

Accurate risk adjustment coding and documentation

For health care providers

March 2024

Risk adjustment is a premium stabilization program that was established under the Patient Protection and Affordable Care Act (PPACA). Its goal is to eliminate premium differences based solely on favorable or unfavorable risk selection.*

Questions and answers

1. What is a risk score?**)

This is a value assigned to each customer enrolled in a PPACA-eligible plan based on inputs such as their plan level (bronze, silver, gold, or platinum), demographics, and medical diagnoses. The higher the patient risk score, the higher the expected cost of care.

2. What is accuracy in risk-adjustment documentation?***)

This means documenting and coding the optimal specificity of the diagnosis or condition, as well as not documenting contradictory information for the date of service.

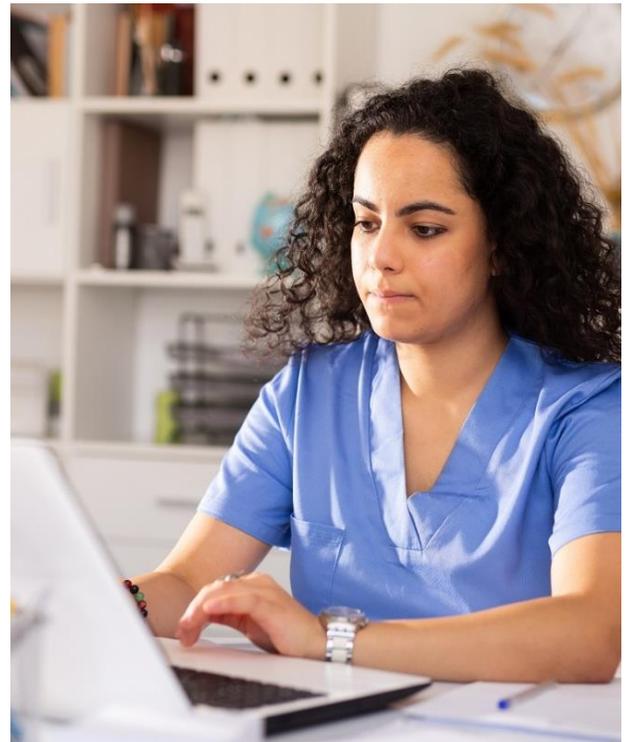
3. What is medical record compliance?*)

When in compliance, the medical record adheres to the Centers for Medicare & Medicaid Services (CMS) requirements for risk adjustment. For example, provider signatures or date-of-service authentication meets all CMS-mandated components for risk adjustment in clinical documentation.

4. How does diagnosis accuracy benefit your patients?)

Diagnosis accuracy benefits patients by helping to:

- Identify who may benefit from disease and medical management programs.
- Match health care needs with the appropriate level of care.
- Improve data exchanges between providers and Cigna Healthcare to:
 - Identify potential problems early.
 - Reinforce self-care and prevention strategies.
 - Support coordination of care.
 - Avoid potential drug-drug and disease interactions.
 - Improve the overall patient health care evaluation process.



* "2021 Benefit Year Protocols PPACA HHS Risk Adjustment Data Validation." Center for Consumer Information and Insurance Oversight. 11 November 2022. Retrieved from <https://REGTAP.CMS.gov>.

** "Risk Adjustment (RA): Risk Scores Calculation Part 1 Computer Based Training." Center for Consumer Information and Insurance Oversight. 29 January 2021. Retrieved from <https://REGTAP.CMS.gov>.

*** Poe Bernard, Sheri. Risk Adjustment Documentation and Coding 2nd edition. 2020. The American Medical Association.

5. How can providers improve their accuracy in coding and documentation?*,***

- Use the list below to assist you.
- Ensure the documentation is clear, concise, consistent, complete, and legible.
- Be specific and descriptive with diagnoses (i.e., laterality, linkage, and type).
- Document the patient's name and date of birth on each page of the medical record.
- Provide a treatment and follow-up plan for each active or chronic diagnosis.
- Document all chronic conditions at least once a year.
- Print and sign your name with your credentials and date for each clinical encounter.
- Submit all pertinent diagnoses on the claim, including chronic or "lifelong" conditions.

6. Are resources available for risk-adjustment coding and documentation education?

If you have questions, please email the Individual & Family Plan Risk Adjustment Coding Quality and Audit Review team at CignaHealthcareHCPEducation@CignaHealthcare.com.