Delta Region Community Health Systems Development (DRCHSD) Program

RCM/PPM Webinar Series

The Center's Purpose

The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce

DRCHSD Program Supported by FORHP and DRA

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HRSA

Federal Office of Rural Health Policy

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National Rural Health Resource Center

Diversity, Equity, Inclusion, & Anti-racism

Building a culture where difference is valued

The Center is committed to DEI and anti-racism. We create an environment that reflects the communities we live in and serve; a place where everyone feels accepted and empowered to be their full, authentic selves; and where everyone belongs.

We understand the impact of and seek to defeat racism and discrimination in ourselves, our workplace, and the world. This guides how we cultivate leaders, build our programs and resources, and deliver our technical assistance.

We are an organization that honors, celebrates, and respects all dimensions of diversity. These principles are central to our mission and to our impact.

Read more at ruralcenter.org/DEI

ruralcenter.org

National Rural Health Resource Center

Pre-Polling Questions

1. I am ____ in my understanding of common challenges middle revenue cycle leaders face in the industry related to social determinants of health.

2. I am ____ in my understanding of best practices for middle revenue cycle functions.

3. I am ____ in my understanding of best practices for increasing organizational focus on social determinants of health.

DRCHSD Revenue Cycle Management Series

- Session 1- February 2, 2023:

Front and Back-End Revenue Cycle Management Best Practices

- Session 2- February 9, 2023

Middle Revenue Cycle Best Practices and Social Determinants of Health

- Session 3- February 16, 2023

Physician Practice Management Best Practices

Middle Revenue Cycle Best Practices and Social Determinants of Health

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FORVIS, LLP

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Middle Revenue Cycle: Hierarchical Condition Category & Social Determinants of Health

February 2023

Meet the Presenters

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Agenda

- Objectives
- HCC Best Practices for Providers
- Examples and Case Studies
- SDOH Overview
- SDOH Impact on Pay for Performance
- Implementation Considerations

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Objectives

At the end of this session, you will be able to:

- ❑ Understand the importance of complete and accurate clinical documentation and diagnosis coding in the Accountable Care Organization
- ❑ Understand what Hierarchical Condition Categories (HCCs) are and their impact on risk-adjustment and chronic care management in the Accountable Care Organization
- ❑ Understand best practices for capturing appropriate HCC-weighted conditions annually
- ❑ Define what a Social Determinant of Health (SDOH) is
- ❑ Understand the impact of social determinants on our patients' health and wellbeing
- ❑ Know the steps to screen for SDOH
- ❑ See the critical role of local community partnerships in serving patients

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HCC Best Practices for Providers

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Introduction to Risk Adjustment

Risk adjustment is the process of modifying payments and benchmarks to reflect the degree of illness, which in turn allows CMS to estimate future spending, or potential for adverse outcomes, allowing providers to understand the health characteristics of their managed population or a patient cohort.

- **Risk Adjustment Uses**
  - Determine prospective payments in some reimbursement models
  - Reflect patient acuity
  - Normalize the patient population across Medicare providers to determine performance on quality measures
    - + O/E or observed to expected

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Source: CMS.gov-https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors

Risk Adjustment Methodologies

The primary risk adjustment tool used by CMS for Medicare beneficiaries is HCCs.

- HCCs are used for a variety of CMS initiatives
  - CMS quality measures
    - Value Based Purchasing (VBP)
      - Mortality and readmissions reduction
  - Medicare Advantage
    - Medicare Part C
  - ACOs
  - Health insurance exchanges
    - Affordable Care Act (ACA)

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Hierarchical Condition Categories (HCCs)

The CMS HCC model groups individual diagnoses by similar diagnoses and illness severity.

- Providers need to document all relevant co-morbid conditions as well as those being actively treated to support the coding of HCCs.
- HCCs can be captured from all providers submitting Medicare fee for service (FFS) claims during the calendar year when risk adjusting patient mix, but only in the 12 months preceding the anchor visit when risk-adjusting quality measures.
- Beginning FY 2022 (1/1/22), CMS is changing the way HCCs are captured. For Medicare Advantage patients, *only* outpatient encounters will be used for risk adjustment instead of Risk Adjustment Processing Systems (RAPS) and inpatient claims.
- Coders and Clinical Documentation Improvement (CDI) specialists can assist providers by raising awareness of the need to document all chronic conditions being medically managed in both the inpatient and outpatient settings.

