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Risk Adjustment and HCC Coding for House Calls – Discussion Guide

Thank you for leading a group discussion regarding key learning points from the HCCI online education activity, *Risk Adjustment and HCC Coding for House Calls.* This guide is intended to help you prepare to facilitate this discussion.

OVERVIEW

Purpose: The discussion's purpose is to help home-based primary care (HBPC) providers use HCC codes to accurately reflect their patient's condition, severity, and level of risk and cost.

Audience: This discussion is intended for learners who have successfully completed the online education activity, *Risk Adjustment and HCC Coding for House Calls.* The discussion should take no longer than 60 minutes to complete.

Materials:

- Hard copies of the *Next Steps* handout from the Resources screen in the course.
- Hard copies of an example patient chart, with all identifying information hidden, showing the diagnosis codes submitted for the last date of service.
- *Optional:* A flipchart to capture comments and ideas to help focus discussions and/or save for future implementation.

Instructions: Use the question prompts provided to start initiating discussions.

Learning objectives:

- Explain a risk score calculation using HCC codes and the impact it has on providers.
- Develop a workflow that ensures HCC codes are assigned accurately.
- Apply strategies that support quality documentation for assigning HCC codes.

AGENDA

#	Topic	~Minutes
1	Introduction	5 min
2	Risk Score	5 min
3	HCC Workflow	10 min
4	Role of the Provider	5 min
5	MEAT	5 min
6	Debrief	5 min

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TOPIC 1: INTRODUCTION

Question prompts:

- The goal of risk adjustment is to care for high-risk members by providing additional funds to improve quality of care. How do you think this impacts HBPC providers and patients?
- What documentation and coding habits can affect the risk score?

TOPIC 2: RISK SCORE

Question prompts:

- What factors are considered to calculate a patient's risk score? *(Demographics, diagnoses, interactions, multiple HCC conditions.)*
- Why is it important to monitor, evaluate, assess/address, and treat all chronic conditions annually? *(Each HCC code submitted must be validated by documentation, providers need to reflect that the condition was addressed and a care plan is in place to actively manage each condition.)*

TOPIC 3: HCC Workflow

Question prompts:

The course listed several considerations regarding HCC workflow. Let's discuss each:

- Do all providers and staff members in our practice understand the importance of HCC coding? If not, what efforts can you take to educate and better prepare your team?
- What strategy could your practice implement to ensure all chronic conditions are coded on claims throughout the year? (*Tracking diagnosis codes reported on claims to ensure every chronic condition the patient has is reported at least once per year.)*
- Do providers routinely conduct internal and external chart audits for coding accuracy? If not, who should be doing this and at what point is the best time to do this?
- Do providers regularly meet with one another to discuss complex patient care or barriers to treatment? Or do you have a schedule for peer-to-peer review to ensure excellent diagnosis and treatment?
- Do assigned staff regularly review charts for coding opportunities? If not, who should do this and how can this practice be started?
- If coding is outsourced to a certified coder or other service, do they alert and educate providers regarding coding issues? If not, how do we change this?
- Does the billing company provide feedback? If so, how often? Is this effective or does it need to change?

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TOPIC 4: ROLE OF THE PROVIDER

Question prompts:

- Consider your patients' problem lists. Do you frequently have unspecified codes listed for their conditions? How can you improve your diagnosis coding accuracy?
- Do you know where to get more information or support if you have a question about diagnosis codes? *(You may wish to take this opportunity to clarify support resources that exist within your program.)*
- Think about chronic conditions that risk adjust and select one to three of the most common ones. Is the provider team willing to commit to updating the problem list and diagnosis each time patients are seen for that condition (e.g., diabetes with manifestations, congestive heart failure, vascular disease with complications)?

TOPIC 5: MEAT

Question prompts:

- Do you recall what the acronym MEAT stands for? What is it used for?

TOPIC 6: DEBRIEF

Question prompts:

- Are there any practices that you don't think we as providers are currently doing that we should start (or we should start to do better/more consistently)?
- Are there any strategies that this course confirmed for you that we as providers in our practice should continue doing?
- Refer to the *Next Steps* handout. Review and mark which steps you would like to commit to taking next. Share your ideas for implementation.

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