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Objectives

- Provide Overview of Medicare Risk Adjustment (MRA)
- Identify the role of Health Care Providers in the Medicare Risk Adjustment process
- Provide medical record documentation guidelines

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Background - MRA

- The Centers for Medicare & Medicaid Services (CMS) Risk Adjustment Model ensures adequate resources to care for our high-risk Medicare Advantage members
- Mandated by the Balance Budget Act (BBA) of 1997
- Prior to Risk Adjustment, payments to MA plans derived principally from demographic information (age, gender, county of residence, Medicaid eligibility, etc.)

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Background – MRA

- MRA Model ensures adequate resources to care for our high-risk Medicare Advantage members
- MRA Model utilizes a reimbursement method commonly referred to as Risk Adjustment Factor-Hierarchical Condition Categories (RAF-HCC) to adjust capitation payments to health plans

Reimbursement Model

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ICD-9 to ICD-10 transition

- October 1, 2015
- Data collection year for risk scores used for Payment Year 2016 would use diagnoses from the prior calendar year (CY2015)
- CMS will use the following when calculating PY2016 risk scores
  - ICD-9 codes were used for dates of service: January 1, 2015–September 30, 2015
  - ICD-10 codes are used for dates of service: October 1, 2015–December 31, 2015

Reimbursement Model RAF-HCC

- 2014 Model - 79 HCC's and over 8830 ICD-10 Diagnosis codes that currently risk adjustment

- 2016 Payment Year model is based on 100% of the 2014 CMS-HCC model mappings known as V22.

Reimbursement Model RAF-HCC

The RAF score identifies the members health status and drives reimbursement.

Lower RAF score indicates healthier population

Healthier Population

Lower RAF score may also indicate the following issues:

- Lack of adequate chart documentation
- Lack of complete and accurate ICD10 coding
- Patients have not been seen

Reimbursement Model RAF-HCC

- Clinical encounter data is submitted to CMS by Health Plans or their Business Associates (BA) throughout the year

  - Final submission for 2014 Dates of Service (DOS) due by the January 31, 2016.

What are the role of providers?

- Providers must report the ICD-10-CM diagnosis codes to the highest level of specificity
- This requires accurate and complete medical record documentation
- Accurate diagnosis code reporting and complete clinical documentation increases the accuracy of a patient's RAF score

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How it works

Each member is assigned a Risk Adjustment Factor (RAF)

- RAF is a numeric value assigned by CMS to identify the health status of a patient

Sample of CMS-HCC Model

Table 1. 2014 CMS-HCC Model Relative Factors for Community and Institutional Beneficiaries

Disease Coefficients	Description Label		
HCC1	HIV/AIDS	0.470	1.904
HCC2	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	0.535	0.575
HCC6	Opportunistic Infections	0.440	0.344
HCC8	Metastatic Cancer and Acute Leukemia	2.484	1.203
HCC9	Lung and Other Severe Cancers	0.973	0.674
HCC10	Lymphoma and Other Cancers	0.672	0.412
HCC11	Colorectal, Bladder, and Other Cancers	0.317	0.296
HCC12	Breast, Prostate, and Other Cancers and Tumors	0.154	0.198
HCC17	Diabetes with Acute Complications	0.368	0.474
HCC18	Diabetes with Chronic Complications	0.368	0.474
HCC19	Diabetes without Complication	0.118	0.182
HCC21	Protein-Calorie Malnutrition	0.713	0.399
HCC22	Morbid Obesity	0.365	0.579

Complete 2014 CMS-HCC Model

How it works

RAF scores are made up of the following criteria for each member:

- Demographic information including age and sex
- Medicaid status and if the patient was eligible for Medicare due to a disability
- Chronic conditions and a number of disease interactions

How it works

If two or more ICD-10-CM conditions are mapped to the same HCC category, will result in payment for only one and will be to the highest specificity code.