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Commonly Omitted Conditions That Map to an HCC

- Amputations
- Angina
- Atrial fibrillation
- Chronic respiratory failure
- Chronic bronchitis, COPD, emphysema
- Cirrhosis
- CKD stages 3a, 3b, 4 or 5
- Depression (“Mood disorder”)
- Diabetes with complications
- Dialysis status
- Malnutrition
- Morbid obesity
- Ostomies, e.g., PEG, trach, etc.
- Paraplegia, hemiplegia
- PVD/claudication
- Seizures
- Transplants

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Coding and Documentation Guidelines

HCCs must be re-documented annually. Each patient starts with a clean slate every January

- Annual Wellness Visits are a great opportunity to capture HCCs
- Telehealth can be employed as a technique to perform AWV because telehealth qualifies as a 1:1 encounter

Specificity of diagnoses is critical for HCC capture

- Bronchitis is not an HCC
- Chronic Bronchitis is an HCC
- CKD is not an HCC
- CKD Stage 4 is an HCC

A diagnosis is not simply documented in a problem list or in the visit level

- All diagnosis must have evidence of **M.E.A.T.** criteria for reporting

Providers should report ALL diagnosis that are relevant to the encounter or admission

- No such thing as “over-reporting” a diagnosis.

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Opportunities to Impact Existing Data

- Avoid “falling off” of Risk Adjustment Factor (RAF) scores.
- Drivers for disease coefficients in any given year
- Patients with prior year HCCs that are documented and coded again so they are reflected in the current year (**RECAPTURES**)
    - About 50% of current year disease coefficients come from the same HCC categories captured in the prior year
    - About 30-40% of prior year disease coefficients for active patients are missing in subsequent year.
- Patients with new diagnoses that add or “move” an HCC in the current year (**SUSPECTS**)
- Leverage electronic tools

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Documentation Details

- Documentation for chronic conditions must indicate how providers are monitoring/managing, evaluating, assessing or addressing, and treating the patient.
- Each diagnosis must have "MEAT." (You only need one per condition.)

Management	Evaluation	Assessment	Treatment
• Signs/Symptoms • Disease progression • Disease regression • Medications • Referrals to specialists or disease management programs	• Medications • Therapies • Other modalities • Test results • Medication effectiveness • Response to treatment	• Ordering tests, diagnostics, labs • Discussion • Reviewing records • Counseling	• Medications • Therapies • Other modalities

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How to Improve Documentation & coding

Provider Engagement Initiatives

- Proactive education around HCCs
- Provider involvement in problem list & other form development
- Care plan review

Embed HCC Management Tools in Workflows

- Accessible to providers at point of care
- Goal is to allow for informed decision making without additional “clicks”
- Aids providers in productivity without sacrificing efficiency
- Sends cases to coding staff queue

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How to Ensure Accurate Coding

Ensuring patients are seen in each calendar year

- The first question to ask is, “Can you identify patients with chronic illnesses who have not been seen during the calendar year?”
- Build a clinical dashboard that provides a snapshot of both EMR and claims data that provides a complete picture of patients not yet seen in a calendar year.
- Once identified, match them with both visit and HCC coding gaps
- Acquire information at the system, region, clinic, or provider level and review with clinic staff regularly (such as on a quarterly basis)
- Best practice - frontload visits for these patients early in the year when clinics have capacity.

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Coding and Documentation Guidelines, continued

What can providers do to impact risk adjustment?

