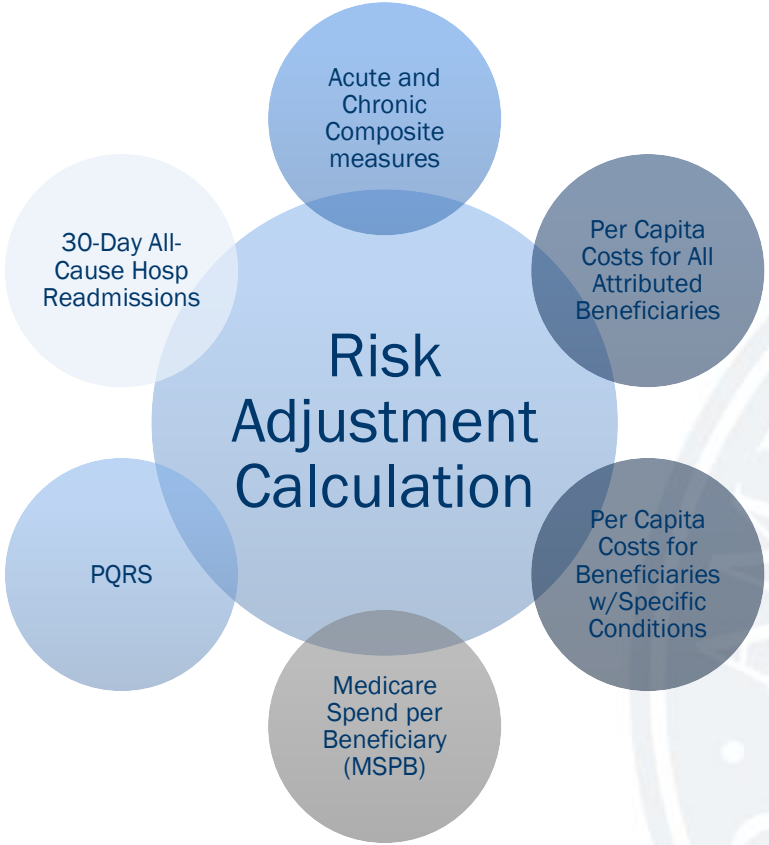
Is documentation really important

Measures are risk adjusted prior to their inclusion in the QRURs and VM calculations



Risk adjustment methodologies vary for each

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Risk Adjustments: all cost measures are standardized and risk adjusted

- To account for differences in patient-level risk factors that can affect quality outcomes or medical costs, regardless of care provided
- Without risk adjustment clinicians treating a large # of beneficiaries with multiple chronic conditions could perform worse on certain quality/cost measures than clinicians with relatively healthy populations.

Goal of Risk Adjustment

- To enable more accurate comparisons across clinicians that treat beneficiaries of varying clinical complexity, by removing differences in health and other risk factors that impact measured outcomes.
- Example: A clinician treating a very sick beneficiaries might have high per capita costs but much lower costs than would have been expected for beneficiaries of comparable risk. On a risk-adjusted basis, this clinician would be considered a strong performer.

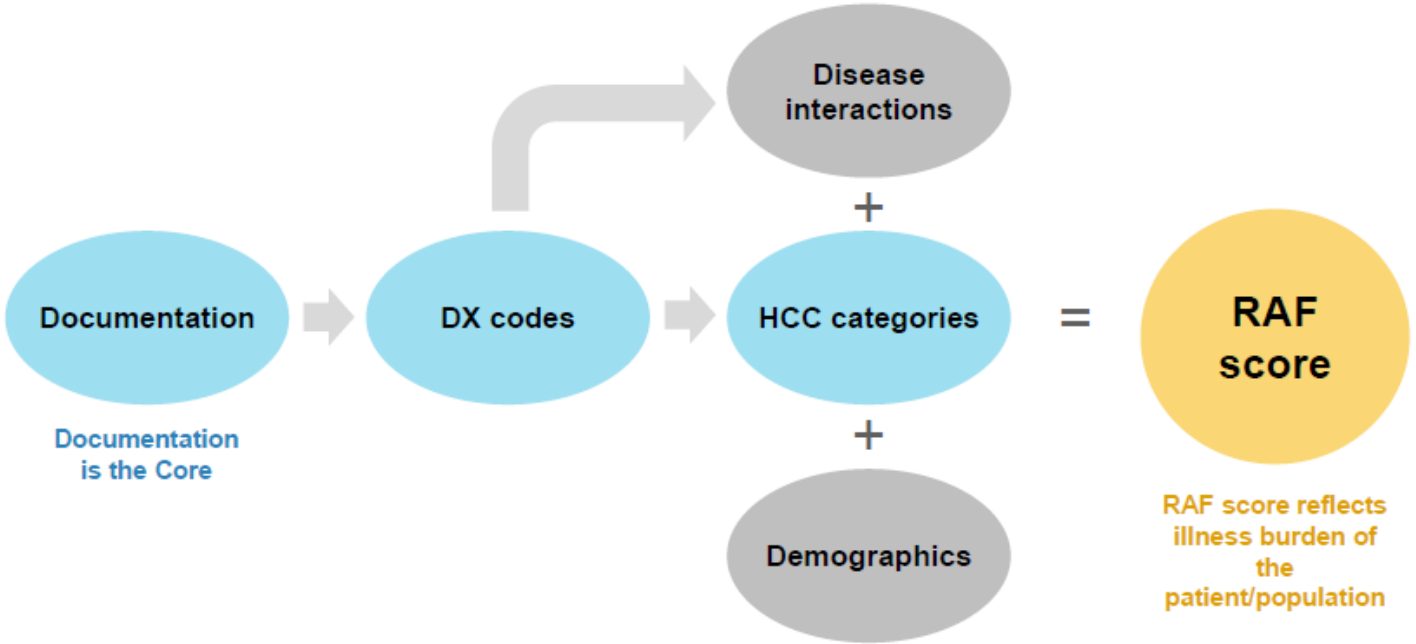
CMS-Hierarchical Conditions Category Model (CMS-HCC Model)

