

JOHNS HOPKINS HEALTH PLANS

Risk Adjustment | Finance
7231 Parkway Dr., Suite 100
Hanover, MD 21076



JOHNS HOPKINS
HEALTH PLANS

Outline:

Johns Hopkins Health Plans is committed to the health of our members. Knowing the full health picture of each member will help us to ensure we deliver the complete care they need. To accomplish this, we would like to partner with you in this effort.

Member-specific forms will be available digitally which will include chronic condition history as well as comorbidities. If you have not already seen your panel member(s), please schedule and conduct a comprehensive exam of the patient, assessing the accuracy of the conditions listed on the forms. We ask that for each condition, you select a status in the respective drop-down.

We have provided other historical data (based on claim data, reporting from CMS, etc.), such as dates of the last occurrence, to aid in the investigation of these conditions as well.

The program is in addition to our health plan's other provider bonus programs and does not replace them. Please refer to your health plan representative for more information. Providers are eligible for a bonus for each completed form with verified and documented diagnoses on qualified claims where applicable.

Thank you in advance for your cooperation and for the care and services you provide for our members. If you have additional questions regarding this process, please feel free to email our team at WHA@jhhp.org.



Risk Condition Validation (RCV) Work Queue in Availity

Essentials for Risk Condition Validation (RCV) Application



Requirements:

- Log on to the Availity dashboard
- Address all chronic conditions
- Each condition must be selected to be eligible for bonuses
- The medical record should include assessments/plans of the conditions
- The medical record must include
 - Patient demographics: Name, birth date and the date of the evaluation on each page
 - Medical history
 - Physical examination
 - All active and coexisting conditions
 - Treatment
 - Provider name, signature, credentials, and date of signature

Additional Information:

- Providers are encouraged to assess as many members as possible for their disease conditions during the performance year.
- Members included in the program are those with disease conditions that need to be addressed and documented annually.
- Member list will be refreshed on a quarterly basis, potentially adding members to target list.
- Members are listed under their assigned provider's dashboard.
- For member movement, speak with your health plan representative.
- Our health plan will manage the bonus calculation, reconciliation and payment processing.

Payment Process and Timelines:

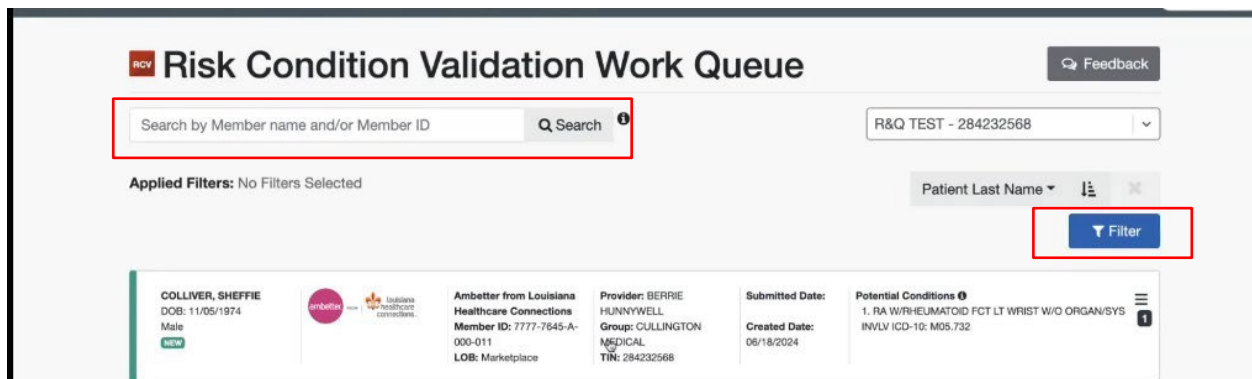
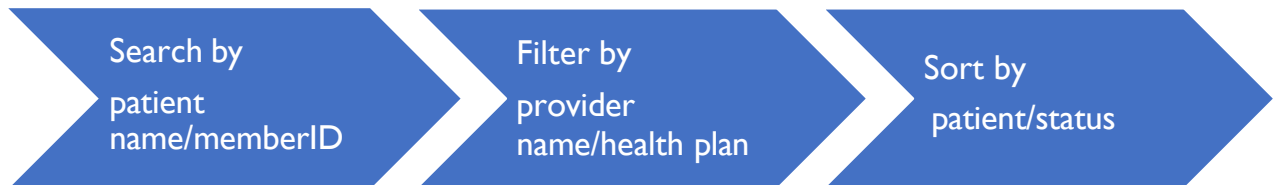
Payments will begin after the second quarter of 2025 and will continue through the second quarter of 2026.