Understand the need for better documentation on every encounter

- Identify the reason for admission/encounter
- Identify secondary diagnoses (chronic conditions) which impact the medical decision making and describe why or how
  - + Use problem-oriented charting
  - + Take credit for review/reconciliation of the medication list-for every medication prescribed is there a documented chronic condition? Do abnormal labs have a corresponding diagnosis?
- Use specific codes and diagnoses
  - + Many codes in our EHR are “default codes” that will not risk adjust without additional specificity
    - Ask Coding, CDI and/or IT to review the templates and pick lists to make them more specific
  - + When patients are prescribed medication, include the correlating indication for the medication
  - +Remember when using diagnoses that staged
    - The HCC is based upon reflections of patient acuity
    - CKD Stages 3, 4, and 5 are HCCs
    - CKD without any stage does not risk -adjust

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Top Medicare Risk Adjustment Errors

- Health record does not have a legible signature with credentials or electronic health record was not authenticated (electronically signed).
- Lack of specificity, such as unspecified arrhythmia versus a specific type of arrhythmia or highest degree of specificity was not assigned to the diagnosis.
- Required linking language, causal relationship, or manifestation codes are missing.
- Documentation does not indicate a condition as being managed/monitored, evaluated, assessed/addressed, and treated (MEAT).
- A discrepancy exists between billed diagnosis and actual description of the condition in the medical record.
- Cancer status is unclear because treatment is not documented.
- Chronic conditions, such as hepatitis, are not documented as chronic.
- Chronic conditions and status codes are not documented on an annual basis.

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Examples and Case Studies

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Example and Case Studies

Documentation Should Accurately Portray Diagnosis Specificity—Diabetes

If a patient has a chronic condition with a complication, document medical decision-making and select a more specific code that captures the complication instead of an unspecified code.

Example

- Diabetic patient is being seen in follow-up
  - The patient has hyperglycemia and does not follow the recommended diet or take prescribed medication. Fasting blood sugar in the office is 400, HbA1c is 9.2. The patient's insulin regimen is adjusted. Patient counseling is provided regarding diabetic management and the patient is given a referral to a dietitian.

Document

- "Hyperglycemia" if the patient's fasting blood sugar is above normal limits
- Labs must be interpreted, not simply pulled into your note
- Diabetic counseling performed
- Referral to the dietitian
- Insulin regimen adjustment

Code

- Diabetes with hyperglycemia (E11.65) *instead of diabetes*, unspecified (E11.9)
- Code the long-term insulin use status (Z79.4)

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Example and Case Studies 1

Documentation Tips for Risk Adjustment—Hypertension

Hypertension (HTN)				
HTN with congestive heart failure (CHF)	I11.0	85	0.323	Isolated essential HTN has no HCC weight. Relationship must be explicitly documented.
HTN + CKD stage 5/end stage renal disease (ESRD)	I12.0	136	0.237	
HTN + CHF + CKD stage 1-4	I13.0	85	0.323	
HTN + CHF + CKD stage 5/ESRD	I13.2	85	0.323	
HTN + heart disease (no CHF) + CKD 5/ESRD	I13.11	136	0.237	

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Example and Case Studies 2

Diabetes/COPD/CHF Example

Example #1		Example #2		Example #3	
Age 76	1.0	Age 76	1.0	Age 76	1.0
No HCC	0.00	HCC 85 CHF	0.331	HCC 85 CHF	0.331
		HCC 111 COPD	0.335	HCC 111 COPD	0.335
				HCC 18 Diabetes w/chronic complication	0.302
				HCC 189 Amputation lower limb	0.519
Pt. Risk Adjustment (RAF): 1.00		Pt. Risk Adjustment (RAF): 1.666		Pt. Risk Adjustment (RAF): 2.487	

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Example and Case Studies 3

If a patient has several chronic conditions, document medical decision-making and select a more specific code that captures the complication instead of an unspecified code.

Example

- Diabetic patient with COPD and CHF is being seen for follow-up

The patient has brittle diabetes, and now has vascular complications with a left great toe amputation. Patient labs are reviewed, all within normal limits. The patient also has COPD. The patient's long-term medications were reviewed. Patient dietary counseling and education regarding need for continued medication adherence for COPD and CHF medications. The patient complained of increased shortness of breath and PFT's were ordered.