- While there are several risk adjustment models, CMS has adopted the CMS-Hierarchical Condition Category Model (CMS-HCC Model) for use in ACOs
- The CMS-HCC model incorporates demographic information such as age, sex and eligibility, with diagnoses to produce a health-based measure of future medical need
- This consists of groupings of clinically similar diagnoses that are categorized hierarchically
- Each category in the CMS HCC Model is assigned a risk adjustment factor (RAF) which is used to produce risk scores for Medicare beneficiaries, based on the data submitted in the data collection period
  - For example:
    - HCC #1 (HIV/AIDS) RAF = .470
    - HCC #85 (CHF) RAF = .368
    - HCC #111 (COPD) RAF = .346

The CMS-HCC risk adjustment model

- There are approximately 68,000 codes in the ICD-10 book
  - Only 9000 are included in the HCC model
- Each of the 9000 included diagnoses map to 1 of 79 categories in the current model
- Each HCC has a risk adjustment factor (RAF) that is similar in concept to the RVU value of procedure codes
  - However, unlike RVUs, HCCs are hierarchical and additive in some cases

All codes submitted to Medicare or other payers must be supported by thorough and accurate documentation



- The model is prospective - current year's diagnosis reporting affects future benchmarks
- The slate is wiped clean at the beginning if each year – all diagnoses must be resubmitted each year as applicable and as managed, evaluated, assessed and/or treated
- The average RAF is 1.0

HIERARCHICAL CONDITION CATEGORY (HCC) INCLUDED IN RISK ADJUST MODEL

70 HCCs including the following conditions found frequently in CV patients:

HCC#	Brief Description
HCC15	Diabetes w/Renal or Peripheral Circulatory Manifestation
HCC16	Diabetes w/Neurologic or Other Specified Manifestation
HCC17	Diabetes with Acute Complications
HCC18	Diabetes with Ophthalmologic or Unspecified Manifestation
HCC19	Diabetes without Complication
HCC78	Respiratory Arrest
HCC79	Cardio-Respiratory Failure and Shock
HCC80	Congestive Heart Failure
HCC81	Acute Myocardial Infarction
HCC82	Unstable Angina and Other Acute Ischemic Heart Disease

HCC#	Brief Description
HCC83	Angina Pectoris / Old Myocardial Infarction
HCC92	Specified Heart Arrhythmias
HCC95	Cerebral Hemorrhage
HCC96	Ischemic or Unspecified Stroke
HCC104	Vascular Disease with Complications
HCC105	Vascular Disease
HCC108	Chronic Obstructive Pulmonary Disease (COPD)
HCC131	Renal Failure
HCC149	Chronic Ulcer of Skin, Except Decubitus
HCC174	Major Organ Transplant Status

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Correct Coding of Diabetes Mellitus Type II With Chronic Complications

Documented Diagnosis	ICD-10 Code	HCC	RAF
DM with no complication stated	E11.9	19	.118
DM with kidney complication(s)	E11.2*	18	.368
DM with ophthalmic complication(s)	E11.3.**	18	.368
DM with neurological complication(s)	E11.4*	18	.368
DM with peripheral circulatory complication(s)	E11.5*	18	.368
DM with other specified complication(s)	E11.6**	18	.368

