

# ProviderNews

## **Providers Crucial to Determining Patient Health/Appropriate Funding**

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It all comes down to coding. If we don't completely document the conditions providers treat for, the government does not adequately reimburse Prevea360 Health Plan and we may not be fully aware of the conditions our patients have. It's part of a statistical process called risk adjustment.

The reason risk adjustment is needed is to assess the overall health of our patients and balance the payments we receive from the government with those made to other health plans. It helps determine who has the sickest patients. According to CMS, this step was included in the Affordable Care Act (ACA) process to reimburse providers for members with higher risk, which is calculated based on the submitted codes on claims.



Taking the time to annually document and code all medical conditions, especially chronic ones, ensures the proper calculation of risk for your patients. As a provider, do not hesitate to take credit for the work you do and the time you spend managing, assessing, evaluating or treating conditions, in addition to discussing a patient's needs and medical history. We have the greatest potential to improve outcomes and control costs when asking about and documenting chronic conditions, including diabetes, lower respiratory diseases and kidney diseases. Eight of the top ten causes of death are related to chronic disease!

[More](#)

For plan participants, risk adjustment helps keep premiums reasonable since costs reflect their plan selection and not the health of the enrollees. It also affords them access to necessary treatments.

For questions, please contact the Prevea360 Health Plan Risk Adjustment team at 608.827.4105.