Banner Health Network

RAF Application Instructions and Frequently Asked Questions

2016

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Banner Health Network - RAF Application Sample Instructions and Examples

Note: The provider and member information shown in the screen prints has been modified. No Protected Health Information (PHI) is included in this document.

Background for the RAF Application

The Risk Adjustment Factor (RAF) Application has been designed to provide an online tool that presents real-time information about your Medicare Advantage members and their chronic conditions. The information contained in this application provides a three year diagnostic history of Risk Adjusted diagnosis based on claims data and is designed to assist the provider during the member visit.

- RAF ensures that there are adequate resources available to care for our high-risk Medicare Advantage beneficiaries. Reimbursement is higher for members with significant illness and lower for healthier members. By providing appropriate reimbursement based on members' overall health status, **RAF increases the resources available for those beneficiaries who require more costly and complex care.**

  In order to ensure that the resources are available to provide excellent care to our Medicare Advantage members, it is imperative that accurate and comprehensive diagnoses are collected and reported to CMS.

  The Member Diagnostic Profile (MDP) Report provides a mechanism for physicians to review previously identified diagnoses codes. The MDP Report also ensures that prior conditions are considered during the member visit and subsequently documented in the chart. Unlike traditional paper forms, the information provided in the RAF application is continually updated with member diagnoses codes based on current claims submissions thus providing a more convenient and up-to-date profile of the member.

Five Step Process

- **Incentive reimbursement is available for BCBS Medicare Advantage members. In order to be eligible for reimbursement the following 5 steps must be followed.**

1. Access the **RAF App** to locate the BCBS Medicare Advantage member you will be seeing today.
2. Review chronic diagnosis listed on the MDP form and mark **Yes** or **No** as appropriate to indicate the current status of the diagnosis.
3. Address each active diagnosis with the patient and document in the encounter note.
4. Submit MDP form online **within 60 days** of the member being seen in order to be eligible for reimbursement.
5. Fax a copy of the MDP with a copy of the encounter note for this visit to (480) 655-2526.

  *Note: even if the member does not have HCC's listed on the MDP form, you still need to submit the form online and fax the encounter notes for the visit in order to be eligible for reimbursement.

Logging In

- Providers/users will find the link to the RAF Application on the BHN website in the secured provider portal: https://www.bannerhealthnetwork.com/

- If you don't already have an account set up on the BHN Provider Portal, you can **request one** at https://www.bannerhealthnetwork.com/ by selecting LOG ON from the menu bar, and then select Request Account or follow this link: https://www.bannerhealthnetwork.com/Account/RequestAccount

- Clicking on Provider Tools and selecting RAF Application from the drop down menu from within the BHN Portal will take users to the "Member Selection" page.

Member Selection

- Users will be asked to fill in certain fields included in the screen print below (provider NPI#, Date of Service*, member's insurance identification number, and member's date of birth). If the user is a provider, the NPI will be auto-filled. If a user is assigned more than one provider, the Provider NPI# field will have a dropdown menu available to choose provider.

- If any required field is missing, a reminder will appear if indicating which field is needed to Continue.

*Date of Service must match the Encounter Date submitted

- Submitting the information described above, takes the user to the "Confirmation" screen:

- ***Important:*** **The user should check to ensure the PCP identified in the application matches the Provider NPI entered on the Member Selection screen. The incentive will only be issued to the PCP of record at the time of the submission of the Member Diagnostic Profile (MDP) form on the next page (after clicking "Submit to BHN"). If the NPI of the logged-in user and the PCP NPI are different, no incentive will be issued.**

- The user is asked to either click on "Data is Not Correct" or "Data is Correct, Continue."

- Using the "Data is Not Correct" selection, allows the user to move to the next screen where they can document the incorrect or changing data. An email will be triggered to, ProviderRelations@BannerHealth.com and also the logged in user's email listed in "Your Email Address" as shown in the screen print below. The user does have the option to change the email address if it is not displaying correctly or it is not listed.

  Note: This email function encrypts the outbound email to ensure security of ePHI. The user will be required to enter information to create an account so they can read the first email. The password is then the only data required for subsequent emails from this application.

