

November 2021 Quality Insights Newsletter Bulletin

Documentation: why it's important?

- Shows the complete health picture of a patient
- Health information is used by other healthcare providers
- Affects shared savings agreements
- Is used to determine risk scores
- Affects quality thresholds

HCC Capture (Hierarchical Condition Category)

- CMS requires an encounter each calendar year and diagnosis by an APRN, PA or physician.
- Documentation must be accurate and support the diagnosis.
- Some codes have RAF value. Some do not. Increased severity doesn't usually increase the risk adjustment factor (RAF). [Click here to see table 1](#)
- HCC codes are not always intuitive. Physicians may require decision support.
- HCC codes are additive, and some have multipliers.
- Population complexity/severity affects payment in many Medicare contracts.
- RAF is used for benchmarking for quality and safety.
- There are 70,000 ICD-10 codes, 189 condition categories, 86 HCCs
- [Click here to view commons HCCs](#)

Driving Improvement

- Have an up-to-date problem list
- Ensure patients are seen each calendar year
- Make sure there is a diagnosis associated with each medication
- Coders can't code off a problem list
- To code for a problem, it must meet the "Meat Criteria" (see below)
- Make sure all chronic conditions are documented and addressed yearly
- Review all needed cancer screenings (colon, breast, prostate, cervical etc.)
- Every adult patient should have advanced care plan done yearly and documented in the chart separately from the visit

Hospital Documentation

- Important for capturing MCC and CC which directly affects the hospitals case mix index, risk adjusted mortality index, and several hospital quality metrics
- Documentation should be as specific as possible, and queries should be answered clearly
- Review the note once completed and keep in mind that copy and pasts can lead to inaccurate information
- Consider using problem-oriented charting in EPIC
- Code chronic conditions and preadmission illness as present on admission, and don't forget to document present on admissions wounds and nutritional status
- [List of CC and MCC codes](#)

How can we help you and your staff?

- We have coding and documentation modules that we can make available to you and your staff
- We are available for in-person or zoom meeting to discuss further
- Ochsner Learning modules has a good module on documentation and coding
- Please reach out to Sarah Gallaher or Erin Strain for additional resources

STQN Documents that need to be signed:

- It's time for each in group to sign the new Participating Provider Agreement (PPA) for STQN. As of January 1, 2022 the old agreement will no longer be valid. The deadline for signing is November 15th
- Each individual physician must also sign the 2 attachments to the PPA

Important Dates to Remember:

CME Lecture
Nov. 17th 5:30pm via Zoom

Outpatient Management of
Diabetes
- Dr. Julie Talavera, MD

Please RSVP to Sarah Gallaher via email sgallaher@stph.org or direct dial (985) 898-4052 for the above CME opportunity.

Finance & Contracting Committee

Nov, 16th 5:30pm

STQN Board Meeting

Dec. 8th 5:30pm

MEAT Criteria

- Monitor
- Evaluation
- Assessment
- Treatment