



WellCare[®]
Beyond Healthcare. A Better You.

*RAP*Sology 101

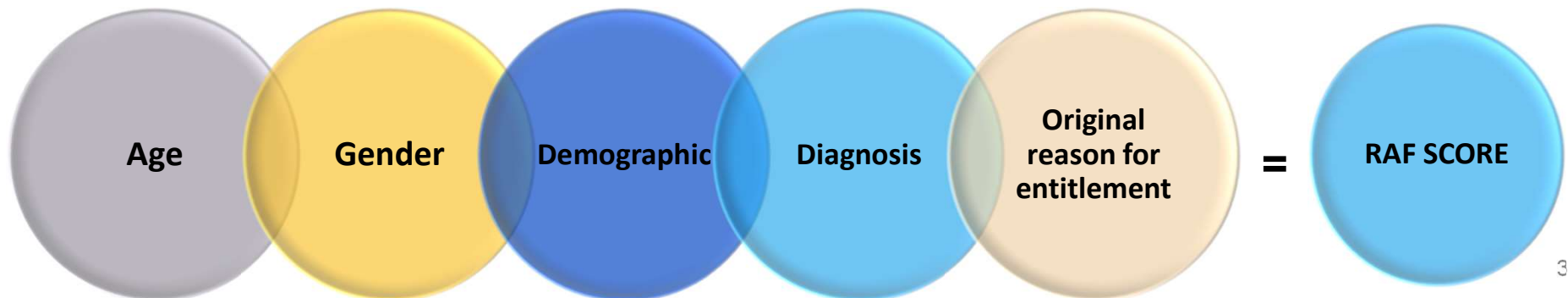
Introduction



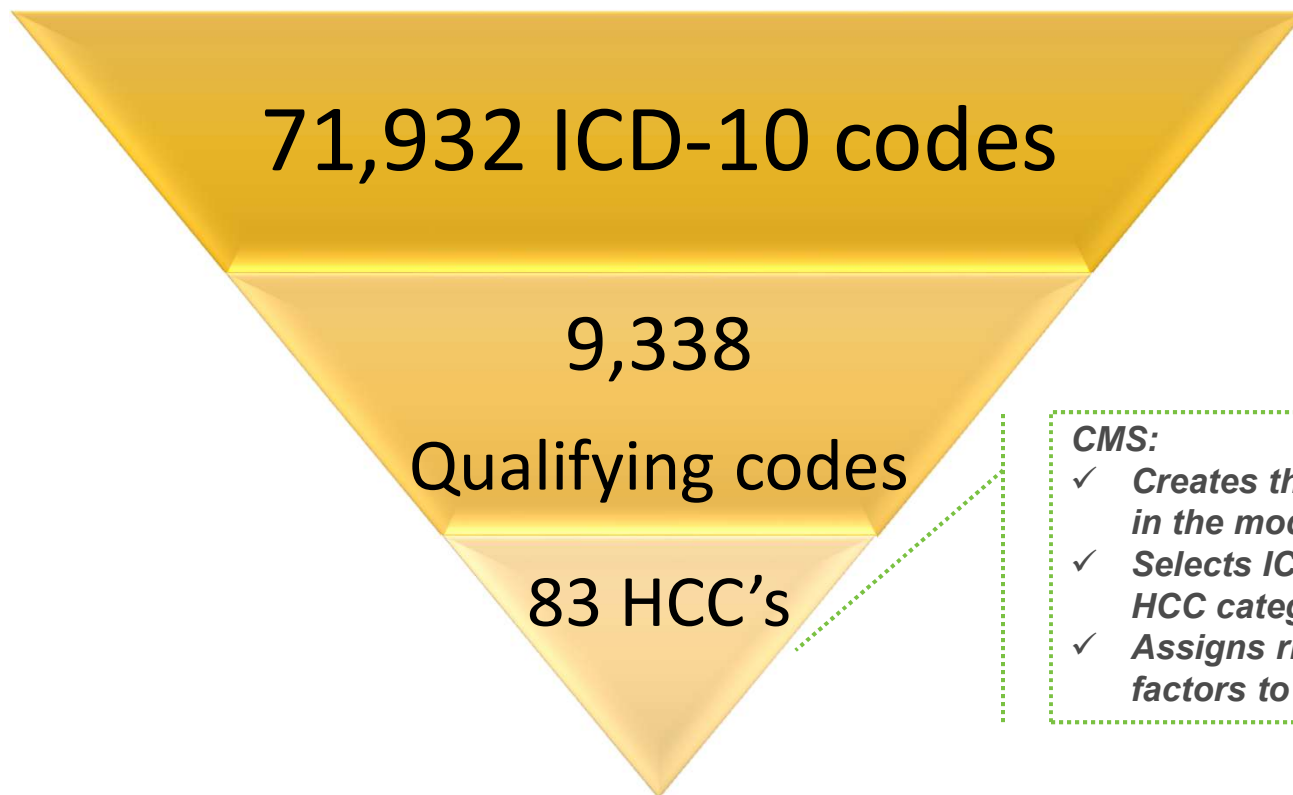
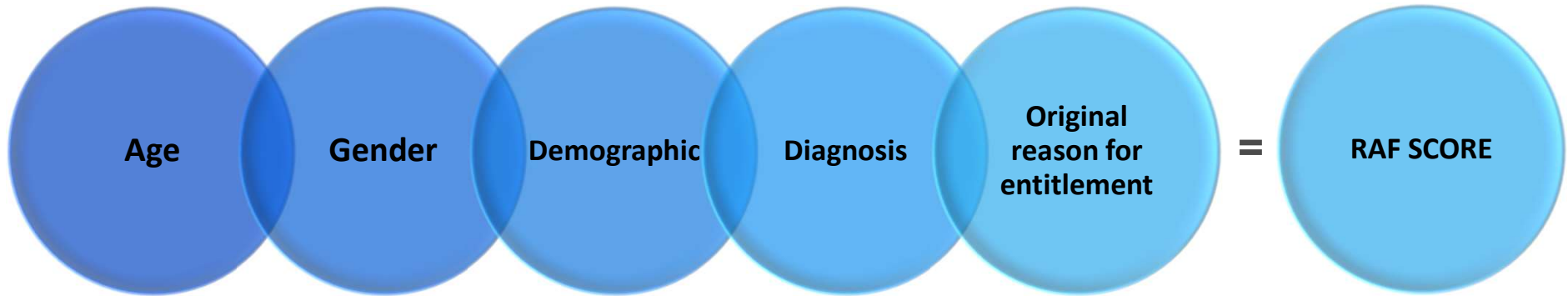
Our members are our reason for being, our first priority is to provide our members with excellent care and service. Our discussion today will focus on the importance of accurate medical record documentation, coding and why the process is ***critical*** to benefit the health of your patients - our members.

