Bright HealthCare

brand new day | CENTRAL HEALTH MEDICARE PLAN

# Monthly Risk Adjustment Webinar

Presented by Bright HealthCare

Welcome! We will get started shortly.

Each month's webinar slide deck & recording will be posted to **Healthcare Provider Home | Brand New Day HMO (bndhmo.com)** for on-demand access!

AAPC CEU certificates will be shared after the webinar via email.

Webinar Live-Captioning

Microsoft Teams provides live captioning with speaker attribution in 28 languages.
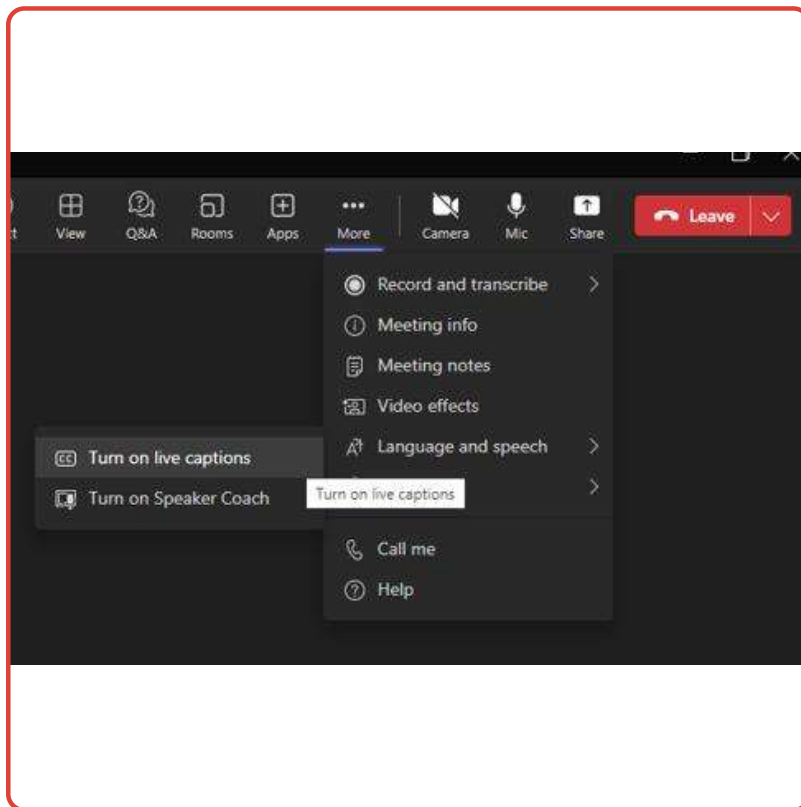
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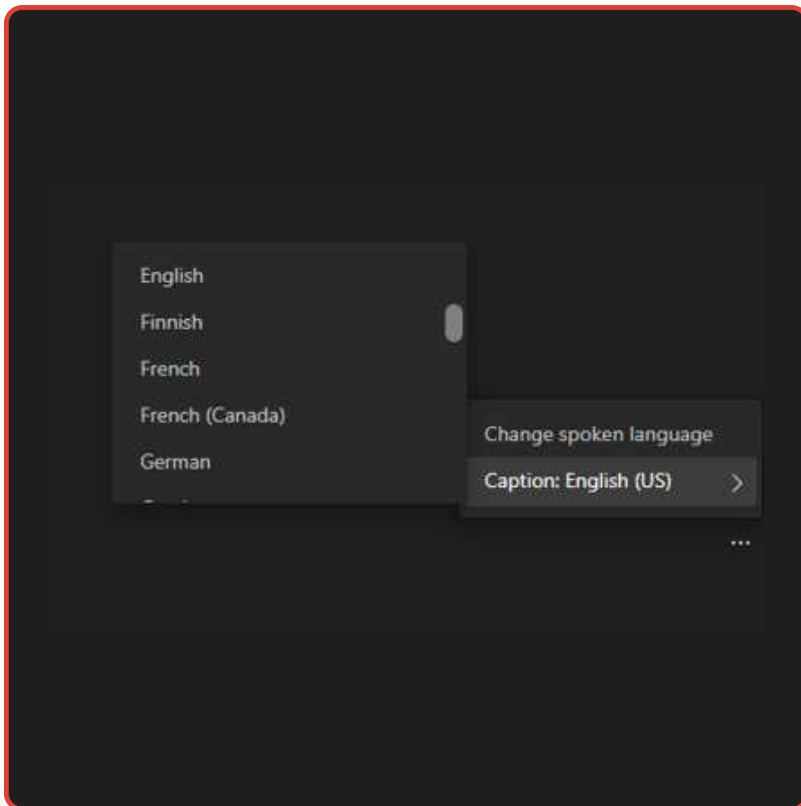
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Disclaimer