- If the user has come to the screen shown below in error, they can start over by clicking on the "Click Here" in the first sentence of this page to retry their entry – or the "Click Here to Return to Member Selection" link at the bottom of the screen.

- After selecting the "Data is Correct, Continue," option, the next screen displays the Member's RAF entries which could be long or none at all, depending on health history. Clicking on the "New RAF Entry" will trigger a new record for the year selected.

- Select "New RAF Entry." The "Effective Year" box will pop-up. The reporting year that is valid will be based on Date of Service Selected.

- If the user needs to enter **reasons for not submitting an MDP**, there are three choices with pop-up as shown below. Select one of the "**exception status**" options. The user may go back again and submit data if it becomes available at a later date.

- Example of member in "**Exception**" status:

- To remove the exception, the user should just click on the red X in the "Action" column (shown above) to continue and open a Member Diagnostic Profile for the current reporting year. After clicking the red X, the record will look like this example:

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- To proceed with entries for reporting year 2016 (for this example member) the user should click on the Action "edit" icon (paper/pencil icon). This will open the Member's Diagnostic Profile, plus other options to enter/select for submission to BHN. After clicking on the Action "edit" icon, the following screen will display:

Current diagnoses must be documented in the encounter note

Member Diagnostic Profile Page
- At the top of the Member Diagnostic Profile screen, the user should notice the following additional features:
  - Clicking on the magnifying glass icon located in the "Member Plan" field will trigger a pop-up displaying eligibility history for the selected member

  - Clicking the magnifying glass location in the "PCP NPI" field will trigger a pop-up displaying PCP history for the selected member

- The dropdown box included in the "EMR Containing Member's Record" field to advise BHN what electronic medical record (EMR) the member's legal medical record is stored; e.g. NextGen, eCentricity, eClinicalWorks, etc…

- The member's current risk score will be changed twice per year in the first and third quarters.

- The "BHN Case Management" field/check box may be used to advise BHN of an interest in having a BHN Case Manager assigned to the member. The user must click "Save" in this field to save the checkmark for the selected member.

- If the member is deceased, and we have received a "Date of Death" (DOD) from the payer plan, the "Member DOB" field will have a DOB and DOD date filled in. The DOD will be in red font to help bring this to the user's attention.

Provider NPI	Provider Last Name	Provider First Name	Provider State	Provider Office Location		
1124017918	Lyons	James	AZ	East Valley Diagnostic Imaging		
Member Card #	**Member Last Name**	**Member First Name**	**Member DOB - DOD**	**Member Plan** 🔍	**Gender**	**Risk Score**
97081000	Taylor	Louise	11/9/1931 - 12/23/2013	BCBS AZ Advantage	F	00.0000
PCP NPI 🔍	**PCP Last Name**	**PCP First Name**	← Incentive reimbursement for BCBS AZ Advantage will be issued to the attributed PCP as noted here			
1386699502	Johnson	Kent				

- If the member's DOD is more than six months prior to today's date, the user will receive this message to alert them the member is not eligible for submission to BHN. In this example, the DOD is 12/23/13:

o   If the user needs to enter a DOD, they can enter the date when clicking on the "Select Effective Year" as listed in the previous section of this document.

Approved HCC Diagnostic Codes Page

- This section of the application permits the provider/user to select the "Current" Approved hierarchical Condition Codes (HCC) for the reporting year. Upon initial login, the list of codes displayed is auto-populated from claims data.

- Please note the alert in red at the top of the screen. This alert is meant to warn the user BHN has an audit process and procedure to check the member's EHR data against the submission from this application.

