

What is Risk Adjustment?

- A payment model that accurately reimburses the organization (SSHP) for predicted health care costs based off the diagnosis coding of this year's date of service.
 - CMS premium payments to us (SSHP) are adjusted according to the expected costs of its enrollees based on a calculated risk score. Risk Adjustment's algorithm is based off CMS HCC model.

→ What is RAF?

- Risk Adjustment Factor is a numeric value, calculated annually that reflects the overall health status of a patient.
 - Other factors: patient demographic information including gender, age, location, economic status and the number of conditions present to account for the increased management required for more complex of care for our patients.
- Each element is recalculated annually, and current diagnoses must be reported every calendar year to be included in a risk score calculation.

Why is Risk Adjustment Important?



1. Improved Quality of Care

- Identifying chronic conditions in early stages enable disease management programs to slow disease progression

2. Accuracy of Member's Health Status

- Ensure our member's health status is fully captured annually
- Resources can be allocated to treat and manage our member's chronic conditions

3. Appropriate Payment

- Plans are reimbursed appropriately based on the severity of health status of their members
- Sicker members require more costs to appropriately care for

What is Risk Documentation

- ICD10 Coding guidelines (Sec.1.A.19) state:

The assignment of a diagnosis code is based on the provider's diagnostic statement that the condition exists. The provider's statement that the patient has a particular condition is sufficient. Code assignment is not based on clinical criteria used by the provider to establish the diagnosis.

→ Best Practices

- Always code to the highest level of specificity. Consider laterality, severity, and acuity if applicable when choosing the appropriate diagnosis code.
 - Include all current diagnosis as part of the current medical decision-making process
- Specifically document face-to-face encounters for appropriate abstraction
- Utilize problem list, ensuring they are comprehensive and show evaluation and treatment of conditions
- Authenticate record with signature and credentials

What is Chart Chase

- **"Chart Chasing"**
 - Providers are on the receiving end of multiple requests for documentation that support HCC coding, a process often referred to as **"chart chase."**
- SilverSummit works with Change Healthcare every year to retrieve medical records for chart chase. The list of members from the chart chase have chronic conditions and the Risk Adjustment team works to obtain the medical records in order to confirm members risk score and then submit them to CMS.
 - If you are contacted by Change Healthcare for medical records, please follow the directions for submitting all documentation to the Vendor.
 - If you need to speak with someone at the Plan with concerns with chart chase, please contact the Manager of QI: Nicole Halcon – Nicole.R.Halcon@SilverSummithealthplan.com