Document

- The patient counseling performed, and recommendations discussed
- Medication review
- Referral to pulmonologist
- Amputation status

Code

- Diabetes with hyperglycemia (E11.65) *instead of* Diabetes, unspecified (E11.9)
- Long-term insulin status (Z79.4)
- COPD (J44.9)
- Chronic Systolic CHF (I50.22)
- Left great toe amputation (Z89.412)

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Example and Case Study of Leading Practices in Documentation for HCC and SDOH

65-year-old with a history of right breast ductal CIS. S/P mastectomy. On Tamoxifen. Has had progressive nausea and anorexia for the past several months. Oncology is concerned. BMI is 17, she appears emaciated today.

20 pack-year smoker, but none for 15 years. Uses maintenance inhaler for her advanced lung disease (no O2) and no rescue MDI since last visit 2 months ago. Blood sugars are 80-130 fasting. A1c was 7.4 two months ago, but her lower extremities (mid-shins down) are still numb and burn from the condition.

No issues with tachycardia. Atrial fibrillation is controlled with Verapamil. Last EKG 8 months ago was normal sinus rhythm, and she is regular today. She refuses Warfarin and cannot afford the newer agents.

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Example and Case Studies 4

Risk factor	No chronic conditions	Cancer of Breast	COPD	Malnutrition	Chronic Afib	DM w complication
65 y/o female Community-based	0.321	0.321	0.321	0.321	0.321	0.321
Hx of Breast CA	0.000					
Cancer, breast present or Rx'd		0.153	0.153	0.153	0.153	0.153
Malnutrition				0.554	0.554	0.554
Tobacco, remission	0.000					
DM w Chronic Complication						0.307
COPD			0.335	0.335	0.335	0.335
Chronic afib					0.271	0.271
**Total RAF score	0.321	0.474	0.809	1.363	1.634	1.941
Predicted Annual Cost	$3,001	$4,431	$7,563	$12,743	$15,277	$18,148

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SDOH Overview

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US Health System

The US health system does a poor job of creating health….

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	**3**	**10**	**8**	**5**	**2**	**6**	**1**	**7**	**9**	**4**	**11**
Access to Care	8	9	7	3	1	5	2	6	10	4	11
Care Process	6	4	10	9	3	1	8	11	7	5	2
Administrative Efficiency	2	7	6	9	8	3	1	5	10	4	11
Equity	1	10	7	2	5	9	8	6	3	4	11
Health Care Outcomes	1	10	6	7	4	8	2	5	3	9	11

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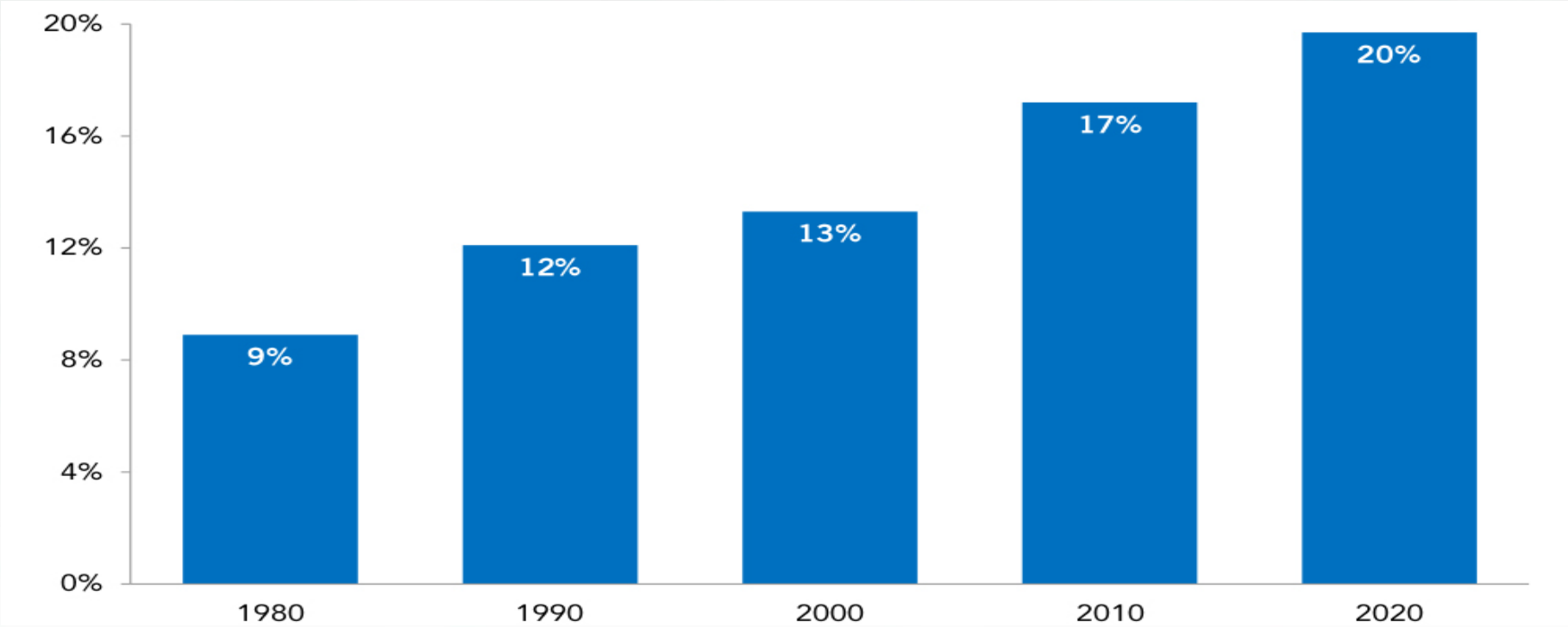
Rising Healthcare Cost

