Coding Opportunities
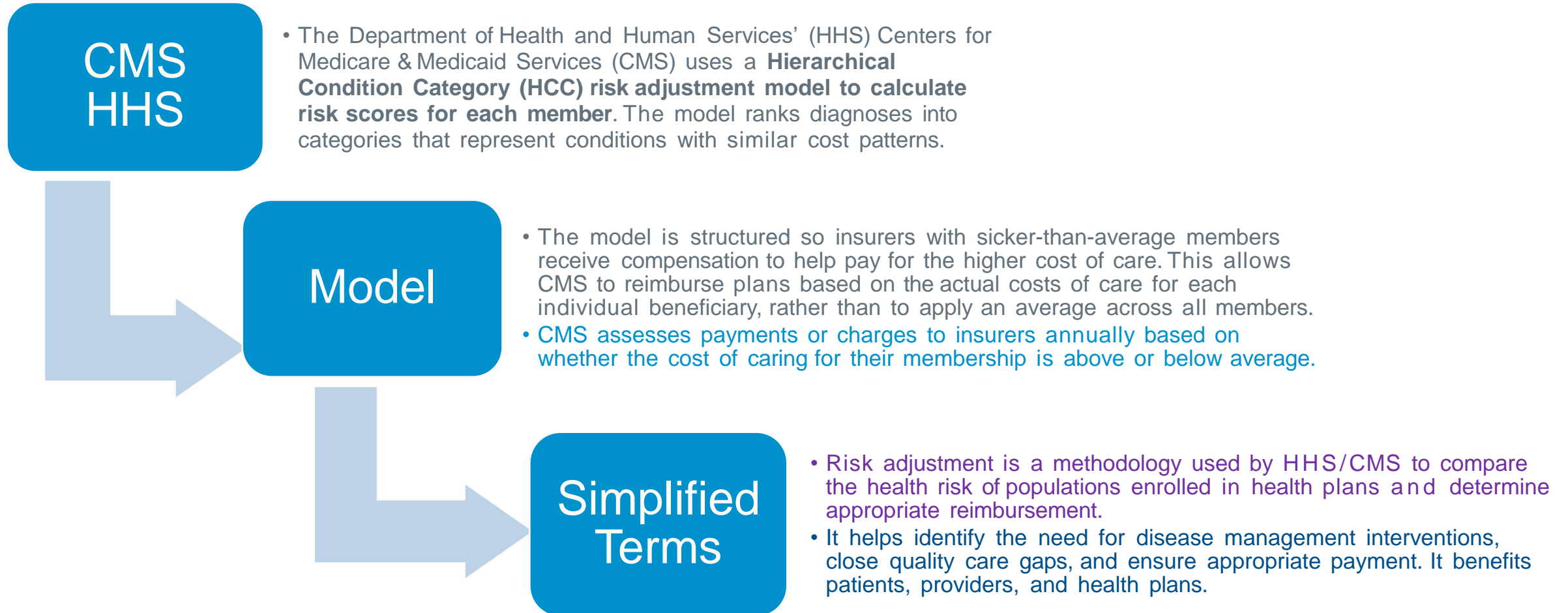## Provider Portal: ProviderVista

A reference guide for providers in assessing their patients' conditions.

What is Risk Adjustment?

CMS HHS

- The Department of Health and Human Services' (HHS) Centers for Medicare & Medicaid Services (CMS) uses a **Hierarchical Condition Category (HCC) risk adjustment model to calculate risk scores for each member**. The model ranks diagnoses into categories that represent conditions with similar cost patterns.

Model

- The model is structured so insurers with sicker-than-average members receive compensation to help pay for the higher cost of care. This allows CMS to reimburse plans based on the actual costs of care for each individual beneficiary, rather than to apply an average across all members.
- CMS assesses payments or charges to insurers annually based on whether the cost of caring for their membership is above or below average.

Simplified Terms

- Risk adjustment is a methodology used by HHS/CMS to compare the health risk of populations enrolled in health plans and determine appropriate reimbursement.
- It helps identify the need for disease management interventions, close quality care gaps, and ensure appropriate payment. It benefits patients, providers, and health plans.

