HRA Guideline Reference Manual

FirstCarolinaCare
INSURANCE COMPANY

CONTENTS

ANNUAL WELLNESS VISIT AND HRA

INTRODUCTION

What is an HRA and Why is it Important?

How Does FirstMedicare Direct (FMD) differ from Traditional Medicare?

Traditional Medicare: The Medicare Annual Wellness Visit (AWV) program provides for a Health Risk Assessment (HRA) and personalized prevention plan at no cost to Medicare beneficiaries. A "Welcome to Medicare" preventive visit is comprised of a comprehensive assessment within the first 12 months of enrolling in Medicare. CMS requires that a good faith effort be made to conduct an initial health assessment of all new members within 90 days of the effective date of enrollment. It also stipulates follow up on unsuccessful attempts to contact a member. The 90-day rule applies to initial health risk assessments for new enrollees and current enrollees who do not have a documented health risk assessment as of January 1 of the current calendar year.

FirstMedicare Direct: FMD covers everything that Traditional Medicare covers as described above. However, FMD takes it a step further. In addition to a Comprehensive Preventive Visit or the Medicare Annual Wellness Visit, FMD will also cover an FMD Health Risk Assessment (HRA) per calendar year. This FMD HRA includes a full history and physical exam with a care plan documented for each chronic illness and must be completed by a physician, physician's assistant, or nurse practitioner.

The goals of the Health Risk Assessment are to:

- Identify chronic diseases, injury risks, modifiable risk factors and urgent health needs.
- Manage patient's care through the development of a personalized care plan for each chronic condition.
- Enroll the member in chronic disease management programs or case management as indicated.
- Close HEDIS gaps.
- Improve STAR program.

Elements of the HRA should include details covering the following areas:

- Self-assessment of health status and activities of daily living.
- Psychosocial status.
- Behavioral risks.
- Current and past medical diagnoses and surgical procedures.
- History (personal and family).
- Vital signs.
- Physical examination/review of systems.
- Assessment and management plan for all chronic conditions.

Providers may bill only one HRA annually. Annually is defined as calendar year (January – December) and **NOT** a rolling 12 months from last time the service was rendered. Example: An FMD member could have an HRA done in November the previous year and one for the current year in January.

PROVIDER CLAIMS AND BILLING TO FIRSTMEDICARE DIRECT

Providers can bill FMD for 2 services.

1. The Medicare Annual Wellness Visit (AWV) **OR** a Comprehensive Preventive Service

   AND

2. The Health Risk Assessment (HRA)

Providers may bill an HRA (column A) with either a preventive visit (column B) or a Medicare annual visit (column C). The preventive visit must follow all the components that are defined in the CPT Code Book for Periodic Comprehensive Preventive Medicine. While this is not a covered service for traditional Medicare, FirstMedicare Direct does cover this service. Note: The CPT code 99499, an unlisted E&M code per CMS, has been selected for ease of tracking HRA completion.

Column A	Column B	Column C
HRA	**Preventive Visit**	**Medicare Annual Well Visit**
99499 - $250	99386 - $148.04	G0438 - $163.01
	99387 - $160.73	G0439 - $128.35
	99396 - $122.69	
	99397 - $131.93	

Note: Fees listed above are subject to change.

CODING REVIEW AND HRA PROCESS

HIGH LEVEL CODING REVIEW AND HRA PROCESS

Description:

This process outlines how the HCC coding and diagnosis review and post-HRA forms are used by FMD.

Definitions:

Coding Opportunity Report (COR) form: A resource sheet containing member information populated from CMS claims review, historical and trend data. This form is generated quarterly and is designed to provide guidance for providers prior to and during the HRA visit, as well as additional office visits, to assist with accuracy in chronic illness diagnoses. This form includes the patient's available historic clinical and diagnosis information.

Documentation Query (DQ) form: A form generated after completion of an HRA and after review of coding accuracy and completeness. The Provider uses this form to consider remediation of the clinical documentation and ensure accurate diagnosis and coding of all chronic conditions.

Process:

Step 1: COR Forms are generated and distributed to the Provider or office designee. FMD will deliver, fax or send via secure email. Initial COR forms will be delivered annually early in the first quarter.

Step 2: Office schedules the member for an HRA visit.

Step 3: Provider reviews the COR form prior to the member visit and uses the form as a resource for the HRA visit.

Step 4: Member visit is conducted and the HRA documentation is completed.

