date of service
- Once scheduling of members is complete, the clinic should fill in the Member Outreach Report and fax back to Premera at 855-332-4527

How are the tasks prior to the AHR visit completed at my clinic?

Exercise: Use the table below as a tool to think through how the various tasks would be completed at your clinic

Task	Team Member	Trigger	Notes
Review Member Outreach Report to validate members are patients. Send feedback to Premera.		Action initiated when mailing received.	
Contact patients to schedule AHR visits.			
Health History Summary information routed to Clinician.			(I.e., patient charts are flagged to pop up with suspected conditions upon opening the patient record.)
If a patient calls us to schedule, ensure patient is removed from call list.			
Call Premera to confirm patient is eligible to be seen on DOS.			
Ensure patient is scheduled in a manner that indicates to the clinician the nature of the visit.			

What does the clinician do during the AHR visit?

1. Confirms or denies suspected conditions on the Health History Summary and documents the status of each condition in the patient's medical record
2. Reviews patient's prescription history and confirms all medications are current
3. Verifies the HEDIS Care Gaps listed on the Health History Summary are appropriate and addressed
4. Conducts Annual Health Review – comprehensive evaluation and management of chronic conditions
5. Documents and codes to the highest specificity, ensuring the documentation supports the codes reported
   - Each assessed condition should have at least one of the following types of documentation to support it: Monitor, evaluate, assess, and treat (MEAT). This can be as simple as "hypothyroidism stable on medication, refill for one year"
   - Clinician may use Annual Health Review Visit Guide for guidance on completely documenting the visit
6. Ensures that signature is legible and includes first name, last name, credentials, and date. If the signature is electronic, it should include the date and time of authentication, the clinician's name and credentials, and a statement such as "electronically signed by"

How are the tasks during the AHR visit completed at my clinic?

Exercise: Use the table below as a tool to think through how the various tasks would be completed at your clinic

Task	Team Member	Trigger	Notes
Confirm or deny any HHS suspected conditions in visit documentation	Clinician		(I.e., clinician given HHS form by rooming MA)
Complete visit and documentation including diagnoses of all chronic conditions to highest specificity	Clinician		
Confirm eligibility for non-EHA program patients that you feel would benefit from an AHR visit	Clinician		(E.g., alert billing office to check EHA program eligibility for clinician-identified patient. Conduct AHR visit after eligibility is confirmed)

What happens after the AHR visit?

Claim submission

- Upon completion of the Annual Health Review, the provider should:
  - Ensure claim has the appropriate procedure code:
    - G0438 – Initial visit with the EHA program
    - G0439 – Subsequent annual visit with the EHA program
  - Ensure claim has the appropriate diagnosis codes; do not use preventive codes with the G0438/G0439 CPT.
- If the Annual Health Review was done in conjunction with other visit types (preventive exam or a visit to evaluate and manage other acute conditions) documentation must support multiple visit types and a modifier 25 must be used. Be careful to ensure that:
  - The G0438/9 is pointed to chronic and complex condition diagnoses
  - The problem-focused E&M code (99201-99215) is pointed to non-preventive diagnoses
  - The preventive exam code (99381-99397) is pointed to preventive diagnoses such as Z00.00 or Z00.01

What happens after the AHR visit?

Documentation submission

- The clinic should fax a copy of the chart note, using the Health History Summary as a cover sheet (noting any denied suspected conditions) to 425-918-6738 (local) or 855-332-4527 (toll free)
- If the Health History Summary form is not used as a cover sheet, please ensure that all documentation includes the following information:
  - Provider name, TIN, date of service
  - Member name, date of birth, member ID

How are the tasks after the AHR visit completed at my clinic?

Exercise: Use the table below as a tool to think through how the various tasks would be completed at your clinic

Task	Team Member	Trigger	Notes
Ensure claim for DOS (with appropriate G-code and diagnoses) is sent to Premera			(I.e., message is sent to coder that this visit should be billed as an AHR visit)
Ensure claim is supported by documentation			
Ensure chart note is sent to Premera for the completed AHR visit			
Ensure HHS form is included as a cover sheet with documentation (or that documentation is labelled appropriately)			(I.e., HHS form routed by clinician's MA to coder)

