

We know you've been taking good care of your patients. And healthcare requirements are changing.

Do your documentation and diagnosis code data tell the whole story?

LET PREMERA HELP NAVIGATE THE WAY...

...by partnering with you to:

- Ensure that your patients continue to have access to the highest quality healthcare, the resources they need, and the health insurance they deserve with premiums as low as possible.
- Get credit for the work that you're already doing by making sure care that is documented is also submitted on a claim or as supplemental data.
- Transition successfully to the new world of risk-adjusted documentation and coding and reimbursement models that are increasingly tied to diagnosis code data.

TRAVEL PARTNERS

Collect all nine of Premera's quarterly TRAVEL TIPS on coding and documentation and distribute to everyone who plays a role in ensuring patients' conditions are managed, documented, and coded annually!

- Scheduler
- MD, DO, PA and/or NP
- Nurse/MA
- Coder/biller
- Office administrator



BLUE CROSS BLUE SHIELD OF ALASKA

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Scheduling for Complete Coding

In 2016 Premera is providing two free problem-focused visits to members with certain plans, so cost-share won't be a factor for some visits!

You're headed for an annual preventive exam, when you spot, "DETOUR AHEAD!" Turns out your patient comes in with the wrong type of visit scheduled for the type of concerns she wants to discuss. "I have a concerning spot on my arm, I need to follow up on my high blood pressure, and I think that I'm due for a Pap, so I thought I'd just get it all done at the same time. Oh, and I need refills for my condition and..."

Avoid unforeseen course corrections...and let Premera help you navigate the way!

Premera knows that patients want to get all of their concerns addressed in one visit, and that chronic conditions need to be managed, documented, and coded yearly...even if the patient doesn't schedule an appointment specifically for those conditions. Premera is supporting providers by educating our members about the difference between preventive visits and problem-focused visits, and we're encouraging members to let your schedulers know everything they want to cover at the time of making their appointment. The scheduler, per practice policy, can better schedule the patient to fit multiple (and sometimes competing) goals. Consider probing to see if there are any additional concerns the patient would like to cover at the visit, so that enough time can be scheduled.



Annual Coding of Chronic Conditions

You know where you're headed, but don't forget you have a few stops to make on the way to your final destination!

You're accustomed to taking excellent care of your patients and whatever concerns they bring to the appointment. But whether it's a history of cancer or status post-kidney transplant that happened 10 years ago, addressing and coding of all chronic and complex conditions (chief complaint or not) is important too! In fact, clinicians are asked to code all chronic and complex conditions yearly... otherwise it's assumed your patients are magically cured and completely healthy!

How does annual coding of chronic conditions fit into your workflow?

Pick your favorite travel route below:

- I address all chronic conditions at the first visit of the year for each patient. This works great for "infrequent flyers"!
- I have schedulers add additional time to preventive appointments scheduled for members flagged in our EMR as having chronic conditions. They discuss possibility of a copay with the patient if they need a problem-focused visit.
- I address all chronic and complex conditions at each patient's preventive exam and schedule an additional visit if necessary. (I also outreach to all my patients who are due for a preventive exam to make sure they get scheduled.)
- I use a population health system to remind me and my staff to cover certain conditions when the patient is in my office.



Make Your EMR Work For You

A check of the traffic should show the fastest route toward complete coding with minimal effort.

Take a shortcut to complete coding by making your EMR work for you!

- Remove unspecific codes from "quick pick" or preference lists.
- Ensure your EMR setup results in a valid signature format – examples below:
 - Legible full signature or first initial and last name followed by credentials (MD, DO, etc.) and date signed
 - Illegible signature over a typed or printed name followed by credentials and date signed
 - "Electronically signed by" followed by provider's name, credentials, and date signed
- Adjust your settings to require a Dx to be linked to every prescription written
- Use links to pull all diagnoses and associated orders into the visit's progress note assessment and plan
- Make sure every Dx code has its description listed next to it in the assessment

Want to know more?

Email our Provider Engagement Team at ProviderEngagementTeam@Premera.com and ask for tips to configure your EMR to work for you.