

September 10, 2026

Risk Adjustment Data for Provider Engagement

Risk Adjustment helps create a complete and accurate picture of each member's health and supports the care you provide. Accurate, clear, and complete documentation helps ensure claims reflect each patient's health status and supports accurate coding and claim or encounter data submission.

Complete Annual Wellness Visits

Review your patient panel regularly in NaviNet to identify members who have not been seen and proactively schedule their visits. Preventive visits support patient health and provide an opportunity to document chronic conditions that are monitored, evaluated, assessed, or treated during the encounter. During each appointment, address applicable care gaps, recommended screenings, vaccinations, and preventive counseling. Complete documentation promptly and include all diagnoses and chronic conditions assessed during the visit.

Documentation and Coding Expectations

To support accurate Risk Adjustment reporting, providers should:

- Document each patient's full health status, including all diagnoses and chronic conditions addressed during the visit.
- Ensure documentation supports the required level of detail for the ICD-10-CM code to the highest specificity of accuracy for claim and encounter submission.
- Apply ICD-10-CM coding and reporting guidelines for conditions that are monitored, evaluated, assessed, or treated.
- Submit accurate ICD-10-CM codes for each patient encounter.

Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Network Account Executive.

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