



Medicare Advantage Risk Adjustment Training for Providers

DHMP has created a short training presentation for providers and coders that highlights the importance of capturing all diagnosis codes correctly for Medicare members.

Medicare members' health status reset every year on January 1st. Diagnosis codes reported by providers throughout the year are submitted to CMS. These codes are used to determine a member's health status, which ultimately drives CMS reimbursement for the member's care.

It is essential that providers capture all current and active diagnoses for each member, as well as re-capture any diagnoses related to the member's chronic conditions annually. All medical documentation to support the diagnosis codes must be complete, accurate, and robust enough to withstand CMS audit.

Please take a few moments to review the Risk Adjustment Training presentation at the following link:

denverhealthmedicalplan.org/medicare-advantage-risk-adjustment-training-providers

Contact DHMP's Medicare Risk Adjustment Analyst at 303-602-2134 if you have any questions regarding this training or Medicare risk adjustment in general.