



Adapting Your Risk Adjustment Program to HCC Model V.22

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- Transitioning from Blended to Single Model V.22
- Optimizing Risk Adjustment Procedures for Model V.22
- Financial and Operational Impacts
- Q&A

- 2015

- 67% Model 12
- 33% Model 22

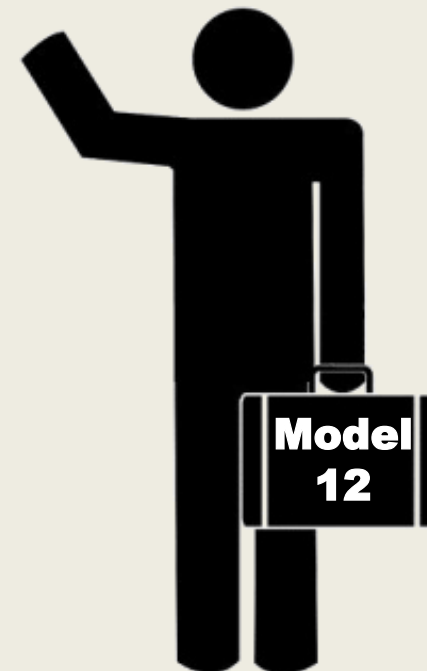


- 2016

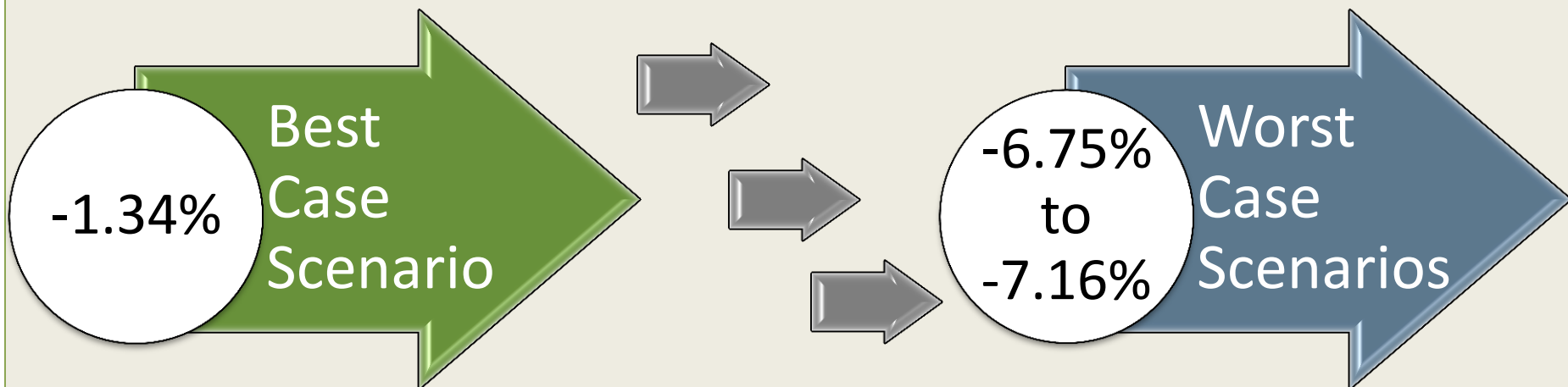
- 100% Model 22



- ~ 3.8% decrease on RAF and premium



- Reduction in RAF and premium



96%

of diagnoses carried over from
Model 12 to Model 22



Remove
Model 12

Accommodate ICD-10
with Model 22

Build Key Controls/Self Audit

1. Adjust claims filtering logic

- Remove ICD-9/10's that are going into RAPS/EDPS and no longer in effect
- That trigger claim pends
- That trigger automatic chart requests/reviews

2. Adjust internal risk adjustment logic/analytics

- Remove ICD-9/10's that identify persistency gaps
- Similarly, redefine algorithms that reference V.12

3. Adjust coding staff workflows and manual reviews
 - Carryover filtering and analytic logic into any automated workflows and manual reviews after January 31st submission (February 1st in 2016)

4. Adjust care/case/disease management interfaces
 - Halt Model 12 conditions from interface

5. Introduce valuation tools
 - Ensure 100% attribution for Model 22

6. Adjust enterprise data warehouse feeds
 - Often an afterthought

- Ensure you're picking up all ICD-10 codes included in Model 22
 - Going from 33% to 100%

- Build controls to ensure:
 - Model 12 clusters and data aren't picking up ICD-9/10 diagnoses (HCCs) disease categories, and disease interactions *prior* to RAPS/EDPS submission
 - Avoid unnecessary errors/rejects
 - No Model 12 triggering
 - Claims pends
 - Automatic chart requests/review
 - Avoid unnecessary backlog and provider abrasion