What is Risk Adjustment?

- CMS Risk Adjustment Program uses a predictive algorithm that incorporates information on individuals' demographics and health conditions to predict variation in future medical expenditures.
- Diagnosis codes are used to adjust risk
- Used to forecast trends and future needs of patients
- Accurate risk adjustment relies on documentation and coding.
 - The scores reset to zero every year.
 - Providers must address and/or treat all active conditions during an encounter.
 - Complete coding of patient health status relies on a provider's attention to active conditions during an encounter as well as complete clinical documentation.
 - This aligns with high quality care that assesses the management of chronic conditions at least once annually and considers the whole patient in delivering the most appropriate care.



What is the CMS HCC model?



CMS:

- ✓ *Creates the HCC categories in the model*
- ✓ *Selects ICD-10 codes for all HCC categories*
- ✓ *Assigns risk-adjustment factors to HCCs*

What is an HCC and how does it work?



**Hierarchical condition categories or groups of conditions.
Categories map to a corresponding group of ICD-10-CM
diagnosis codes**

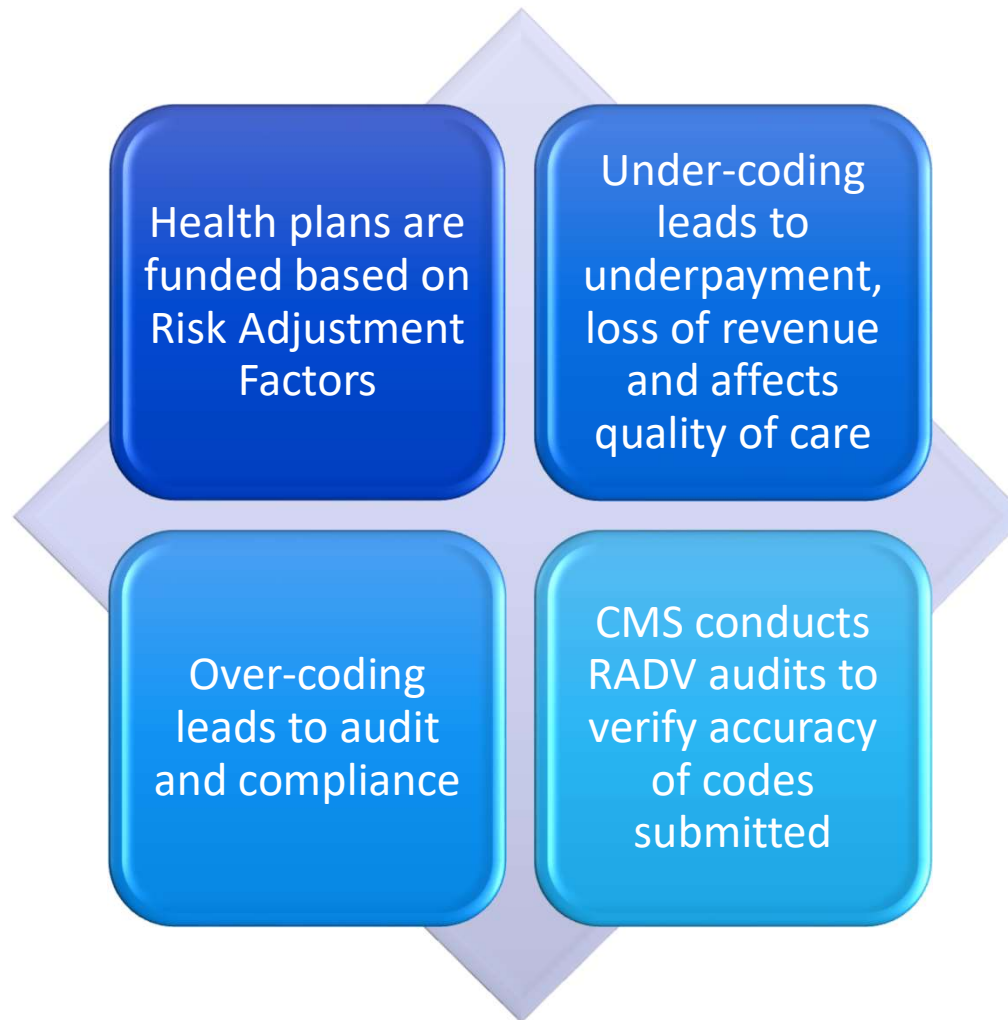
HCC Category	Description	Risk Score
HCC34	Chronic pancreatitis	0.276
HCC22	Morbid obesity	0.273
HCC19	Diabetes w/o complications	0.104

HCC is a method of risk adjustment that uses diagnosis codes submitted on claims, along with demographic variables, to account for differing prevalence of health risk factors in patient populations.

- CMS assigns a value to each diagnosis in the HCC Model (RAF score)
- Not all diagnosis codes carry a value

HCC's are cumulative, so that a patient can have multiple diagnoses assigned to calculate a risk score.

Why is HCC accuracy important?



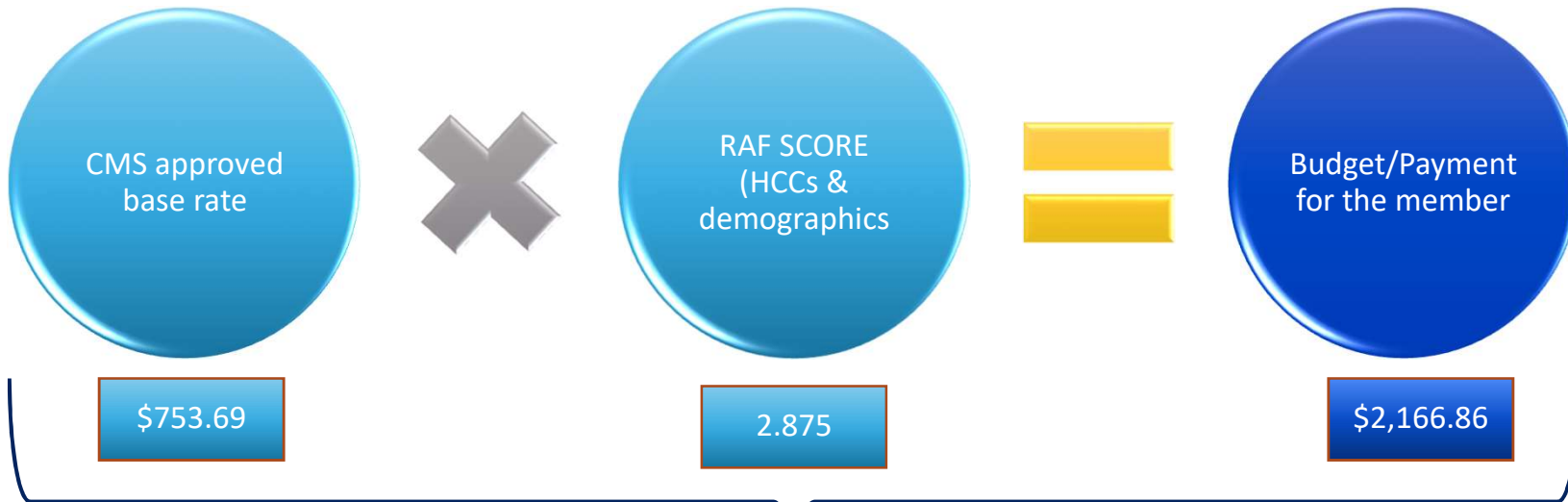
How to manage and improve risk score accuracy