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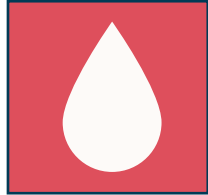Your Health Solutions Partner

ProviderVista

What?
- ProviderVista is a Florida Blue health care management software solution designed for providers and their support staff.
- It is an all-in-one platform that offers a range of features to help providers manage their operations and care for patients.

How?
- Patient assessments and documentation including medication management
- Claims management
- Care management including care gaps/HEDIS measures
- Coding Opportunities (risk adjustment coding)

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Coding Opportunity Categories

Dropped

Indicates chronic/persistent conditions that were coded historically within the last three (3) years, but not yet captured and submitted on a risk adjustment eligible claim in the current calendar year.
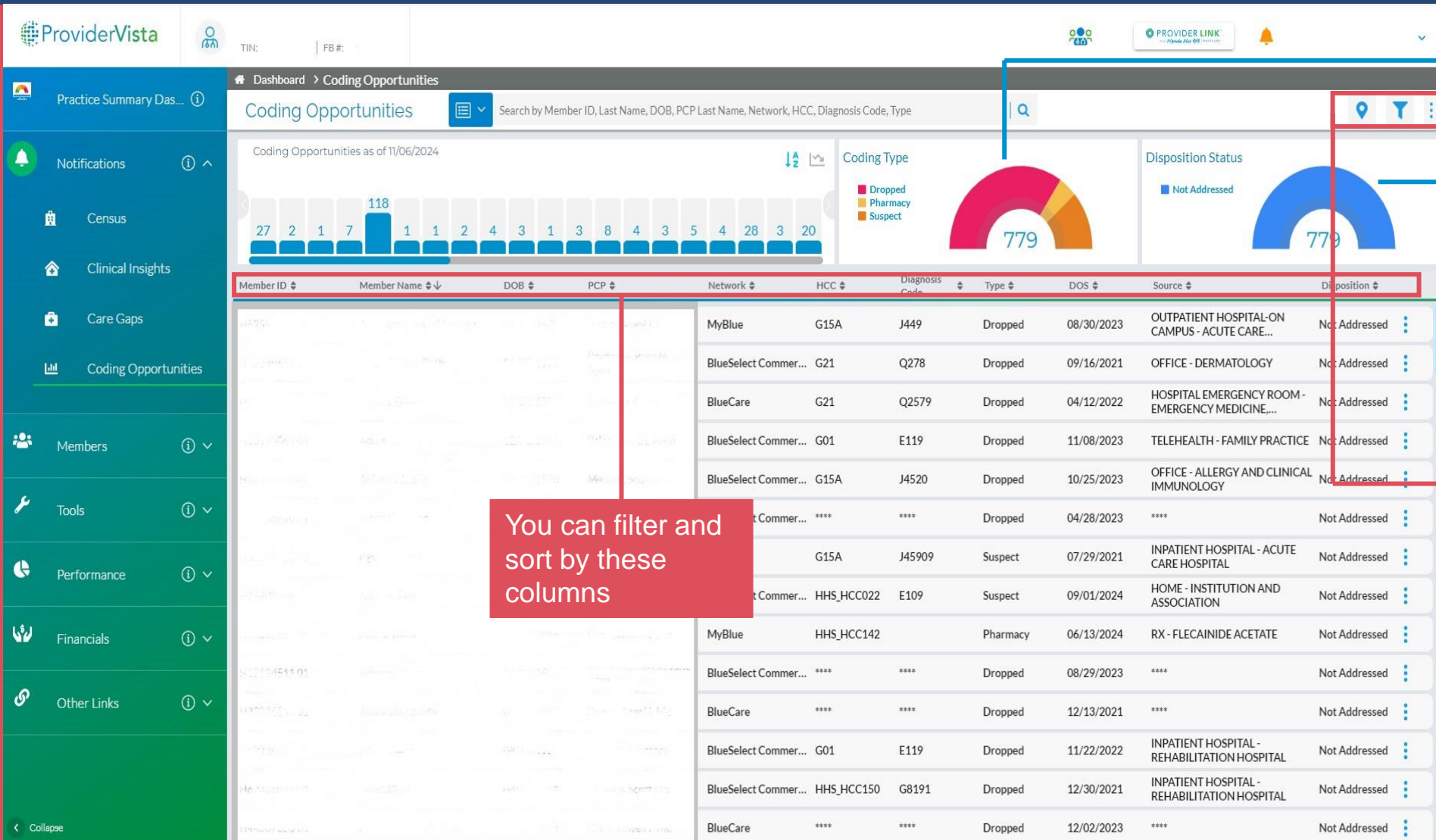
Suspect

Indicates chronic/persistent conditions that were only coded and identified through non-risk adjustment eligible claims (e.g., lab work) or other supplemental data, but not yet captured and submitted on a risk adjustment eligible claim in the current calendar year.