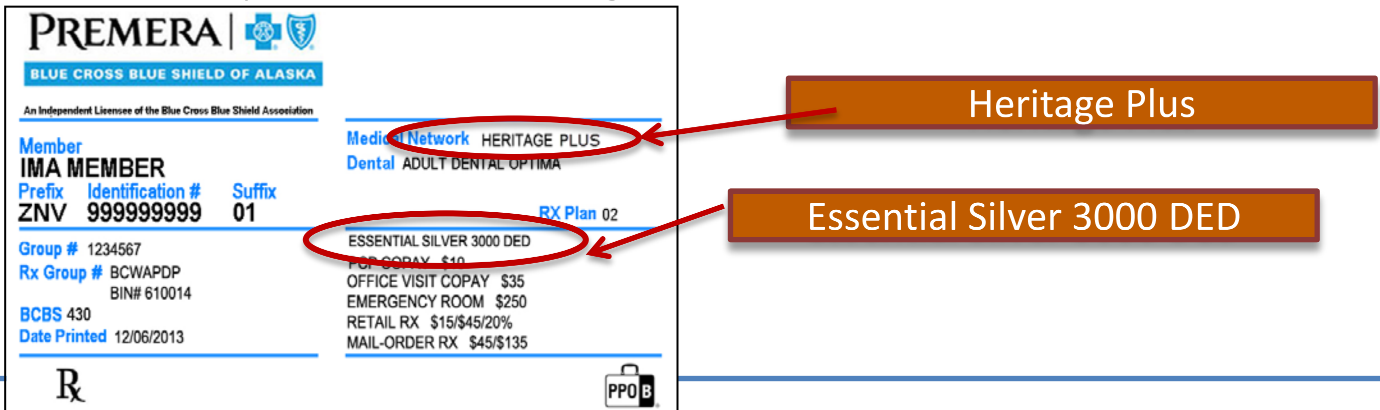
Resources

Contact information

- Call our dedicated provider line at 877-342-5258, option 4, or email us at providerengagementteam@premera.com for:
  - Assistance with the EHA process
  - Questions regarding member qualification
  - Any questions or concerns related to Commercial Risk Adjustment/ EHA Program
- Fax your chart notes/forms to: 855-332-4527

Confirming eligibility

- Contact our dedicated provider line at 877-342-5258, option 4 to confirm that the patient has paid their premium and is eligible to be seen on the date of service
- To determine program eligibility for patients who were not identified by Premera, contact the above provider line to confirm that the patient has:
  - Two or more chronic conditions
  - An individual or small group metallic plan (bronze, silver, or gold)
  - Paid their premium and is eligible to be seen on the date of service



Best practices of EHA program implementation

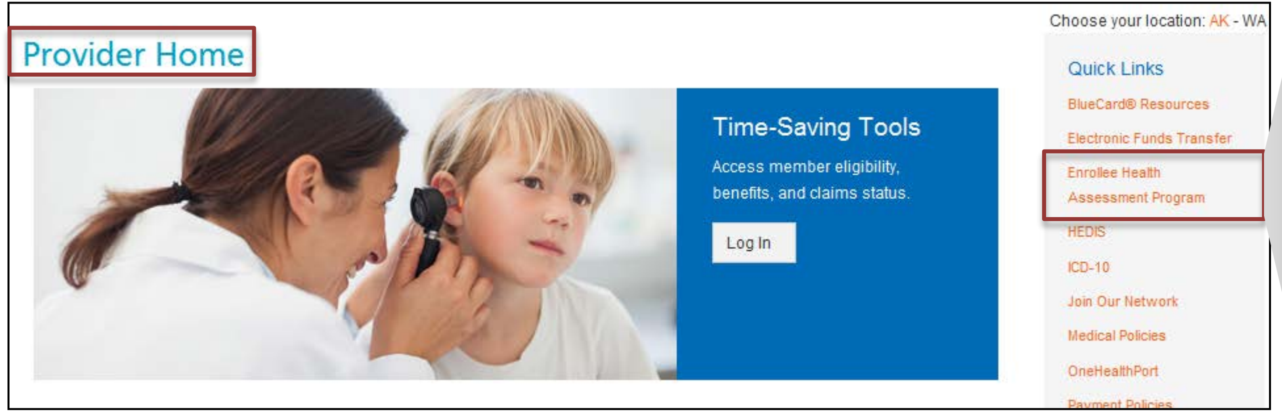
Clinics that successfully implemented EHA shared these tips

- Have one point person to receive mailings
- Schedule the appropriate amount of time for the AHR visit to review all suspected conditions and develop or revise treatment plans
- Train staff who will manage the process (front desk, scheduler, coder, billers, and clinicians)
- Have a template for AHR visit easily available for clinician
  - Have a drop-down choice for clinicians in EMR
  - If not EMR, have template laminated and put in every exam room
- Have a reminder on the chart or in the EMR for provider to know type of visit
- Have the Health History Summary available for the clinician to review with the patient during the visit
- Have coders (not the provider) code the claim and:
  - Ensure the correct G code is on the claim
  - Ensure the primary diagnosis code on the claim is not for a wellness visit
- Have dedicated person fax chart notes back to Premera

Additional resources

We have tools and resources to assist you

You can find additional tools, resources, and information regarding the Enrollee Health Assessment Program on ***Premera's website.*** On the ***provider home page*** look for ***Enrollee Health Assessment***



What's New:

- Medical Records Requests page
- Sample Altegra Health Provider Letter
- ACA Medical Records Audits

Existing Resources:

- EHA Program User Guide
- AHR Visit Guide
- EHA 301
- Patient Scheduling Talking Points
- AHR vs. Other Visit Type Comparison