The information contained in this presentation and the responses to questions are not to serve as official coding or legal advice. This information is for educational purposes only and may not address all the applicable rules or regulations. Content is valid at the time it is created; however, rules and regulations change on a continuous basis that may make the content obsolete.

The provider is ultimately responsible for providing complete, accurate, and compliant information within the medical record that is used for submission of claims and/or encounters. All coding is determined by the documentation within the medical record on a visit-by-visit basis.

V28 Risk Adjustment Model – Complete and Accurate Health Record Documentation Series

- Agenda -

1 V28 Risk Adjustment Model

2 Utilizing Cozeva for 2024 success

3 Documentation Example

On March 31, 2023, the Centers for Medicare & Medicaid Services (CMS) released the CY 2024 Medicare Advantage and Part D Rate Announcement, which included revisions to the Part C Risk Adjustment Model.

Restructured Condition Categories

The revised model includes the use of the International Classification of Diseases (ICD-10) classification system instead of the ICD-9 classification system.
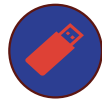
Updated FFS data years

The underlying fee-for-service (FFS) data years have been updated from 2014 diagnoses and 2015 expenditures to 2018 diagnoses and 2019 expenditures.
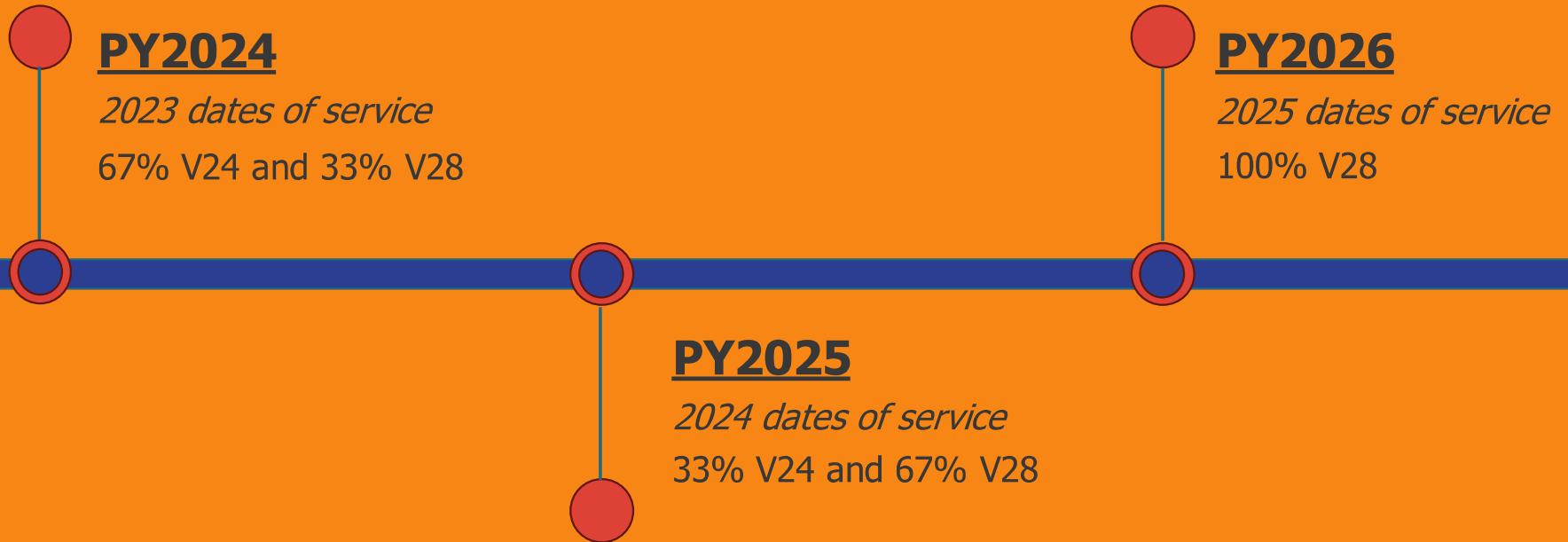
New & Deleted HCCs

