



## 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.*

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➤ **Secure Portal Registration:** If you haven't already do so, please go to [www.HomeStateHealth.com](http://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](http://www.payspanhealth.com)

## Questions?

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