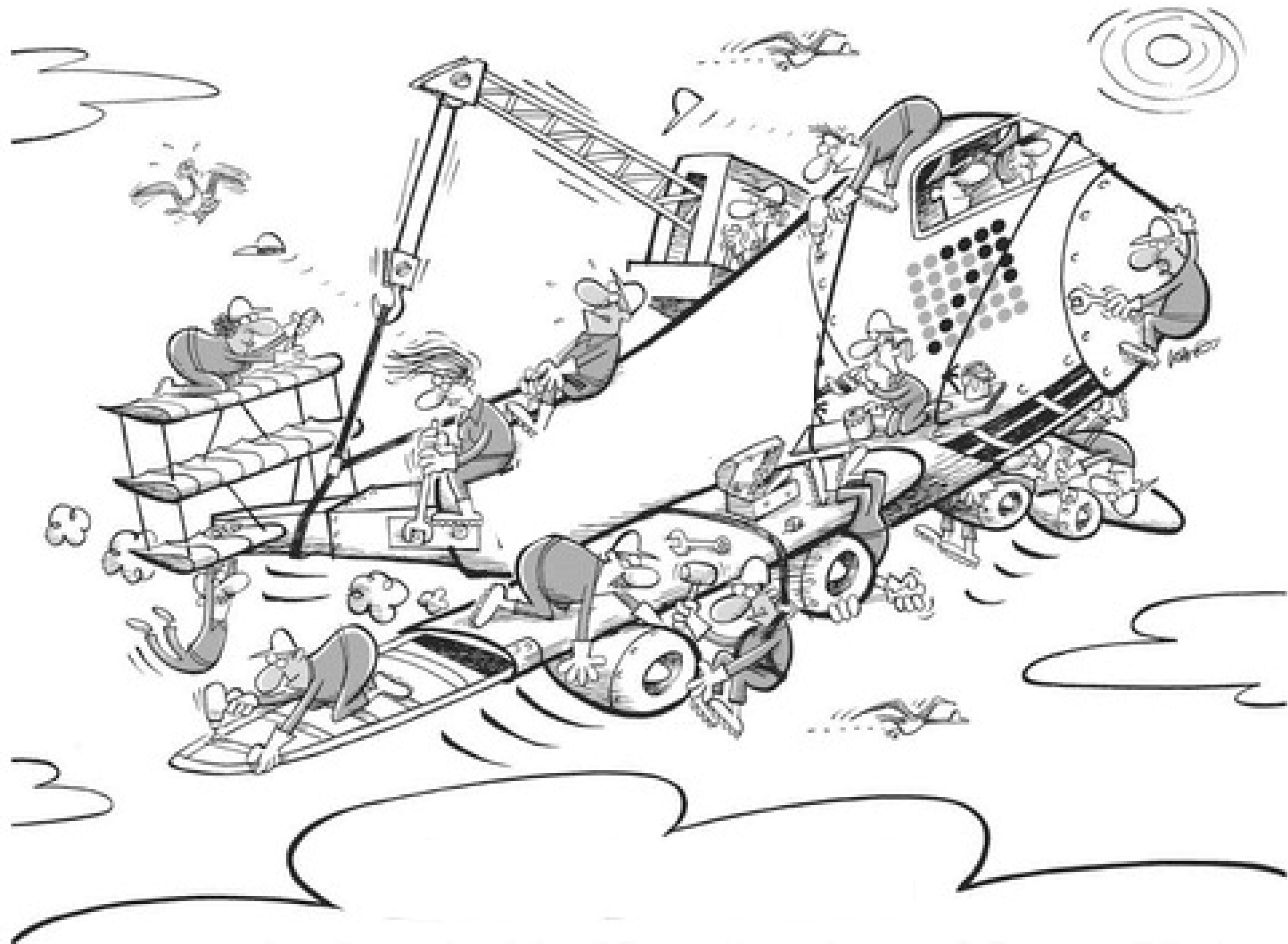




Kimberly Kauffman

NAACOS Bootcamp, February 2020

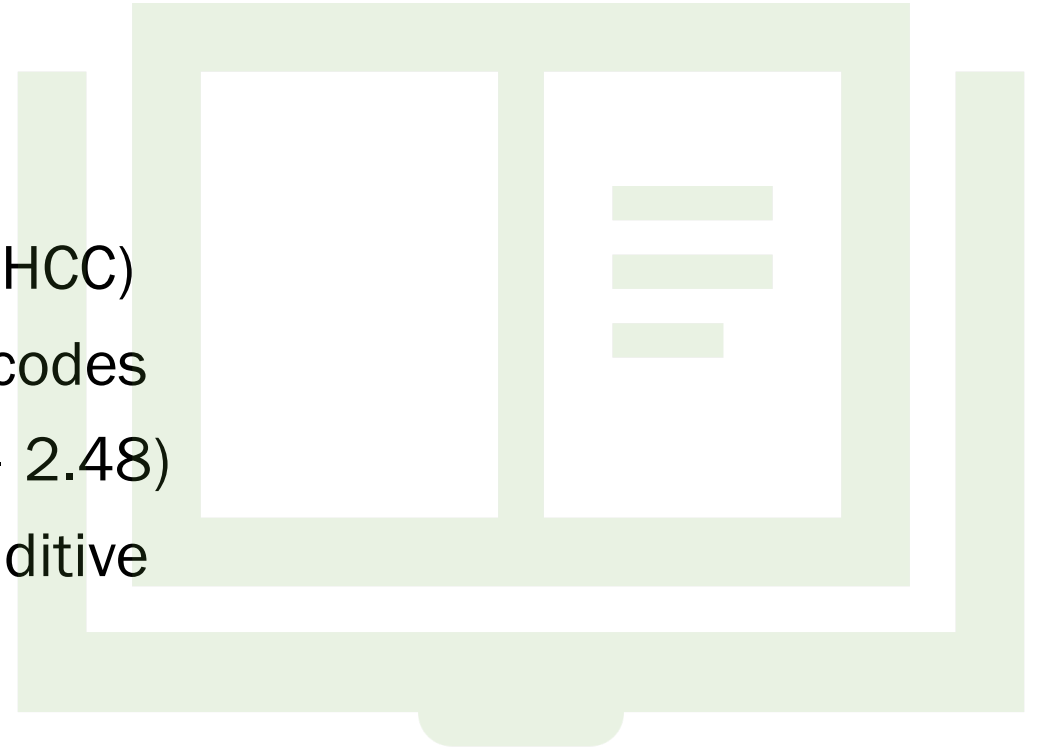
Leveraging Risk Adjustment



What is Risk Adjustment?



- CMS started 2004
- Hierarchical Condition Category (HCC)
- 83 HCCs include ~9500 ICD-10 codes
- Each HCC has relative wt (0.04 – 2.48)
- Multiple dx, unrelated HCCs – additive
- $1 + 1 \neq 2$ Interaction HCCs
- Some HCCs trump others
- Age, gender, living situation = demographic factor



How do HCCs work?

- ICD-10 codes from submitted claims
- Demographic factor + HCC weights = Risk Score
- Risk score aka Risk Adjustment Factor or “RAF”
- Sicker pts = higher RAF
- Healthier pts = lower RAF
- Resets each calendar year – “budget request”



HCCs – so what?