Revisions focused on conditions that are subject to more coding variation. Including conditions that impact future medical care costs.

The rate announcement includes detailed descriptions of these updates: Announcements and Documents | CMS

Understanding the 3-year Model Blending

PY2024

2023 dates of service

67% V24 and 33% V28

PY2026

2025 dates of service

100% V28

PY2025

2024 dates of service

33% V24 and 67% V28

2023 ICD-10-CM	Diagnosis codes → 74,044
Not all ICD-10-CM diagnosis codes map to an HCC	Unique Dx Codes to HCC → 7,805*
Hierarchical condition categories (HCC) Groupings of clinically similar diagnoses	HCC Disease Categories (V28) → 115
HCC conditions are categorized hierarchically, and the highest severity takes precedence	HCC Trump Other HCCs → 60
Each HCC is assigned a relative factor that is used to produce risk scores, based on the data submitted	HCC Coefficients Contribute to Risk Score → RAF

*Includes codes added Oct 1, 2023

CMS V28 ICD-10-CM Basics

Removed Condition Areas in the V28 Model

Conditions that didn't accurately predict medical cost

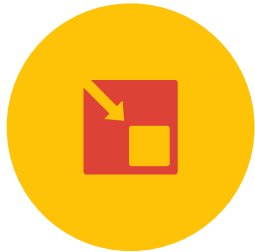Conditions with unspecified diagnostic coding criteria

Coefficients were small

Conditions that were uncommon

2,294 codes were removed in the V28 model!

New Conditions in Model

Anorexia Nervosa

Anorexia Nervosa is an eating disorder characterized by an abnormally low body weight, an intense fear of gaining weight, and a distorted perception of body weight.

Bulimia Nervosa

Bulimia Nervosa is an eating disorder characterized by recurrent episodes of binge eating followed by compensatory behaviors such as self-induced vomiting.

Severe Persistent Asthma

Severe Persistent Asthma is a type of asthma that requires daily medication and frequent medical attention.

Presence of Artificial Leg(s)

Presence of Artificial Leg(s) refers to the use of prosthetic limbs to replace a missing or damaged limb.

268 codes were added to the V28 model, of which over 40% are not prevalent in the Medicare population (e.g., newborn and pediatric codes).

HCC Categories with Significant Change in Diagnoses

V24 HCC	V24 HCC Label	V24 count of diagnosis	# of dropped dx in V28	Percent Dropped
18	DM W Chronic Conditions	400	80	20%
23	Other Significant Endocrine and Metabolic Disorders	229	178	78%
40	RA and Inflammatory Connective Tissue Disease	648	71	11%
59	MDD, Bipolar and Paranoid Disorder	827	425	51%
72	Spinal cord disorders/injuries	352	90	26%
108	Vascular disease	330	146	44%
134	Dialysis Status	50	50	100%
167	Major Head Injury	496	251	51%
176	Complications of Specified Implanted Device or Graft	325	325	100%
189	Amputation Status, Lower Limb/Amputation Complications	291	250	86%
ALL		9797	2027	-20%

