
Bright HealthCare
brand new day
A Bright HealthCare Company
CENTRAL HEALTH PLAN OF CALIFORNIA
Welcome! We will get started shortly.

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Is Risk Adjustment On Your Radar for 2023?

Medicare Model • Dec 2022

Disclaimer:

- The information presented herein is for information purposes only.
- It is designed to provide accurate and trustworthy information on the subject matter.
- Every reasonable effort has been made to ensure its accuracy.
- Nevertheless, the ultimate responsibility for correct use of the coding system and publication lies with the user.
- The ICD-10-CM code books and the Official Guidelines for Coding and Reporting are certified references for accurate and complete coding.

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Introduction


Lack of time with patients
Lack of support & resources
Complexity of the risk adjustment process

How to be Successful in Risk Adjustment

High-quality patient-provider connections

Accurate medical documentation and coding

Complete encounter and data submissions

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Today's agenda

- Pre-Visit Planning
- Point-of-Care Support
- Post-Visit Reviews

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Pre-Visit Planning

Process & Purpose

Gathering & analyzing data before a patient's visit:

- ✓Prior diagnoses
- ✓History of hospitalizations & procedures
- ✓Laboratory results
- ✓Current medications

Purpose:

- Determine patient's risk profile
- Identify any potential risks that can be addressed during visit
- Ensure patient receives the most appropriate care
- Reduce preventable adverse events

High-quality patient-provider connections

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Different Methods

Manual pre-visit planning:

- Manually collecting & reviewing patient records
- Identifying any potential risks

Electronic pre-visit planning:

- Use software to analyze & compare large amounts of data in real-time
- Identify high-risk patients before they arrive, allowing providers to have more time to review the patient's medical history and prepare

High-quality patient-provider connections

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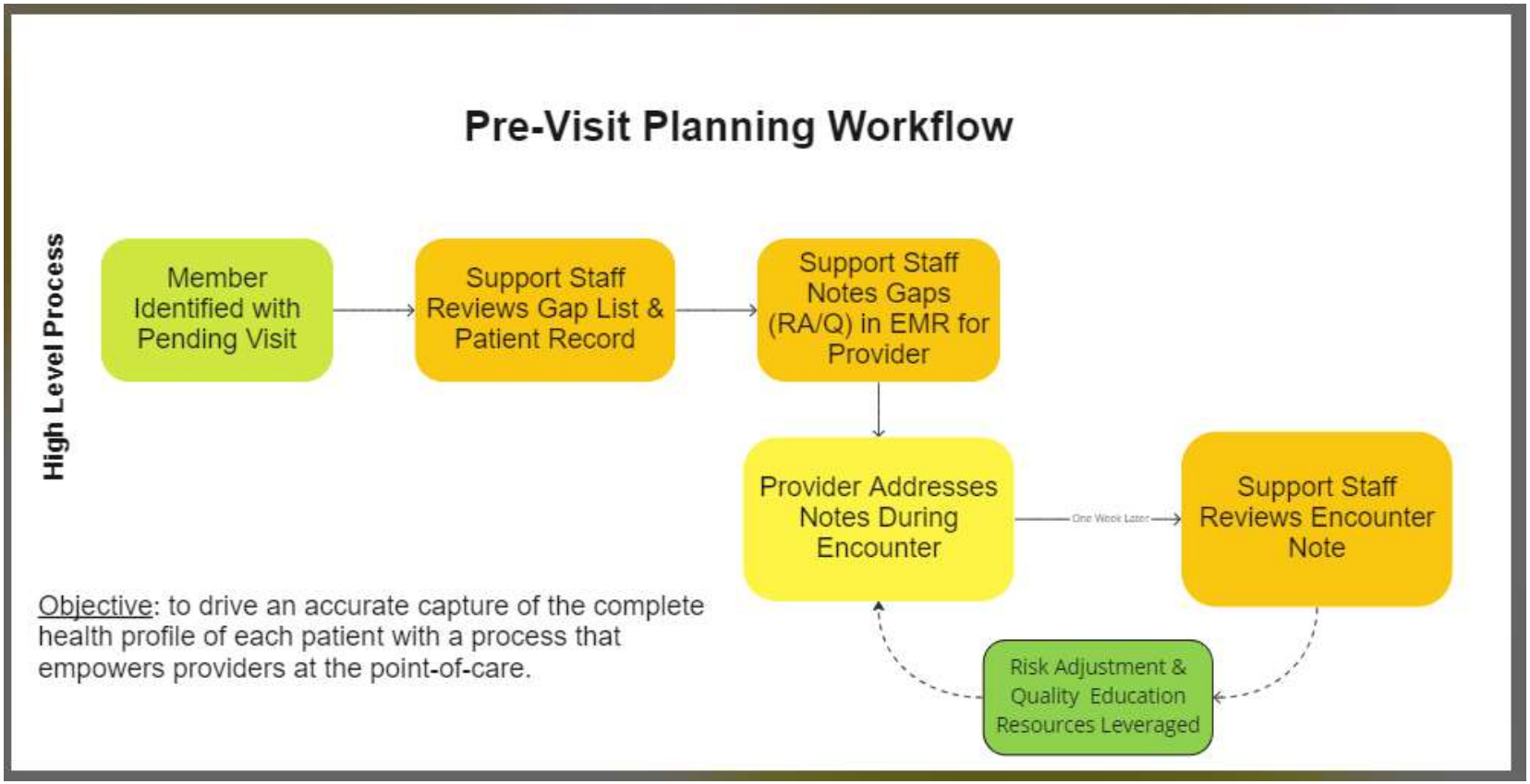
Different Methods – Manual



