



OVERVIEW OF RISK ADJUSTMENT

What is Risk Adjustment

- The process by which health plans are reimbursed based on the health status of their members.
 - Implemented by Missouri HealthNet to pay health plans more accurately for the predicted health care cost of members they enroll.
- Helps match payment to risk by estimating health care expenses based on the disease conditions attributed to the population.

Benefits of Risk Adjustment

- Identifies patients who may need disease management intervention.
- Identifies gaps in clinical documentation.
- Accurate and timely documentation allows for more meaningful data exchanges between health insurance plans and providers, which helps members by:
 - Identifying new problems early
 - Reinforcing self-care and prevention strategies
 - Coordinating care collaboratively
 - Avoiding potential drug/disease interaction
- Coded data translates into:

✓ Quality Reporting	✓ Reimbursement
✓ Physician Report Cards	✓ Public health data

Physician's role

- Physician data is critical for accurate risk adjustment.
- Physicians are the largest source of medical data for the risk adjustment models.
- Risk adjusted payment relies on accurate diagnosis coding on claims and complete medical record documentation.
- Specificity of diagnosis coding is substantiated by the medical record.
 - Contributes to the level of complexity for the patient encounter.
 - Vital to a healthy revenue cycle, and more important, to a healthy patient.



What should you do?

- Follow General Documentation Requirements
 - Official ICD-10-CM Guidelines for Coding and Reporting
 - Review E&M Service guidelines regarding chronic conditions
 - For the presenting problem(s) and chronic condition(s) be sure to document your medical decision making on each one that may include:
 - prescription management
 - ordered tests/screenings
 - surgical procedures
 - condition improving, worsening, resolved

Presenting problem(s) listed in the Table of Risk within Medical Decision Making addresses chronic conditions and may even justify a different E&M level

- Each progress note must:
 - Support what is coded and billed (ICD-10-CM, CPT, and HCPCS)
 - Stand alone
 - Be complete and contain legible signature & credentials
 - Show medical necessity



*Document for others as you would
have them document for you.*

ISSUED Date: 01/01/2017
REVIEWED Date: 12/01/2018
REVIEWED Date: 01/2023

➤ **Secure Portal Registration:** If you haven't already do so, please go to www.HomeStateHealth.com to register for our Secure Portal. Functions on the portal include: Verification of eligibility, submission of claims, entering authorizations, viewing patient care gaps, etc. Use of the portal is FREE for all services!

➤ **Electronic Funds Transfer / Electronic Remittance Advice**

- Home State Health Plan partners with PaySpan Health for EFT/ERA services.
- Please register with PaySpan Health at www.payspanhealth.com

Questions?

Contact Provider Relations at 1-855-694-4663.