



brand new day
HEALTHCARE YOU CAN FEEL GOOD ABOUT



Monthly Risk Adjustment Webinar

Presented by Bright HealthCare

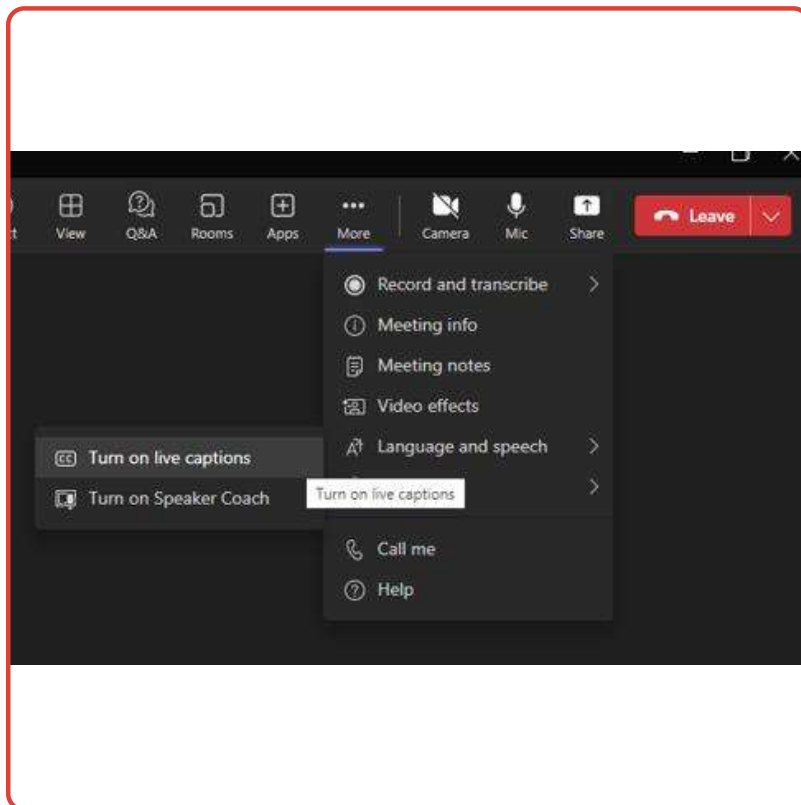
Welcome! We will get started shortly.

Each month's webinar slide deck & recording will be posted to **Healthcare Provider Home | Brand New Day HMO** (bndhmo.com) for on-demand access!

AAPC CEU certificates will be shared after the webinar via email.

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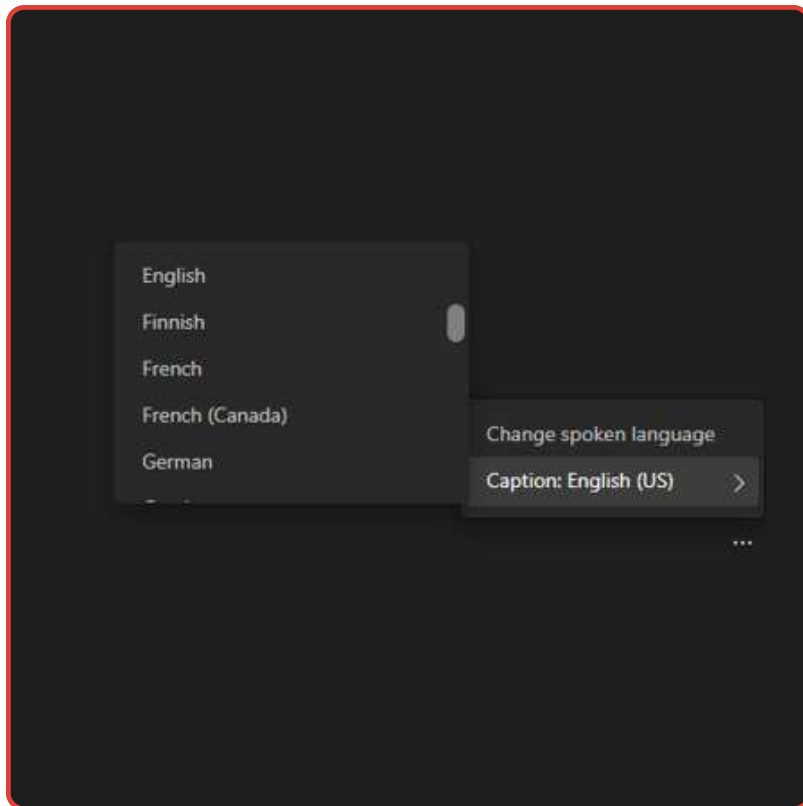
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The Transition from Medicare HCC Model V24 to V28

