Calming Risk Adjustment's Rough "C"s: *Capturing, Coding, Cross Checking & Complying*
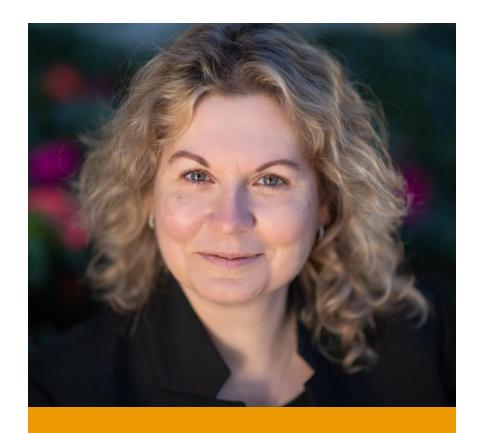
Presented By:

Brian Donahue, *General Manager, Coding Solutions* - **Ciox**

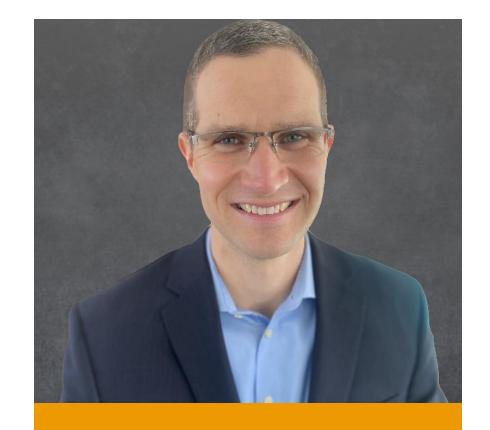Michelle Zilisch, *Director, Product Management* - **Ciox**

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Michelle Zilisch, *Director, Product Management*

Brian Donahue, *General Manager, Coding Solutions*

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Today we'll cover

1 Recent CMS rule changes and their impact on RA

2 What digital, AI & NLP mean for the future of RA and Coding

3 Preparing and scaling for RADV

4 Benefits of Complete Member Data Capture vs Traditional Chase Lists

5 Why one and done is a recipe for disaster

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CMS Changes

Changes around prior authorization item of service

Behavioral health access

Stronger marketing rules

Rate changes
- Phased in over 3 years
- Part C risk adjustment model revision

Health Equity

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Overview of v28 Changes

How the HCC codes are named and numbered
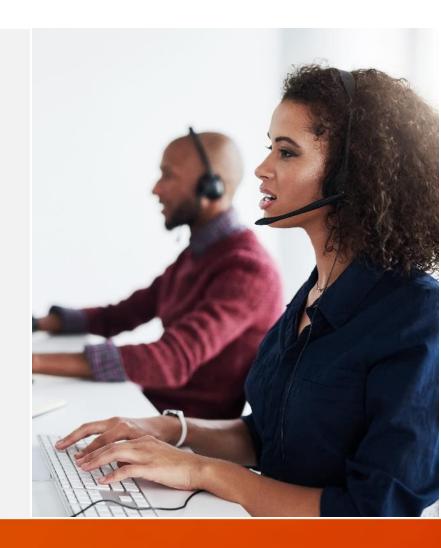
Number of HCC codes

Changes in the ICD-10 to HCC mappings

Changes to the HCC coefficient values

Removal of **2,297** diagnosis codes

Addition of **268** diagnosis codes

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OIG's Top Targets

1 Acute stroke

2 Acute heart attack

3 Major depressive disorder

4 Embolism

5 Vascular claudication

6 Lung cancer

7 Breast cancer

8 Colon cancer

9 Prostate cancer

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Poll Question #1

Who's using NLP AI for coding?

❑ Already using

❑ 6 months from now

❑ 1 year from now

❑ I don't trust it

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Poll Question #2

Where is NLP currently assisting you in your coding?

- ❑ As part of our blind reviews

- ❑ As part of our audit and second level reviews

- ❑ We are just starting to implement it into our workflows.

