



## Risk Adjustment for Providers

Risk adjustment promotes quality care and improved outcomes leading to increased patient satisfaction. Designed as an actuarial tool that adjusts funding for the care of the patient based on the severity of illness, it's rooted in early detection, intervention, and consistent care of chronic conditions. Each patient is assigned a risk adjustment score that identifies their illness burden and predicts expected cost of care and utilization.

### Provider's Role

Healthcare professionals such as MDs, DOs, NPs, PAs have a vital role in risk adjustment. While many conditions necessitate routine monitoring and frequent visits throughout the year for optimal management, risk adjustment requires an annual assessment of each condition.

Providers drive the risk adjustment score for each patient by:

- Assessing and treating the patient's chronic condition(s)
- Documenting the patient's condition(s) to the highest level of specificity during each visit
- Reporting each condition accurately and specifically

Pre-visit planning for an annual exam or physical should include:

- Lab order sent to the patient pre-visit, so results are available at the time of the visit
- Flag chronic conditions that need to be addressed
- Identify quality measures applicable to the patient

### Documentation

Documenting in the medical record is the same regardless of the patient's enrollment in a risk adjusted health plan. Specific documentation that clearly identifies the patient's condition(s) is always the best practice. Document each condition accurately and specifically to provide a comprehensive clinical picture that demonstrates the severity of illness for each patient, including:

- **Diagnosis** – to the highest level of specificity for the current visit
  - Include complications or manifestations of the condition
  - Identify the condition as acute or chronic
- **Status** – stable, improved, worsening, disease progression,
- **Plan** – diagnostic testing, prescription medication, referral to a specialist, decision for surgery, physical therapy, etc.

### Reporting

Report the patient's severity of illness with accurate and specific diagnosis codes supported by the documentation.

1. Submit the diagnosis code(s) that are supported by the documentation.
2. Use combination codes for conditions that have a cause-and-effect relationship.
3. Report status codes that represent resolved conditions, dependence on mechanical devices, or long-term use of prescription medication to manage a condition.
4. Work rejected claims and confirm the corrected claim is accepted by the medical group or health plan.

### In Summary:

Risk adjustment drives the transition from fee-for-service to value-based and total care, producing quality care for our patient populations. Documentation of the comprehensive clinical picture produces accurate data for which drives targeted interventions, improving patient outcomes.