Different Methods - Electronic

EMR Risk Adjustment Add-ons:

- Identify gaps in care
- Generate reports on patient care
- Measure quality of care provided

COZEVA

- Reporting and analytics platform that allows provider offices to better monitor and act on performance gaps for Quality and Risk measures.

High-quality patient-provider connections

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Point-of-Care Support

Point-of-Care Resources

- Online risk adjustment resources, including educational webinars and tutorials.
- Guidance from risk adjustment experts, such as coding and documentation specialists.
- Technology & tools to help providers accurately and efficiently assess and document risk factors.

Accurate medical documentation and coding

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How Can We Help?

- Online risk adjustment resources, including educational webinars and tutorials.
- Guidance from risk adjustment experts, such as coding and documentation specialists.
- Technology & tools to help providers accurately and efficiently assess and document risk factors.

Accurate medical documentation and coding

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Accurate medical documentation and coding

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Medicare HCC Documentation & Coding Reference Guide

- Medicare HCC Documentation & Coding Reference Guide

Provider Tip Sheets

- Amputations
- Arthritis
- Artificial Openings
- Cancer
- CHF
- Chronic Kidney Disease
- COPD Asthma
- CVA
- Diabetes
- Intro to RA
- Major Depressive Disorder
- Malnutrition
- Obesity
- Substance Use Disorders

Coding & Documentation Guides

- Cancer
- Cerebrovascular Accident in Outpatient Settings
- Chronic Kidney Disease
- Congestive Heart Failure
- COPD & Asthma
- Depression
- Diabetes
- Substance Use Disorders

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HCC Documentation & Coding Reference Guide

If your patient has any of these problems, document the diagnosis, assessment, and plan (DSP), and report the corresponding code at least annually.

Includes documentation & coding tips for over twenty different condition categories!

Psychiatric Problems				
Major depression, recurrent	F33.9	59	0.309	• Depression/anxiety, unspecified has no RAF value. For major depressive disorder, document DSM and/or PHQ-9 score. For all psychiatric conditions, indicate any current medications. • As Major Depressive Disorder is a life-long condition, consider the use of MDD, in remission even when symptoms are controlled with medication or symptoms are resolved in the current instance, as relapse remains a future potential.
Major depression, recurrent, in remission	F33.40	59	0.309	
Bipolar disorder	F31.9	59	0.309	
Schizoaffective disorder	F25.9	57	0.524	
Schizophrenia	F20.9	57	0.524	
Substance Use Disorders				
Alcohol dependence	F10.20	55	0.329	• If patient becomes sober after substance use dependence (whether days or decades), they still carry a diagnosis of substance dependence. Document as drug/alcohol/substance dependence, in remission. • When substance use disorder is being followed and managed by another provider, it is still appropriate to include the diagnosis in your final assessment (when condition impacts patient care).
Alcohol dependence, in remission	F10.21	55	0.329	
Drug abuse	F1X.10	56	0.329	
Drug abuse, in remission	F1X.11	56	0.329	
Drug dependence	F1X.20	55	0.329	
Drug dependence, in remission	F1X.21	55	0.329	

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Provider Documentation: Obesity

Documentation Tips & Best Practices

Did you know that documenting the severity of obesity is essential to complete and accurate coding?