Agenda

1. Telling the Patient Story
2. Transitioning from V24 to V28
3. Supplemental File Submissions

SECTION ONE

Telling the Patient Story.



“Stories are just **data** with a **soul**.”



-Brene Brown

Coding is the Language of Healthcare

Provider Documentation

Diabetes

Chronic Kidney Disease, stage 4

Acquired absence of right toe

Phantom limb pain

ICD-10 Dx Codes

E11.22

N18.4

Z89.421

G54.6

Medicare Risk Score

1.418

\$13,608/year

SECTION TWO

Transition from V24 to V28.



On March 31, 2023, the Centers for Medicare & Medicaid Services (CMS) released the CY 2024 Medicare Advantage and Part D Rate Announcement, which included revisions to the Part C Risk Adjustment Model.



Restructured Condition Categories

The revised model includes the use of the International Classification of Diseases (ICD-10) classification system instead of the ICD-9 classification system.



Updated FFS data years

The underlying fee-for-service (FFS) data years have been updated from 2014 diagnoses and 2015 expenditures to 2018 diagnoses and 2019 expenditures.

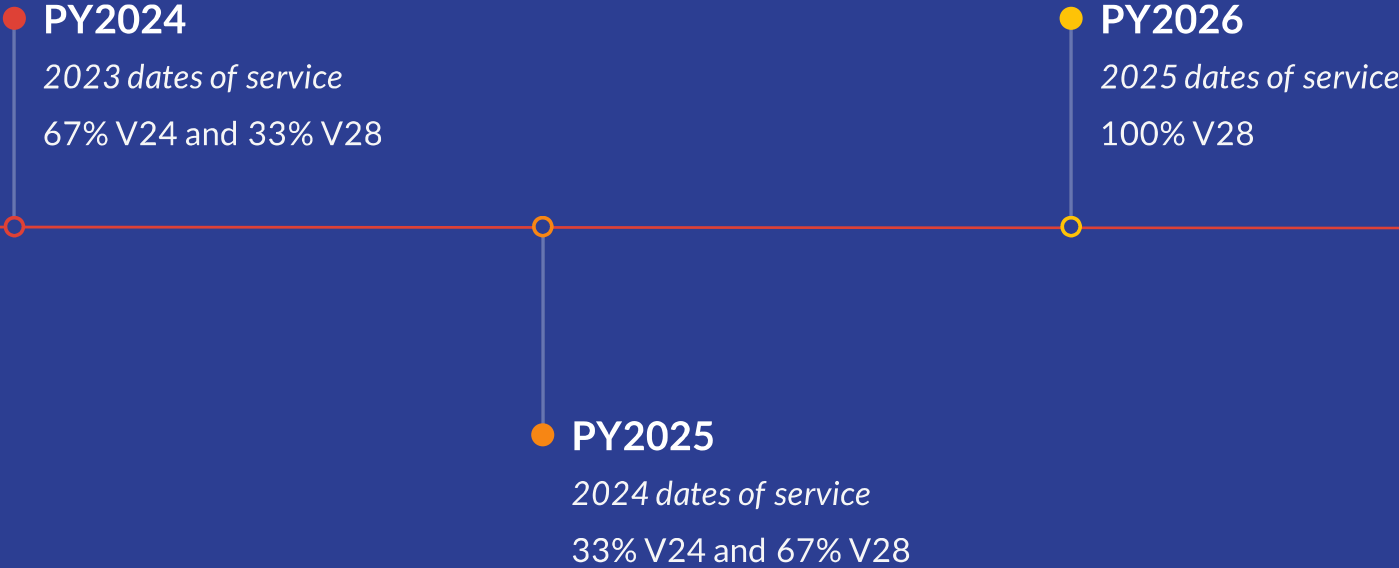


New & Deleted HCCs

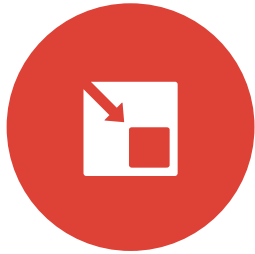
Revisions have been focused on conditions that are subject to more coding variation.