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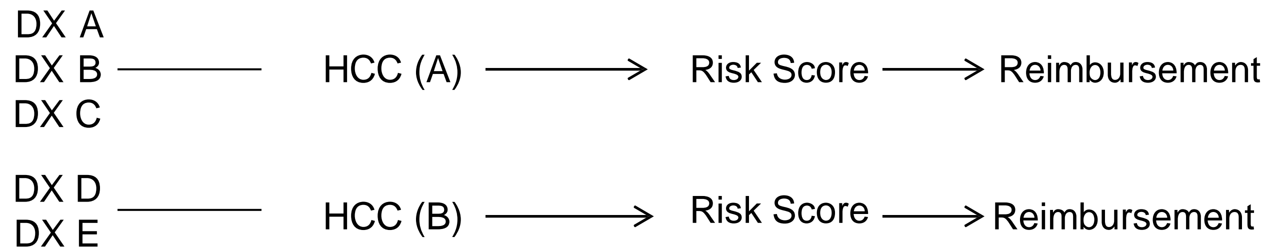
How it works

- Each diagnostic code falls into one Diagnosis Group and codes are grouped into Condition Categories



- CMS designed the equation so that the average Medicare FFS patient has the score of 1.00

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Examples of Diagnosis to HCC Mapping

Diagnosis	ICD-10-CM	HCC	Risk Score	Reimbursement
Diabetes with Ophthalmologic Manifestation	E11.39	18	.368	$
Diabetes with Neurological Manifestation		18	.368	
Diabetes with Circulatory Manifestation		18	.368	

Diagnosis	ICD-10-CM	HCC	Risk Score	Reimbursement
Alcoholism		55	0.420	$
Drug Dependence				

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How it works

Related codes from different categories will result in payment for only the most severe manifestation of a disease.

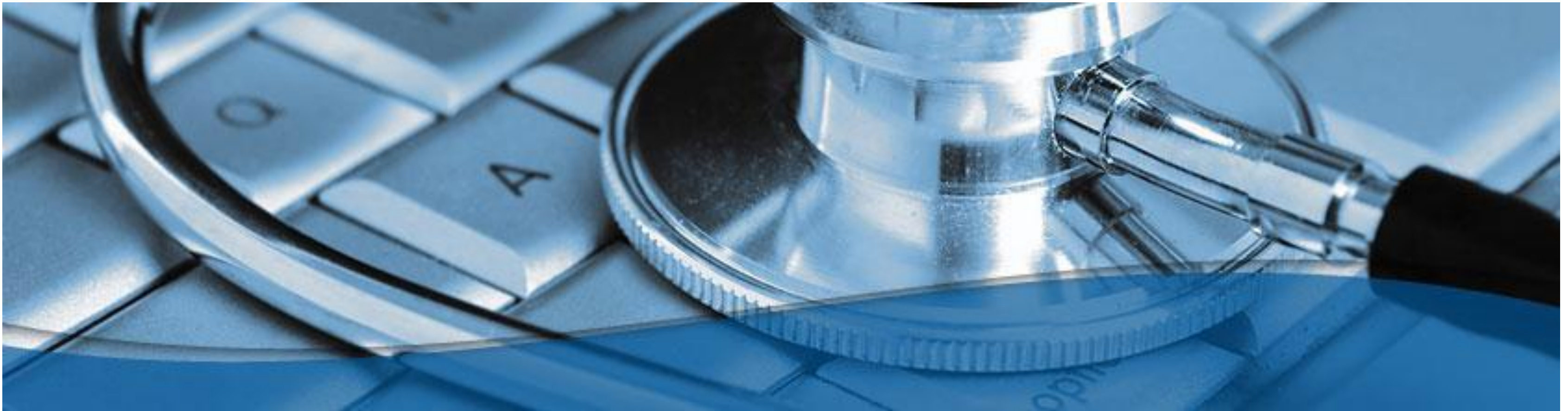
Example, an individual with diabetes that progresses over a year from having no complications (HCC19) to having acute complications (HCC17) would trigger the payments for HCC17 but not for HCC19.

How it works

Disease Interaction 2014 Model Community: Examples:

- Cancer and Immune Disorders
- Congestive Heart Failure and COPD
- Congestive Heart Failure and Renal Disease
- COPD and Cardiorespiratory Failure
- Sepsis and Cardiorespiratory Failure
- Artificial Openings and Pressure Ulcer

Documentation



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Documentation Guidelines

Documentation
And
Coding Guidelines
It's the Law!

Mandated by HIPAA

Documentation Guidelines

Per the ICD-10-CM Official Guidelines for Coding & Reporting:

- Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care, treatment or management.

