



of Tennessee

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Important Notification
Physician Health Risk Assessment Pilot Program

In today's complex medical environment, BlueCross BlueShield of Tennessee understands the additional work created for the already overextended primary care physician by the complex needs of the geriatric population. Because the overall health of our seniors is critical, BlueCross BlueShield of Tennessee's BlueAdvantage clinical staff developed the enclosed Physician Health Risk Assessment (PHRA) pilot tool to assist you with the coordination and documentation of the health care of these members.

The goal of the PHRA is to provide a concise and portable summary of information. This summary will include your analysis and health care plan to encourage patients to seek regular medical care. The PHRA also seeks to create a mechanism that will allow the BlueAdvantage Case Management team and its educators to locate and coordinate resources for your patient, thus, relieving your staff of additional and time-consuming work.

The PHRA intends to target those elements most frequently overlooked in the press of time. For this reason, the PHRA is designed to be used in conjunction with a comprehensive annual history and physical. When complete, the PHRA should provide the patient with a roadmap of your intended medical direction for him/her in the coming year. And by completing it with your patient, it should encourage his/her adherence to a mutual plan of action decided by both of you.

Once completed, please fax the document and a copy of the history and physical to BlueAdvantage at **1-877-922-2963**. In appreciation of your participation in completing the detailed assessment on your patients, BlueAdvantage will reimburse the service as E/M code 99240 with a maximum allowable charge of \$100.00. (See enclosed FAQ's for claim filing instructions)

To receive reimbursement, you must complete the assessment in its entirety and submit the PHRA along with a copy of the history and physical. The PHRA also needs to be included in your patient's chart as part of his/her permanent medical record.

Enclosed, please find a Frequently Asked Questions document to help you better understand the PHRA initiative.

We appreciate your participation in advance and look forward to assisting with your patient's health care needs. For a detailed in-service of the PHRA pilot program please contact Lacey Phillips, (423) 305-5768.

*Please note, participation in this Pilot is optional and not a requirement of your BlueCrossBlueShield of Tennessee participation.

Physician Health Risk Assessment

Patient Name:

Date of Birth:

Contributory Conditions: Does the patient have any of the following conditions that are common in the elderly and frequently contribute to increased morbidity?	
Special Risks:	Description:
Incontinence	
Insomnia	
Involuntary Weight Loss	
Vision Difficulty	
Hearing Difficulty	
Falls and Fall Risk	
Protein Calorie Malnutrition	
Pain	
Other (1)	
Other (2)	

Functional Status:	<input type="checkbox"/> Fully independent for all Activities	
	<input type="checkbox"/> Needs assistance with instrumental activities	
	<input type="checkbox"/> Needs assistance with the activities of daily living (feeding/bathing/toileting/dressing/transferring/walking)	
	Requires devices for assistance: <input type="checkbox"/> cane, <input type="checkbox"/> walker, <input type="checkbox"/> wheelchair, <input type="checkbox"/> power wheelchair, <input type="checkbox"/> hearing aid, <input type="checkbox"/> supplemental oxygen	
Preventive Interventions	Last Provided:	Next Due:
Influenza Vaccine		
Pneumonia Vaccine		
Tetanus Vaccine		
Colon Screening		
Mammogram		
Pap Smear		
Prostate Screening		
Living Will/Advance Directive	Discussed? Yes No	In Chart? Yes No
Could this patient use Case Management Assistance in obtaining these needs? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Referral: Would this patient benefit from Preventive Medicine (Healthy Lifestyle) assistance?

- | | |
|--|--|
| <input type="checkbox"/> Obesity Management
<input type="checkbox"/> Smoking Cessation
<input type="checkbox"/> Cholesterol Management
<input type="checkbox"/> Fall Prevention | <input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Exercise Regimens
<input type="checkbox"/> Diet
<input type="checkbox"/> Alcohol or Drug |
|--|--|

Practitioner Name with Credentials:

Date:

Physician Health Risk Assessment

Patient Name:

Date of Birth:

Assessment and Plan for the Coming Year

Diabetes Mellitus

Complications: Retinopathy Renal Failure Ulcers Amputation
(site _____)

Assessment:

Current Meds:

Plan:

Name of Physician Manager : _____

COPD

Assessment:

Current Meds:

Plan:

Name of Physician Manager : _____

Coronary Artery Disease

Assessment:

Current Meds:

Plan:

Name of Physician/Manager : _____

Heart Failure

Assessment:

Current Meds:

Plan:

Name of Physician Manager : _____

Hypertension

Assessment:

Current Meds:

Plan:

Name of Physician Manager : _____

Depression

Assessment:

Current Meds:

Plan:

Name of Physician/Manager : _____

Practitioner Name with Credentials:

Date:

Physician Health Risk Assessment

Patient Name:

Date of Birth:

_____ Assessment: Current Meds: Plan:
Name of Physician Manager: _____ Assessment: Current Meds: Plan:
Name of Physician Manager: _____ Assessment: Current Meds: Plan:
Name of Physician Manager: _____ Assessment: Current Meds: Plan:

Name of Physician Manager:

Recommend Referral to Case Management	Yes	No
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Physician Completing PHRA: (please print)
Completing Physician Signature:
Copy to Patient: Yes No

Fax completed document to:
BlueAdvantage
1-877-922-2963

Practitioner Name with Credentials:
Date:

Physician Health Risk Assessment (PHRA) – BlueAdvantage

Frequently Asked Questions

Question: What must be included in the H/P?