Step 5: HRA documentation is returned to FMD via RightFax at (910) 235-7860. Documentation should be submitted within 5 days of the member visit.

Step 6: HRA documentation is reviewed by FMD. DQ form will be generated if there are gaps noted in the HRA or if care plans are missing.

Step 7: Office designee is notified of DQ form. Provider reviews, and if applicable, uses clinical judgement for review and amendment of clinical documentation. Chart amendment occurs as indicated.

Step 9: Provider office returns the amended HRA documentation, progress notes and other associated documents to FMD via fax at (910) 235-7860.

Step 10: Additional quarterly COR reports will be forwarded reflecting updated data from claims review and are potentially useful to update chronic illness information. It is not necessary to forward additional documents to FMD if the HRA has previously been sent.

THE CODING OPPORTUNITY REPORT LETTER AND FORM

The letter provides an overview of the COR form and its sections. Below is a sample letter followed by a sample form. As noted in the letter, the COR form provides a view of the patient's past and present diagnosis codes as well as potential Quality/HEDIS gaps that will need to be addressed. We provide the COR form for you to review prior to or during the patient Health Risk Assessment.

SAMPLE COR COVER LETTER

FirstMedicare Direct
FIRSTCAROLINACARE INSURANCE COMPANY

You are receiving an HCC Coding and Diagnosis Review of active FirstMedicare Direct member records. This is a resource for review prior to the member's HRA visit to assist with meeting the Centers of Medicare & Medicaid (CMS) requirements that all conditions be assessed and documented yearly.

The information presented represents 3 years of historical data (HCC Codes and definition) from CMS plus missing or suspect codes identified through coding review.

Section 1 includes diagnosis codes extracted from CMS and represents the patient's history of hierarchical condition category codes (HCC) reported the previous year.

Section 2 contains HEDIS info that may apply to the specific member.

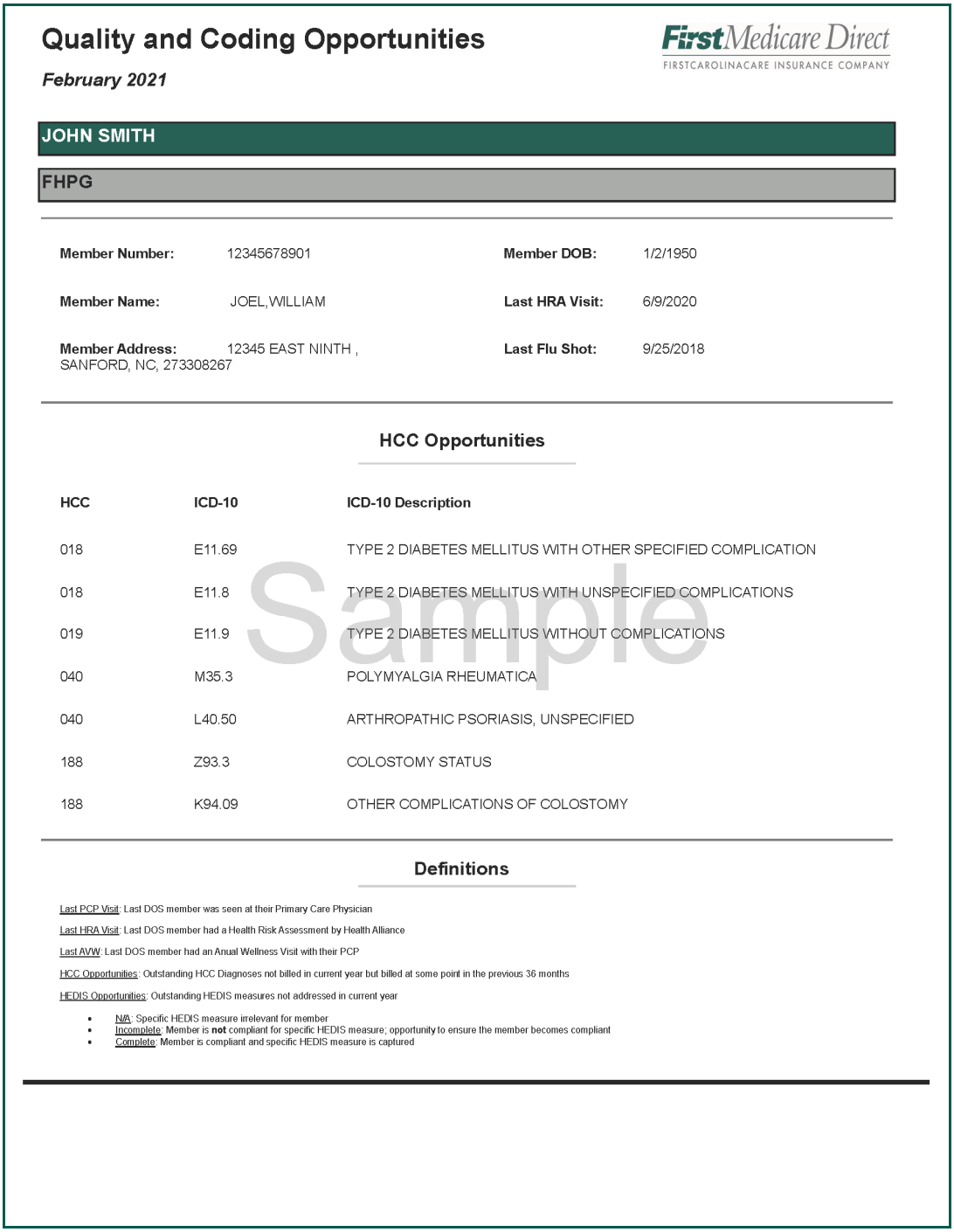
Section 3 includes diagnosis codes extracted from CMS and represent the member's history of hierarchical condition category codes (HCCs) reported the past three years.