- **It is not a one-time improvement effort**
 - Continuous business requirement for which infrastructure, competencies and management processes must be developed
- **Education and provider engagement**
 - Training coders to code claims for HCC risk adjustment
 - Providers must think beyond just a specific encounter and conditions he/she is treating, they should think about the whole patient and every condition that affects the patient
- **Ongoing analytics and chart reviews**



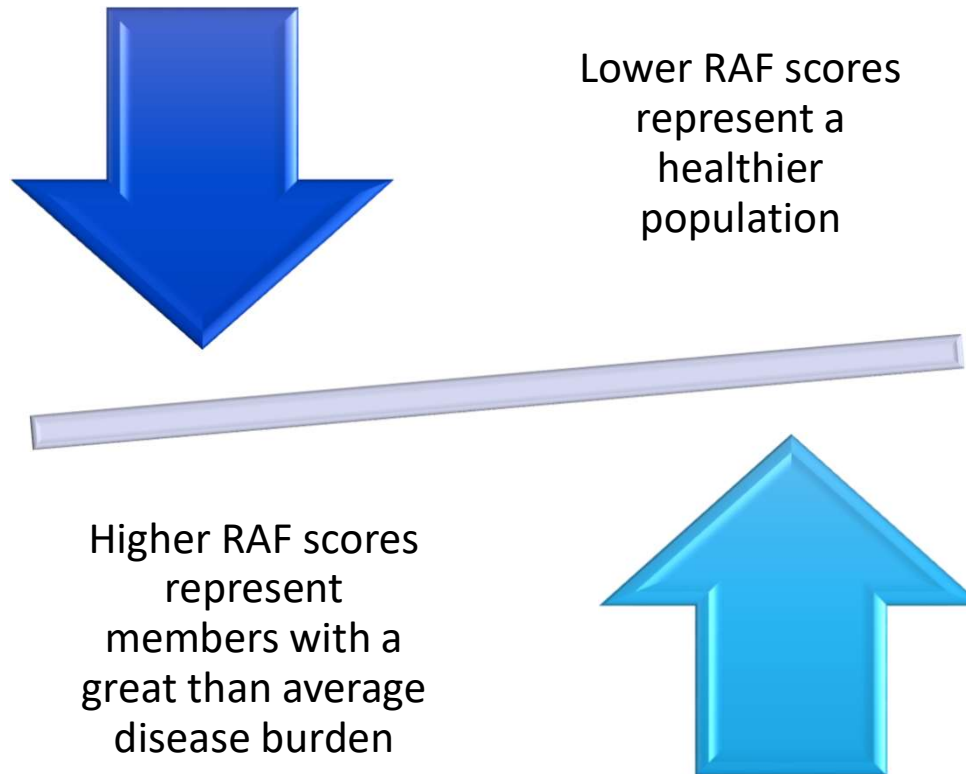
Calculating a RAF score



Accurate Medicare Risk Scores
Ensure that CMS reimbursement is consistent with the expected medical cost

Improved Quality Measures
Ensure that conditions are identified and treated each year

Hierarchical Condition Categories



Inaccurate RAF scores:

- Inadequate documentation
- Lack of specificity in ICD-10 code assignment
- Patient not seen

Balancing the Equation

Demographics and 1 condition reported	
67 y/o male dual eligible	0.478
HCC28 Cirrhosis of Liver	0.421
Patient Total RAF	0.899
PMPM Payment	\$677.57
Yearly	\$8,130.84



- Risk adjustment is critical to ensure members have access to adequate resources and quality care
- Members with multiple conditions will cost more to manage than the member with fewer medical problems
- It is important that clinicians document clinical diagnoses accurately to ensure that members receive the appropriate care management for ALL their conditions
- Accurately identifying illness is key to a comprehensive approach to medical care.
- Our mission is to encourage early identification of illness, coordinate proper care and improve health outcomes



Demographics and ALL conditions reported	
67 y/o dual eligible	0.478
HCC28 Cirrhosis of Liver	0.421
HCC85 CHF	0.355
HCC137 CKD IV	0.251
HCC108 PVD	0.318
HCC189 Amputation status	0.837
HCC85/137 Disease Interaction	0.215
Patient Total RAF	2.875
PMPM Payment	\$2166.86
Yearly	\$26,002.32

What Can You Do?