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Documentation Guidelines

- Do not code conditions that were previously treated and no longer exist.
- However, history codes may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment

Documentation Guidelines

- Patient’s name (on each page)
- DOS (on each page)
- A face-to-face visit
- Patient’s condition(s) must be documented
- Monitor,Evaluate,Address,Treatment (MEAT)
- Acceptable provider signature with credentials and date of authentication

Provider’s Role

- Documentation should demonstrate complete and concise picture of the patient’s condition
- Treatment /Plan should link conditions to medications
- Document all conditions that co-exist at the time of the visit and how they impact current care/treatment

Provider's Role

- Providers must report the ICD-CM diagnosis codes to the highest level of specificity
- Excellent documentation is reflective of the "thought process" of provider when treating patients
- Accurate diagnosis code reporting and complete clinical documentation increases the accuracy of a patient's RAF score

Coder's Role

- When in doubt, query the provider, do not assume
- Know the ICD-10-CM Official Guidelines for Coding and Reporting results in accurate and complete coding

Why is complete documentation important?

- ICD10 Hepatitis C, unspecified (No HCC)
- ICD10 Hepatitis C, acute (No HCC)
- ICD10 Hepatitis C, chronic (HCC-29)

Why is complete documentation important?

- When a primary malignancy has been previously excised or eradicated from its site and/or there is no further treatment directed to that site and there is no evidence of any existing primary malignancy, a code from Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy.

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Why is complete documentation important?

History of CA Vs. Current CA

- History codes should NOT be assigned if a prophylactic drug is given as part of current cancer treatment.
- In this case, the current cancer code should be assigned.

(AHA Coding Clinic, Fourth Quarter 2008 Page: 156-160)

M.E.A.T.

In order for CMS to make the payment, documentation submitted must be from a face-to-face visit and must indicate how the provider is treating, managing or addressing the chronic conditions

Language Samples:	
Assessment	**Plan**
Stable Improved Tolerating Meds Deteriorating Uncontrolled	Monitor D/C Meds Continue Current Meds Refuses Treatment Refer
Example of Acceptable Language	
Ex: Diabetes type 2, stable well controlled on meds Ex: COPD Stable on Advair	

M.E.A.T.

- **Monitor:** B/P reading 120/80; HgbA1c 5.5; last lipid panel was within normal limits
- **Evaluate:** stump well healed, ostomy site w/o infection appears clean & dry
- **Address:** stable; controlled, worsening; unchanged, uncontrolled
- **Treatment:** taking Fosamax for osteoporosis; taking tamoxifen for breast cancer "treatment", DM controlled on insulin

Acceptable Sources of Data

CMS only accepts diagnosis codes submitted from specific sources:

- Inpatient hospitalization
- Outpatient hospital services
- Physician office visits (Face-to-Face)

