

# BDD+A



**Endorsed  
Business Partner**  
of the Indiana Hospital Association

**Documentation & Coding**

**HCC Risk Adjustment:  
What is it and how can BDA assist?**

# What is HCC Risk Adjustment

- CMS is shifting the traditional volume-based fee-for service payment model towards value-based payment models.
- These new models require a risk-adjustment methodology.

Outpatient Fee for Service	Risk Adjustment
<ul style="list-style-type: none"><li>• Providers are paid based on services performed.</li><li>• Payment is based on CPT code accuracy.</li><li>• Critical that documentation supports the level of service and procedures performed.</li><li>• ICD-10-CM codes are normally reported only to support the medical necessity of the service provided.</li></ul>	<ul style="list-style-type: none"><li>• Concentrates on patient's current conditions.</li><li>• Payment is based on the overall complexity of the patient's conditions over a year's period.</li><li>• Uses patient demographics and diagnosis codes to establish payment.</li></ul>

# HCC Risk Adjustment Overview

## What is Risk Adjustment?

- A process that CMS uses to reimburse Medicare Advantage plans based on the health status of members. (Hierarchical Condition Category or HCC)
- Typically uses a patient's demographic data and diagnosis codes to determine a risk score for the patient.

**Diagnoses and demographics are driving the payment**

# HCC Risk Adjustment Overview (cont'd)

## What is Risk Adjustment?(cont'd)

- Allows payment to be risk adjusted based on patient complexity.
- Uses a patient's documented 12-month diagnostic coding history and demographics to predict future financial utilization and risk.
- Creates a RAF score that reflects the patient's complexity.
- This score is then multiplied by a base rate to determine payment.

# How Is BDA Assisting?

## HCC ReClaim™

### Running Reports That Identify...

- ✓ Specialty Risk Scores
- ✓ Target Patients that require attention (Just a click away)
- ✓ Target Provider HCC Scores

#### HCC Risk Adjustment Education Tool for BDA

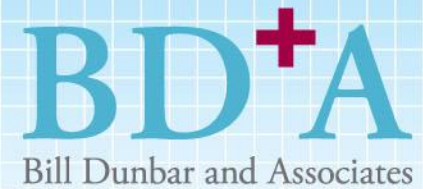
Table 1: Specialty Drill Down  
Jan 2018 – Dec 2018

Grouping	Classification	Specialization	Risk Score
Allopathic & Osteopathic Physicians	Emergency Medicine		0.538692307692308
Allopathic & Osteopathic Physicians	Family Medicine		0.844746165644176
Allopathic & Osteopathic Physicians	Family Medicine	Sports Medicine	0.648387755102041
Allopathic & Osteopathic Physicians	Internal Medicine		0.882386503067485
Allopathic & Osteopathic Physicians	Internal Medicine	Endocrinology, Diabetes & Metabolism	0.925461538461539
Allopathic & Osteopathic Physicians	Internal Medicine	Nephrology	1.30394285714286
Allopathic & Osteopathic Physicians	Internal Medicine	Pulmonary Disease	0.941081081081081
Allopathic & Osteopathic Physicians	Obstetrics & Gynecology		0.624733333333333
Allopathic & Osteopathic Physicians	Pediatrics		1.084625
Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurology	0.981248175182482
Nursing Service Providers	Registered Nurse		1.05036111111111
Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner		0.487
Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Adult Health	0.715461538461538



# How Is BDA Assisting?

## HCC ReClaim™



### Target Providers...

- ✓ Below Threshold of 1

	A	B	C	D
1	Provider Drill-down			
2				
3	NPI	Provider_Last_Name	Provider_First_Name	Risk_Score
4	XXXXXXXXXX	A		0.767724
5	XXXXXXXXXX	B		0.948114
6	XXXXXXXXXX	C		0.850086
7	XXXXXXXXXX	E		0.770681
8	XXXXXXXXXX	F		1.631595
9	XXXXXXXXXX	G		0.697459
10	XXXXXXXXXX	H		0.494
11	XXXXXXXXXX	I		0.836524
12	XXXXXXXXXX	J		1.305
13	XXXXXXXXXX	K		0.880633
14	XXXXXXXXXX	L		0.915144