Key elements to document:

- Severity
  - Overweight
  - Obese
  - Morbidly obese
- Contributing factors
  - Excessive calories
  - Drug-induced
- Symptoms/findings/manifestations
  - BMI
  - Alveolar hypoventilation
  - Associated comorbid conditions, such as hypertension, diabetes, COPD

BMI screening tool

BMI range	Weight classification
20.00 – 24.99	Normal range
25.00 – 29.99	Overweight
30.00 – 34.99	Obese
35.00 – 39.99 (no comorbidities)	
35.00 – 39.99 (w/ comorbidities)	Morbidly obese
≥ 40.00	

Documentation tip:

The provider must document the condition (i.e., morbidly obese). The BMI can be documented by medical support staff.

Utilize MEAT (Monitor, Evaluate, Assess, Treat) to specifically address patient conditions:

Monitor	Evaluate	Assess	Treat
Signs Symptoms Disease progression Disease regression	Test results Medication effectiveness Response to treatment Physical exam findings	Test ordered Counseling Record review Discussion	Medication Therapies Referral Other modalities
MEAT Examples: Obesity			
Morbid obesity due to excess calories – Patient states she eats more than 2,000 calories a day, eating only 3 meals but snacking a lot.	Morbid obesity with type 2 diabetes – Elevated A1C; encouraged patient to increase physical activity and limit dietary carbohydrates.	Obese – BMI 33.8. Discussed dietary changes and targeted weight goals.	Morbid obesity – Placed referral to gastroenterologist.

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Provider Documentation: Cerebrovascular Accident in Outpatient Settings

Documentation Tips & Best Practices

Did you know that documenting and linking any residual deficits from a CVA is essential to complete and accurate coding?

Key elements to document are:

- Cause-and-effect relationship of CVA and related deficits
- Specific deficits, such as:
  - Hemiplegia/hemiparesis
  - Cognitive deficits
  - Speech and language deficits
  - Disturbance of vision
  - Facial weakness

Note: Acute CVA should only be documented ***during the initial episode of care***. Post-discharge, document "history of CVA" with or without residual or late effects.

COMMON CODING PITFALL

One of the most common mistakes made in risk adjustment is documenting and coding an "acute CVA" in the outpatient setting. ***Acute stroke codes (ICD-10 category I63) should only be used during the acute inpatient encounter.***

Utilize MEAT (Monitor, Evaluate, Assess, Treat) to specifically address patient conditions:

Monitor	Evaluate	Assess	Treat
Signs Symptoms Disease progression Disease regression	Test results Medication effectiveness Response to treatment Physical exam findings	Test ordered Counseling Record review Discussion	Medication Therapies Referral Other modalities
MEAT Examples: CVA Late Effects			
Left hemiparesis following old CVA – No improvement since last visit.	Right hemiparesis due to recent CVA – Right upper extremity without movement, baseline.	Residual left hemiparesis due to history of CVA – Discussed orthotic for night wear to counteract progressive contracture.	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side – S/p stroke. Patient is being followed by neurology.

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Post-Visit Reviews

Process & Purpose

Trained risk adjustment coders review:

- ✓ Visit documentation
- ✓ Claims data
- ✓ Suspect/recapture lists

Purpose:

- Verify that all providers are appropriately compensated for the risk of their patient panel
- Identify any coding or documentation issues
- Provide feedback on areas of success & areas for improvement

Complete encounter and data submissions

How Can We Help?

Education Chart Review Program Overview

- Even if you do not have an EMR add-on or COZEVA, you can still benefit from Bright HealthCare's technology & analytics.
- In addition to your coding results, you will receive improvement suggestions based on historical claims data, medications, previous chart reviews, etc.

Complete encounter and data submissions

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How Can You Help?

- If your practice utilizes an EMR, allow our coding team remote access to streamline the process.
- Please ensure that all providers and support staff attend the follow-up feedback/education session. The feedback and resources provided during a detailed chart review using your own patients are invaluable to your whole team.

