

# Risk Adjustment Diagnosis Capture Overview

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***Disclaimer:*** This presentation is offered as guidance to NEPHO providers and office administration. If you are a BILH employed practice please follow up with your practice Leadership on guidance reviewed during this presentation.

# Agenda

- ▶ NEPHO Risk Adjustment Coding Audit – Results Reviewed
- ▶ Patient Risk Adjustment Factor (RAF) Review
- ▶ Hierarchical Condition Category (HCC) Risk Adjustment Model
- ▶ Coding to the Highest Specificity
- ▶ Capture Patient Chronic Conditions
- ▶ Risk Adjustment Coding Value Example
- ▶ Best Practice at Practice Level
  - ❑ Team Effort
  - ❑ Optimize EMR Coding Capture Tools
  - ❑ Importance of Claims Data
  - ❑ Track Performance to Identify Areas of Coding Opportunity
  - ❑ Team Effort to Better Support Coding Capture
- ▶ NEPHO Education Focus

# Audit Results – Coding Capture Opportunity

- ▶ Missing Diabetes with complications – coding to highest specificity
- ▶ Missing Depression in remission
- ▶ Missing Hypertension coding to highest specificity
- ▶ Morbid Obesity is not always coded with accuracy – missing E66.01 or missing Z code capture for BMI (seeing this a lot with BMI >40)
- ▶ COPD is still being missed and this condition does lead to lung disease
- ▶ Cancer is being missed on an annual basis and will affect the annual budget for a patient who has a relapse and needs treatment
- ▶ CKD 3 – this code was updated on October 1, 2020 and is now broken down into 3 sub-stages coding accurately will drive the HCC
- ▶ Capturing chronic conditions during Telehealth visits is necessary to support accurate patient health status – having patient more interactive during visit will help capture Risk Adjustment coding such as: COPD, Diabetes with complications, and Morbid Obesity

# Patient's RAF Score Calculation Review

- ▶ **Demographics:** Demographic factors include Medicaid and disability status, gender, age, and whether a patient lives in the community or in an institution, like a skilled nursing facility.
- ▶ **Patient Health Status:** Higher risk scores or RAF medical abbreviation “RAF score”, represent patients with a greater than average disease burden. Lower risk scores represent a healthier population view, but may also falsely indicate a healthy population when there is poor chart documentation or incomplete risk adjustment coding.
- ▶ **Predicted Health Costs:** Using the risk adjustment factor system a “risk score” is chosen for each patient according to the patient’s demographics, health status, and other clinical factors. The patient’s risk score helps support the patient’s predicted health costs compared to those of an average healthy patient. The RAF is a relative measure of the predicted costs to meet the healthcare needs of the patient.
- ▶ **Health Management:** A risk adjustment factor system is used to adjust plan payments to ensure fair payment for providing healthcare services and benefits for a population of patients, sometimes known as population health management.

# HCC Risk Adjustment Model Overview

- ▶ **HCC Definition:** Hierarchical Condition Category (HCC)
- ▶ HCCs are a grouping of clinically related diagnosis with similar associated cost to the healthcare system. Only those ICD-10 codes that map to an HCC category are used in the risk adjustment processing system. Not every diagnosis will “risk adjust,” or map to an HCC.
- ▶ Some illnesses and injuries may not be predictive of ongoing expenses, but severe acute diseases and injuries or chronic conditions such as diabetes, heart failure, and chronic obstructive pulmonary disease may pose a continuing financial burden to the healthcare system.
- ▶ Risk adjustment data is used to predict health costs for the subsequent contract year. Inaccurate or non-specific diagnoses can impact patient care, outcomes and reimbursement payment for ongoing care of that patient.
- ▶ New in 2020 RAF scores increase based on the condition count (how many HCC conditions the patient has).
- ▶ The hierarchy logic is based on the RAF healthcare score for the more severe illness - metastatic breast cancer “supersedes” breast cancer without metastasis. In this example the Medicare RAF score of the patient related to breast cancer disease is calculated exclusively on the RAF score for metastatic breast cancer.

# Coding to the Highest Specificity

- ▶ Accurate and complete documentation of chronic condition diagnoses by clinicians is an essential component of the risk adjustment.
- ▶ Providers are required to document all conditions evaluated during every face-to-face visit (Telehealth Included).
- ▶ It is also imperative that the documentation of a disease/condition be as specific as possible.
- ▶ Specificity can make a difference in the patient's treatment plans, as well as accurate code assignments, which then leads to appropriate HCC assignment and payment.
- ▶ It is also important to note that in order to support an HCC, documentation must support the presence of the disease/condition and also include the clinical provider's assessment and/or plan for management of the disease/condition.
- ▶ Specificity can make a difference in the patient's treatment plans, as well as accurate code assignments, which then leads to appropriate HCC assignment and payment.

# Capture Patient Chronic Conditions

The more chronic conditions a patient has, the more care may be required, so annual reporting is crucial to ensure quality of care as well as proper funding. If providers do not report all conditions, money funded for a certain patient could be put into a negative balance, creating difficulties for the provider, payer, and patient.

