Risk Adjustment
Documentation & Coding Tips

TOP TEN TIPS

Conditions that go undocumented usually also go untreated. This is just one of the important reasons that thorough and accurate Risk Adjustment coding is critical to patient care. Additionally, comprehensive coding provides specialists and ancillary providers insight into a patient's complete health profile.

Please review the tips below to ensure that you are following the appropriate steps for accurate Risk Adjustment coding.

1. Ensure the signature on the medical record (such as chart notes and progress notes) is legible and includes the signee's credentials.

2. Confirm all electronic signatures, dates and time fields are completed for Electronic Health Records (include qualifying words such as "Authenticated by," Verified by" or "Generated by").

3. Make sure the physician documents to the highest degree of specificity in the medical record.

4. Assign the ICD-10 code that includes the highest degree of specificity.

5. Include proper causal or link language to support highest degree of specificity in diagnosis and coding.

6. Verify that the billed diagnosis codes are consistent with the written description on the medical record.

7. Include whether the diagnoses are being monitored, evaluated, assessed/addressed and treated (MEAT) in the documentation.

8. Do not use language such as "history of," if a chronic condition is currently present in a member.

9. Document all chronic conditions present in the member during each visit on the medical record.

10. Submit all chronic diagnosis codes based on documentation in a claim, at least once per year.

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2017 National WebEx Coding Training Calendar

Optum offers a variety of coding and documentation courses for Medicare Advantage, as well as a risk adjustment introductory course for the Affordable Care Act (ACA).

In 2017, classes are offered for both billers and coders (with CEU credits) and separate classes specifically for providers (without CEU or CME credits). Providers are welcome to attend these sessions or can attend the new provider focused presentations. Please see the applicable tables below.

REGISTRATION

1. Click on the link below the session you would like to attend. Choose your time zone and click "OK".
2. A new window will open. Scroll to the bottom of the invitation and fill out registration form. Select "register".
3. You will receive a confirmation email with instructions for joining the session. To join the session, please see "starting your training session" below. Please note that each registration confirmation link is unique to the participant, multiple users cannot share a link as the system will only allow one user to log in.

TROUBLESHOOTING INFORMATION

1. Check with your IT administrator to ensure that your "Spam" filter will allow emails from the following two addresses: MDA.WebEx.com and *.WebEx.com.
2. Go to https://www.WebEx.com/test-meeting.html to test if your computer is compatible with WebEx. Install any additional programs needed.
3. If you still experience issues, please call WebEx tech support at 1-866-569-3239.

STARTING YOUR TRAINING SESSION

1. Click on the link in the confirmation email you received.
2. A WebEx window will open in your browser and you will be prompted to provide some identifying information.
3. After your identifying information has been entered, you should be logged into the WebEx and able to see the visual portion of the training. For audio, please call the phone number included with your registration confirmation listed on this sheet with the corresponding training date. Note: To listen to the WebEx, you must be listening with a telephone. The sound will not come through the computer.

DATE (2017)	TIME (CST)	COURSE INFORMATION All classes are scheduled for 1 hour in duration except 7/14 which is scheduled for 30 minutes.
NOVEMBER **17** FRIDAY	12:00 p.m.	Documenting and Coding Chronic Conditions for Affordable Care Act (ACA) Risk Adjustment To register: https://Optum.WebEx.com/optum/k2/j.php?MTID=t8ab11605a542297d25aaa33ade1c7414 Dial-in #: 1-866-320-4707 Access Code: 406667

The Department of Health & Human Services Hierarchical Condition Category (HHS-HCC) model is the Risk Adjustment model utilized for the nonelderly population under the Affordable Care Act (ACA). This model differs significantly from the CMS-HCC model, reflecting the differences in the population. For more information, please visit: https://www.CMS.gov/cciio/programs-and-initiatives/premium-stabilization-programs/index.html