

Pre-Visit Planning (PVP)

Reducing care team burden and maximizing engagement with every patient encounter!

What is Pre-visit Planning?

Pre-visit planning (PVP) is a service that CHPA provides to Community Health Centers (CHCs) to aid providers in conducting visits more effectively. CHPA's dedicated risk-adjustment specialists do this by gathering and organizing clinical data found within the medical record prior to a patient's appointment. By accessing this aggregation of health information before the patient comes in, the provider has more time to devote their attention to the patient during the visit and the administrative burden on the care team is reduced. With over 40 years of cumulative coding expertise within the Risk Adjustment & Quality Department, CHPA provides coding education and resources to give the provider much-needed time, guidance, and peace of mind as your trusted coding partners!

Why is Pre-Visit Planning Important?

PVP is a team-based approach to healthcare, where the CHC care team and CHPA specialists work together to plan for a patient's appointment and ensure the patient is getting the best care possible. As a result of working as a team, the patient's acuity is accurately captured based on their coded health conditions that map to an HCC (hierarchical condition category). This helps to ensure that there is funding available to provide high-quality care to the patient. When pre-visit planning is performed, it ensures that shared savings benchmarks and stars ratings are being met. With PVP, you will be up to date on the patient's chronic conditions, changes in diagnoses from specialists, open quality care gap opportunities, and if the patient has had an annual wellness visit (AWV) in the current calendar year. PVP saves clinical time, improves the quality of care for the patient, and strengthens care team satisfaction!

Who is the target of Pre-Visit Planning?

CHPA conducts PVP for value-based contracts that your CHC is engaged in and assists in helping your CHC work towards shared savings. These contracts are for Medicare and Medicare Advantage populations, with a goal to move into Medicaid contracts in the near future.

What does a CHPA risk adjustment specialist do for me?

The risk adjustment specialist working with your CHC is responsible for looking at the provider's appointment schedule on a weekly basis before patients come in for their appointment. They review clinical documentation, recommend diagnoses that need to be recaptured, give feedback on diagnosis codes that are omitted from the medical record, and notify the provider of open quality care gaps (i.e., colorectal cancer screening, mammograms, etc.). The specialist will send a message providing all the information needing to be addressed at the visit, if clinically appropriate for the date of service. At the point of care, you can verify the diagnoses and improve the accuracy of the HCC score of the patient, and over time, the HCC goals of the CHC as a whole.

What does a PVP message look like?

Every EMR is different, and messages may be sent in various ways depending on your CHC's preference. In general, this is what you can expect when receiving a PVP message:

Pt has 1 HCC code that has not been assessed and billed (recaptured) for 2023 yet; if appropriate please considers 125.119 - Atherosclerotic heart disease of native coronary artery WITH unspecified angina pectoris

Next, pt's Cr and EGFR labs are abnormal. You might consider adding N18.30 (CKD Stage 3) to chart.

Pt is due for a microalbumin & repeat A1C. A1C goal is <9.0% so hopefully it's come down from 9.6 from Feb.

If you agree with this, please document, bill, and add to the problem list where appropriate

Thank you for your time! Christine Smidt, CPC, CRC

How can I interact with my risk adjustment specialist?

Responding to PVP messages is not required but can be helpful at times to give the risk adjustment specialist feedback. If a patient does not have a condition that their insurance is suspecting them to have, letting us know can help us document and report that information to our payer partners.