During this year's HRA visit, you are requested to use this resource to capture and document all applicable diagnosis codes for the patient.

- List all applicable diagnosis codes, even if the diagnosis is made by a specialist or consultant.
- Document status and plan of action for each diagnosis listed.
- Be sure your name and credentials are listed and the progress note is signed.

Please contact the following for questions and further information:

Clinical Documentation	Dr. Art Edgerton	Art.Edgerton@firstcarolinacare.com	(910) 687-6634
Claims/Billing	Barbara Adcock	Barbara.Adcock@firstcarolinacare.com	(910) 687-6450
HRA submission, Member List	Scott Adcock	Scott.Adcock@firstcarolinacare.com	(910) 687-6658
Training, Clinical Documentation	Jessica Thomas	Jessica.Thomas2@firstcarolinacare.com	(910) 687-6066



Quality and Coding Opportunities

First Medicare Direct
FIRSTCAROLINACARE INSURANCE COMPANY

February 2021

JOHN SMITH

FHPG

Member Number:	12345678901	**Member DOB:**	1/2/1950
Member Name:	JOEL,WILLIAM	**Last HRA Visit:**	6/9/2020
Member Address:	12345 EAST NINTH , SANFORD, NC, 273308267	**Last Flu Shot:**	9/25/2018

HCC Opportunities

HCC	ICD-10	ICD-10 Description
018	E11.69	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
018	E11.8	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
019	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
040	M35.3	POLYMYALGIA RHEUMATICA
040	L40.50	ARTHROPATHIC PSORIASIS, UNSPECIFIED
188	Z93.3	COLOSTOMY STATUS
188	K94.09	OTHER COMPLICATIONS OF COLOSTOMY

Sample

Definitions

Last PCP Visit: Last DOS member was seen at their Primary Care Physician

Last HRA Visit: Last DOS member had a Health Risk Assessment by Health Alliance

Last AVW: Last DOS member had an Anual Wellness Visit with their PCP

HCC Opportunities: Outstanding HCC Diagnoses not billed in current year but billed at some point in the previous 36 months

HEDIS Opportunities: Outstanding HEDIS measures not addressed in current year

- N/A: Specific HEDIS measure irrelevant for member
- Incomplete: Member is **not** compliant for specific HEDIS measure; opportunity to ensure the member becomes compliant
- Complete: Member is compliant and specific HEDIS measure is captured

CONDUCT PATIENT ASSESSMENT AND CREATE CARE PLAN

The HRA and care plans are best documented electronically in your EMR with paper forms available on request if necessary. FMD requests that Providers report a minimum data set and assessment with those elements included in this manual. Each active chronic illness diagnosis documented should include an appropriate assessment and plan.

Once the HRA assessment is completed, please fax the encounter document to Scott Adcock at (910) 235-7860.