- Select "Current?" – Y/N Response
    o   The user should select either "Yes" or "No" for each ICD code represented on this form. **The response indicates if the condition is observed and currently being treated.**

2012	2013	2014	Diag	Description	Provider	Specialty	Current ?
✓	✓	✓	250.00	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	Sonora Quest Laboratories	LABORATORY	○ Yes ○ No
✓			560.1	PARALYTIC ILEUS	Wang, Zifa	RADIOLOGY,DIAGNOSTIC	○ Yes ○ No
	✓		584.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	Banner Del E. Webb Medical Center	RADIOLOGY,DIAGNOSTIC	○ Yes ○ No
		✓	283.10	NON-AUTOIMMUNE HEMOLYTIC ANEMIA, UNSPECIFIED	Lyons, James	RADIOLOGY,DIAGNOSTIC	● Yes ○ No

NOTE: Current diagnoses must be documented and substantiated in the encounter note(s)

- Show Older Diagnostic History
  - Clicking on the "Show Older Diagnosis History" option below the Approved HCC Diagnostic Codes" area will reveal diagnosis codes received from claims in past years. Example:

Functions for Saving, Printing, Submitting

There are buttons for users at the bottom of the Member Diagnostic Profile page. These buttons perform various functions as explained below.

- Save Responses
  - This option permits the user to save their answers without submitting and locking the record. Users will need to remember to use this "Save" feature before exiting to save their Y/N responses if they will not be using the "Submit to BHN" option until a later time

- Print
  - This option permits the user to print the Member Diagnostic Profile to a printer or created a PDF document. If using PDF, the user must have the Adobe Acrobat or PDF software available. Here is an example of a printable version of the Member Diagnostic Profile:
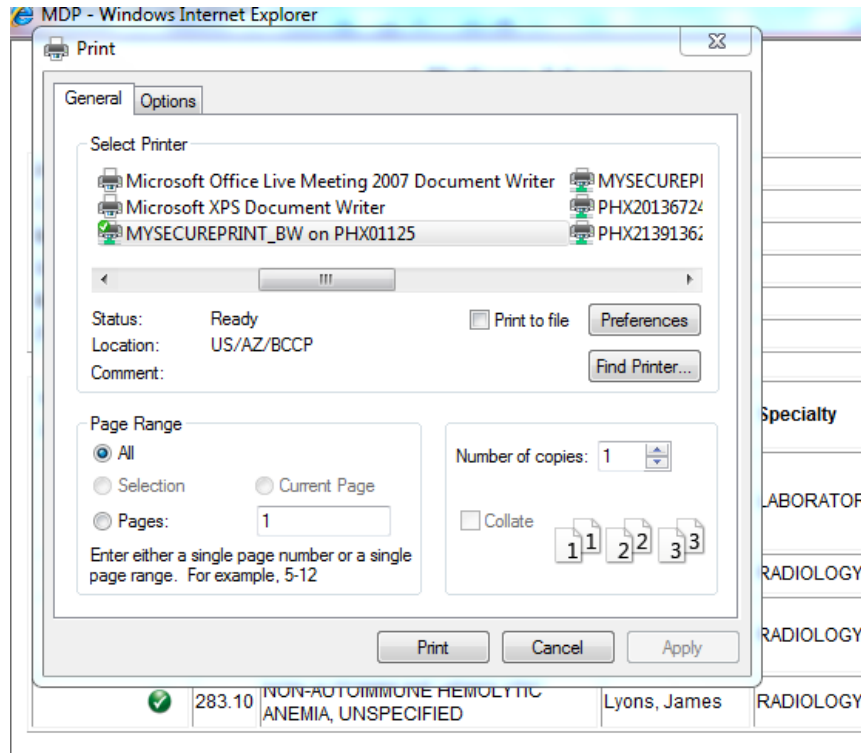
Medicare Advantage Diagnosic Profile Report

Patient Name			Date of Birth			
Cardinal, Joseph			8/28/1932			
Member Number			Physician Name			
98800000			Lyons, James			
Risk Score						
(Pending)						

Year Reported 2012 2013 2014			Diag	Description	Provider Name	Specialty	Current
✔	✔	✔	250.00	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	Sonora Quest Laboratories	LABORATORY	-
✔		✔	560.1	PARALYTIC ILEUS	Wang, Zifa	RADIOLOGY,DIAGNOSTIC	-
	✔	✔	584.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	Banner Del E. Webb Medical Center	RADIOLOGY,DIAGNOSTIC	-
		✔	283.10	NON-AUTOIMMUNE HEMOLYTIC ANEMIA, UNSPECIFIED	Lyons, James	RADIOLOGY,DIAGNOSTIC	Yes

BHN Submission Confirmation #	14082739
BHN Submission Date	8/27/2014
Submitted by User	Tmahleroffice

- Back
  - This option permits the user to move back one screen

- Back to Member Selection
  - This option permits the user to go to the beginning of the process and select a new member (Member Selection screen) and provider.

