Preparing for Health Care Reform

Health care providers throughout the country are turning their attention to preparing for the impact of the Affordable Care Act (ACA) in 2014 and beyond. There has been, and continues to be, an abundance of guidance being released from many sources in a relatively short period of time. We understand you may have questions on how the ACA will impact your office. Blue Cross of Northeastern Pennsylvania (BCNEPA) is committed to giving you the information to navigate through the changes the ACA brings.

Each month in our Provider Bulletin you will find accurate and timely information to share with your office staff and patients to make the transition to health care reform easier. Following are some key issues we will touch on:

- Understanding the importance of accurate documentation and coding as they relate to risk adjustment
- Understanding how your patients can shop on the health insurance exchange or marketplace
- Understanding how your patients should use our networks for the best value
- Understanding essential health benefits and how they affect your patients’ coverage
- Understanding what the 90-day grace period means to you and your patients, and who is responsible for payment
- Understanding our new individual and group insurance plans available for open enrollment in October 2013, including benefits and any other key changes

This month, we want to make you aware of the importance of accurate documentation and coding as they relate to risk adjustment, and the potential impact they could have on the financial health of your practice and your care delivery.

What does “risk adjustment” mean to me?
The Department of Health and Human Services (HHS) instituted risk adjustment to reduce the impact of adverse selection and to preserve consumer choice. For risk-adjustment to work, it requires accurate capture of member risk through claims and encounter data. The revenues of insurers and providers, depending on risk sharing arrangements and incentives, are dependent on the accuracy of these risk scores as they are submitted to HHS. As such, HHS will require audits of members’ medical records to validate the accuracy of coding submitted on the claims they have used to derive risk scores.

How does THE need for accurate coding impact you?
There are 3 areas of impact for providers:

- Accurately projecting medical expenditures for risk-sharing. Providing better insight on the true risk associated with patients, coding accuracy and precision impact provider abilities to project medical expenditures, based on health care utilization, for a given population. Coding is undeniably important for providers to successfully prepare for or further engage in risk-sharing arrangements.
- Less paperwork, lower burden. Accurate coding the first time around will prevent practice disruptions from both medical record requests and claim resubmissions, potentially making resources available for other important practice initiatives.
- Informed care practice. Supported by coding, claims-based analytics can help solve for solutions and strategies for healthcare interventions and create more precise ways to identify patients eligible for disease and care management programs. Even more importantly, it helps in the endeavor to identify practice patterns and reduce variation, when clinically appropriate.

How can you get the best results and how can we help?
- Engage clinicians to perform accurate capture of primary conditions and presenting comorbidities, particularly in more complex cases.
- Engage coders and office staff to ensure the use of coding best practices.
- Standardize coding processes to minimize disruptions to the billing workflow.
- Adopt technologies like EHRs or voice translation software to improve accuracy and efficiency.
Why start now?
Postponing preparations for commercial risk adjustment could result in fewer of your patients engaging in preventive care and disease/care management programs. In addition, inaccurate coding may impact your practice financials and operations, making it harder to catch up over time. As you know, the transition to ICD-10 is scheduled to take effect late 2014. This will require more detailed codes and practices to ensure accuracy, so improving processes now and implementing accuracy checks will make the transition easier, ultimately decreasing the administrative burden on office staff. As ACA continues to transform health care, the transitions we all face require us all to collaborate, and we are here to work with you and provide support as ACA provisions take effect. It is helpful to keep in mind the ultimate goal: to improve the quality of care while also making it more accessible and affordable. Please feel free to contact your Provider Relations representative if you have questions or would like to learn more.