THE DOCUMENTATION QUERY FORM

The Documentation Query (DQ) form will highlight specific areas where there may be opportunities to improve the accuracy of the HCC coding or Quality/HEDIS compliance. Information provided on the form is based upon a review of recently submitted documentation and will outline areas that need to be addressed.

Once you have reviewed the DQ form and have completed the remediation steps, please send the amended HRA to FMD via fax (910) 235-7860.

SAMPLE DOCUMENTATION QUERY FORM

FirstMedicare Direct
FIRSTCAROLINACARE INSURANCE COMPANY

Member Name:
Member Number:
Member DOB:

HRA Completion Date:

Dear Provider Name,

We have reviewed your submitted Health Risk Assessment (HRA) for quality and coding accuracy. We have identified (X number) of areas below that need clarification. Please make any necessary updates to the Health Risk Assessment and resubmit to our offices at (910) 235-7860.

Query 1 issue identified within the document but not supported

Query 2

Query 3

We have also identified through previous reporting that this member has the follow chronic conditions that were not documented within the HRA or the annual wellness visit. Please advise if these conditions are still active for this member.

(list previously reported but not documented dx codes)

If you have any please contact Scott Adcock at scott.adcock@firstcarolinacare.com.

Thank you,

Coder Name
FCC Coding Analyst

HRA PROCESS/PROCEDURE

1. Providers should use the monthly eligibility file provided to them by FMD to identify members to receive an HRA.
2. Once the HRA visit occurs, Providers fax a copy of the completed HRA to Scott Adcock at (910) 235-7860.
3. FMD will review the HRA document to ensure there is a care plan associated with each chronic disease.
4. FMD will track and note any incomplete or inaccurate coding and documentation in the HRA and forward the Documentation Query to the Provider.
5. Providers have 45 days after the initial HRA date of service to review the DQ form and amend the HRA as deemed appropriate. The amended form should be faxed as noted above.
6. Provider has 180 days to bill for the HRA visit.
7. If a claim is submitted for an HRA visit and paid but documentation required is not received then the payment for the HRA visit may be recouped.

HRA QUALIFICATION REQUIREMENTS

An HRA is qualified, or reported as complete when the following has been met:

1. The HRA is confirmed to contain the data elements requested including all elements of a standard History and Physical with appropriate assessment and plan for each specific clinical diagnosis.
2. Requested reviews/assessments identified in the DQ form are addressed.
3. All pertinent forms/documentation are received at the fax number (910) 235-7860.

REVIEW MONTHLY MEMBERSHIP FILE

Each month, your office will receive a membership file. The file will contain information such as the member's effective date, demographics, whether an HRA Claim has been received, etc. When you receive this file, please:

1. Verify the member is still active with your practice. If inactive, contact FMD with updates.
2. Review the "HRA Complete" column on the monthly membership list to identify members with completed assessments. If completed, the appropriate column is marked as "Y".
3. Review the "Effective Date" column (all new members will be highlighted). ALL NEW members should be scheduled for an HRA within 90 days of their effective date. If you are unable to schedule this visit or if the member requires a home visit, please contact FMD at (910) 715-8192 and we will assist in getting the member scheduled.
4. Any updates to the monthly membership list (i.e., member demographics, phone number, PCP changes) can be made by email to Scott Adcock at Scott.Adcock@firstcarolinacare.com.

PATIENT OUTREACH AND SCHEDULING

Practices are responsible for contacting and scheduling members for their annual HRA visit. Members in practices where HRAs are not being performed will be contacted by FMD for HRA completion.

HRA OR HCC CODING TRAINING

For further details on the Welcome to Medicare assessment, Annual Wellness Visits, the standardized HRA forms or to schedule an HRA or Coding Training for yourself and your staff, please contact Jessica Thomas at the contact info below. Training available for:

a. Monthly membership reporting (Identifying high risk/high cost members)
b. Completion of HRAs and care plans
c. HRA and/or documentation submission process
d. Review of quality documentation guidelines and tips

CONTACT INFORMATION

Clinical Documentation	Dr. Art Edgerton	Art.Edgerton@firstcarolinacare.com	(910) 687-6634
Claims/Billing	Barbara Adcock	Barbara.Adcock@firstcarolinacare.com	(910) 687-6450
HRA Submission, Member List	Scott Adcock	Scott.Adcock@firstcarolinacare.com	(910) 687-6658
Training, Clinical Documentation	Jessica Thomas	Jessica.Thomas2@firstcarolinacare.com	(910) 687-6066

HIPAA STATEMENT

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations set forth guidelines on the use and disclosure of protected health information (PHI). Protected health information means information that is created or received by the Company and relates to the past, present, or future physical or mental health condition of a Patient ("Member"); the provision of health care to a participant; or the past, present, or future payment for the provision of health care to a participant; and that identifies the participant or for which there is a reasonable basis to believe the information can be used to identify the participant. Protected health information includes information of persons living or deceased.

