

Select Health Community Care[®]

High-Risk Reward Program: Frequently Asked Questions

Select Health now offers a reward program for providers on the Community Care (Medicaid) plans in the state of Utah. This program offers \$75* per high-risk patient seen through **June**.

Eligibility criteria includes:

- The member appears on the eligibility list you receive from your Castell representative (network manager, care coordinator, or clinical documentation specialist).
- Established patient E/M visits are documented and coded appropriately (**99202-99205, 99212-99215, 99381-99387, & 99391-99397**).

What is the purpose of this program?

This pilot reward program seeks to expand our chronic condition risk-adjustment efforts and help ensure complete and accurate documentation and coding for members. This contributes to better patient outcomes and ensures appropriate resource allocation for our patient panels. This program runs from February to June to encourage gap closure for those members who are not doing so as part of their normal course of care.

Why are only some members eligible?

There are many patients with Select Health Community Care. We are prioritizing patients who are at the highest risk for health concerns and who may have conditions needing to be addressed by a provider.

What is the associated clinic workflow

Follow the steps outlined in the graphic below to participate.

How do I obtain a list of eligible members?

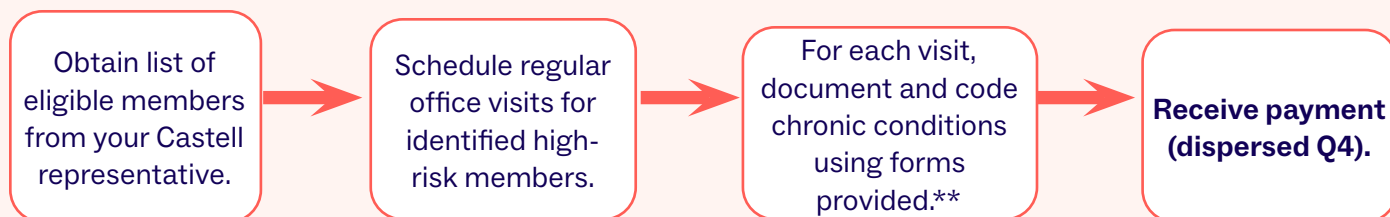
Network managers will start sending out lists of patients who are eligible for the reward in February. Additional patients may be added in subsequent phases; in that case, you will receive an updated list.

Where do I access my forms?

The chronic condition forms will be provided to you by your network manager. If any updates are made to the form, they will be sent to you prior to the patient's scheduled appointment by your clinical documentation specialist or care coordinator.

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CLINIC WORKFLOW FOR HIGH-RISK REWARD PROGRAM



* Reward payments are made to the providers who submit claims for eligible visits.

** During the visit, assess the patient and document and code all conditions that affect the patient using the "conditions forms" provided by Select Health. Document using MEAT—how the condition is **M**onitored, **E**valuated, **A**ssessed, or **T**reated.

Community Care High-Risk Reward Program FAQs, Continued

How will providers receive the \$75 reward?

Select Health will pull data from submitted claims to determine which providers had a visit with eligible members. Reward payments will be sent to the TIN in **Q4**. (Sometimes the provider will get the payment; sometimes the clinic will get payment.)

What if I have already seen this patient this year for an office (new/established patient) visit?

Even if you've already seen a patient, they will only appear on the list **if** they meet the eligibility criteria. Listed patients still have conditions needing to be assessed, and you can bring them in for a subsequent visit for this purpose.

Will the reward be paid to the member's attributed provider or the billing provider?

For this program, the provider who performs the visit with the patient and submits the claim to Select Health will receive the payment regardless of whether the patient is attributed to that provider.

What are the program deadlines?

This pilot program follows Medicaid year end (June 30), so the reward will be paid for:

- Any eligible date of service visit on or before **June 30**
- Associated claim filed and paid in our system by the end of **Q3**

What Castell resources are available to help me with this program?

Contact the appropriate Castell professional for support as indicated below:

- **Answers to questions about this program or to coordinate Castell support:** your Castell network manager
- **Scheduling support:** the Castell care coordinator assigned to your clinic
- **Risk-adjustment education and/or record reviews to surface suspect conditions:** a Castell clinical documentation specialist (if assigned to your clinic)