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LTC ACO NEWS



A Message from Our President

Dear Valued Provider Partner:

As you may know, LTC ACO's annual benchmark is impacted by the ICD-10 diagnosis codes documented during a healthcare encounter, i.e., a hospital stay or physician visit. These codes feed an algorithm developed by CMS that is used in both MSSP and Medicare Advantage plans to develop a risk score for each Medicare Beneficiary (keep reading for an in-depth explanation). This helps CMS "risk adjust" our benchmark to properly reflect the acuity of the beneficiaries we collectively serve.

To that end, LTC ACO offers integration with GEHRIMED, ChartPath and other select physician EMRs to provide the ICD-10 codes documented for a patient in the previous year to ensure that these codes are also properly documented in the current year, if still clinically appropriate. It's important ACO practitioners understand ICD-10 and Hierarchical Condition Category (HCC) to accurately document and report patients' medical conditions. As an educational resource, LTC ACO recently hosted two ICD-10 and HCC training webinars for ACO practitioners. A recording of can be found in the article below.

We ask for your continued support and enhanced vigilance around proper coding to achieve these goals. As always, if you have any questions, please feel free to reach out to your LTC ACO representative or me directly at jason.feuerman@ltcaco.com.

Stay safe and be well.

Best,

Jason Feuerman
President



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Hierarchical Condition Category

As the ACO has evolved over time, we've prioritized certain components that define successful value-based care partnerships year over year. One of the components we are targeting this year ensures that the benchmark set by CMS is as accurate as possible by turning our attention to our practices' diagnostic and risk scoring activities. We want to be sure that practices are getting the proper credit for their care of our often medically complex long-term care population; the most effective way to achieve this is through accurate HCC documentation and coding practices.

Hierarchical Condition Category describes the chronic conditions identified by specific ICD-10 codes that are grouped into categories with similarly predictive cost patterns and ranked based on severity or complexity of illness and the associated risk or risks. HCC was designed to predict these risks and to better estimate the lifetime healthcare costs of a beneficiary by considering different factors, determinants, and conditions that may impact a patient's long-term prognosis.

HCC helps depict the complexity of our beneficiary population and their healthcare needs. It communicates cause-and-effect relationships by linking complications related to a disease or injury, which can be crucial in the medical decision-making and treatment plan process. By accurately capturing the specificity of a condition, the entire delivery care team gains a clearer understanding of a beneficiary's overall health, potentially improving care outcomes and reducing overall cost of care.

Thorough documentation and communication of ICD-10s and resulting HCCs can enhance quality of care and improve care outcomes. Accurate documentation and reporting of a beneficiary's severity or complexity of disease or condition enables plans to have a more accurate depiction of anticipated healthcare costs the coming year and has a direct impact on ACO benchmarks and Medicare Advantage reimbursement rates.

CONSIDER THE FOLLOWING WHEN DOCUMENTING DIAGNOSES:

- ◆ Capture diagnoses that occur during a face-to-face encounter where an HCC valued condition is managed, evaluated, addressed or assessed, or treated.
- ◆ Follow the basic ICD-10 guidelines in that medical necessity is key and always diagnose to the highest specificity known to allow for the corresponding HCC code selection.
- ◆ Report all conditions that affect care, with direct and indirect manifestations or conditions, paying close attention to linking terms like: "such as," "due to," or "secondary to."
- ◆ Always consider status conditions that may be inactive, but still present and require attention, such as an amputation due to diabetic complications.

To listen to a replay of our April 4 training session on HCC and additional resources, visit our **Clinical Resource Portal** (www.ltcaco.com/clinical-resources > HCC and Coding) (Password: LTCACO).

National Healthcare Decisions Day (Advance Care Planning)

April 16 marked National Healthcare Decisions Day, which serves as a reminder to discuss and document important healthcare decisions with beneficiaries, ensuring that their wishes are known and respected. Our goal at LTC ACO is to support conversations that address the patients' desires relative to ongoing care.

Advanced Care Planning (ACP) is a continuing process of communication between beneficiaries and their health care decision makers to support understanding, reflection, discussion, and planning for future health decisions that may be needed when patients are not able to make their own health care decisions.

ACP discussions address **Advance Directives** and can include completion of a legally binding agreement that specifies treatment or identifies a health care decision maker/proxy when certain conditions specified in the document are met. Most states have their own requirements for what constitutes an Advance Directive, but the most common examples include a living will, Durable Power of Attorney for Healthcare or Healthcare Proxy, or healthcare instructions or Physician Orders for Life Sustaining Treatment (POLST).

Additionally, the ACP discussion can help beneficiaries make informed decisions about their care, even during difficult times. Beneficiaries who have advanced illness typically opt for treatment that helps them pursue one of three goals:

- ◆ **Longevity:** Aggressive management of underlying diseases
- ◆ **Function:** Treatment that often aligns with a palliative care model and rehabilitation
- ◆ **Comfort:** Care or treatment that is focused on minimizing symptoms

The entire attending clinical team share responsibility for assuring that an ACP is in place, and that values/goals for ongoing care are being addressed. Communication of a beneficiary's wishes and goals is vital, and any change in Advance Care status or information should be shared at each Interdisciplinary care plan meeting. The Advance Directive, healthcare instructions/POLST, or other state approved document should be presented by the social worker and reviewed by the care team to ensure that the care is consistent with the beneficiary or health care decision maker's (HCDM) wishes.

LTC ACO is here to support our partners in Advance Care planning and help enhance care delivery via a centralized focus on providing compassionate care for beneficiaries with advanced illness.

For more information on National Healthcare Decisions Day, visit www.nhdd.org.



ACP RESOURCES

Our Clinical Resource Portal houses additional links to the following resources:

- ◆ [Talking Points for Families and Facilities: Transition from Hospice to Palliative Care](#)
- ◆ [Five Wishes](#)
- ◆ [Advance Care Planning CMS](#)
- ◆ [Prepare for Your Care](#)