

Intensive Case Management – Primary Care Provider Training

NaviNet Enhancements

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What is the purpose of this training?

To help ensure:

- that you can define Risk Adjustment
- that you understand your role in the Intensive Case Management (ICM) Program
- to advise you of enhancements to the ICM functionality in NaviNet
- that you are able to complete both Schedule Appointment and Claim Adjustment actions in NaviNet

What is Risk Adjustment?

Risk Adjustment is the process by which Managed Care Organizations (MCOs) receive reimbursement based on the disease severity or amount of risk assumed in delivering services to a member population.

In other words, in risk adjusted contracts, the rates paid to the MCO from the state Medicaid Agency are based on the overall health of their member population.

Intensive Case Management Program Background

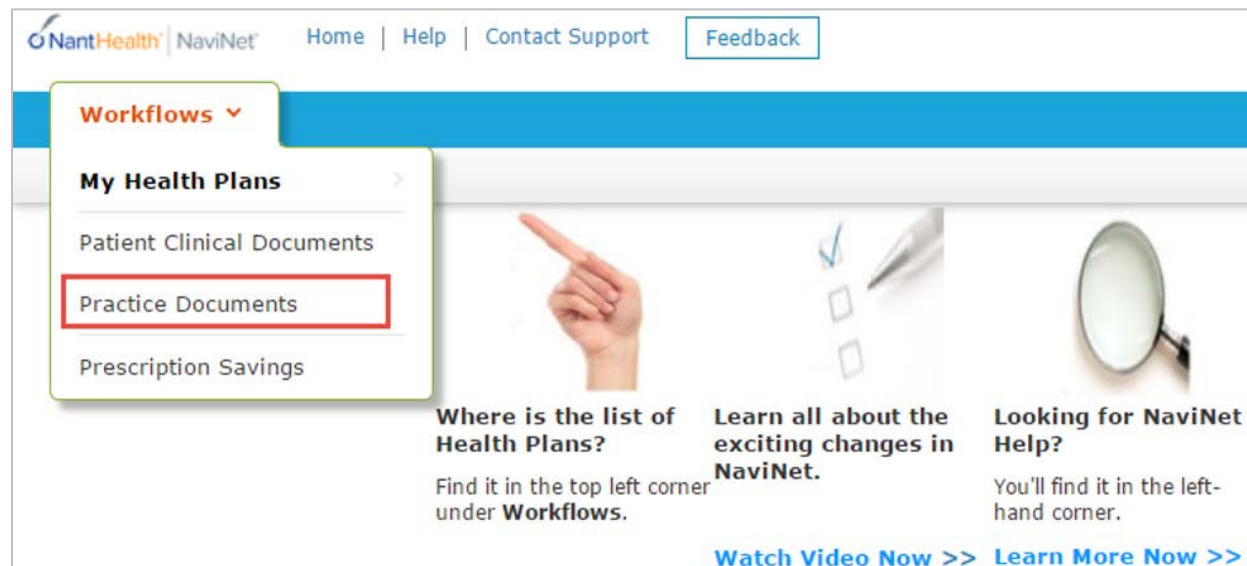
- State Medicaid Agencies require health plans to submit complete and accurate encounter data.
- Encounter data is used to measure the health of the member population and predict expenditures for delivery of care.
- The Intensive Case Management (ICM) Program was developed to:
 - Help PCPs identify members with chronic and/or complex medical needs
 - Promote routine access to primary care for chronically-ill members
 - Increase member appointment compliance through outreach
 - Improve accuracy and completeness of reporting to state Medicaid Agencies

Identifying Members

- We review claims history to identify members with previous encounters that reflect chronic and comorbid conditions.
- We then look at claims with a date of service during the current risk period.
 - A risk period is defined by the state Medicaid Agency and is typically a 12 month period.
 - A member's risk score is re-calculated multiple times per year if they retain eligibility.
- If there are chronic and comorbid conditions in the history, but not in the current claims, the member is identified for review.
 - The member's chronic/comorbid diagnosis must be reported on at least one date of service in each risk period to impact risk scoring.

Informing Providers

- Providers are informed about ICM members via NaviNet through pending activities in the “Practice Document” workflow.



- Pending activities are generated for ICM members if one of the following occurs:
 - No claims were submitted from the PCP
 - The PCP submitted claim(s), but did not include all chronic/comorbid diagnosis codes found in the member’s history.

