

METROCARE HCC and RISK ADJUSTMENT SEMINAR

Due to the COVID-19 pandemic, our March 25 HCC and Risk Adjustment seminar was cancelled for in-person attendees, but recorded for viewing at your convenience.

Coding for Hierarchical Condition Categories is used to improve reporting of the chronic disease burden in your patient population, allowing the payers to calculate their future healthcare costs and network savings for reimbursement in value-based contracts.

HealthChoice contracts with Optum to analyze the coding data from all of our Trilogy CIN network claims. Optum reports and analyzes your claims information that may be drilled down to provider level and even into individual claims needed to review risk reporting in our network.



Click on above photo for video access.

The following information was reported by our Trilogy MSSP network during the last year. When comparing our network claims the national average for MSSPs:

Our Trilogy MSSP network reported **393 more UNcomplicated diabetics per 10,000**
Our Trilogy MSSP network reported **182 less morbidly obese patients per 10,000**

This is part of a disturbing pattern that causes loss of shared savings opportunities for our network, poor MIPS cost evaluation for your practice, and poor communication of your patient's condition to other providers and entities who may depend on that information for treating your patients when they are seen as referrals or hospital admissions.

The recording of Steve Adams' HCC presentation is embedded on our website for your viewing. The full presentation is available, with brief individual topics broken out addressing specific issues.

[Click here](#) to access the 35 minute full presentation, along with options to choose specific short topics.

ADVANCE DIRECTIVES

Please join us on Wednesday, August 19th for a lunchtime webinar as we learn more about assisting patients with understanding and setting advance directives.

Dr. Susan Jacob , PhD,RN, Executive Dean of Academic Affairs UTHSC, will address the need for advance directives and advise us on how best to approach this important work with patients while feeling more comfortable with introducing the process.

In addition to being an experienced healthcare educator and administrator, Dr. Jacob is a frequent speaker regarding end of life issues and has worked as an advocate to increase the creation and use of Advance Directives in our community.

Advance Directives are an important part of Medicare Wellness visits, and as such are well compensated and may be handled by any qualified healthcare provider. We hope that you and your staff will be able to join us for this brief but informative session that should prove a good investment of your time.

[Click here](#) to register for the web link.

We Are Here to Assist You

A dedicated team of professionals is committed to assuring MetroCare physicians have the tools and resources to achieve success with the changes required by transition to value-based healthcare.

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EDUCATION EVENTS CALENDAR
[click here](#)

CODING TIP:

Coding Patients with Stroke

Inappropriate stroke diagnosis coding has been an ongoing problem for some of our providers as evidenced in our network claims data.

The stroke code, I63, is for acute stroke only, and is generally only to be used while the patient is inpatient at an acute care facility.

If a patient is NOT EXPERIENCING A CURRENT CEREBROVASCULAR ACCIDENT (CVA) and has no residual or late effect from a previous CVA, Z86.73 (personal history of transient ischemic attack, and cerebral infarction without residual deficits) should be assigned. A patient experiencing no residual effects from a previous stroke should NEVER be assigned a current stroke code.

The acute stroke code affects the risk adjustment for our ACO, and can cause problems with a risk adjustment audit if coded incorrectly. It is, in effect, "upcoding" the risk.

We suggest that your practice audit problem lists for any patients with this diagnosis so that your EHR does not continue to autopopulate stroke incorrectly.