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Chinese
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CCHP



SECTION 19



MEDICARE RISK ADJUSTMENT

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Correct Coding Means Accurate Risk Scores and Appropriate Reimbursement

CCHP physicians play a critical role in the payment our health plan receives from the Centers for Medicare and Medicaid Services (CMS) for taking care of our Senior and Senior Select patients. Payment is based on records that show how sick the patient is through correct and complete coding of services provided to that patient.

To ensure that CCHP receives the highest level of payment from CMS for every member, CCHP must rely on health care providers for accuracy and specificity in diagnostic coding.

The CMS Risk Adjustment Payment System (RAPS) is a clinical coding system that allows CMS to predict the future cost of a member's care and to calculate the proper payment to health plans like CCHP. The coding system is used to determine the category of severity and cost for different disorders. This grouping of disorders is similar to the Diagnostically Related Groups (DRG's) used for inpatients; but this one includes chronic conditions for outpatients and is called Hierarchical Condition Categories (HCC). CMS uses this system to adjust Medicare payments to health plans for their expected costs. For example, health plans that have mostly healthy members are paid less than plans with an average risk, while health plans that have a high number of very sick patients are paid even more.

What you need to do:

Please comply with the following guidelines:

Medical Record Documentation

- Ensure **medical record documentation includes all conditions and co-morbidities being treated and managed.** Your records should be clear, complete, legible and timely.
- **Include** the member's identification on each page of the medical record, date of service, the signature of the person(s) doing the treatment, reason for the visit, care rendered, clinical assessment and diagnosis, and follow-up care plan.
- **Include the provider's credentials on the medical record**, either written next to his/her signature or using a pre-printed stamp with the provider's name on the practice's stationery. Examples: "M.D.", "D.O.", "N.P.", or "P.A." Note: "R.N." or "M.A." is not accepted.





Claims Coding and Diagnoses Submissions

- **Report and submit all diagnoses** that impact the patient's evaluation, care and treatment; reason for the visit; co-existing acute conditions; chronic conditions or relevant past conditions.
- **Code all claims** for CCHP Senior Program and Senior Select Program members to the highest level of specificity using the 4th and/or 5th digit codes, whenever possible. Specificity of coding is based on the accuracy of information written in the medical records.