Enhancements to NaviNet Functionality

- Access to ICM activities via new “Practice Documents” workflow.
- Organization of pending activities in the “Practice Documents” workflow, including the ability to filter by health plan, response status, date received, member, practice name, or document category/name.
- Expanded search and filter features in the Member List Report, including searching by member last name, member ID, or date of birth, and filtering by the type of action needed.
- Streamlined steps for multiple claims adjustments related to one member.

Filter and Sorting Options

Filter Options

- Document Name
- Date Received
- Response Status
- Health Plan
- Document Category
- Line of Business
- Document Tag

Sorting Options

- Date Received
- Document Title
- Document Category

Practice Documents [View/Print List](#)

Showing 11 of 11 documents Sort by: **Date Received (Descending)** ▼

Date Received (Descending)

Document Title

Document Category

Document Icon	Document Title	Tax ID	Group NPI	Received	Expires
<input type="checkbox"/> !	Intensive Case Management for SMITH FAMILYCARE [262 pending activity] Patient Roster Report	012345678	1222244455	08/02/2017	08/09/2017
<input type="checkbox"/> !	Intensive Case Management for CORE FAMILYCARE [262 pending activity] Patient Roster Report	012345678	1222244455	08/02/2017	08/09/2017
<input type="checkbox"/> !	Intensive Case Management for SMITH FAMILYCARE [264 pending activity] Patient Roster Report	012345678	1222244455	08/02/2017	08/09/2017
<input type="checkbox"/> !	Intensive Case Management Document for JONES PEDIATRICS Patient Roster Report	012345678	1222244455	08/01/2017	10/10/2017
<input type="checkbox"/> !	Intensive Case Management Document for SMITH PEDIATRICS Patient Roster Report	012345678	1222244455	08/01/2017	10/10/2017

Filter by

Document Name

Date Received

Unread

Response Status
 Awaiting Response
 Response Sent

Health Plan
 Health Plan Name 1
 Health Plan Name 2
 Health Plan Name 3

Document Category
 Patient Roster Report

Line Of Business
 Commercial
 Dual Eligibles
 Medicaid
 Medicare
 Other

Document Tags

 No | **Intensive Case Management**

[Edit supported entities/clinicians](#)

Before You Begin.....

- The Security Officer must enable the user to respond, view, download and preview Practice Documents.
- The Security Officer must also enable the Patient Consideration, Patient Roster Report and Financial Report options for the health plan.
- The User must complete Billing Entity User Attestation for each tax ID and/or group NPI for which they are allowed to view patient Protected Health Information.
- Encourage providers to use Internet Explorer as their Internet browser to help ensure the best user experience.
 - Some functionality is limited with other browsers.
 - User must disable their pop up blocker on their browser for certain functions to work.

Security Officer – Enabling Document Exchange for ICM Transactions

- All users currently enabled to complete action item alerts for ICM will be enabled under Document Exchange.
- Users enabled to view Financial Reports today will continue to view after implementation. There is no change to the functionality.
- If user has an issue completing ICM claim adjustments or “Please Schedule Appointment” in NaviNet, have the Security Officer confirm user is **Enabled**:
 - Respond, view, download and preview Practice Documents.
 - Under our Health Plan to work Patient Consideration and Patient Roster Report.

Completing Billing User Attestation

- Each user must complete the Billing User Attestation when logging in to NaviNet.
 - The first time user logs in, they will be asked to complete the attestation.
 - Attestations can be accessed anytime by clicking on the **My Organization** feature, accessed from the **Welcome** menu in NaviNet.
- The user selects the tax ID or specific group NPI numbers for which they are authorized to view Protected Health Information (PHI) and clicks Save Changes.
- NOTE: Users must be sure to update their billing entity attestation as their authorization for viewing PHI changes.

Select Supported Billing Entities & Clinicians

Billing Entities (0 Selected) Clinicians (0 Selected) Why don't I see my billing entity?

Select All Showing 80

- Tax ID: 133757370
- Tax ID: 204836403
- Tax ID: 205846534
- Tax ID: 208544021
- Tax ID: 231352509
- Tax ID: 231355135

i By clicking Save Changes, you are **attesting** that you are authorized to access the Protected Health Information for the patients of the entities that you have selected. You acknowledge that you are responsible for updating this attestation as necessary to accurately reflect the personal health information that you are authorized to access. You understand that you are responsible for complying with the terms of the NaviNet Use Agreement, all applicable laws and regulations, and the policies and procedures of your organization.