2018 performance of 548 ACOs

- 37% ACOs generated a savings over the minimum savings rate (MSR)
- The higher the risk score, the higher the savings

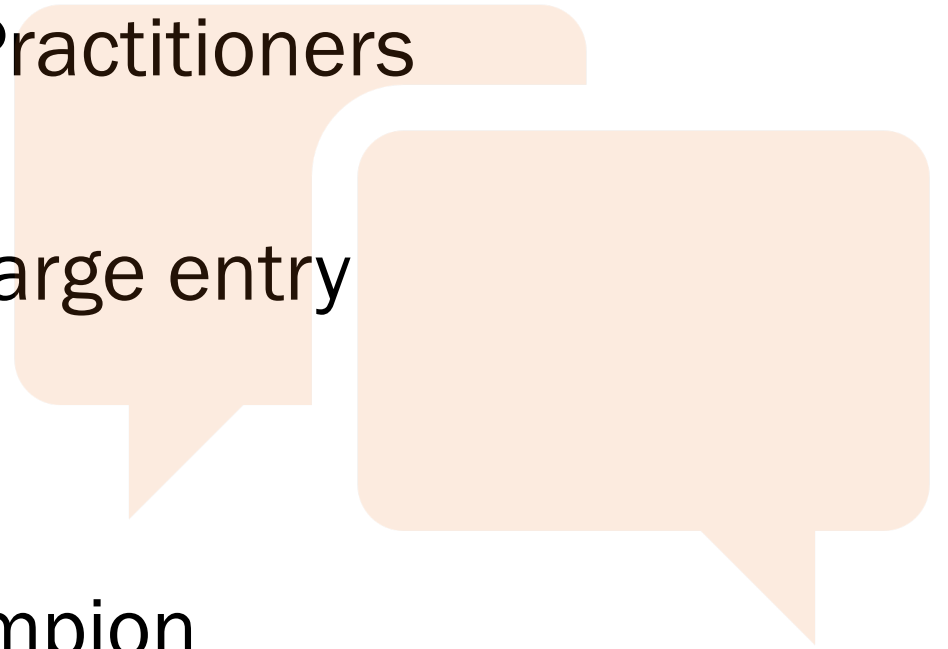


| RAF | Avg. PBPY generated savings |
|------------------|-----------------------------|
| Greater than 1.1 | \$411 |
| 1.0 – 1.1 | \$159 |
| Less than 1.0 | \$135 |

<https://data.cms.gov/Special-Programs-Initiatives-Medicare-Shared-Savin/2018-Shared-Savings-Program-SSP-Accountable-Care-0/v47u-yq84>

Training

- Physicians and Advanced Practitioners
 - Carrot or stick?
- Support staff to include charge entry
- Annual
- Live
- EMR staff & physician champion



Provider's role



- Documentation in progress note must support ICD-10 codes
- Standard: (1) M.E.A.T. in (2) HPI, Phy Exam, Tx Plan and/or Discussion and (3) include in Assessment
- Presence in Problem List, Med List or Past Med HX is NOT enough
- Diagnosis – documented & submitted at least annually
- Once appropriate care has been delivered, *then* how to code for that care becomes important
- Code to highest degree of specificity

ACO Team's role

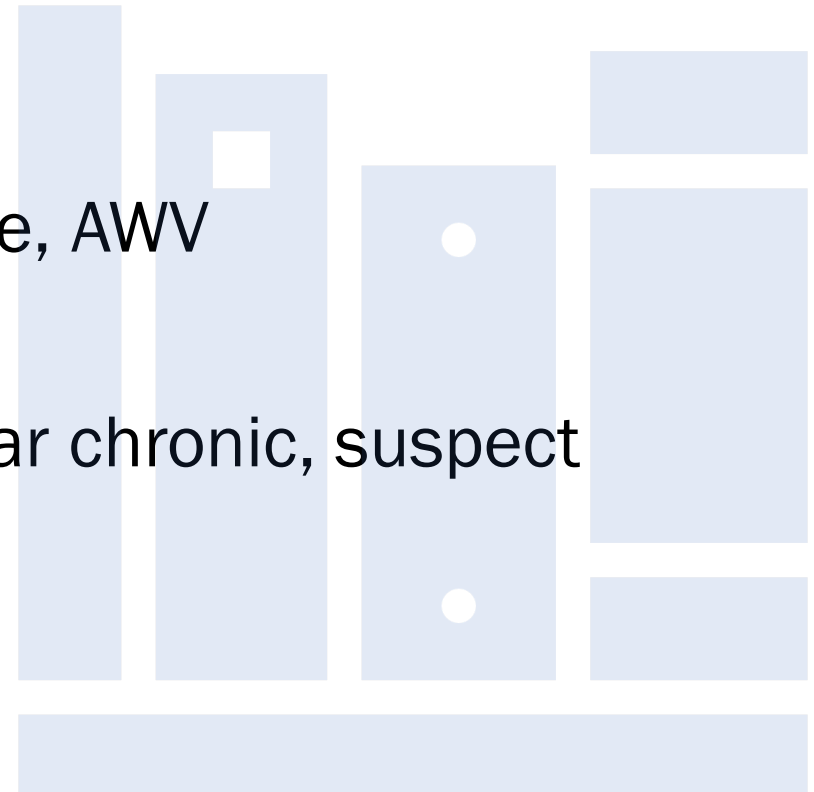
- Educate providers and support staff
- Deliver data that is **credible, timely and actionable**
 - Prior year chronic conditions
 - Conditions submitted by other providers
 - “Suspect” conditions
- Coder review – pre* and post visit
- Monitor performance



