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2018 Risk Adjustment & Hierarchical Condition Category Coding Guide

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Hierarchical Condition Reference Guide

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Hierarchical Condition Reference Guide:

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document valid for submission including which sources of documentation should or should not be used Attendees will have the opportunity to review common mistakes like a lack of specificity in provider documentation Often overlooked conditions which are frequently undocumented by the provider are also explained The presenter will give a brief demonstration on how to determine if a condition is reimbursed or not as well as a case study showing how to apply the theories learned Through clarification of codes and specific examples the speaker underscores the importance of provider documentation and its impact on reimbursement This session is a great overall introduction for beginners and the perfect refresher course for those who have already begun and want to enhance their knowledge in the field ObjectivesLearn about HCC coding and risk adjustment coding guidelines Demonstrate how mapping tools help to properly identify HCCs Understand the importance of provider documentation and its impact on reimbursement Risk adjustment in the CMS HCC model characteristics is based on multiple factors which are analyzed and reduced to offer the right risk management plan for a patient The factors that influence risk adjustment includes Hierarchy of diseases Ensuring that diagnoses are included in the appropriate disease groups and are in accordance with the necessary hierarchy Disease Interactions The additional factors that recognize and assess the severity of multiple conditions Demographic Variables These focus on the demographic of the patient s living conditions and demographics Diagnostic Sources CMS recognizes diagnoses from a hospital s inpatient outpatient and physician settings only Prospective model The diagnoses based on last year are used to extrapolate the possible payments for the next year Multiple conditionsA patient can have multiple HCC categories assigned to them based on their medical conditions In some cases specific conditions can override others when documenting This is based on the strict hierarchy of the coding procedures HCCs are captured once a year every year in order for the CMS to reimburse payments to the Medicare Advantage However diagnoses from previous years are used to establish capitation payments to the Medicare Advantage plan **Altova® MapForce® 2008 User & Reference Manual** , Altova® MapForce® 2012 User & Reference Manual , **Altova® MapForce® 2013 User & Reference Manual** , Altova® MapForce® 2011 User & Reference Manual ,2010 *Online Services Reference Manual* ,1988 Altova® MapForce® 2009 User & Reference Manual , *BPMN Modeling and Reference Guide* Stephen A. White,Derek Miers,2008-01-01 Business Process Modeling Notation BPMN is a standard graphical modeling representation for business processes It provides an easy to use flow charting notation that is independent of the implementation environment An underlying rigor supports the notation facilitating the translation of business level models into executable models that BPM Suites and workflow engines can understand Over recent years BPMN has been widely adopted by Business Process Management BPM related products both the Business Process Analysis and Modeling tool vendors and the BPM Suites This book is for business users and process modeling practitioners alike Part I provides an easily understood introduction to the key components of BPMN put forward in a user friendly fashion Starting off with simple models it progresses into more sophisticated patterns Exercises help cement

comprehension and understanding with answers available online Part II provides a detailed and authoritative reference on the precise semantics and capabilities of the standard Altova® MapForce® 2010 User & Reference Manual ,

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