[View Whom Other Staff Support](#) [Cancel](#) [Save Changes](#)

Validating Claims/Encounter Data

- Provider checks NaviNet monthly to identify patients who require action.
- There are two possible actions:
 1. Schedule an Appointment
 2. Adjust a Claim

The screenshot displays a web interface for searching and filtering member data. It includes input fields for Member ID, Member Last Name, and Member Date of Birth (with a date format hint MM/dd/yyyy). There are also checkboxes for filtering by 'Adjust Claim(s)', 'Member Details', and 'Pending/Incomplete Actions'. Below the filters are 'Search' and 'Reset Filter(s)' buttons. A table below shows the results of the search, with columns for Member ID, Last Name, First Name, Date of Birth, Action, Status, and Adjust Claim(s)/Member Details.

Member ID	Last Name	First Name	Date of Birth	Action	Status	Adjust Claim(s)/Member Details
992432176	BOB	TEST	07/15/1909	ADJUST CLAIM(S)	INCOMPLETE	
992434792	PERSON	TEST	07/01/1979	ADJUST CLAIM(S)	INCOMPLETE	
992429415	TEST	ADAMS	08/01/1987	PLEASE SCHEDULE APPOINTMENT	COMPLETED	

Schedule an Appointment

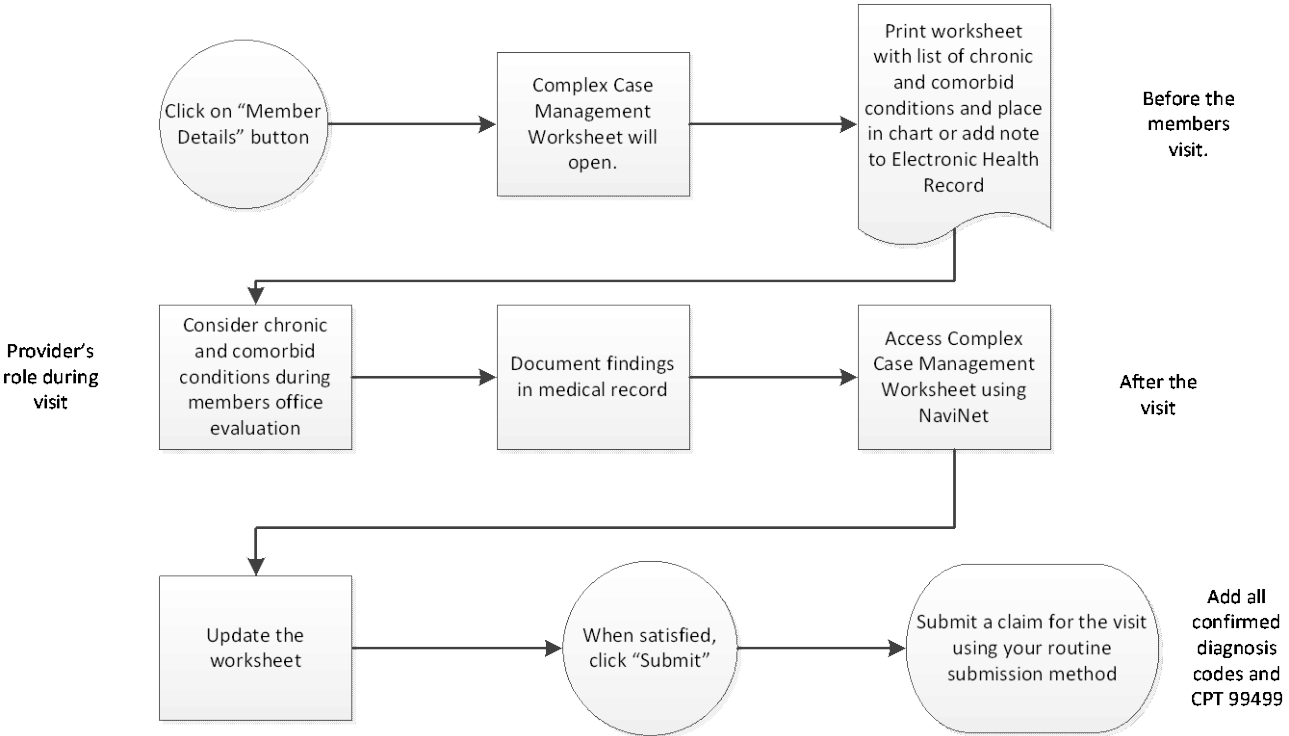
The member needs to be seen by the PCP if:

- The member has a history of chronic/comorbid conditions
- There are no current claims documenting those conditions
- There are no PCP claims in the risk period

Provider Action Required:

- Outreach to the member
- Schedule an appointment
- Review the missing diagnosis codes during the visit
- Complete and submit the Complex Case Management Worksheet in NaviNet
- Submit a claim adding procedure code 99499 (Other Evaluation and Management Services), confirmed and treated diagnosis codes along with a billed amount corresponding to supplemental reimbursement.