Pharmacy

Indicates conditions the patient may have based on their prescription and pharmacy claims history, but not yet captured, coded, and submitted in a risk adjustment eligible claim in the current calendar year.

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Coding Type displays overall volumes by category

Disposition Status reflects the overall volume of open coding opportunities
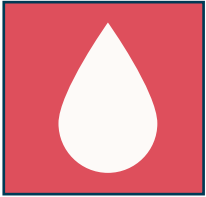
You can export and download the coding opportunities into Excel for further sorting and filtering

You can filter and sort by these columns

Clinical Approach to Addressing Coding Opportunities in ProviderVista.

Coding Opportunities

➢ Coding opportunities for the new year are available beginning each February.

➢ Thereafter, the coding opportunities are refreshed monthly as new patients are added or removed, coding opportunities are closed through claims, and new opportunities are identified.

➢ Disposition of Coding Opportunities

➢ Filter, exporting and query functionality

➢ Face-to-face encounter for diagnosis capture and claim submission

Coding Opportunities in Action

Dropped Code for N184 from Inpatient Nephrology

BlueSelect Commercial	J449	Dropped	08/26/2019	OFFICE - ADVANCED REGISTERED NURSE PRACTITIONER
BlueCare	J45909	Dropped	08/31/2018	HOSPITAL EMERGENCY ROOM - ACUTE CARE HOSPITAL
BlueSelect Commercial	K7460	Dropped	06/30/2017	OUTPATIENT HOSPITAL-ON CAMPUS - ACUTE CARE HOSPITAL
BlueOptions	J45909	Dropped	09/20/2018	OUTPATIENT HOSPITAL-ON CAMPUS - ACUTE CARE HOSPITAL
BlueOptions	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED		11/25/2018	OFFICE - FAMILY PRACTICE
BlueSelect Commercial	J849	Suspect	11/22/2019	INPATIENT HOSPITAL - RADIOLOGY
BlueSelect Commercial	N184	Dropped	07/30/2018	INPATIENT HOSPITAL - NEPHROLOGY
BlueSelect Commercial	C641	Dropped	12/08/2019	OFFICE - UROLOGY
BlueSelect Commercial	J4540	Dropped	09/12/2019	OFFICE - PHYSICIAN ASSISTANT
BlueSelect Commercial		Pharmacy	10/12/2019	RX - FLUTICASONE-SALMETEROL
BlueSelect Commercial		Pharmacy	08/16/2019	RX - LANCETS
BlueCare	****	Dropped	10/25/2019	****
BlueSelect Commercial	J449	Dropped	08/21/2018	OUTPATIENT HOSPITAL-ON CAMPUS - ACUTE CARE HOSPITAL

➢ **What:** This indicates the patient was diagnosed with stage 4 kidney disease by a nephrologist while inpatient at the hospital.

➢ **Why:** This condition was substantiated through a risk adjustment eligible claim in prior years.

➢ **Action Needed:** Provider is asked to:

   ➢ 1) assess the patient to determine if the condition is still active and what is the status of the underlying condition (e.g., have they progressed to a more severe stage of kidney disease)

   ➢ 2) document the findings

   ➢ 3) code the medical claim with the appropriate ICD-10 diagnosis code(s)

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Suspect Code for J849 from Inpatient Radiology Claim