U.S. health care spending grew 9.7% in 2020, reaching $4.1 trillion or $12,530 per person.
Health spending accounted for 19.7% of the nations Gross Domestic Product



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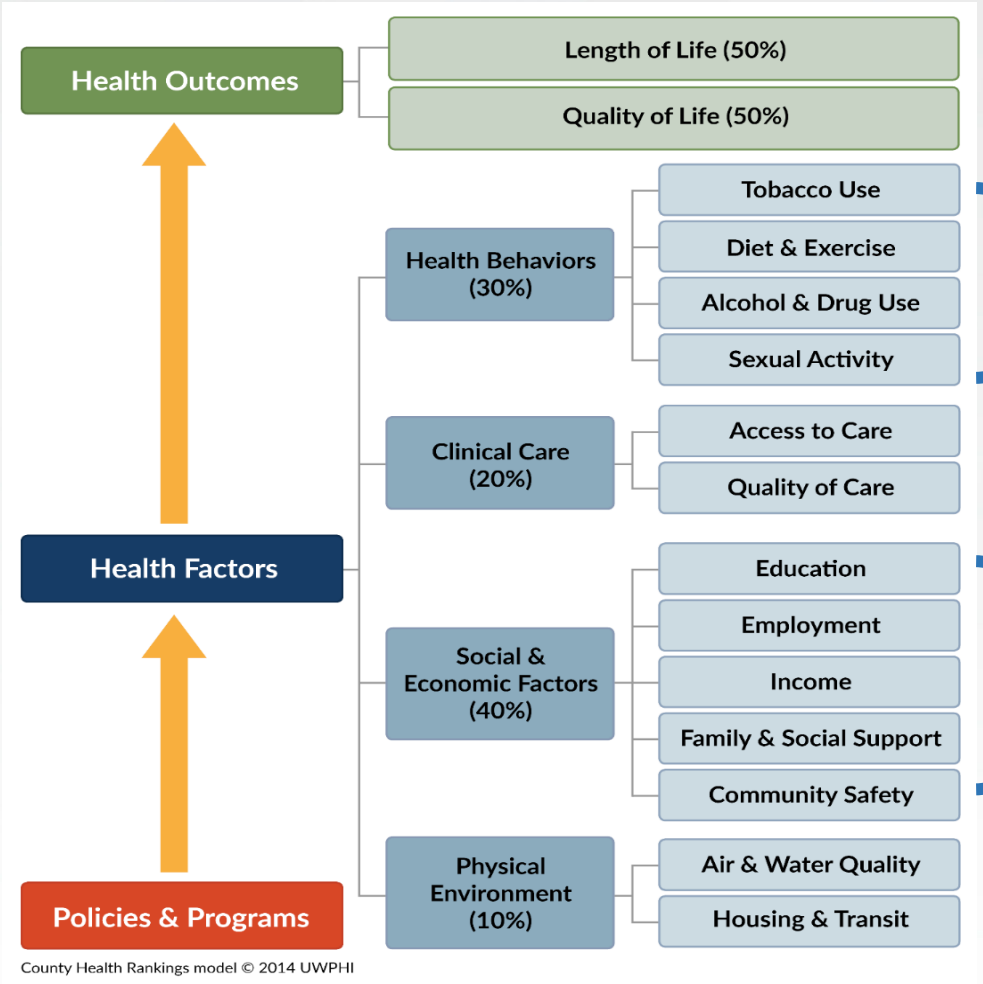
What Creates Health?