- Open ACO for Member (for Future Release)
  - This option is currently under development, and is unavailable at this time

- Submit to BHN
  - This option permits the user to submit responses (Y/N selections) to BHN.
  - To be eligible to receive incentive reimbursements for **BCBS Medicare Advantage Members** please fax a copy of the MDP form and the appropriate chart notes to 480-655-2526.

> **TIP: Keep a copy of the fax confirmation until payment is received**

My Submissions – left navigation pane

- Select a provider
    - o This be a provider list based on your login to the BHN Provider Portal
- Receive a result set for your submissions
    - o Click "Submit" once a provider is selected from the list. All submissions will be listed along with their status and other pertinent information
- Review history (view)
    - o Click on the "View" option magnifying glass to see more detailed information for items that are denied or changed for various reasons

Log Out – left navigation pane

- Select "Log Out" from the left navigation pane

RAF Application FAQ

Where do I find the RAF Application?
- Providers/users will find the link to the RAF Application in the Provider Tool drop-down menu in the BHN Provider Portal on the Banner Health Network website at: www.bannerhealthnetwork.com
- To request an access to the BHN Provider Portal, users can go to this link: www.BannerHealthNetwork.com/Account/RequestAccount
- Clicking on the RAF Application from the Provider Tools drop-down menu from within the BHN Provider Portal will take users to the "Member Selection" page.

What if I don't know my username, or I have been locked out?
- If you have forgotten your username, your account has become locked due to unsuccessful logins please contact the Banner Health Support Desk at 602-747-4444. Support is available 24 hours a day.
- If you have questions regarding the RAF application please email RAFOps@bannerhealth.com

What if I experience technical difficulties?
- If at any time you experience technical problems while using this website, please contact the Banner Health Support Desk at 602-747-4444. Support is available 24 hours a day.

What information must I know about the member to use the application?
- A user must have the member's ID number and member's date of birth.

What if the member or PCP information in the application is incorrect?
- Click on the "Data is Not Correct" option during the "Member Selection" process, enter a brief explanation of the issue, and click "Submit" to send an email to Provider Relations for review.

Will I receive an incentive reimbursement for completing and submitting this form?
- Yes, if the MDP form and encounter note is submitted accurately and timely. Please reference the 5 step process.

Will I receive incentive reimbursement if there is a mismatch in PCP in the application?
- No, only the PCP displayed as the attributed PCP in this application will receive an incentive reimbursement for completing the Member Diagnostic Profile.

What if I am unable to reach the patient to schedule an office visit and submit the Member Diagnostic Profile?
- Select one of the options shown when selecting the effective year for submission. Your selection will be recorded in our database for reporting purposes.

What if the Approved HCC Diagnostic Codes listed do not reflect all the codes I have charted for the member?
- Document current diagnosis in the encounter note and code and report all ICD-10-CM diagnosis accordingly in the billing claim form (CMS-1500).

Will I be able to submit a Member Diagnostic Profile report if my member is deceased?
- Yes, the member's record will remain open for 6 months inside the application to allow for submission if you have recently had an office visit with the patient. Note: A date of death will appear in the application inside the Member DOB field.

What does "Documented codes should match the patient medical record" mean?
- Once the user submits a Member Diagnostic Profile for a member, an audit utilizing the provider's EMR records will take place. The codes submitted must match the EHR documentation as part of this audit process.

Can I print the Member's Diagnostic Profile before I submit?
- Yes, it is anticipated that the user may want to print one or two days prior to the patient's office visit. The printed version could be used in the huddle for the practice team to review all items previously reported for the patient and assist the user with new entries that may need to be made in the RAF Application before submission.

When do I expect to receive a check?
- Payment will be issue approximately 60 days after the form is received.

Questions about the RAF App, my submissions, or anything else related to RAF?
- Please email the RAF team at RAFOps@bannerhealth.com. Response time is generally within 24 - 48 hours.