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INSIDER

Educational and program information for providers

For Optum in-office assessment program announcements, see page 2.

May 2021

FOCUS ON: Chronic kidney disease

Medicare Advantage HCC 138: Chronic kidney disease (CKD), moderate (stage 3)	Prevalent conditions that fall into this category are: CKD stage 3A, CKD stage 3B and CKD stage 3 unspecified
Medicare Advantage HCC 137: CKD severe (stage 4) Affordable Care Act HCC 188: CKD severe (stage 4)	Prevalent conditions that fall into this category are: CKD stage 4
Medicare Advantage HCC 136: CKD severe (stage 5) Affordable Care Act HCC 187: CKD severe (stage 5) and HCC 184: End-stage renal disease (ESRD)	Prevalent conditions that fall into this category are: CKD stage 5, hypertensive CKD with stage 5 CKD and ESRD
Medicare Advantage HCC 135: Acute renal failure	Prevalent conditions that fall into this category are: acute kidney failure with tubular necrosis, acute cortical necrosis, medullary necrosis and acute kidney failure unspecified
Medicare Advantage HCC 134: Dialysis status	Prevalent conditions that fall into this category are: dialysis status, dialysis complications and dialysis non-compliance
Affordable Care Act HCC 183: Kidney transplant status	Prevalent conditions that fall into this category are: kidney transplant status

The conditions listed in the table above do not represent an inclusive list. Please check the CMS and HHS mappings for a complete list of conditions.

CMS requires submission of risk-adjusting diagnosis codes within the reporting period each calendar year based on what is documented in the medical record.

Documentation should be clear, concise and legible. All conditions that coexist at the time of the encounter/visit, and require or affect patient care, treatment and/or management, should be documented.

When documenting conditions of **chronic kidney disease**, specify (if applicable):

- Stage: CKD stage 1, 2, 3A, 3B, 4, 5, ESRD
- Severity: Mild, moderate, severe
- Comorbidities/complicating factors: Hypertension, diabetes, heart failure, obesity, secondary hyperparathyroidism of renal origin, dialysis status, family history of kidney disease, etc.
- Cause: Hypertension, glomerulonephritis, interstitial nephritis, polycystic kidney disease, etc.

HEDIS measures

Comprehensive Diabetes Care (CDC) Note: There are three parts to this measure. Nephropathy screening is one part.	Nephropathy screening: • Microalbumin with result or lab report • Medical record stating that the patient visited a nephrologist, had renal transplant, medical attention to CKD stage 4, ESRD, dialysis, etc. • Patient is on an ACE/ARB medication

Documentation considerations may be specific to Optum programs such as the Comprehensive Gap Assessment Program (CGAP). Refer to the National Committee for Quality Assurance (NCQA) for a complete listing of documentation requirements.

For information on CGAP documentation verification requirements, please click here.

For additional HEDIS documentation requirement information, please refer to our Closing gaps in quality measures toolbook.

For additional information, as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at ncqa.org.

For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to go.cms.gov/partcanddstarratings.

Optum in-office assessment program updates and reminders

Thank you for your participation in the Optum in-office assessment program. This program is designed to assist you in conducting a comprehensive annual exam and potentially help you detect chronic conditions, at times before your patients have symptoms. We encourage you to schedule a comprehensive annual exam for your patients' next office visit. Please allow enough time to assess all gaps in care and screenings identified on your assessments.

Documentation should be clear, concise and legible. All conditions that coexist at the time of the encounter/visit, and require or affect patient care, treatment and/or management should be documented.

This section is intended to notify you of in-office assessment program updates and reminders for our health plans' Medicare Advantage (MA), Medicaid Managed Care Plan (MCAID) and Affordable Care Act (ACA) members and to inform you of trainings that you and your team may leverage to support program success. Disclaimer: The information provided below is not specific to any one group or health plan; the terms below may vary from health plan to health plan. If you would like to understand what terms apply to what health plan, would like a reference to the full program requirements and/or have any further questions, please contact your Optum representative, or contact the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday–Friday.

Materials available on Optum Risk and Quality Data and Reports platform

Many popular program, coding and education materials are now available to you directly on the Optum Risk and Quality Data and Reports platform, www.conduit.optum.com. Once you sign in with your One Healthcare ID, materials can be found at the top right corner under "Resource Library." Please note, the default setting is to show 10 materials per page. You can change this setting or scroll through the pages to find the material(s) you are looking for. If you have any questions, please contact your Optum representative.

Training opportunities

Optum offers a variety of coding and documentation courses for MA and ACA. Classes are available with continuing education unit (CEU) and/or continuing medical education (CME) credits.

- On-demand sessions for Medicare Advantage.
- Regional trainings: Please speak with your Optum representative for a schedule of virtual trainings within your region pertaining to documentation considerations.

If you are not sure who your Optum representative is, please contact the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday–Friday.

Did you know?

Your Optum representative or the Provider Support Center can provide access to several tools to assist you in completing the program, as well as tracking your results in the program. If you have questions, please contact your Optum representative or the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday through Friday, or via email at providersupport@optum.com.

To minimize errors or to correct previously rejected assessments, please refer to the Checklist and FAQ for providers.

Remember:

Assessments must be submitted via:

- **Optum Uploader:** please visit optumupload.com.
- **Secure fax:** 1-972-957-2145
- **Traceable carrier:** (any commercial carrier with traceable delivery) to the following address:
  Optum Prospective Programs Processing
  2222 W. Dunlap Ave.
  Phoenix, AZ 85021
- **Optum electronic portal/modality**

The following references were used to create the content of this document:

Optum360 ICD-10-CM: Professional for Physicians 2021. Salt Lake City, UT: 2020.

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