Behavioral Determinants of Health

Social Determinants of Health

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What are Social Determinants?

The World Health Organization defines social determinants as the conditions in which people are born, grow, live, work and age.

Social determinants are shaped by the distribution of money, power and resources available to individuals at the global, national, and local level.

Social determinants are the PRIMARY DRIVERS of poor health outcomes, disability, health disparities and early death in the United States.

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Common Social Risk Factors

Food Insecurity	• Onset of chronic conditions • Inability to control chronic conditions • Increased risk behavioral health risk factors
Housing Instability	• Increased risk of chronic health conditions • Inability to properly recover from procedures • Increased trauma experienced by children
Transportation Needs	• Inability to seek health care services • Inability to obtain medication • Less likely to maintain steady income
Financial Resource Strain	• Increase risk of developing depression, anxiety and other behavioral health conditions • Poor Medication adherence
Social Connections	• Leads to increased risk for all-cause mortality and range of disease morbidities • Results in 40% increase in chance of dying early

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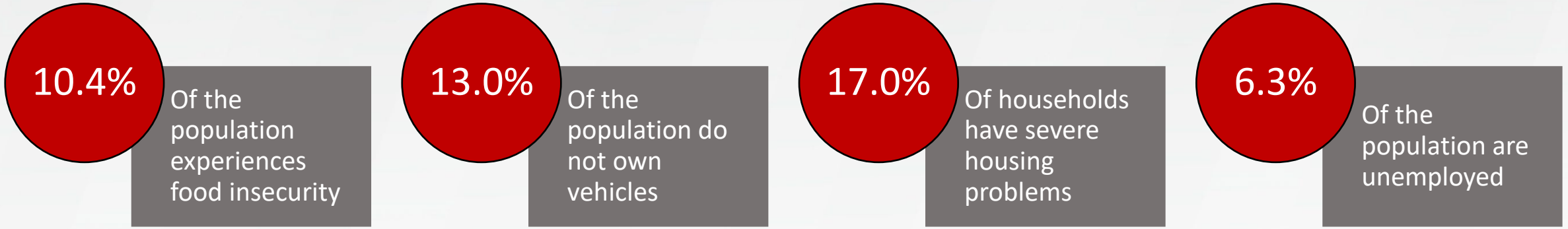
Health Equity

Healthy People 2022 defines health equity as:

The attainment of the highest level of health for all people



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Common Behavioral Health Factors

Physical Activity
- Sedentary behaviors increase risk of adverse health outcomes

Stress
- Chronic disease
- Cognitive changes
- Mental Health Issues

Depression
- Trouble with memory or decisions
- Increased risk for heart attack
- Increased risk for chronic disease

Tobacco Abuse
- Leads to increased risk for disease and disability
- Harms nearly every organ in the body

Alcohol Abuse
- Leads to increased risk for injuries, violence, liver disease and cancer

Intimate Partner Violence
- Chronic pain
- Gastrointestinal and gynecological problems
- Behavioral health concerns

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SDOH Impact on Value Based Care