- ❑ We don't trust it compared to our coders

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What you can do now

- Develop training programs for educating your providers and staff regarding v28 model

- Review model updates within systems with your vendors and internal IT teams

- ✓ Complete UAT testing with your vendors

- Refine your audit logic for re-reviewing your codes and CDI initiatives under v28

- Complete second and third level reviews of coding along with claims validation

- Concurrent review of Medicaid members to identify additional needs to support newly-enrolled members as part of redetermination.

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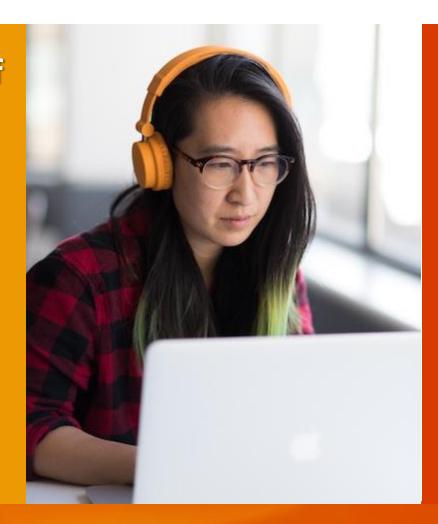# Capturing and Coding Correctly

Review of

Poll Question #3

Who has started v28 training?

❑ Yes

❑ No

❑ I don't know

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Training on v28

Internal understanding of the changes

- Updating coding resources to support new codes

- References to show the v24 and v28 code mappings

- Actuary running impact of model change to predict areas of concern

External understanding of the changes

- Updating documentation/ coding resources

- As needed, acknowledge model changes to administrative individual

- Continue to promote clinical documentation best practices and accurate code capture

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Poll Question #4

Are you doing RADV prep?

❑ Yes

❑ No

❑ I don't know
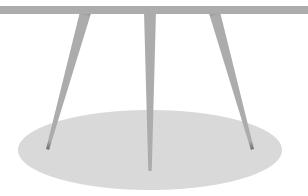
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Preparing for RADV

RADV overview training for staff

- ICD-9 and ICD-10 review

Organization engagement

Identification of storage methods for existing medical records within organization

Internal escalation process when RADV notice arrives
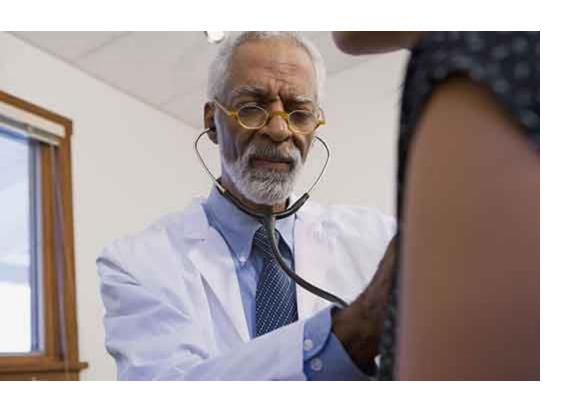
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Preliminary data clean up

- Does your system still support ICD-9 codes?

- Review provider contact information for outreach efforts

- Review supplemental data against OIG top code list for areas to focus on in advance
  - Clean-up that data!
  - Second Level Reviews and Claims Validation reviews

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Preparing for providers that are unavailable

- Identify providers that are no longer part of network (2015-2018 vs 2023)
- Review of records for previous coding years that are currently available in-house to allow for quick filtering against RADV target list

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Poll Question #5

Are you doing complete data capture?

❑ Yes

❑ No

❑ I don't know

Poll Question #6

What coding method are you using?

❑ Prospective Health Assessments

❑ In-home Assessments

❑ Retrospective Reviews Only

❑ Concurrent reviews

❑ Retrospective Reviews along with Annual Wellness Visits

❑ A combination of the above

Focus on quality of care

- Full data review and capture of all DOS for all members
    - HCC, REL, SDoH data
- Data shared across the health plan
- Identify the real needs of the patient

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Second Level and Third Level
bi-directional reviews

Claims validation reviews against charts

Data analysis on outliers

CDI education and outreach to providers

Reduce audit exposure

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Case Study #1

40-year-old Female 2021 Chart Review

- 34 Visits with 7 RA providers
- 5 Office Visits
- 29 Telehealth Visits

199 DX Codes captured
- 57 SDoH DX codes (6 specific) captured over 29 visits by 5 providers
- 29 of the codes were patient reported
- 28 of the codes were provider documented