Schedule Appointment Workflow



Schedule An Appointment

Complex Case Management Worksheet

Demonstration



Adjust a Claim

The member has been seen by the PCP in the risk period, but there is no record of the chronic/comorbid condition(s).

- PCP claims are identified for adjustment through NaviNet.

Provider Action Required:

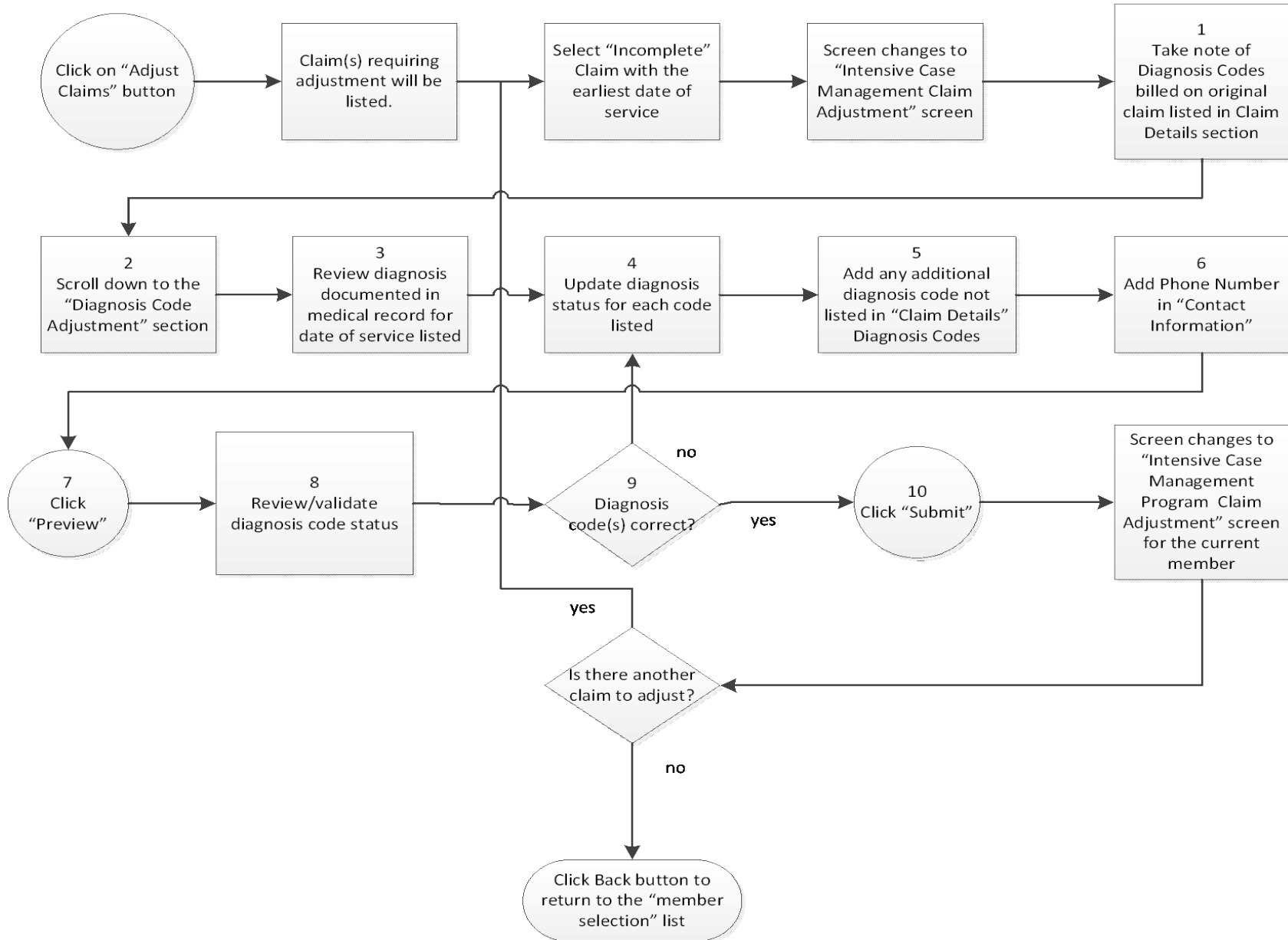
- Pull the member's medical record that corresponds to the date of service on the claim(s).
 - NOTE: Be sure to adjust earliest date of service first.
- Look at the chronic/comorbid conditions that were missing.
- Review the notes for the dates on which office visits occurred and claims were previously submitted and determine if the potential diagnosis code(s) can be confirmed, resolved, updated, added or cannot be confirmed.
- Are there any additional diagnosis codes not on the original claim or in the chronic/comorbid conditions listed? If so, add the diagnosis code(s).
- Submit the claim for adjustment.