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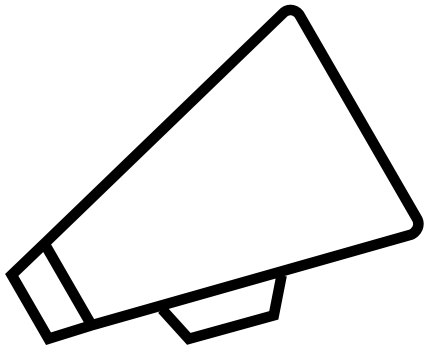
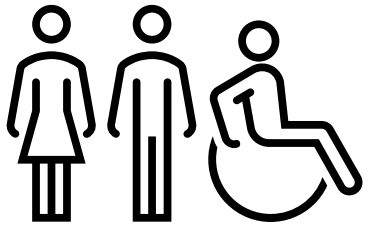
Why This Matters



- SDOH impact the lives of EVERY individual as well as the community at large
- Awareness of social, economic, cultural and geographic differences may allow US to provide culturally competent care to minimize health disparities
- As healthcare professionals, WE are in a unique position to advocate for our community members that we serve by understanding these drivers of health outcomes
- At the patient level, understanding their own unique set of barriers and circumstances may influence the care we provide and ultimately the effectiveness of our care



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Future State

Healthcare Insurance

Expect SDOH screening in future payer contracts

Quality

Process and Outcome Metric Evaluation

- Impact on our community
- Ability to target resources to lower overall total cost of care
- Improve patient outcomes
- Improve the overall health of our community

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Implementation Considerations

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SDOH Screening Considerations

- There are a variety of questions that complex care providers should consider prior to screening for SDOH, including:
- What assessment tool should be adopted or adapted to collect SDOH information?
- How will the tool be administered, and by whom and when?
- How will the information collected inform clinical practice?
- How will patients with identified needs be referred to community resources?
- How will providers track whether patients' needs are addressed?

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SDOH Documentation and Information Collection

Both the National Academy of Medicine (NAM) and CMS have released guidelines for SDOH factors that should be documented in EHRs.

Based on these guidelines, several EHR's has integrated clinically validated assessments into the system for the following SDOH factors:

1. Financial Resource Strain
2. Food Insecurity
3. Transportation Needs
4. Housing Stability
5. Physical Activity
6. Stress
7. Depression
8. Tobacco Use
9. Alcohol Use
10. Social Connections
11. Intimate Partner Violence

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Three Avenues to Screen

1. Prior to visit→ MyChart

2. At Check-In→ electronic survey via iPad

3. During an appointment→ with the Care Team Member

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Patient Sensitivity

In order to understand our patients as a whole person, we are going to ask some questions that might be sensitive.

The following script will help you convey a SDOH screening tool to your patients.

"Our vision is to support our community and provide peace of mind for all we serve.

In order to best aid our community, we will begin screening for social needs that may impact your health journey. Our focus with these screenings is to be able to identify if any additional assistance or support is needed.

The questions may seem personal but be assured that your answers will be kept confidential amongst your care team. Examples of the topics covered include housing, transportation, food and access to medications and health care services.

If a need is identified through the screening AND you wish to pursue further assistance, a member of our care team will follow up with you to discuss the community resources and services available."

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Social Needs Solution Board

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Post-Polling Questions

I am ____ in my understanding of common challenges middle revenue cycle leaders face in the industry related to social determinants of health.

I am ____ in my understanding of best practices for middle revenue cycle functions.

I am ____ in my understanding of best practices for increasing organizational focus on social determinants of health.

I am ____ that I will apply the knowledge gained from this educational training to measure my organization's internal performance related to Revenue Cycle Management and Physician Practice Management (RCM/PPM).

Questions?

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Thank you!

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Assurance / Tax / Advisory

Resources

Fernandez, Valerie. "Ins and Outs of HCCs" Journal of AHIMA 88, no.6 (June 2017): 54-56.

Mirror, Mirror 2021: Reflecting Poorly, The Commonwealth Fund

CMS, National Health Expenditures, December 2021

NCHHSTP Social Determinants of Health

America's Health Rankings

Center for Healthcare Strategies & 3 Steps for Building a SDOH Business Case

https://www.pgpf.org/blog/2022/01/healthcare-spending-reaches-a-record-high

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