Excluded Sources of Data

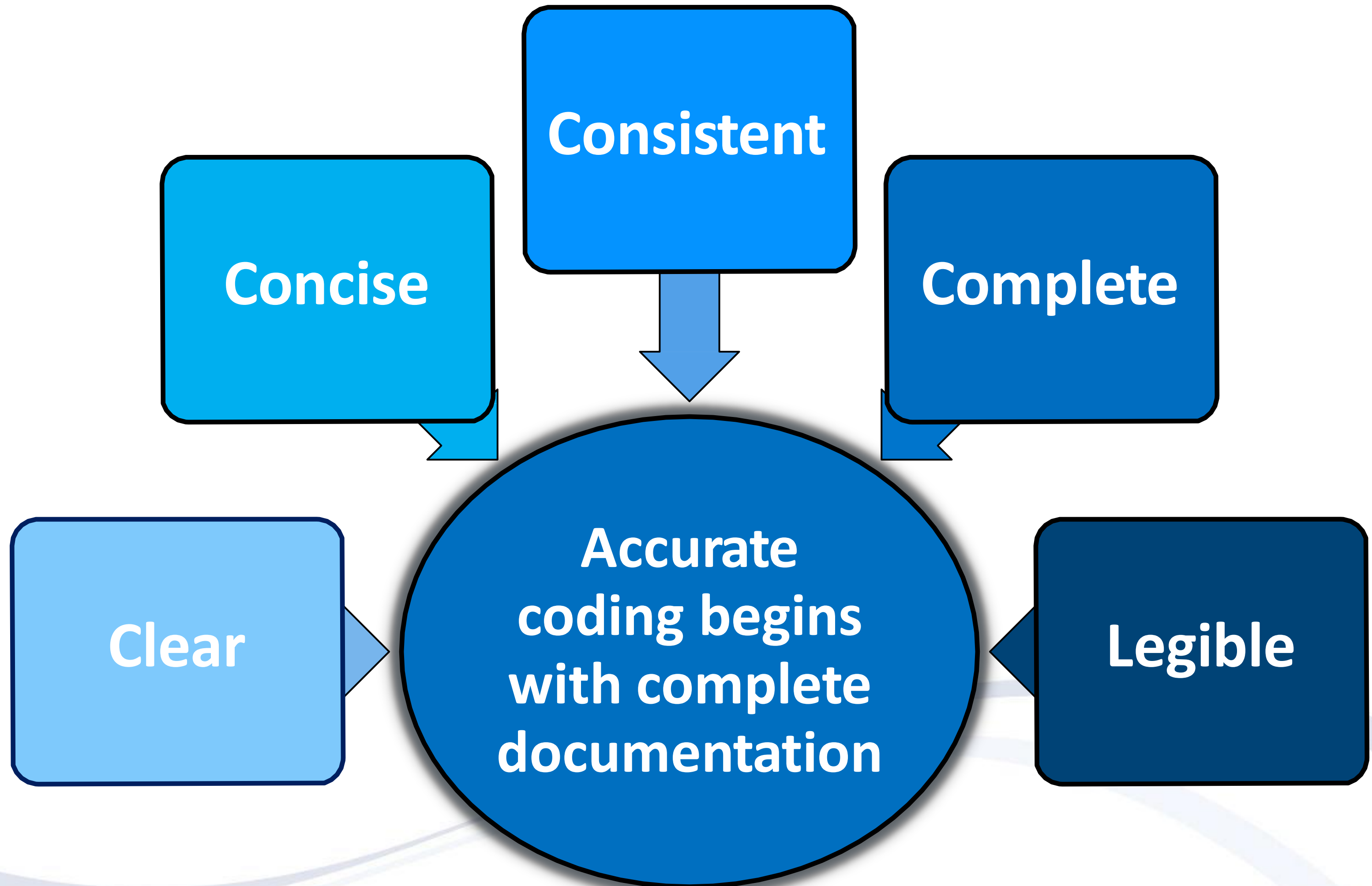
- SNF
- Hospice
- Nursing Homes
- Lab
- Radiology
- Ambulance
- DME
- Ambulatory Surgery Centers

Unconfirmed Diagnoses

- Probable
- Suspected
- Questionable
- Rule Out
- Working

Condition(s) should be coded to the highest degree of certainty that is known at the time of the visit, such as symptoms, signs, abnormal test results, or other reasons for the visit.

Medical Record Documentation



Outcomes

Medicare Risk Adjustment supports achievement of "Triple Aim"

- Cost effective Care
- Quality Outcomes
- Patient Satisfaction

Purpose

- MRA is intended to redirect money away from MAO that would cherry-pick the healthier enrollees
- MRA is a way to provide MAO that care for the sickest patients the resources to do so

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Purpose

- The ultimate purpose of the CMS-HCC payment model is to promote fair payments to MAOs that reward efficiency and encourage excellent care for the chronically ill.

Our Mission

Our non-profit mission is:

- We exist to make a difference in people's lives through excellent patient care.

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References

- 2008 Risk Adjustment Data Technical Assistance for Medicare Advantage Organization Participant Guide". Centers for Medicare & Medicaid Services.
  - http://www.csscoperations.com/Internet/Cssc3.Nsf/files/participant-guide-publish_052909.pdf/$File/participant-guide-publish_052909.pdf
- ICD-9-CM Official Guidelines for Coding and Reporting
  - http://www.cdc.gov/nchs/data/icd/icd9cm_guidelines_2011.pdf
- ICD-9-CM HCC model mappings
  - http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html

Contact Information

Our goal is to help simplify and support accurate, complete, concise documentation and coding.

We are happy to help you!

Please contact us with any additional questions or comments

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