OIG audits and CMS V28 model changes top risk adjustment topics

Office of the Inspector General (OIG) audits and Centers for Medicare and Medicaid Services (CMS) Medicare Advantage (MA) V28 model implementation is at the top of the list of hot topics in risk adjustment. Audit concerns and model changes make it essential that providers document and code patient conditions specifically and accurately to allow for correct characterization of patient diagnoses and risk factor coefficient assignment. It also helps identify patients eligible for condition specific services as well as recommended care. This assures appropriate revenue will be provided by CMS to provide care for these patients.

OIG Audit

The list below identifies the conditions targeted by the OIG on HCC audits. It is critical that your documentation and coding of these diagnoses meets ICD 10 CM coding guidelines. You will note that some of these conditions are included in the revisions in the CMS MA model V28.

- Major Depressive Disorder
- Vascular Claudication
- Acute Cerebral Vascular Accident
- Acute Myocardial Infarction
- Embolism
- Cancer
  - -Colon
  - -Prostate
  - -Lung
  - -Breast
- Miscoded Diagnoses

Additional information about documentation and coding of these conditions can be found here: https://www.securityhealth.org/providers/hcc

Medicare Advantage Risk Adjustment Model V28

The CMS final rule confirmed implementation of the MA V28 risk adjustment model. The model includes deletions and additions of many diagnosis codes. Changes in the number of HCC categories and number of diagnoses in the model are outlined on the table below.

CMS Model	V24	V28
ICD 10 diagnosis codes mapped to a payment HCC	9,797	7,770 Decrease of 2,027
Payment HCC categories	86	115 Increase of 29

Some of the significant additions and deletions associated with transition to the V28 model are listed below:

Deletions/changes

- Diabetes – changing from three to four categories that will all assign the same risk factor coefficient.
- Depression – unspecified or mild depression, as well as mood disorder will no longer be an HCC.
- Angina – unstable angina diagnoses will be the only angina diagnosis associated with HCC coding.
- Vascular disease – PVD will not be an HCC.
- Aortic aneurysms and ectasias – will no longer be an HCC.
- Atherosclerosis – aortic and renal artery atherosclerosis will no longer be an HCC.
- Neuropathy – secondary polyneuropathies will no longer be an HCC.
- Protein calorie malnutrition & cachexia – will no longer be an HCC.
- Amputation of the toe – will no longer be an HCC.

Additions

- Benign carcinoid tumors
- Severe persistent asthma
- Alcoholic hepatitis
- Obstruction of the bile duct
- Malignant pleural effusion
- Anorexia and bulimia

Risk factor coefficients associated with some diagnoses and HCC categories are changing in the new V28 model. For example, in the diabetes HCC category, the coefficient assigned to a patient will now be the same whether the patient's diabetes is with or without complications.

Transition from the V24 to V28 risk adjustment model will be phased in over three years with a blending of risk scores as outlined on the table below.

Calendar Year	Model V24	Model V28
2023 (blended model)	67%	33%
2024 (blended model)	33%	67%
2025	0%	100%

Complete and accurate documentation and coding of patient conditions is critical to determine patient risk scores. This is increasingly important with the scrutiny of diagnosis coding by the OIG and transition to the CMS V28 risk adjustment model. Information about HCC coding is available at www.securityhealth.org/providers/hcc or by contacting the Security Health Plan Revenue Management Educator at 715-221-9598.