The rate announcement includes detailed descriptions of these updates: [Announcements and Documents | CMS](#)

Understanding the 3-year Model Blending



New Conditions



Anorexia Nervosa

Anorexia Nervosa is an eating disorder characterized by an abnormally low body weight, an intense fear of gaining weight, and a distorted perception of body weight.



Bulimia Nervosa

Bulimia Nervosa is an eating disorder characterized by recurrent episodes of binge eating followed by compensatory behaviors such as self-induced vomiting.



Severe Persistent Asthma

Severe Persistent Asthma is a type of asthma that requires daily medication and frequent medical attention.



Presence of Artificial Leg(s)

Presence of Artificial Leg(s) refers to the use of prosthetic limbs to replace a missing or damaged limb.

268 codes were added to the V28 model, of which over 40% are not prevalent in the Medicare population (e.g., newborn and pediatric codes).

Opportunities for Heightened Specificity

- **Major Depression**

Specifically documenting and reporting **major depression severity (mild, moderate, severe)** can impact your patient's risk score in V28.

- **Cancer**

V28 includes expanded HCCs for **metastatic cancer** and a **new HCC for myelodysplastic syndrome cancers and multiple myelomas**.

- **Asthma**

Specifically documenting and reporting **asthma severity (intermittent, persistent-mild, persistent-moderate, persistent-severe)** can impact your patient's risk score in V28.

- **Dementia**

V28 includes expanded dementia ICD-10 codes to reflect dementia severity and associated behavioral disorders.

- **Pain Associated with Atherosclerosis of Extremities**

Specifically documenting & reporting **pain associated with atherosclerosis of the extremities** can impact your patient's risk score in V28.

- **Phantom Limb Syndrome**

Specifically documenting **phantom limb syndrome, or phantom limb syndrome with pain** can impact your patient's risk score in V28.

Can't-Miss Chronic Conditions

- **Diabetes & Diabetic Complications**

Document diabetes type (type 1 or type 2). Explicitly document causal relationships between diabetes and the diabetic complication/manifestation using words like diabetic, due to, secondary to, related to, etc.

- **Chronic Kidney Disease**

Include eGFR value.

- **Morbid Obesity**

Morbid obesity includes BMI 35+ with comorbidities.

- **COPD**

A patient's COPD may be controlled and remain stable, but should still be assessed and reported annually, at minimum.

- **Smoker's Cough**

In the coding world, smoker's cough is synonymous with mild chronic bronchitis.

- **Late Effects of Stroke**

Document the cause-and-effect relationship of CVA and specific related deficits.

- **Congestive Heart Failure**

A patient's CHF may be controlled and remain stable with medications or surgical interventions but should still be assessed and reported at least annually at minimum.

- **Substance Use Disorders**

If a patient becomes sober after substance use dependence (whether days or decades), they still carry a diagnosis of substance dependence, in remission.

- **Artificial Openings**

Physical presence of stoma must be documented.

- **Amputations**

Specify site and any complications, phantom limb syndrome, or pain.

- **Transplant Status**

Can be any duration from surgery.

Ensuring Successful Transition from V24 to V28 in Medicare HCC Model



Conduct Chart Reviews

Review patient charts to identify any gaps in coding and documentation.



Adhere to Best Practices

Accurately assess, document, code, and report all relevant diagnoses and conditions.



Provide Education

Educate providers on coding and documentation best practices.



Enhance Clinical Documentation

Federal regulatory agencies are looking for providers to provide clinical relevance for the conditions they report.

By following these steps, health plans & providers can successfully transition from HCC model V24 to V28.