Diagnosis Code Status

There are five diagnosis status codes.

- Confirmed – Select this when you are able to confirm in the medical record that the member was treated for the diagnosis on the claim date of service.
- Resolved – Select this when the condition has been resolved and the member is no longer receiving treatment and the member was not treated on the claim date of service.
- Cannot Confirm – Select this when you are unable to confirm in the medical record that the member was treated for the diagnosis on the claim date of service.
- Add – Add additional diagnosis code(s) that can be supported through the medical record that were not billed on the original claim.
- Update – Select this when a more specific diagnosis code can be updated on the claim.

Adjusting a Claim Workflow



Adjusting a Claim

Demonstration



Supplemental Reimbursement

Recognizing the additional work involved in providing medical records, reviewing the records or outreaching to members, we offer an administrative payment for each record reviewed. Reimbursement is as follows:

- Original (new or adjusted) claim for any member is reimbursed at \$25.00.
- All subsequent adjusted claims for the same member with service dates exceeding 180 days from the original claim service date are reimbursed at \$25.00.
- All subsequent adjusted claims for the same member with service dates within a 180 day period from the previous claim service date are reimbursed at \$7.00 per claim.

Audit of ICM Claim Adjustments

Providers that self-report ICM Claim Adjustments are periodically subject to routine audits. The audit process is as follows:

- We identify a random sample of the ICM Claim Adjustments submitted in the prior risk period.
- We request medical records for the adjustments selected for audit.
- Our Certified Professional Coders (CPC) will re-abstract and code each date of service.
- The actions completed in NaviNet (e.g., Confirmed, Can't Confirm, Resolved, Updated or Added) will be compared to internal re-abstractation.
- Audit results will be shared with the provider.

Assistance is Available

If you would like assistance with the review of your medical records, our Risk Adjustment Department can help.

- We will obtain your medical records using our chart retrieval vendor.
- Our Certified Professional Coders (CPC) will review the medical records, re-abstract and code diagnoses based on the face-to-face office visit(s) documented in the medical record.
- Results are compiled into a Claim Attestation Summary Report and sent to the PCP for review.
- PCP office reviews the Claim Attestation Summary report and submits claim adjustment through NaviNet application.
- If you would like assistance, call 215-863-5435.

ICM Best Practices

- Practice documents for ICM are refreshed on a monthly basis and it is recommended that providers work their claim adjustments or Complex Case Management worksheets each month to remain current.
- When working Please Schedule Appointment's, print the Complex Case Management Worksheet once patient is scheduled and include with medical record for doctor to review during visit.
- NaviNet ICM functionality works best with Internet Explorer browser.
 - Some functionality may not work as expected in Google Chrome version V61 or higher.
- Before adjusting claims in NaviNet, review the medical record for the date of service.
- “Confirmed”, “Added” or “Updated” diagnosis codes must be supported within the medical record for the date of service on the claim.

Reporting Problems

If you are experiencing problems with Intensive Case Management process **and the problem is specific to NaviNet** you should **do the following**:

- Jot down the steps you were taking when you experienced the issue.
- Take a screen shot by hitting the Print Screen function on your keyboard.
- Paste the screen shot (Ctrl V) into a Word document and save the document to attach to your ticket submission.
- Click the link below and complete the form. Be sure to enter the steps you were taking and attach the screen shot document.

<https://navinet.secure.force.com/PartnerSupport/>

If the issue is related to ICM payments or other ICM questions, contact your Account Executive.

Questions?