### Target Patients...

Negative or Low Scores

- ✓ Missing HCC's to Date

	A	B	C	D	E	F	G
1	Patient Registry						
2							
3	Patient_ID	Patient Name	No Claims	Current_Risk_Score	Max_Historical_Risk_Score	Difference	Missing_HCCs_to_Date
4	XXXXXXXXXA	A		2.19378	1.532	-0.66178	(85) Congestive Heart Failure
5	XXXXXXXXXA	B		0.545045	0.638	0.092955	
6	XXXXXXXXXA	C		0.437056	0.509	0.071944	
7	XXXXXXXXXA	D		2.49649	2.661	0.16451	(161) Chronic Ulcer of Skin, Except Pressure
8	XXXXXXXXXA	E		0	0.494	0.494	
9	XXXXXXXXXA	G	X	0.379235	0.655	0.275765	

# Why Does It Matter?

## Education and Tools:

- ✓ For Medicare Advantage plans, higher risk scores translate into higher PMPM payments
- ✓ Lower risk scores translate into lower PMPM payments.
- ✓ MA programs may suffer financial losses if their HCC scores underestimate the degree of illness within their beneficiary population.

# How Is BDA Assisting?

## Education and Tools:

- ✓ Action Plan and Timeline is Determined
- ✓ Chart Reviews Occur
- ✓ One-on-One Provider Education
- ✓ BDA Coding Advisors
- ✓ MyDiVO
- ✓ Continued Education Through Electronic Education

**Client Name Action Plan**

ICDM	ACTIVE	RESPONSIBILITY	DATE	COMMENTS
Review accounts for insurance physicians	BCA	Quarterly		Client to provide BDA with new providers to be reviewed each quarter
Review BDA coding with provider	BCA	Quarterly		On-site training with provider weekly. Reviewing coding accuracy will be provided. 10% accuracy will be reviewed. The next 10% accuracy will be reviewed. The next 10% accuracy will be reviewed. 10 charts
Quarterly Compliance Report status	BCA	Quarterly		Advising leadership health available on...
Review with provider	BCA	Quarterly		Review with provider...
Getting & Documentation Updates	BCA	Quarterly		Getting & Documentation Updates...

### Comprehensive Reviews - Initially and Ongoing

Visit Date	Status	Service Type	Provider Code	Reviewer Code	Variables	Provider Services	Reviewer Services	Examiner Notes
9/22/2017	Full	Office or Other Outpatient - Established Patient	90274	90274	4	Code: 90274 Diagnosis 1: K40.90 Unilateral diverticulosis, without sigmoid diverticulosis Diagnosis 2: F43.21 Major depressive disorder, moderate Diagnosis 3: M62.83 Myofascial pain syndrome	Code: 90274 Diagnosis 1: K40.90 Unilateral diverticulosis, without sigmoid diverticulosis Diagnosis 2: F43.21 Major depressive disorder, moderate Diagnosis 3: M62.83 Myofascial pain syndrome	Documented EM Level - Highest Level of Service - The documentation supports a higher level of service than was reported.
9/20/2014	New	Office or Other Outpatient - New Patient	90203	90203	0	Code: 90203 Diagnosis 1: Z92.91 History of essential hypertension Diagnosis 2: F43.20 Moderate depressive disorder, unspecified, unspecified Diagnosis 3: M62.83 Myofascial pain syndrome	Code: 90203 Diagnosis 1: Z92.91 History of essential hypertension Diagnosis 2: F43.20 Moderate depressive disorder, unspecified, unspecified Diagnosis 3: M62.83 Myofascial pain syndrome	Diagnosis 1: Z92.91 History of essential hypertension - The documentation supports a higher level of service than was reported. The documentation for diagnosis 2 is F43.20 Moderate depressive disorder, unspecified, unspecified. The documentation for diagnosis 3 is M62.83 Myofascial pain syndrome. The documentation for diagnosis 4 is Z92.91 Personal history of essential hypertension, unspecified.
9/20/2014	New	Office or Other Outpatient - New Patient	90203	90203	1	Code: 90203 Diagnosis 1: Z01.89 Encounter for other preoperative examination Diagnosis 2: Z92.91 History of essential hypertension	Code: 90203 Diagnosis 1: Z01.89 Encounter for other preoperative examination Diagnosis 2: Z92.91 History of essential hypertension	Documented EM Level - Lowest Level of Service - The documentation supports a lower level of service than was reported. The level of service reported is Z01.89 Encounter for other preoperative examination. The level of service reported is Z01.89 Encounter for other preoperative examination. The level of service reported is Z01.89 Encounter for other preoperative examination.
07/07/17	New	Office or Other Outpatient - New Patient	90203	90203	1	Code: 90203 Diagnosis 1: G56.91 Radiculopathy, unspecified Diagnosis 2: E11.91 Type 2 diabetes mellitus, unspecified Diagnosis 3: Z33 Encounter for sterilization Diagnosis 4: Z12.11 Encounter screening for neoplasia of breast	Code: 90203-05 Diagnosis 1: G56.91 Radiculopathy, unspecified Diagnosis 2: E11.91 Type 2 diabetes mellitus, unspecified Diagnosis 3: Z33 Encounter for sterilization Diagnosis 4: Z12.11 Encounter screening for neoplasia of breast Proc. Code: 9393 P9923 VACC 1 189-549246 Diagnosis 5: Z33 Encounter for sterilization Proc. Code: 9401 Interventional radiology Diagnosis 6: Z33 Encounter for sterilization	Documented EM Level - Lowest Level of Service - The documentation supports a lower level of service than was reported. The level of service reported is Z33 Encounter for sterilization. The level of service reported is Z33 Encounter for sterilization. The level of service reported is Z33 Encounter for sterilization.
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### Moderate (Conscious) Sedation