Some examples of PHI are:

- Participant's medical record number.
- Participant's demographic information (e.g., address, telephone number).
- Information on doctors, nurses and other health care Providers put in a participant's medical record.
- Images of the participant.
- Conversations a Provider has about a participant's care or treatment with nurses and others.
- Information about a participant in a Provider's computer system or a health insurer's computer system.
- Billing information about a participant at a clinic.
- Any health information that can lead to the identity of an individual, or the contents of the information can be used to make a reasonable assumption as to the identity of the individual.

It is our policy to comply fully with HIPAA requirements.

HEALTH RISK ASSESSMENT (HRA) REQUESTED DATA ELEMENTS

The HRA and care plans are best documented electronically in your EMR. FMD requests that providers report the following data set and assessment. If necessary, a paper form is available on request.

In addition to the data fields listed below, all known HEDIS measures should be addressed.

Patient Identifier
- Patient name
- Date of birth
- MRN if data source is an EMR

Complaint
- Chief complaint
- Other complaint

History of Present Illness

General Health Questions
- How would you describe your health?
- Do you have any barriers to obtaining medication or health care?
- Do you have any hearing, speech or vision problems that have affected your quality of life?
- Do you require assistance with managing your finances, housekeeping, reading, shopping, telephoning or travel outside of the house?

Diabetes Assessment
- Do you have diabetes?
- If yes, the following needs to be provided.
    - Has any medical professional ever told you that you have a complication from your diabetes?
    - Do you use a glucometer?
    - How often do you check your blood sugars?
    - Do you ever have a low blood sugar reading?
    - Do you take insulin?
    - How often do you miss a dose of insulin?
    - How often do you change or skip a dose of your insulin?
    - Which meals do you take on a regular basis?
    - Do your meal time vary each day?
    - How often do you skip meals?
    - Have you had a dilated eye exam in the past year?
    - Was the eye exam normal?

Cognitive Screen
- Does the patient score positive for cognitive impairment when completing the Mini-Cog?
- If yes, provide SLUMS score.

Functional Assessment
- Barthel Index score.
- What medical equipment are you using in your home?

Fall Assessment
- Have you had falls in the last year?
- Did you get a fracture due to a fall in the past 6 months?
- If yes to either of the above, provide Fall Risk Assessment score.

Depression Screen
- During the past week, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you been bothered by little interest or pleasure in doing things?
- If yes to either above, provide PHQ9 Score.

Community Assessment Risk
- CARS Risk score

Advance Directive
- Do you have an advanced directive for health care?
- Was the advance care directive discussed with patient?

Health Maintenance

- When was the last time you saw your PCP?
- Indicate if/when patient has had the following:
    - Colonoscopy
    - FOBT
    - Mammogram
    - Bone density scan
    - Dental exam
    - Eye exam
    - Flu vaccine
    - Pneumococcal vaccine
    - Diphtheria Tetanus
    - Shingles vaccine
    - HCV screen
    - Other

Current Medication

- List of current medications.
    - Prescribed
    - Over the counter
    - Other
- Medication allergies.

Hospitalization/Surgery History

Medical Diagnosis/Symptoms

Social Determinates

- Marital status
- Housing status
- Who is primary care taker?
- Do you work?
- Do you exercise?
- Do you smoke?
- Do you use alcohol?
- Do you use recreational drugs?
- Do you have hearing, speech or vision problems that have affected your quality of life?
- Total household income
- Do you receive VA benefits?
- Do you receive Medicaid benefits?
- Within the past 12 months, you worried that your food would run out before you got money to buy more?
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more?
- In the past 12 months, has lack of transportation kept you from daily activities of living?
- In the past 12 months, has the electric, gas, oil or water company threatened to shut off services to your home?
- Do you have trouble affording your medications, co-payments or medical bills?

Physical Exam

Assessment of plan with all chronic problem documented with associated care plan

Recommendation for case management

Recommendation for diabetes prevention program