Enhancing RealTime Use of the Clinovations SmartFormTools
Northeast PHO Coding Team

November 16, 2022

Review of a previous presentation by
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Northeast
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Agenda

- Introductions
  - NEPHO Coding Team
  - Dr. Jody Naimark, WINPHO Medical Director for EHR Performance Maximization
  - Leigh-Ellen Magalei, Ambulatory Clinical Documentation, BILPHN

- HCC Coding – What is it? Why is it important?
- HCC Coding – Budget Impact
- Clinovations SmartTool usage video
- Questions

HCC Coding
What is it? Why is it Important?

HCCs are a grouping of clinically related diagnoses with similar associated costs 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 care 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.

Risk Score Impact on the Medicare/TMP Budget

Value of Acuity Documentation & Coding

Moderate Level of Specificity			High Level of Specificity		
Age 76 female (Base)	0.437	$4,370	Age 76 female (Base)	0.437	$4,370
Type 2 Diabetes unspecified- E11.9	0.105	$1,050	Type 2 Diabetes with CKD- E11.22	0.302	$3,020
CKD unspecified- N18.9	0.00	$0.00	CKD Stage 3a - N18.31	0.069	$690
Obesity- E66.9	0.00	$0.00	Severe Obesity- E66.01	0.250	$2,500
Major Depressive Disorder, Single- F32.9	0.00	$0.00	Major Depressive Disorder, Single, Mild- F32.0	0.309	$3,090
Total Risk Factor Score	.542		**Total Risk Factor Score**	1.367	
Estimated Average/ Month		$452	**Estimated Average/ Month**		$1,139
Estimated Dollars/ Year for this patient		$5,420	**Estimated Dollars/ Year for this patient**		$13,670

* An estimated Average Country Rate of $10,000 per year is used

Chirok Health

How to "Wrench" HCC Gaps in **Your** Schedule

- Click the gear icon in schedule

- Search for HCC

- Highlight and add column to include in schedule

- To move from the right, move it up towards the top to show to the left of your schedule

- Select "Accept Gap"

GAP = HCC Code that has NOT been billed in the current year

- Can be found highlighted in gold on story board - additional information can be found by hovering over text
- **HCC SmartTool was ONLY for Medicare, TMP, and Masshealth, but as of November 14, 2022, it is for ALL commercial contracts for charts with gaps**
- This is to be done ONCE per patient for the year to close the gap - RESETS EACH YEAR
- Patient without Clinovations should still be coded to the highest level when possible with high-risk diagnosis

Three Smart Form Options

1. Conditions not addressed at the visit
   - Should be rarely used
   - Patient has gaps and you are 100% certain they will return within this same year
   - NOT PREFERRED
2. Conditions Documented and Coded
   - Legitimate use if you already diagnosed AFIB, COPD, Crohn's, Depression or Kidney Disease in the **current visit**.
   - DO NOT CLICK IF YOU DID NOT FULFILL GAPS
3. **Select diagnosis to address**

How to Handle HCC Conditions NOT being addressed at the Current Visit

- Document that the patient is followed by specialist(s)
- Address the conditions at the visit
- If they don't have the condition, take the time to remove the condition from the patient's chart
- If you do not prompt the program and let the computer know the patient does not have this condition, it will continue to prompt for it. Address it once, and it will stop prompting for the wrong condition

Best Practice Tab

- Take the time to update the problem list. Why? It will add to the visit and bill automatically
- Click "Accept" to add any true suspect conditions
- Ask yourself: "DID I REALLY ADDRESS ALL CONDITIONS?" Suspect conditions are extremely important
- Using the SmartPhrase .HCC will pull the addressed gaps into the note

Problem lists will help drive success and ease the stressors of proper coding

The Devil is in the Details

- Morbid obesity will not risk adjust if the BMI is not attached to it. It must be coded with the E and Z Codes in order to capture the correct HCC value

- Amputations are permanent – you may not be currently treating the condition, but the amputation remains

- Diabetes with complications requires coding to the highest specificity, in order to capture the correct HCC value

Addressing diagnoses that may "hurt" patient feelings

- This is a Clinical decision, however it truly should be coded
- You can remove the diagnoses from after visit summary provided to patient by clicking a button that removes it from the patient's view

Removing/Updating Problems from the Problem List

- Will only be updated if the suspect condition is addressed
- Corresponding diagnosis will be changed

Reminder

- Medical Assistant or Office Staff CANNOT capture gaps - PROVIDER ONLY FUNCTION

Questions/Comments

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