Moderate (conscious) sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Moderate sedation does not include minimal sedation (anxiolysis), deep sedation or monitored anesthesia care (MAC). The following codes represent services other than those services described by the anesthesia codes listed below.

**9951** Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status, initial 15 minutes of intra-service time, patient younger than 5 years of age.

**9952** Initial 15 minutes of intra-service time, patient 5 years of age or older.

**9953** - Each additional 15 minutes intra-service time (not separately billable to code for primary service)  
 > Use 9953 in conjunction with 9951 or 9952 or G0400

**9955** Moderate sedation services provided by physician or other qualified health care professional other than the sedation or qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status, initial 15 minutes of intra-service time, patient younger than 5 years of age.

**9956** Initial 15 minutes of intra-service time, patient 5 years of age or older.

**9957** - Each additional 15 minutes intra-service time (not separately billable to code for primary service)  
 > Use 9957 in conjunction with 9955 or 9956

**G0400** Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status, initial 15 minutes of intra-service time, patient 5 years of age or older (additional time may be reported with 9953, as appropriate)  
**NOTE:** This code's use is not for sedation with Add-on services when services are provided for the abdominal, distal airway, airway.

**9951-6** - Each additional 15 minutes intra-service time (not separately billable to code for primary service).

# DIVVO

Dunbar Information Vault On-Demand



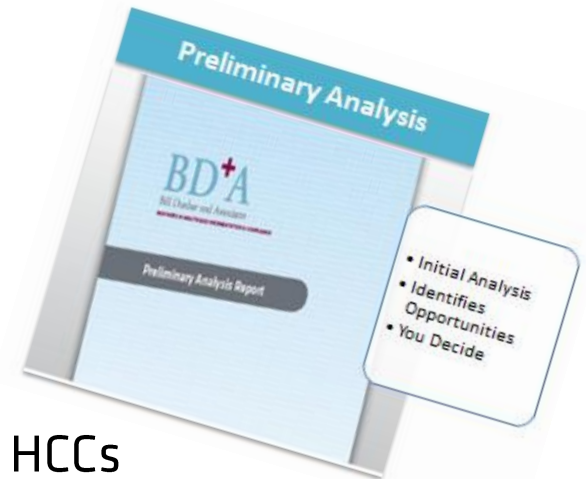
# Impact Of BDA's Program

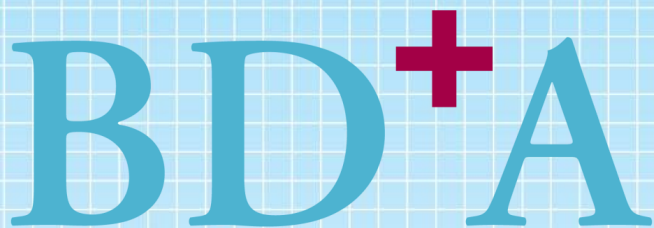
## Begin With:

- ✓ A Complimentary Preliminary Analysis
- ✓ Meet to discuss results
- ✓ BDA simply needs 1 year's worth of CCLF Data from their ACO.
- ✓ Data is then transferred via a secure FTP site (sFTP).

## Once Engaged:

- ✓ BDA looks for Appropriate Documentation
- ✓ BDA looks for Appropriate Coding
- ✓ Education occurs one-on-one
  - ✓ Care will improve
  - ✓ Reimbursement will improve
- ✓ Analytical Reports addressing the omission of HCCs





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## Questions?

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