- All claims or encounters must be submitted by Jan. 31, 2026, to be used in calculating the final payment.
- Our health plan may request medical records if we are unable to verify information using claims or encounter data.
- The incentive plan will be \$100 per completion.

Instructions:

The measurement period is **Jan. 1, 2025, through Dec. 31, 2025.**



- ✓ **SCHEDULE AND CONDUCT AN EXAM** with the eligible member(s)
 - Assess the validity of each condition.
- ✓ **LOG ON TO THE AVAILITY DASHBOARD** via provider portal
 - Select drop-down
 - Select condition status
 - Enter DOS
 - Submit
- ✓ **SUBMIT A CLAIM OR ENCOUNTER**
 - With correct codes
 - DOS visit within measurement year
 - Upon receipt of the completed documentation, our health plan will verify the diagnoses were submitted and documented appropriately where applicable.



RCV Risk Condition Validation Work Queue Feedback

Search by Member name and/or Member ID R&Q TEST - 284232568

Applied Filters: No Filters Selected Patient Last Name

COLLIVER, SHEFFIE DOB: 11/05/1974 Male NEW	 	Ambetter from Louisiana Healthcare Connections Member ID: 7777-7645-A-000-011 LOB: Marketplace	Provider: BERRIE HUNNYWELL Group: CULLINGTON MEDICAL TIN: 284232568	Submitted Date: Created Date: 06/18/2024	Potential Conditions 1. RA W/RHEUMATOID FCT LT WRIST W/O ORGAN/SYS INVLV ICD-10: M05.732
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Select option

*This individual is still an active patient at my office

- Yes, still an active patient in this office
- No, not an active patient in this office

<p>COLLIVER, SHEFFIE DOB: 11/05/1974 Male NEW</p>		<p>Ambetter from Louisiana Healthcare Connections Member ID: 7777-7645-A-000-011 LOB: Marketplace Coverage Year: 2024</p>	<p>Member Address: 90 Loftsgordon Center New Orleans LA 70124</p>	<p>* This individual is still an active patient at my office: ?</p> <p><input checked="" type="radio"/> Yes, still an active patient in this office</p> <p><input type="radio"/> No, not an active patient in this office</p>
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If a patient is active within the system, a list of potential conditions will be shown. User can select condition status as: **confirmed, resolved, did not assess, disagree** with potential condition(s).

Potential Condition(s)	Code ⓘ	Date Condition was Previously Documented	Reason for Inquiry	Condition Status ⓘ *
RA W/RHEUMATOID FCT LT WRIST W/O ORGAN/SYS INVLV	ICD-10: M05.732 HCC: 056, v2022	03/08/2022	Suspected condition	<div style="border: 2px solid red; padding: 5px;"> Select... <input checked="" type="radio"/> Confirmed <input type="radio"/> Resolved <input type="radio"/> Did not assess <input type="radio"/> Disagree </div>

If the condition status is confirmed, check the “Yes” box.

Potential Condition(s)	Code ⓘ	Date Condition was Previously Documented	Reason for Inquiry	Condition Status ⓘ *
RA W/RHEUMATOID FCT LT WRIST W/O ORGAN/SYS INVLV	ICD-10: M05.732 HCC: 056, v2022	03/08/2022	Suspected condition	<div style="border: 1px solid gray; padding: 5px;"> Confirmed </div> <p><input checked="" type="checkbox"/> Yes, this ICD code is documented in the claim.</p>



Enter Date of Service, select Visit Type and Reason for Visit. Attach documentation which supports the potential condition.

Visit Details

Date of Service <input type="text" value="07/01/2024"/>	Visit Type <input checked="" type="radio"/> In-Office, face-to-face <input type="radio"/> Telehealth, audio and video <input type="radio"/> Telehealth, audio only	Reason for Visit <input type="radio"/> Annual wellness exam <input checked="" type="radio"/> Office visit <input type="radio"/> Follow up <input type="radio"/> Other ⓘ <input type="text" value="Please specify"/>
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File Attachments

Please submit up to five (5) attachments.

1. Please attach a copy of the medical record / progress notes for the specific Date of Service (DOS) that corresponds to the risk condition(s) being evaluated. The DOS should be included in the file name.
2. Additional file attachments should relate to the risk condition(s) being submitted.
3. All attachments should be in PDF, TIF, or JPG format.
4. The file size for each attachment is limited to 10 MB.

Enter information below. If all details are confirmed/denied for potential conditions, click Submit.

Submitter Information

In the event that the member's health plan needs to contact the office for additional information, please complete the following fields:

Office Contact Name ⓘ <input type="text" value="Contact name"/>	Office Contact Phone Number <input type="text" value="(555) 555-1123"/>
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Form ID: 426235

Up to five attachments are allowed to support member visit.