

Medicare Advantage Risk Adjustment in 2024

Denver Health Medical Plan (DHMP) Risk Adjustment Programs and the Value of Collaboration with Physicians

The execution of the Centers for Medicare and Medicaid Services (CMS) HCC risk adjustment program involves a variety of actions and stakeholders in the overall endeavor to realize the program's objectives. However, the doctor is always in the drivers seat.

At DHMP, the Medicare program enrolled a total of 7,746 members in 2023; 5,156 of those members received care at DHHA facilities, while 2,591 received care elsewhere. As of 2024, similar statistics reveal that DHMP has registered an estimated 4,672 members, with 3,607 getting care at DHHA facilities and 1,065 at external facilities.

These statistics represent the amount of work performed by clinicians of all designations in our organizations which support the risk adjustment programs and similar initiatives.

Thank you for your continued support!

On the other hand, DHMP's strives to encourage enrolled members to have at least one encounter per year with their provider in order to manage their health status. The conversation of the data obtained during the visit results in for proper coding and billing that supports the growth of the organizations financials. Though the narrative is oversimplified, the idea is a near-perfect collaboration between rendering providers, medical home personnel, and the DHMP risk adjustment department is the "secret sauce" for improved performance in the program's various metrics, including member health outcomes.

The CMS Risk Adjustment program must be implemented in a big healthcare system with medical homes serving as the hub. This requires various practical measures to ensure successful integration, compliance, and profitability. The DHMP risk adjustment programs will focus on the following areas to improve program implementation in the coming months. These are briefly detailed here.

Education and Training:

Provide thorough education and one-on-one training on the CMS Risk Adjustment program to healthcare providers, coders, and office staff, emphasizing the need for proper documentation, coding requirements, and risk adjustment methodology.

Documentation Improvement Programs:

In collaboration with the Clinical Documentation Improvement team (CDI), we will implement targeted documentation improvement programs to support practitioners in capturing all relevant diagnoses and conditions during patient contact. The department intends to enhance clinical documentation integrity by highlighting the significance of comprehensive, accurate, and timely documentation in the medical record. Encourage providers to document all relevant diagnoses, chronic illnesses, and comorbidities in order to accurately reflect the patient population's overall health.

This could include using organized templates, clinical decision support tools, and conducting regular chart audits to uncover documentation gaps.

Coding correctness:

It will also be a priority to ensure coding correctness by collaborating with the DHHA coding team to assign all the relevant ICD codes based on the patient's medical history, symptoms, and treatment received.

Data Analytics and Reporting:

Use data analytics technologies to identify high-risk patients and areas for better documentation and coding. Create regular reports to track performance metrics, detect trends, and assess the efficacy of risk adjustment measures.

Provider involvement:

Increase provider involvement and buy-in by clearly communicating the CMS Risk Adjustment program's goals and objectives. Encourage open communication among providers, coders, and administrative staff to address issues and establish best practices. Report sharing is also helpful to generate competition - at a provider or clinic level.

Continuous Improvement:

Create a culture of continuous improvement by asking stakeholder feedback, evaluating program outcomes, and altering methods in response to changing CMS requirements, industry best practices, and implementation of lessons learned.

Focusing on these practical tactics allows provider offices to efficiently execute the CMS Risk Adjustment program, increase documentation accuracy, optimize coding practices, and ultimately improve patient care outcomes while increasing their organizations' bottom lines.

Updates for the 2024 Program Implementation

- » For CY 2024 payments, 67% of risk scores will be determined using the 2020 CMS-HCC model and 33% with the 2024 CMS-HCC model.
- » At least an estimated 50% of DHMP enrolled members have not had at least one visit this year. All efforts should be aimed toward outreach to effectively manage members' health status.

If you have any questions regarding this training or risk adjustment in general, contact:
» Clinical Documentation Integrity (CDI) Team at DL_CDI@dhha.org