RA Provider documented
- Referral to community services
- Utilization of community services
- Race, Ethnicity, Religion
- Living conditions and family situation
- Education background

Additional SDoH Documentation by Care Team (RNs – addtl 22 visits)
- RN: Race, Ethnicity, Sexual Orientation, Language
- Referrals to community resources and services
- Utilization of community services
- Family situation, work and living conditions
- SDoH code information

HCC	Description
29	Chronic Hepatitis
55	Drug/Alcohol Dependence/ Substance use disorder, moderate/severe or substance use with complications
56	Substance use disorder, mild, except alcohol and cannabis
59	Major depressive, bipolar and paranoid disorders

Z Code Subset	Description
Z55	Problems related to education and literacy
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances

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Case Study #2

71-year-old Male
2021 Chart Review

- 12 Visits with 3 RA providers
- 8 Office Visits
- 4 Telehealth Visits

66 DX Codes captured
- 6 unique SDoH DX codes captured over 7 visits by 1 provider
- 4 of the codes were patient reported
- 2 of the codes were provider documented

RA Provider documented
- Issues related to affording costs for care/treatment
- Lack of support system
- Referral to community resources
- Race, ethnicity, educational background

Additional SDoH Documentation by Care Team (Scheduling – visit 1; RN- 2 additional visits)
- Documentation of transportation issues and needed to reschedule appointment
- Referrals to community resources
- Reported issues on being unable to afford co-pay and declining recommended referrals

HCC	Description
18	Diabetes with Chronic Complications
19	Diabetes without Complications
22	Morbid Obesity
59	Major depressive, bipolar and paranoid disorders
85	Congestive Heart Failure
107	Vascular Disease with Complications
111	Chronic Obstructive Pulmonary Disease
138	Chronic kidney disease, moderate (stage 3)
158	Pressure Ulcer of Skin with Full Thickness Skin Loss
161	Chronic Ulcer of Skin, Except Pressure

Z Code Subset	Description
Z59	Problems related to housing and economic circumstances
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances

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Case Study #3
38-year-old Female
2021 Chart Review

- 17 Visits with 10 RA providers
- 11 Office Visits
- 6 Telehealth Visits

157 DX Codes captured
- 32 SDoH DX codes (7 specific) captured over visits by 3 providers
- 22 codes were provider documented
- 10 codes were patient reported

RA Provider documented
- Care referral for additional services at ER and inpatient admittance
- Referral to community resources
- Patient dependent on others for transportation and support
- Housing situation; lacks internet for telehealth visits; social support system lacking;
- Calls 911 for ER transport - inpatient admission

Additional SDoH Documentation by Care Team (RN-addtl 37 Visit)
- Race, Ethnicity, Sexual Orientation, Education background, housing situation, unemployed
- Referrals to community resources and services
- Economic situation is barrier to maintaining health (i.e., refilling prescriptions, paying co-pays) and buying food; restricts food due to lack of money which is exacerbating health conditions

HCC	Description
17	Diabetes with Acute Complications
18	Diabetes with Chronic Complications
19	Diabetes without Complications
21	Protein-Calorie Malnutrition
29	Chronic Hepatitis
55	Drug/Alcohol Dependence/ Substance use disorder, moderate/severe or substance use with complications
56	Substance use disorder, mild, except alcohol and cannabis
59	Major depressive, bipolar and paranoid disorders
108	Vascular Disease
111	Chronic Obstructive Pulmonary Disease
135	Acute Renal Failure

Z Code Subset	Description
Z56	Problems related to employment and unemployment
Z59	Problems related to housing and economic circumstances
Z60	Problems related to social environment
Z63	Other problems related to primary support group, including family circumstances

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Best practices

- Concurrent coding along with retrospective reviews
- All members, All Diagnoses, All DOS
- Second Level and Third Level bi-directional reviews
- Claims validation
- Ongoing CDI education with providers
- Data analysis on the outliers
- Audit, Audit, Audit
- Reduce risk prior to having CMS, OIG or DOJ call

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