Low Tech Approach



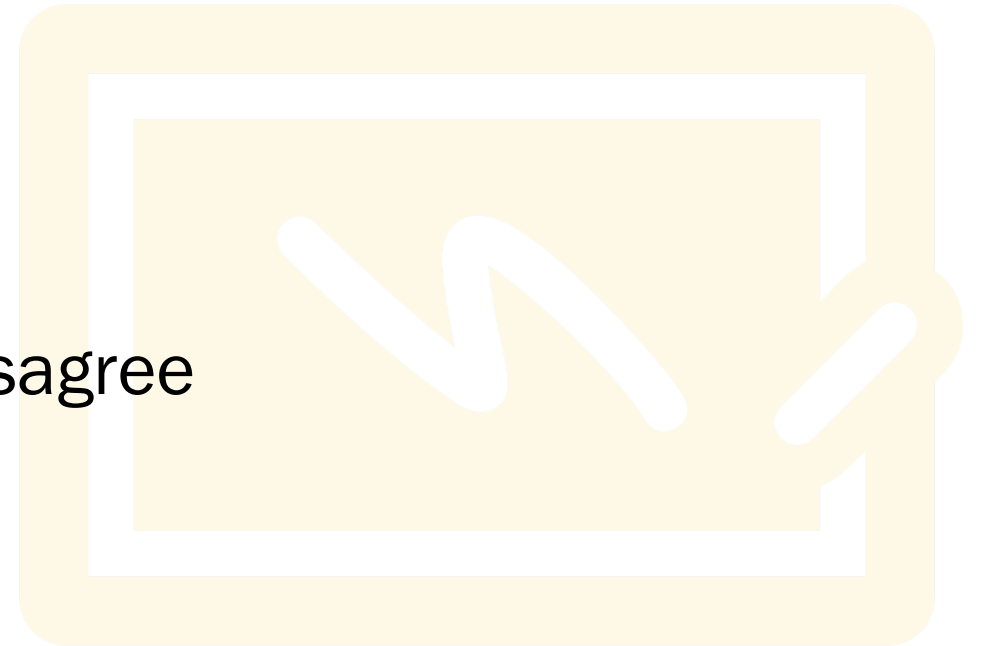
- Determine pivot point – example, AWW
- Data gathering
- Coder manual review – prior year chronic, suspect
- Pre visit planning
- Point of Care action
- Post visit review





High Tech Approach

- Data warehouse
- NLP & algorithms
- Actionable information
- Optional - coder review – agree / disagree
- Machine learning
- Pre visit planning
- Point of Care action
- Post visit review



NLP example

Physician Note:

Ms. Taylor is an 82-year-old patient with a past medical history of **diabetes**, **HTN**, **breast ca**. She recently progressed to **CKD3**. She had some chest pain and we were worried about **CHF**, but we've since ruled that out.