The two most important things for providers to know regarding HCC coding are:

See the patient at least once a year to determine health status

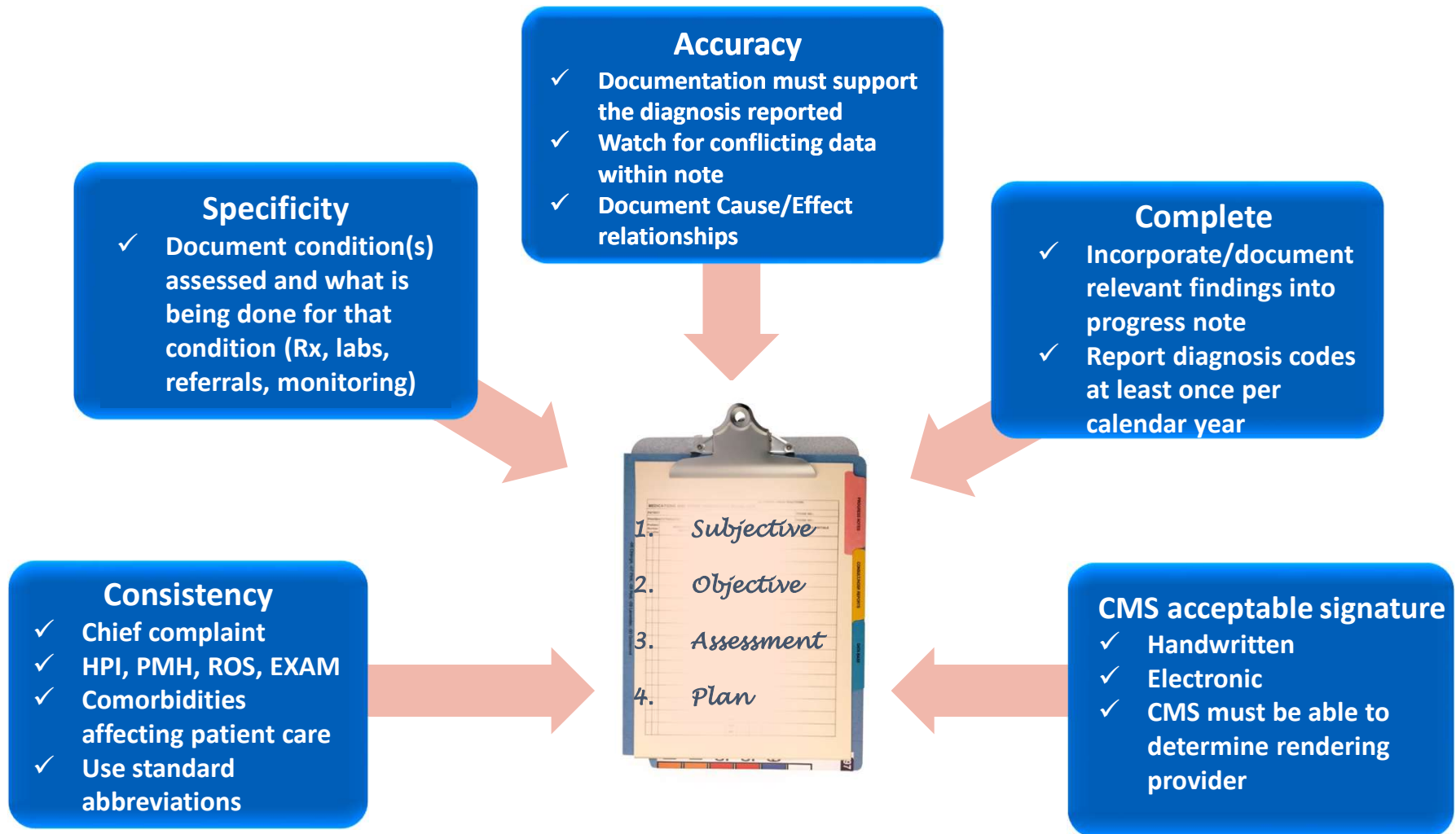
- Evaluate and document ALL active conditions
- Simply listing every diagnosis in the medical record is not acceptable and does not support reporting an HCC

Be specific as possible in the documentation

- This will allow for the most accurate ICD-10 code to be reported
- Documentation should include additional manifestations/complications related to a chronic disease.