- Model 22 has been in place for two years
- Do quick recap of high level changes

■ Model 12



- 6 interaction codes for community factor status
- 5 interaction codes for institutional factor status
 - 2 of 3 diabetes disease interactions eliminated in Model 22
 - DM/CVD
 - RF/CHF/DM
 - COPD/CVD/CAD is only other disease interaction eliminated

■ Model 22



- 6 interaction codes for community factor status
- 12 interaction codes for institutional factor status
 - New disease interactions
 - Cancer immune disorders
 - Sepsis/Cardio Respiratory Failure under community factor status

■ **Medical HCCs changes**

○ **New**

- Secondary Cancers of Bone, Lung, Brain, and other specified sites
- Liver Cancer
- Chronic Viral Hepatitis C



○ **Removed**

- Gram-Negative/ Staphylococcus Pneumonia and other lung infections
- Chronic Kidney Disease Stage 3
- Chronic Kidney Disease Stage 1, 2, or unspecified Nephritis



- 131 ICD-9/198 ICD-10 codes no longer map to HCCs
- Most common diagnoses going away
 1. CKD (HCC 131) Chronic Kidney Disease Stages 1-3 with unspecified CKD and Nephritis (HCC 132)
 - Only CKD Stage 4 (new HCC 135) and Stage 5 (new HCC 136) will be included
 - GFRs are best way to capture CKD diagnoses and may qualify for staging
 2. Diabetes (HCC 15 and 16)
 - Corresponding ICD-9 codes for these HCCs now fall under HCC 18

- Most common diagnoses going away, cont.
 3. Polyneuropathy (HCC 71)
Peripheral Neuropathy
 - Toxic Neuropathy (complications of diseases causing Neuropathy—new HCC 75) is carried over and remains in new model
 4. Old MI (HCC 83), Asphyxia, and Hypoxia (HCC 79)
 - Some associated costs to be captured by heart and lung HCCs

■ **Most common diagnoses going away, cont.**

5. **Skin Ulcer (HCC 148)**

- Not all skin ulcers are included in new HCC model
 - Stages 1 and 2 do not map to HCCs
 - Stage 3, 4, and “un-stageable” do map to HCC in Model 22
 - New HCCs 157 or 158

6. **Pancreatic Disease (HCC 32)**

- Chronic Pancreatitis (HCC 34) is only Pancreatic disease that maps to HCC in Model 22
- All Acute Pancreatic diagnoses were eliminated

■ **Most common diagnoses going away, cont.**

7. **Celiac Disease (HCC 32)**

- Felt to be strongly treated by person's diet therefore eliminated from Model 22

8. **Major Complications of Medical Care and Trauma (HCC 164)**

- Only ICD-9s in category that map to HCC in Model 22 are complications of specified device or graft (HCC 176)

- 226 new ICD-9 codes map to an HCC
- Most common new diagnoses
 1. **SIRS (added to HCC 2)**
 - Systemic Inflammatory Response Syndrome/ Shock along with Sepsis and Severe Sepsis
 2. **Diabetes**
 - Regrouped into 3 categories
 - With Acute Complications (HCC 17)
 - With Chronic Complications (HCC 18)
 - Without Complications (HCC 19)
 - Code specific manifestation and remember all ICD-9/10 codes that mapped to HCC 15 and HCC 16, now map to HCC 18

■ Most common new diagnoses, cont.

3. Morbid Obesity (HCC 22)

- Diagnoses in this category include staged ICD-9/10 codes for Body Mass Index of 40 and higher

4. Endocrine and Metabolic Disorders (HCC 23)

- New HCC that includes 80 ICD-9/152 ICD-10 codes
- Many Metabolic and Immunity Disorders are now included in this new HCC

■ Most common new diagnoses, cont.

5. Coagulation Defects and Other Specified Hematological Disorders (HCC 48)

- Includes 48 ICD-9 and 56 ICD-10 codes
 - Many of ICD-9/10 codes in HCC are more specific to blood clotting diagnoses

6. Fibrosis of Lung and Other Chronic Lung Disorders (HCC 112)

- Diagnoses in this category include some ICD-9/10 codes specific to environmental lung disorders, such as Asbestosis


- “Top 20” HCCs in Model 12 but not Model 22
 - 83 ICD-9/10 codes that hit our “Top 20” HCCs went away
 - HCC 71 Polyneuropathy
 - HCC 79 Cardio respiratory failure and shock
 - HCC 83 Old MI
 - HCC 131 Renal failure
 - HCC 148 Decubitus ulcer of skin
 - HCC 164 Major complications of medical care and trauma


**Know Your
“Top 20” and
Stop Allocating
Resources**



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