BlueSelect Commercial	J449	Dropped	08/26/2019	OFFICE - ADVANCED REGISTERED NURSE PRACTITIONER
BlueCare	J45909	Dropped	08/31/2018	HOSPITAL EMERGENCY ROOM - ACUTE CARE HOSPITAL
BlueSelect Commercial	K7460	Dropped	06/30/2017	OUTPATIENT HOSPITAL-ON CAMPUS - ACUTE CARE HOSPITAL
BlueOptions	J45909	Dropped	09/20/2018	OUTPATIENT HOSPITAL-ON CAMPUS - ACUTE CARE HOSPITAL
BlueOptions	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED		11/25/2018	OFFICE - FAMILY PRACTICE
BlueSelect Commercial	J849	Suspect	11/22/2019	INPATIENT HOSPITAL - RADIOLOGY
BlueSelect Commercial	N184	Dropped	07/30/2018	INPATIENT HOSPITAL - NEPHROLOGY
BlueSelect Commercial	C641	Dropped	12/08/2019	OFFICE - UROLOGY
BlueSelect Commercial	J4540	Dropped	09/12/2019	OFFICE - PHYSICIAN ASSISTANT
BlueSelect Commercial		Pharmacy	10/12/2019	RX - FLUTICASONE-SALMETEROL
BlueSelect Commercial		Pharmacy	08/16/2019	RX - LANCETS
BlueCare	****	Dropped	10/25/2019	****
BlueSelect Commercial	J449	Dropped	08/21/2018	OUTPATIENT HOSPITAL-ON CAMPUS - ACUTE CARE HOSPITAL

➢ **What:** This indicates the patient has an inpatient radiology claim with a diagnosis of interstitial pulmonary disease, a group of disorders that cause progressive scarring of lung tissue.

➢ **Why:** The inpatient radiology claim alone is insufficient for risk adjustment submission to HHS/CMS and may not be a true reflection of a patient's health status.

➢ **Action Needed:** Provider is asked to:
  ➢ 1) assess the patient to determine what condition(s) may have been diagnosed during the inpatient visit, are those conditions still active and what is the current status of the underlying condition
  ➢ 2) document the findings
  ➢ 3) code the medical claim with the appropriate ICD-10 diagnosis code(s)

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Pharmacy Suspect for Fluticasone – Salmeterol

BlueSelect Commercial	J449	Dropped	08/26/2019	OFFICE - ADVANCED REGISTERED NURSE PRACTITIONER
BlueCare	J45909	Dropped	08/31/2018	HOSPITAL EMERGENCY ROOM - ACUTE CARE HOSPITAL
BlueSelect Commercial	K7460	Dropped	06/30/2017	OUTPATIENT HOSPITAL-ON CAMPUS - ACUTE CARE HOSPITAL
BlueOptions	J45909	Dropped	09/20/2018	OUTPATIENT HOSPITAL-ON CAMPUS - ACUTE CARE HOSPITAL
BlueOptions	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED		11/25/2018	OFFICE - FAMILY PRACTICE
BlueSelect Commercial	J849	Suspect	11/22/2019	INPATIENT HOSPITAL - RADIOLOGY
BlueSelect Commercial	N184	Dropped	07/30/2018	INPATIENT HOSPITAL - NEPHROLOGY
BlueSelect Commercial	C641	Dropped	12/08/2019	OFFICE - UROLOGY
BlueSelect Commercial	J4540	Dropped	09/12/2019	OFFICE - PHYSICIAN ASSISTANT
BlueSelect Commercial		Pharmacy	10/12/2019	RX - FLUTICASONE-SALMETEROL
BlueSelect Commercial		Pharmacy	08/16/2019	RX - LANCETS
BlueCare	****	Dropped	10/25/2019	****
BlueSelect Commercial	J449	Dropped	08/21/2018	OUTPATIENT HOSPITAL-ON CAMPUS - ACUTE CARE HOSPITAL

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➢ **What:** This medicine, besides treatment for asthma, is also used to treat airflow blockage and reduce the worsening of chronic obstructive pulmonary disease (COPD). This includes chronic bronchitis and emphysema.

➢ **Why:** Through pharmacy claims, we know this patient has a history of taking this medication, but it may be unclear what condition is being treated.

➢ **Action Needed:** Provider is asked to:
  ➢ 1) assess the patient to determine if this medication is currently being taken and if so, for what condition, and assess that underlying condition
  ➢ 2) document the findings
  ➢ 3) code the medical claim with the appropriate ICD-10 diagnosis code(s).