Best Practices – Documentation Strategies

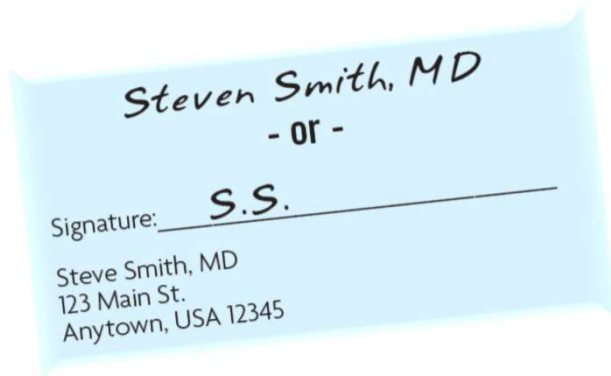
Clear, Concise, Complete



Documentation should paint a picture with words of the patient's condition and what occurred during each visit.

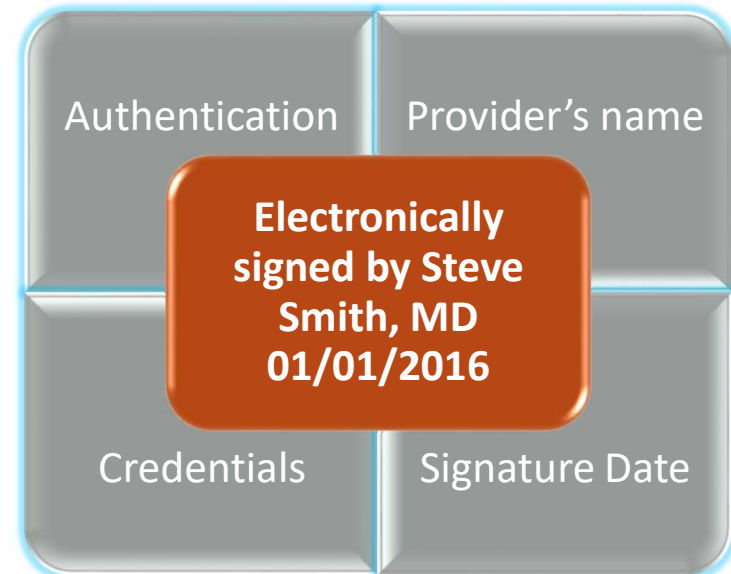
Best Practices – CMS signature requirements for Part C services

Handwritten Signatures must include:



- ✓ Handwritten signature or initials if printed name and credentials are on progress note
- ✓ Legible handwritten signature with credentials
- ✓ If more than 2 names are listed on progress note, the provider signing the chart must circle his/her name
- ✓ CMS does not recognize Practice Name as rendering provider
- ✓ Dr. is a title, not a credential

Electronic Signatures must include:

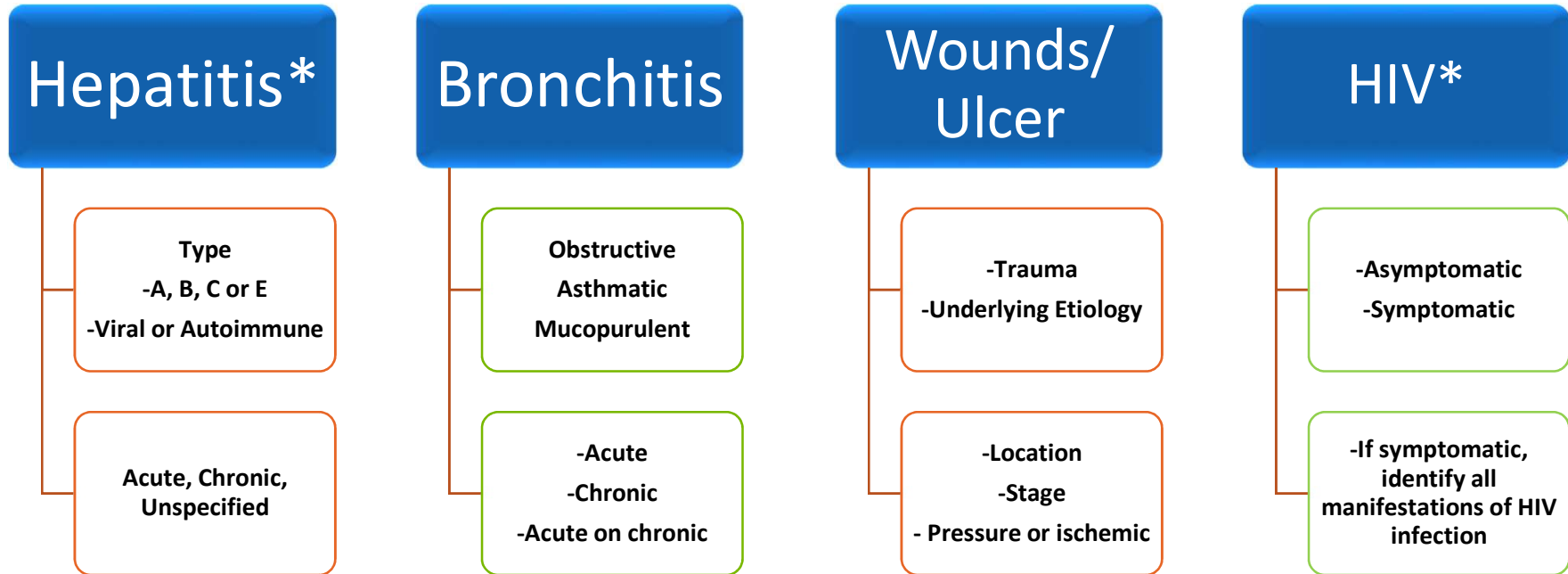


- ✓ Signature name must reflect the provider of service
- ✓ The signature date should reflect the actual date of signature
- ✓ Record must be signed by the clinician that provided the service

Best Practices - Coding Specificity



Diagnosis coding must mirror medical record. Detailed, specific documentation allows for accurate coding.



**New drugs appear to eradicate hepatitis C permanently; do not code as active if condition is cured. Cured means HEP C virus is not detected in the blood when measured 3 months after treatment is completed. Resource: www.harvoni.com*

Z21- Asymptomatic HIV – this code should be applied when the patient without any documentation of symptoms is listed as being “HIV positive”, “known HIV”, “HIV test positive”, or similar terminology. Do not use this code if the term “AIDS” is used or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from his/her HIV positive status; use **B20 in these cases.*

Best Practices – Historical Conditions



“History of”

- In medical coding *“history of”* means the patient no longer has the condition
- Frequent documentation errors regarding use of “history of”
 - Coding a past condition as active
 - Coding history of when condition is still active
- Examples of conflicting documentation:

H/O CHF, meds Lasix	vs.	Compensated CHF, stable on Lasix
H/O COPD, meds Advair	vs.	COPD controlled w/ Advair
H/O of HIV	vs.	HIV positive, asymptomatic

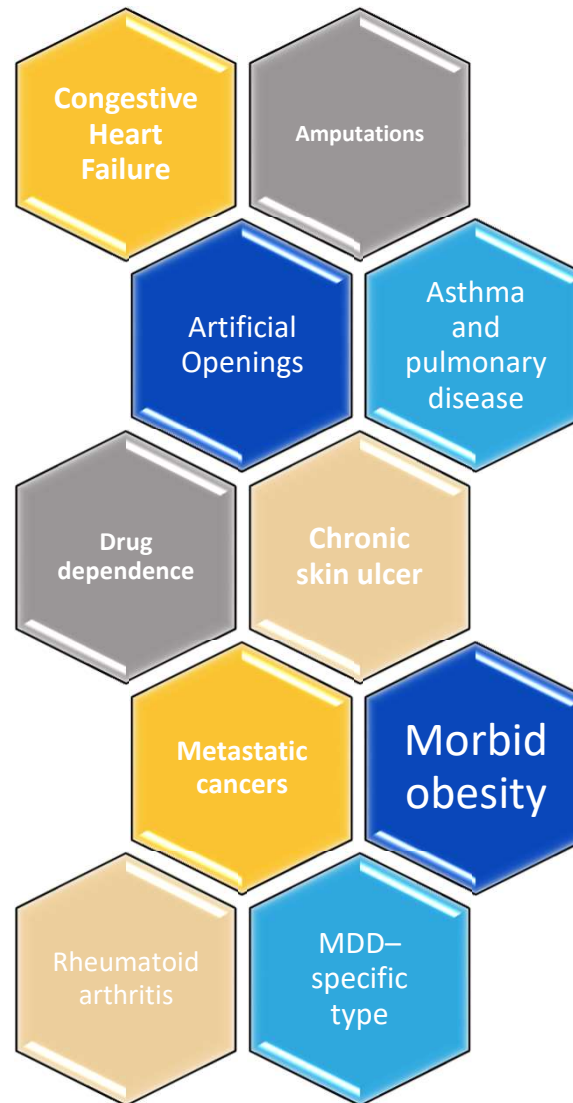
Assessment of all ACTIVE conditions

- Each active diagnosis that is assessed must have a corresponding plan of care
- Use adjectives to describe the condition’s status