Answer: Each page must have the patient’s name, date, signature and credentials of the clinician/physician, nurse practitioner, or physician’s assistant written legibly. The H/P should be as detailed as is necessary for you to identify and assess all of the patient’s problems. You should document any pertinent historical and physical findings.

Question: What consists of acceptable physician authentication?

Answer: Acceptable physician authentication comes in the forms of handwritten and electronic signatures. If electronic signatures are used as a form of authentication, the system must authenticate the signature at the end of each note. Although a nurse practitioner or physician's assistant may complete the form, it must be signed by the physician.

Some examples of acceptable electronic signatures are:
“Electronically signed by,” “Authenticated by,” “Approved by,”
“Completed by,” “Finalized by,” or “Validated by,” and include the practitioner’s name and credentials, and the date signed.

Question: What about the coding of chronic conditions?

Answer: If a chronic condition exists it should not be coded as history if treatment is ongoing or if the condition affects the patient’s care, treatment or management thereof. It should be listed as an active problem.

Question: What is needed in addition to history and physical findings?

Answer: The History and Physical should have:

1. **Problem list** that outlines all of the patient’s problems including any unresolved conditions/diagnoses. *This PHRA may serve that function.*
2. **Assessment** of what issues the problem brings to the patient: *“Asymptomatic Decreased bone density of hips and spine, DEXA scan with T score of -3 on 12/13/08”*
3. **Management** of the problem: If you are not managing the problem you should indicate who is: *“Patient is on allendroate 35 mg/week, vitamin D and Calcium and is treated by Dr. Endocrine Person.”*

4. **Action Plan:** A description of any unmet needs in regard to this problem and your plan to address them: i.e. *“Patient states she can’t afford meds. Will ask BCBST case manager to assist.”* or *“patient needs referral to Dr. Somebody. Will refer and see back in follow-up on (Date).”* Action Plan should include medications prescribed and tests ordered.

Question: What if the person is perfectly healthy and has no needs?

Answer: All patients have preventive needs. For example, are the immunizations up to date; do they need advice on diet or exercise; cholesterol level; drug or alcohol use; is the living will up to date; do they need to know how to prevent osteoporosis; is colon screening, mammogram, pap smear or prostate screening up to date; is depression an issue?

Question: How should Medicare claims be coded?

Answer: Problems should be listed to their highest level of specificity, e.g., *“Diabetes Mellitus, type II with complications including renal failure, micro vascular disease with neuropathy and amputation,”* AND you should include the ICD9 code to the fourth or fifth digit as required on the claim form. In this case of Diabetes, the detailed coding will tell if the patient is controlled or uncontrolled/unknown. It is important to differentiate between acute/unspecified versus chronic.

Question: Why do I have to do this coding?

Answer: Medicare is becoming more stringent in requiring that services and conditions are coded to the correct level of specificity. This information is used by Medicare to determine the reimbursement for services and whether programs should be developed to address particular problems. BlueCross BlueShield of Tennessee is required to ensure that coding is performed correctly. BlueCross BlueShield of Tennessee also uses the information to plan for future programs.

Question: As a contracted BlueCross BlueShield of Tennessee provider, am I required to participate in this PHRA Pilot?

Answer: Absolutely not. Of course, we would like to encourage providers to participate for the overall health and well being of our senior population.

Question: How often will I need to complete the PHRA for each member?

Answer: The PHRA will only need to be completed once every calendar year.

Question: What steps must I take to ensure payment for participating in the PHRA initiative?

Answer:

- Complete the H/P and PHRA during the patient's visit.
- Submit the appropriate E/M code for the history and physical.
- Submit E/M code 99240 (administration & interpretation of health risk assessment tool) with a maximum allowable charge of \$100
- Fax a copy of the H/P and the PHRA material to 1-877-922-2963.

Please make sure to file the originals in the patient's permanent medical record.
Feel free to offer the patient a copy of the completed materials.

Examples of commonly used coding

Diabetes mellitus	250.XX	Requires 5 th digit
COPD	490-496	Requires 4 th – 5 th digit
Coronary Artery Disease	410-415	Requires 4 th – 5 th digit
Heart Failure	428	Requires 4 th – 5 th digit
Hypertension	401-405	Requires 4 th – 5 th digit
Depression	300	Requires 4 th – 5 th digit
Mental Health Conditions (alcohol/drug dependency, schizophrenia, bipolar disorder, etc.)	290-319	Requires 4 th – 5 th digit
Neoplasms	140-239	Requires 4 th – 5 th digit

*Clinician will always determine the most appropriate coding based on clinical findings.