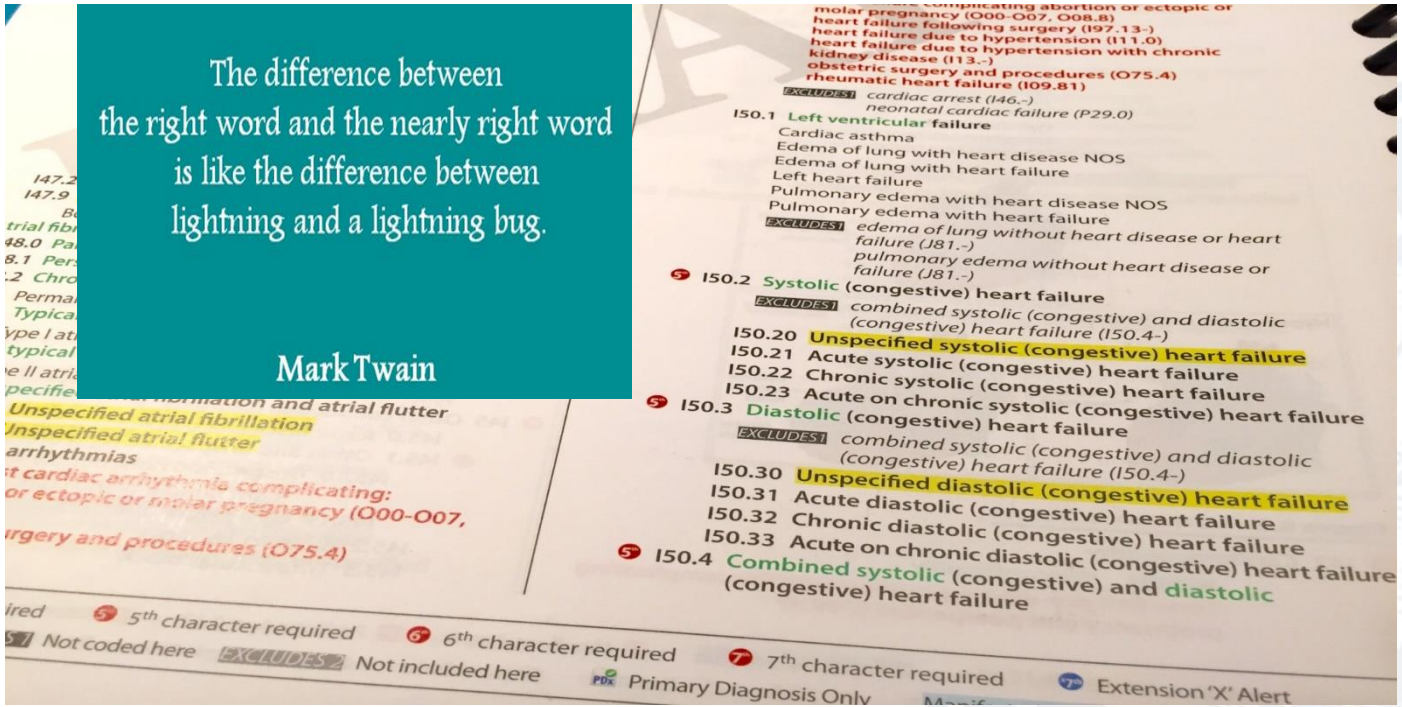
Examples of diagnoses that are NOT Risk Adjustable (RAF = 0):

- Pre-diabetes
- Borderline diabetes
- Abnormal glucose
- Elevated glucose

Frequently reported nonspecific conditions

Frequently reported nonspecific, non risk-adjustable code			More specific, risk-adjustable potential alternative code		
Code	**Description**	**RAF**	**Code**	**Description**	**RAF**
F32.9	Depression *or* major depression, single episode, unspecified	0	F32.0-8 F33.*	Major depression single episode mild, mod or severe Major depression, recurrent	.330
B19.20	Hepatitis C	0	B18.2	Chronic hepatitis C	.251
J40	Bronchitis	0	J42	Chronic bronchitis	.346
G25.0	Essential Tremor	0	G20	Parkinson's	.691
R07.9	Chest pain	0	I20.9	Angina	.141
I69.998 & R53.1	CVA with weakness	0	I69.951	Hemiparesis or hemiplegia following CVA, affecting right dominant	.581
Z86.73	History of stroke	0	I69.954	Hemiparesis or hemiplegia following CVA, affecting left non- dominant	.581
R62.7	Failure to thrive	0	E46 R64	Protein calorie malnutrition Cachexia	.713

It is all in the documentation



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How to improve your scores

- Ensure you are billing the full list of diagnosis
- Develop a practice-based clinical documentation improvement program
- Begin to analyze QRUR and Supplemental report data
- Compare claims data against actual patient records
- Develop an internal compliance plan, implement internal and external chart reviews
- Feedback and education to providers

Paint An Accurate Picture

What style reflects your documentation and billing patterns?

Jackson Pollock

Leonardo da Vinci

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