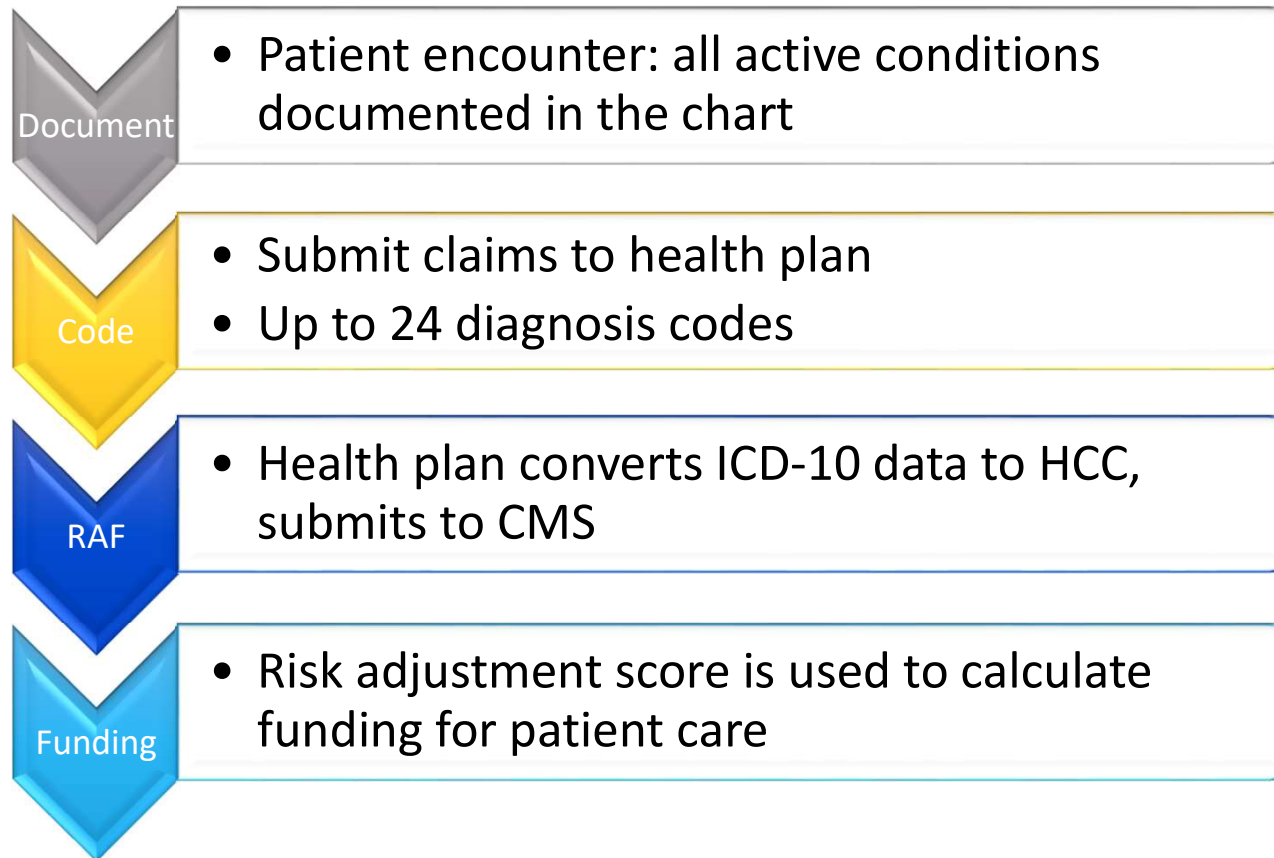
<i>Sample Language</i>	
<u>Assessment</u>	<u>Plan</u>
Diabetes, Stable	Monitor A1C
HTN, improving	Continue meds
CKD IV worsening	Refer to Nephrologist

Add 's' to change from 'HCC' to 'HCCs'

Top 10 Under-Documented HCC



HCC – Operational Process



WellCare's Initiatives



Project Plan: “No Code Left Behind”



Retrospective Coding

- WellCare logic identifies members for review
- Vendor chart retrieval
- Charts reviewed by a team of Nationally Certified Coders & Auditors



Provider Education

- H&P program
- Field Auditor Educators
- Provider coding and documentation education



In-home Assessments

- Physical exam and clinical review performed by NP, PA, MD or DO
- Assessment results communicated to PCP
- Accessible to members who haven't seen a PCP during a 12 month period or are home bound



Partnership for Quality (P4Q)

- Confirm active conditions for current year
- Identify suspect conditions
- Use appointment agenda to confirm active diagnoses (claims submissions, H&P)
- Coordinated effort with HEDIS

Resources



WellCare Risk Adjustment raps@wellcare.com

Appointment Agendas agenda@wellcare.com



CMS Risk Adjustment Training

www.csscooperations.com



ICD-10

CMS

<https://www.cms.gov/Medicare/Coding/ICD10/>



WellCare Portal www.wellcare.com

Select your state, Click on Provider
tab>Medicare>Claims>Risk Adjustment
Programs



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