How to Disposition Coding Opportunities

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Step 1

Move your mouse over the three dots

Select 'Manage Opportunity'

Selecting Coding Opportunity

Step 2

Select Disposition

Step 3

Current Condition means condition exists and is current

Non-Existent means condition does not exist and never did

Acute Episode means acute episode of a condition

Rx Off-Label Use means suggested diagnosis is not appropriate for off-label use

Insufficient Details means not enough information to determine

Select Coding Opportunity   Select Disposition   Attach Documents   Review/Submit

Diagnosis Code: | Type:

Last Updated By: Last Updated Date: Last Updated Organization Name:

Select Disposition ⓘ

Select the disposition that is appropriate

| Current Condition | Non-Existent | Acute Episode |
| Off Label Use | Insufficient Details | Null |

BACK   NEXT   CANCEL

Click Next

*See Addendum for additional information on dispositions.

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Select Coding Opportunity

Step 4

*Please note supporting documentation submitted through this action is not routinely reviewed by Florida Blue.

**In ACA Risk Adjustment, coding opportunities, must have a risk adjustment eligible paid claim for submission to HHS/CMS.

Select Coding Opportunity — Select Disposition — Attach Documents — Review/Submit

Diagnosis Code: | **Type:**

Medical attachments are optional. Medical attachments are not utilized to fulfill the ACA requirements for Risk Adjustment and will not be reviewed.

Attach supporting documentation **or** skip the documents

Skip the Documents | Yes, Attach Documents

Click Next and then Submit

BACK | NEXT | CANCEL

In Review….

Every February, the current calendar year opportunities are available in ProviderVista. This means there is generally a large increase in opportunities from year end.

Providers can query, filter and export coding opportunities in multiple ways. It is recommended to export so you can compare from week to week and month to month.

For all coding opportunities, providers should consider assessing their patients in a face-to-face encounter, support the assessment with documentation, and include diagnosis capture on the claim submission.

Additional coding opportunities are loaded monthly as patient assignment changes and new coding opportunities are identified.

Using the disposition reasons, a provider can categorize the coding opportunities on the exported spreadsheet and use the export to compare to the next version they export.

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How Can Florida Blue Help?

Current Training Offered:
- Intro to Commercial Risk Adjustment
- Top Conditions Series:
  - Asthma
  - Autoimmune disease
  - Cancer
  - Congestive heart failure (CHF)
  - Chronic obstructive pulmonary disease (COPD)
  - Diabetes mellitus
  - Heart arrhythmia
  - Human immunodeficiency virus (HIV)
  - Major depression & bipolar disorders
  - Seizure disorders
- Supplemental Claims Submission
- ProviderVista Provider Portal

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ACA Risk Adjustment Operations Provider Initiatives

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Florida Blue's Commercial Risk Adjustment Provider Educators are available for additional training, education, and support.

Email: CRAProviderEducationTeam@bcbsfl.com
On-Demand Webinars/Education Courses: Availity.com

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Addendum

Workflow Disposition Options

Condition still exists and is current: The provider must see the patient in this calendar year and submit a claim with the appropriate diagnosis code for the condition. Once a claim for the visit is submitted and accepted, this will no longer appear on future reporting.

Current Condition

Condition does not and never did exist: The provider has seen the patient in this calendar year and has confirmed the condition does not and never did exist. This can happen when a diagnosis code is submitted by other physicians, rather than symptom related codes, to rule out possible diagnosis.

Non Existent

Acute episode of a condition: The patient has been evaluated in a face-to-face encounter and there is evidence this condition did exist but was an acute episode that resolved itself and therefore, won't be coded again. For example, if we display a coding opportunity for cancer, but the patient is in remission and no longer actively being treated for it, this would be the appropriate option to select.

Acute Episode

Pharmacy off-label use or diagnosis suggested by prescription is not appropriate in this case: An example of off-label use might be the use of Metformin for weight loss prior to bariatric surgery. Please use this option on any pharmacy suspected coding opportunity for which you do not agree with the suggested diagnosis.

Rx Off-Label Use

Not enough information: Use this disposition if you are unable to confirm if this condition is current due to member not being seen yet this year or due to lack of medical record documentation.

Insufficient Details

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