

# Advanced Health Assessment

*Risk Adjustment Incentive Program*



## Advanced Health Assessment

To more fully support the patient-provider relationship within the primary care provider office setting, while ensuring we meet CMS' expectations of Medicare Advantage and Commercial Individual plans, Priority Health (PH) is partnering with provider offices to offer an annual assessment of our members' health.

The Advanced Health Assessment (AHA) program helps:

- Close 5-Star Quality gaps
- Align the complimentary goals and objectives of care management
- Risk score management (documentation of the full burden of illness)

Critical to the success of the provider-based approach are the tools & training that PH provides to support the AHA process in the office. Key tools include the following:

- Targeted Member List (TML): identifies and prioritizes patients targeted for assessment
- Suspect Diagnosis List (SDL): listing of a patient's suspected diagnoses, based on review of claims history & algorithm; critical for helping the provider consider the full burden of illness

## Hallmarks of a successful AHA program

- Make use of the monthly Priority Health-provided tools (TML, SDL) to support AHA processes
- Billing the Healthcare Common Procedure Coding System (HCPCS) code S0250 within 2 weeks of the AHA
- Ensure every relevant chronic diagnosis is addressed in one visit and appropriately documented
- Proactive outreach to see targeted patients for a visit at least once per calendar year
- Coding to the highest level of specificity
- Pre- and post-visit EMR reviews to bring potentially relevant diagnoses to the provider's attention
- Appropriately-trained coders who are familiar with Risk Adjustment
- Ongoing training with providers and coders as opportunities for improvement are identified

## Payment for the AHA visit

An AHA may be billed when the following criteria are met:

- Provider has completed a face-to-face visit with the patient, and reviewed the patient's full burden of illness, taking into consideration the Suspect Diagnosis List (SDL), Past Family Medical History, and any other conditions known to the provider via documentation in the EMR
- Provider has coded all relevant diagnoses to the highest degree of specificity, ensuring that all diagnoses are supported in the encounter by indications of MEAT (how the condition is being Monitored, Evaluated, Assessed / Addressed, Treated)
- Upon completion of the visit & documentation and billing of the AHA visit, the physician will receive a payment incentive