Complete encounter and data submissions

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Patient Impact

Pre-visit

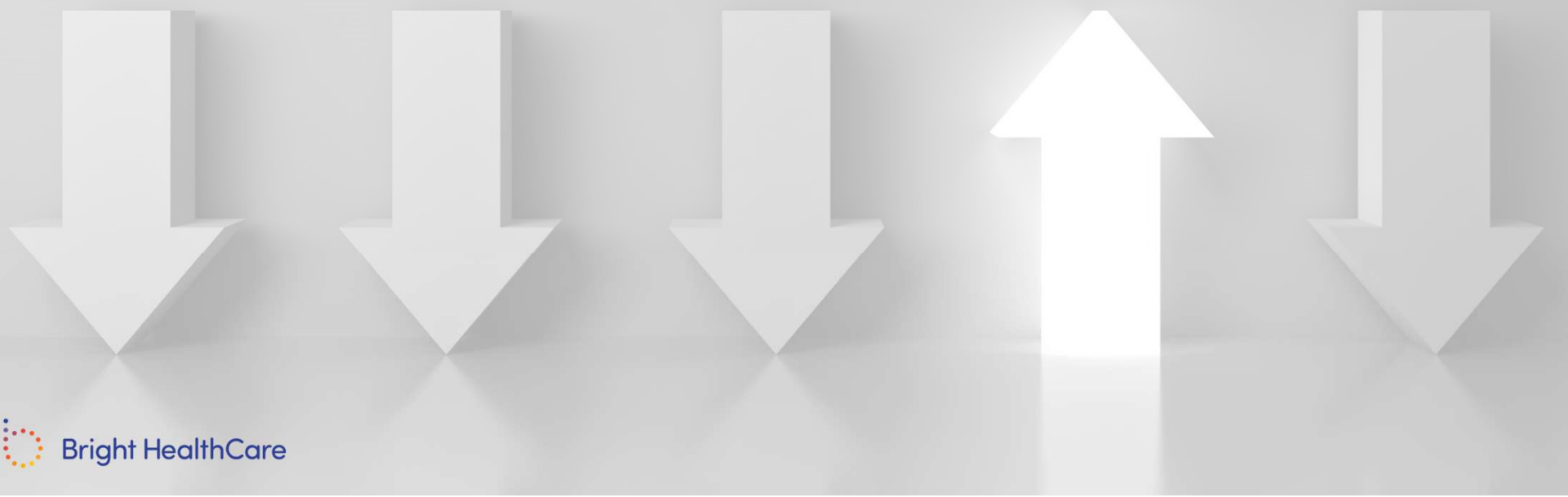
Conditions Indicated	Conditions Assessed	Conditions Reported	ICD-10 Codes
Type 2 diabetes			
Hypercholesterolemia			

Point-of-Care

Conditions Indicated	Conditions Assessed	Conditions Reported	ICD-10 Codes
Type 2 diabetes	**Type 2 diabetes**		
Hypercholesterolemia	**Hypercholesterolemia**		

Post-Visit

Conditions Indicated	Conditions Assessed	Conditions Reported	ICD-10 Codes
Type 2 diabetes	Type 2 diabetes		
Hypercholesterolemia	Hypercholesterolemia	**Hypercholesterolemia**	**E78.00**



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Pre-visit Planning

Conditions Indicated	Conditions Assessed	Conditions Reported	ICD-10 Codes
Type 2 diabetes			
Hypercholesterolemia			
Major depression			

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Point-of-Care Support

Conditions Indicated	Conditions Assessed	Conditions Reported	ICD-10 Codes
Type 2 diabetes	**Type 2 diabetes**	**Type 2 diabetes**	**E11.9**
Hypercholesterolemia	**Hypercholesterolemia**	**Hypercholesterolemia**	**E78.00**
Major depression	**Major depression**	**Major depression**	**F33.9**

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Post-Visit Review

Conditions Indicated	Conditions Assessed	Conditions Reported	ICD-10 Codes
Type 2 diabetes with other complications	**Type 2 diabetes with other complications**	**Type 2 diabetes with other complications**	**E11.69**
Hypercholesterolemia	Hypercholesterolemia	Hypercholesterolemia	E78.00
Major depression	Major depression	Major depression	F33.9

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Patient Impact

Patient Information	RAF Value
72-year-old female	0.690
Hypercholesterolemia	NA

Total RAF: 0.690

*Figures are illustrative only; actual numbers may vary

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Patient Impact

Patient Information	RAF Value
72-year-old female	0.690
Hypercholesterolemia	NA

Total RAF: 0.690

*Figures are illustrative only; actual numbers may vary

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Patient Impact

Patient Information	RAF Value
72-year-old female	0.690
Type 2 diabetes w/ other comp.	0.302
Hypercholesterolemia	NA
Major depression, recurrent	0.309

Total RAF: 1.301

*Figures are illustrative only; actual numbers may vary

Patient Impact

Patient Information	RAF Value
72-year-old female	0.690
Type 2 diabetes w/ other comp.	0.302
Hypercholesterolemia	NA
Major depression, recurrent	0.309

Total RAF: 1.301

*Figures are illustrative only; actual numbers may vary

Success!!!

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Accurate medical documentation and coding

Complete encounter and data submissions

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Questions?

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Thank you!

Contact our team with questions:

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