

Medicare Risk Adjustment and You

Health Plan of San Mateo
Spring 2009



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Background

- CMS reimburses health plans on a risk-adjusted basis:
 - The sicker a member is expected to be, the more CMS pays a plan, which allows HPSM to pay you more than FFS Medicare.
 - Diagnoses reported in one year affect payments for the next year.
- Diagnoses must be based on face-to-face encounters between members and **an MD, PA, or NP** at least once each year.
 - Even chronic conditions like diabetes, COPD, and amputation status must be assessed and documented in order for payment adjustments to be received.
- Visits and diagnoses must be documented in members' medical records.



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Remember:

***If it's not documented –
it didn't happen.***



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How Does this Affect You?

Completely and accurately assessing a member's health status enables you to:

- Monitor all of each member's existing health conditions.
- Avoid harmful drug interactions.
- Identify potential new problems early.
- Reinforce self-care and prevention strategies.



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What Should You Do?

- Conduct assessments on your CareAdvantage members*
- Document all active diagnoses, past illnesses, and status conditions
- Submit documentation to HPSM

* See Appendix A



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Questions?

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Appendix A - Tips for Assessing, Documenting, and Reporting
Risk Adjustment Diagnoses

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Assessing

- Fully assess all chronic conditions annually.
(e.g. CHF, atrial fibrillation, rheumatoid arthritis, chronic renal failure, diabetes, COPD/asthma, cardiomyopathy, amputation status)
- Review every major organ system.
- Consider pertinent past conditions.
- Review medications for indication of other conditions.



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Documenting

For HPSM and CMS acceptance, medical records should:

- Be authenticated with legible provider name and credentials
- Include a physician's signature
- Show patient name and date of service on each page
- Be legible



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Documenting (continued)

- All existing acute, chronic, and **active** status conditions should be documented.
- Include diagnoses, conclusions, and follow-up recommendations.
- Document to the highest degree of specificity.
- If a questionable diagnosis is subsequently known, it can be documented in the medical record and dated for reference.



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Reporting

- Valid diagnoses that are documented in the medical record should be reported to HPSM with claims submissions.
- This should include diagnoses coded to the highest degree of certainty for each visit.
- Probable, suspected, questionable, rule out, or working diagnoses should NOT be reported.
- Diagnoses that are not documented in the medical record should not be submitted.



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Top 10 Risk Adjusted Categories

- COPD
- CHF
- Diabetes w/o complications
- Vascular disease
- Specified heart arrhythmias
- Breast, prostate, colorectal & other cancer tumors
- Angina
- Ischemic or unspecified stroke
- Rheumatoid arthritis & inflammatory connective tissue disease
- Ischemic heart disease



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Common Missing or Incomplete Diagnoses

- Diabetes
 - Type 1 or Type 2
 - Controlled or uncontrolled
 - Cause and effect manifestations (e.g. diabetic neuropathy)
- Major depression versus depression
- Old myocardial infarction (old MI)
- Renal failure
- Angina pectoris
- Breast, prostate, colorectal cancers coded as “history of” rather than active
- Drug or alcohol dependency



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Protein-Calorie Malnutrition (PCM)

Does the patient have any combination of the following?

- Unremitting, involuntary weight loss >10% in the previous months
- Severely curtailed food intake
- Muscle wasting and fat loss, with attention to the presence of edema or ascites
- Persistent, essentially daily gastrointestinal symptoms such as anorexia, nausea, vomiting or diarrhea in the previous 2 weeks
- Marked reduction in physical capacity
- Presence of metabolic stress due to trauma, inflammation or infection



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Status Conditions

Document status conditions for maximum impact:

- Transplants
- HIV
- Dialysis
- Ventilators
- Amputations
- Artificial openings for feeding

Status conditions must reflect active conditions that require treatment or influence medical decision making.



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