Expansion of Condition Categories

- Heart Failure now has six categories compared to one in V24 (HCC 85)
    - HCC 222 End Stage Heart Failure
    - HCC 223 Heart Failure with Heart Assist Device/Artificial Heart
    - HCC 224 Acute on Chronic Heart Failure
    - HCC 225 Acute Heart Failure (Excludes acute on chronic)
    - HCC 226 Heart Failure, except End-Stage and Acute
    - HCC 227 Cardiomyopathy/Myocarditis

- Chronic Kidney Disease has an adjusted four categories, with Acute Renal Failure removed
    - HCC 326 Chronic Kidney Disease, Stage 5
    - HCC 327 Chronic Kidney Disease, Severe (Stage 4)
    - HCC 328 Chronic Kidney Disease, Moderate (Stage 3b)
    - HCC 329 Chronic Kidney Disease, Moderate (Stage 3a)

Dependence on Renal Dialysis removed from risk adjustment model

Expansion of Condition Categories

- Diabetes now has four categories compared to three in V24 (HCC 17, 18, 19)
    - HCC 35 Pancreatic Transplant Status
    - HCC 36 Diabetes with severe acute complications
    - HCC 37 Diabetes with chronic complications
    - HCC 38 Diabetes with glycemic, unspecified or no complications

- Dementia now has three categories compared to two in V24 (HCC 51, 52)
    - HCC 125 Dementia, Severe
    - HCC 126 Dementia, Moderate
    - HCC 127 Dementia, Mild

Documenting a complete, accurate, and specific condition will be required for correct code capture

Opportunities for Heightened Specificity

- ## Major Depression

  Specifically documenting and reporting **major depression severity (mild, moderate, severe)** can impact your patient's risk score in V28.

- ## Cancer

  V28 includes expanded HCCs for **metastatic cancer** and a **new HCC for myelodysplastic syndrome cancers and multiple myelomas.**

- ## Asthma

  Specifically documenting and reporting **asthma severity (intermittent, persistent-mild, persistent-moderate, persistent-severe)** can impact your patient's risk score in V28.

- ## Dementia

  V28 includes expanded dementia ICD-10 codes to reflect dementia severity and associated behavioral disorders.

- ## Pain Associated with Atherosclerosis of Extremities

  Specifically documenting & reporting **pain associated with atherosclerosis of the extremities** can impact your patient's risk score in V28.

- ## Phantom Limb Syndrome

  Specifically documenting **phantom limb syndrome, or phantom limb syndrome with pain** can impact your patient's risk score in V28.

Must be clinically relevant with direct assessment of condition or condition is affecting care management

Can't-Miss Chronic Conditions

- **Diabetes & Diabetic Complications**

  Document diabetes type (type 1 or type 2. Explicitly document causal relationships between diabetes and the diabetic complication/manifestation using words like diabetic, due to, secondary to, related to, etc.

- **Chronic Kidney Disease**

  Include eGFR value.

- **Morbid Obesity**

  Morbid obesity includes BMI 35+ with comorbidities.

- **COPD**

  A patient's COPD may be controlled and remain stable, but should still be assessed and reported annually, at minimum.

- **Smoker's Cough**

  In the coding world, smoker's cough is synonymous with mild chronic bronchitis.

- **Late Effects of Stroke**

  Document the cause-and-effect relationship of CVA and specific related deficits.

- **Congestive Heart Failure**

  A patient's CHF may be controlled and remain stable with medications or surgical interventions but should still be assessed and reported at least annually at minimum.

- **Substance Use Disorders**

  If a patient becomes sober after substance use dependence (whether days or decades), they still carry a diagnosis of substance dependence, in remission.

- **Artificial Openings**

  Physical presence of stoma must be documented.

- **Amputations**

  Specify site and any complications, phantom limb syndrome, or pain.

- **Transplant Status**

  Can be any duration from surgery.

Focus on Best Practice

Patient Care

Document all diagnoses that receive management and care during the encounter

Include all active diagnoses that contributed to the medical decision-making

Note all cause-and-effect relationships with managed conditions

The medical necessity and clinical relevance of the visit should be established

Specificity is critical in documenting conditions

Utilizing Cozeva for V28 Success!