## **Example as to why accurate coding and documentation is so critical for patient care:**

- ❑ Breast cancer patients, initial treatment may include surgery, radiation, and chemotherapy.
- ❑ The patient may also take medication as a precautionary measure to prevent reoccurrence.
- ❑ Once the initial treatment is completed, the physician may document the patient's condition as "history of breast cancer."
- ❑ The patient is still on medication, which must be funded, this does not accurately reflect the patient's status, nor does it follow ICD-10 risk adjustment guidelines for reporting current diagnoses or history of diagnoses.
- ❑ If the patient is taking medications, then the diagnosis for the condition would be captured as breast cancer not "history of breast cancer".

# Coding Chronic Conditions

- ▶ All pertinent information should be included in the provider's progress notes. Report everything from the office visit that affects the plan of care for the chronic condition.
- ▶ Chronic conditions must be coded annually with the highest level of specificity.
- ▶ All chronic conditions should be discussed and documented when meeting with a new patient. If the condition does not affect the patient's care six months from the initial visit, there is no need to report it again.
- ▶ Document only confirmed diagnoses, not suspected conditions.
- ▶ Do not cut and paste the patient's problem list and transfer it into the progress notes. Providers must link the chronic condition with the care plan by evaluating, assessing, monitoring, or treating the condition in some way, documenting care they provided or plan to provide. If chronic conditions are not linked to the care plan and a data validation audit occurs, the code will be removed and not counted as part of the patient's risk adjustment factor.
- ▶ Progress notes must be signed by the provider for chronic conditions to count for an office visit.



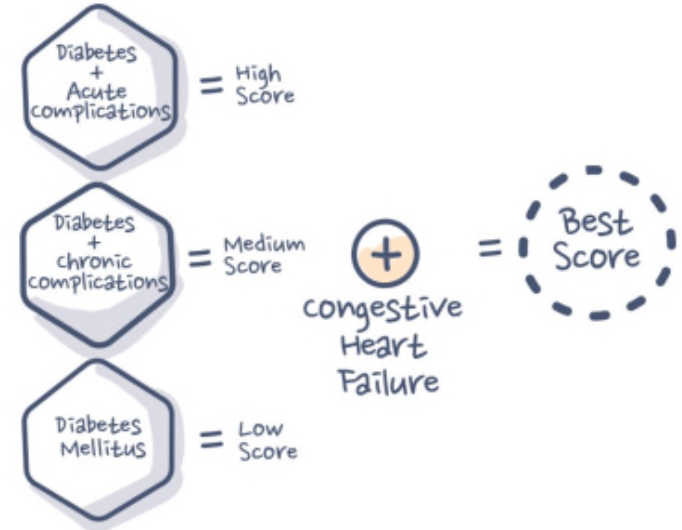
# Risk Adjustment Coding Value Example

## Coding supports a patient's RAF Score

Risk Adjustment Factor (RAF) Documentation Impact

Sam Brown DOB: 1/10/1931 Clinical Picture: Diabetic CKD Stage 5, Chronic Diastolic CHF, A Fib and Rheumatoid Arthritis

Patient Health Status	No Conditions Documented	Missing Conditions	Accurate Coding to the Highest Specificity
84 yr old Male	0.537	0.537	0.537
RA		0.423 (M0.09)	0.423 (M0.09)
Diabetes		0.104 (E11.9)	0.318 (E11.22)
CKD stage 5			0.237 (N18.5)
Chronic Diastolic CHF			0.323 (I150.32)
Chronic A Fib			0.268 (I48.2)
(CHF and Renal Failure)			0.271
(CHF and Diabetes)			0.154
(CHF and A Fib)			0.105
Total RAF (Demographics and HCC)	0.537	1.064	2.636
PMPM Payment	\$430	\$851	\$2,109
<b>Annual Payment</b>	<b>\$5,155</b>	<b>\$10,214</b>	<b>\$25,306</b>



# Best Practice To Better Support Risk Adjustment Coding Capture

Coding an accurate RAF score directly impacts patient's coverage amount for the year ahead, so it's crucial that providers, practices & coding team fully understand the HCC coding guidelines to help get them updated accurately annually.

- ▶ Risk Adjustment Coding is a Team Effort
  - ❑ Front end staff
  - ❑ Coders
  - ❑ Providers
  - ❑ Back end staff
- ▶ Education is the key to success
  - ❑ Understand ICD-10 coding updates
  - ❑ Educate providers on coding tools (Clinovations)
  - ❑ Follow-up with areas of missed coding opportunity
  - ❑ Have coding audits in place to identify trends
- ▶ Update Problem List
  - ❑ Understand providers needs to better support problem list maintenance
  - ❑ Review resources to help maintain current problem list

# Educate Providers on Importance of Claims Data

Physician data (coding information submitted on physician claims) is critical for accurate risk adjustment.