Vitals **BMI 37**

Labs Her GFR test showed a value of 46.6 ml/min

Assessment and Plan

1. **Diabetes** - continue Metformin
2. **CKD stage 3** -continue Lisinopril
3. **HTN**-continue managing with diet

NLP output:

E11.9: Type 2 DM w/o complications

I10: Essential (primary) HTN

Z85.3: Personal hx of malignant neoplasm of breast

N18.3: CKD, stage 3 (moderate)

Z68.37: BMI 37.0-37.9, adult

Negation suppresses CHF suggestions

Coding Rules:

E11.9 + N18.3 = E11.22 Type 2 DM w/ CKD

Suspect Diagnosis:

Z68.37+ E11.9 = E66.01 Severe obesity

Monitor Performance

Provider

Transparency? Incentives?

Potential metrics

Attendance at education sessions

Open rate of PVP notes

Response rate to tasks to amend note

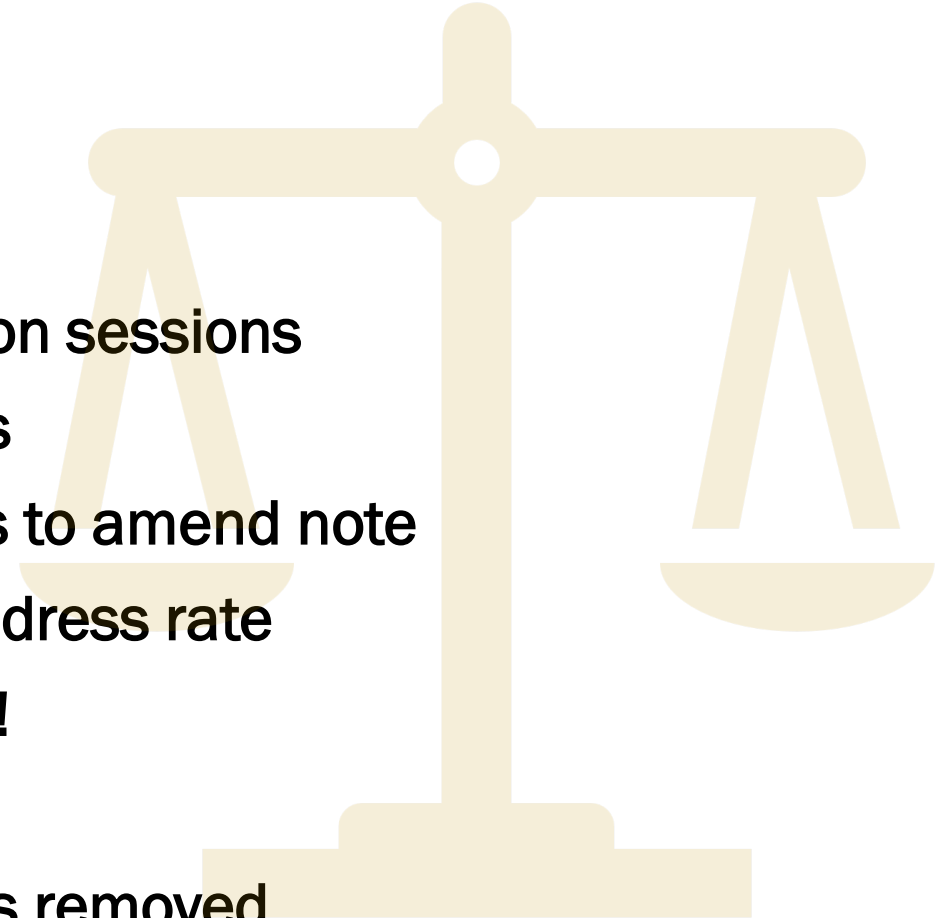
Prior Year chronic readdress rate

Average RAF – no goal!

Coder

Net new codes added & codes removed

Inter-coder reliability





Questions?