- Cozeva can now show you what your RAF score is using all 3 CMS payment methods.
- **Blended:**

PY2024	PY 2025
DOS Year 2023	DOS Year 2024
67% V24	33% V24
33% V28	67% V28

- **V24**
  - You can see your RAF score if calculated on the old V24 model.
- **V28**
  - You can see your RAF score if calculated on the current V28 model.

You have the ability, in Cozeva, toggle between the three different models

HCC Conditions ❓ CMS-HCC V24 ▼

RAF Score   1.453 / 5.170 = HCC   1.177 / 4.894 + 👤≡ 0.276

- ✏️ **Disorders of Immunity**
  HCC 47 · Clinical Factor 0.718
  Suspect 0.480
  `Recapture` View Suspect Reason

- ✏️ **Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy**
  HCC 75 · Clinical Factor 0.402
  Suspect 0.930
  `Recapture` View Suspect Reason

- ✏️ **Congestive Heart Failure**
  HCC 85 · Clinical Factor 0.373
  Suspect 0.790
  `Recapture` View Suspect Reason

  ✏️ **Acute Renal Failure**
  HCC 135 · Clinical Factor 0.339
  `New` View Suspect Reason

  ✏️ **Diabetes with Chronic Complications**
  HCC 18 · Clinical Factor 0.293
  Suspect 1.000
  `Recapture` View Suspect Reason

V24 Example
Payment Year 2023
DOS 2022
100% V24 RAF Payment
0% V28 RAF Payment

RAF Score: 1.453/5.170
HCC: 1.177/4.894
Demographic Score: 0.276

Cozeva defaults to show you the Current Blended Model

HCC Conditions ❓ Blended ▾

RAF Score 1.335 / 4.278 = **HCC** 1.044 / 3.987 + 👤≡ 0.291

- • ✏ **Disorders of Immunity**
  HCC 47 · Clinical Factor 0.718
  Suspect 0.480
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  `Recapture` View Suspect Reason

Blended Model Example
Payment Year 2024
DOS 2023
67% V24 RAF Payment
33% V28 RAF Payment

RAF Score: 1.335/4.278
HCC: 1.044/3.987
Demographic Score: 0.291

Cozeva allows you to toggle between all three models

HCC Conditions ❓ CMS-HCC V28 ▼

RAF Score 1.094 / 2.466 = **HCC** 0.774 / 2.146 + 👤≡ 0.320

- **Heart Failure, Except End-Stage and Acute**
  HCC 226(V28) · Clinical Factor 0.410
  Recapture

- **Severe Diabetic Eye Disease, Retinal Vein Occlusion, and Vitreous Hemorrhage**
  HCC 298(V28) · Clinical Factor 0.337
  Recapture

- **Hemiplegia/Hemiparesis**
  HCC 253(V28) · Clinical Factor 0.297
  Recapture

- **Chronic Obstructive Pulmonary Disease, Interstitial Lung Disorders, and Other Chronic Lung Disorders**
  HCC 280(V28) · Clinical Factor 0.194
  Recapture

- **Diabetes with Chronic Complications**
  HCC 37(V28) · Clinical Factor 0.177
  Recapture

V28 Example
Payment Year 2026
DOS 2025
0% V24 RAF Payment
100% V28 RAF Payment

RAF Score: 1.094/2.466
HCC: 0.774/2.146
Demographic Score: 0.320

Utilizing Cozeva for V28 Success!

Comparison of the three different models you can access

V24 Example
Payment Year 2023
DOS 2022
100% V24 RAF Payment
0% V28 RAF Payment

RAF Score: 1.453/5.170
HCC: 1.177/4.894
Demographic Score: 0.276

Blended Model Example
Payment Year 2024
DOS 2023
67% V24 RAF Payment
33% V28 RAF Payment

RAF Score: 1.335/4.278
HCC: 1.044/3.987
Demographic Score: 0.291

V28 Example
Payment Year 2026
DOS 2025
0% V24 RAF Payment
100% V28 RAF Payment

RAF Score: 1.094/2.466
HCC: 0.774/2.146
Demographic Score: 0.320

With the changes to the CMS Risk Adjustment Model, utilizing Cozeva to review and assess new <u>suspects</u> and ensure all current chronic conditions have a refreshed treatment plan will assist in submitting all diagnoses.