- ❑ Physician claims data is the largest source of medical data for the risk adjustment models which help to determine how resources are allotted for care of the population.
- ❑ Specificity of diagnosis coding is substantiated in the medical record.
- ❑ Accurate coding helps to best reflect the cost of caring for members/patients:
  - It demonstrates the level of complexity for the patient encounters.
  - It is vital to a healthy revenue cycle, and more important, to a healthy patient.
  - Each progress note must:
    - Support what is coded and billed (ICD-10-CM, CPT, and HCPCS).
    - “Stand alone” making sure a single service date has proficient data to support the medical decision making.
    - Be complete and contain legible signature & credentials.
    - Support medical necessity.

# Annual Wellness Visits

▶ Perfect opportunity to capture:

❖ Quality

- EPSDT (Early and Periodic Screening, Diagnostic and Treatment)
- BMI
- Medication Review
- Vaccinations
- Lead Screening

❖ Risk Adjustment (Chronic Conditions)

- Address historical conditions
- Status conditions
- Clean up Problems List

# Identify Areas of Coding Opportunity

## ▶ A recent NEPHO Audit identified these areas of coding opportunity:

- ❑ Diabetes with complications
  - A patient's A1C is greater than 7 on a recent test, use E11.65, “Type 2 diabetes with hyperglycemia.”
  - If a patient's blood glucose is less than 70, use E11.649, “Type 2 diabetes with hypoglycemia.”
  - If a patient has diabetes and hyperlipidemia, use E11.69, “Type 2 diabetes with other specified complication.” Add a code for the lipid condition E78.5.
- ❑ Depression (current or in remission)
  - ❑ Patient is currently taking Zoloft and has been feeling more positive and less depressed - code recurrent depression F33.8
  - ❑ Patient has been off Zoloft and has been stable during the summer months – code depression in remission F33.4
  - ❑ Avoid broad terms and unspecified codes such as “Depression”, F32.9 and try to be meticulous in picking up the details of the patient’s current condition in documentation. This supports accurate coding and a better awareness about the disease and how it affects the specific patient population.
- ❑ Hypertension secondary to endocrine disorders
  - A patient with diabetes and hypertension is being monitored for their blood sugar/glucose and they have high blood pressure Code I15.2

# Team Effort

- ▶ Risk adjustment coding requires health plan management, provider group management, physicians, non-physician providers, and highly skilled coding professionals to work together to capture the health status of their patient membership.
- ▶ Health plan management and provider group management must provide leadership that supports the risk adjustment coding department to execute initiatives to improve health record documentation and risk adjustment coding.
- ▶ Physicians and eligible non-physician providers must ensure their documentation complies with HCC reporting requirements and demonstrates that conditions are evaluated, monitored, assessed, and/or treated during face-to-face encounters.
- ▶ Risk adjustment coding professionals must follow best practice guidelines to ensure accurate coding and reporting of HCCs on an annual basis.
- ▶ By working together, the health plan and provider organizations can ensure compliance and optimal financial results under HCC risk adjustment models.
- ▶ Each player is critical to the success under the risk adjustment coding programs.

# Risk Adjustment Supports Quality Patient Care

Having a Risk Adjustment Coding Program will help support the following areas of patient care:

- ▶ Patients are seen annually to update patient RAF score.
- ▶ Risk Adjustment coding better supports patient management of care.
- ▶ Accurate coding creates the annual budget necessary to care for the patient.
- ▶ Better management of patient care helps reduce potential for inpatient hospital admissions.
- ▶ Diagnosis coding improves accuracy of patient health status in EMR.
- ▶ Accurate coding capture better supports continuity of patient care.
- ▶ Chronic condition coding capture helps reduce fragmentation of patient care between PCPs and Specialists.
- ▶ A patient's complete health story creates a solid base for the patient-provider relationship.
- ▶ Complete patient health status offers better opportunity for coordination of care between provider and other health care professionals.
- ▶ A solid understanding of a patient's health will help drive early intervention to reduce potential risk.

# NEPHO Education Plan 2021

- Bi-Monthly Coding and Billing Webinars
- ICD-10 Coding Updates
- Ad Hoc Practice Support
  - ❑ Pre-Visit Coding Practice Support
  - ❑ Post-Visit Coding Audits to help identify areas of coding opportunity
  - ❑ Practice Audits
  - ❑ Practice Onsite Education
  - ❑ Coding Cheat Sheets to help support risk adjustment coding capture
- Upcoming Education Focus
  - ❑ Coding Diabetes with complications
  - ❑ Depression & Anxiety coding capture
  - ❑ Chronic condition capture during Telehealth visits
  - ❑ Review Documentation Requirements
- NEPHO New Physician Coding Onboarding



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## Resources:

<https://www.cms.gov/>

<https://med.noridianmedicare.com/web/jfb/topics/nmp>

<https://www.cdc.gov/nchs/icd/icd10cm.htm>

<https://www.mahima.org/>

<https://www.aapc.com/>