How to be Successful in Risk Adjustment

High-quality patient-provider connections

Accurate medical documentation and coding

Complete and accurate claim submissions

Telling the
Patient Story

Example:

80-year-old male

Rheumatoid Arthritis

Chronic Kidney Disease, stage 5

Diabetes with CKD

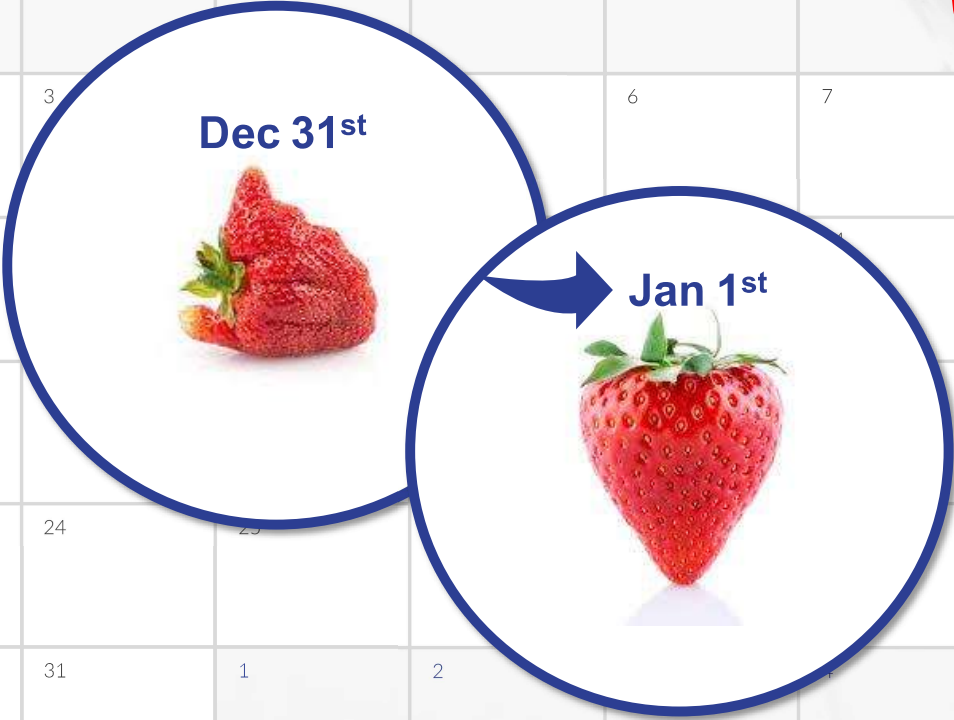Systolic Heart Failure

Atrial fib, chronic

V24 Model: 2.571 raw RAF

V28 Model: 3.243 raw RAF

Still will get value for disease interactions and value for 5 or more HCCs

Ensuring Successful Transition from V24 to V28 in Medicare HCC Model

Conduct Chart Reviews
Review patient charts to identify any gaps in coding and documentation.

Adhere to Best Practices
Accurately assess, document, code, and report all relevant diagnoses and conditions.

Provide Education
Educate providers on coding and documentation best practices.

Enhance Clinical Documentation
Federal regulatory agencies are looking for providers to provide clinical relevance for the conditions they report.

By following these steps, health plans & providers can successfully transition from HCC model V24 to V28.

Questions

Thank you!

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CENTRAL HEALTH MEDICARE PLAN

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HEALTHCARE YOU CAN FEEL GOOD ABOUT

For additional resources & information, visit our risk adjustment education websites:

BND: www.bndhmo.com/providers

CHP: www.centralhealthplan.com/cpa