

#### **Alternative Payment Models: Oncology and CDI**

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**Beth Wolf, MD, CPC, CCDS,** is the medical director for HIM at Roper St. Francis Healthcare in Charleston, South Carolina. She is board certified in palliative medicine, internal medicine, and clinical informatics. As a leader, physician, and CDI professional, Wolf improves data reliability and aligns CDI efforts with physician and system priorities. She works with providers to bridge the gap between clinical language and the codified translations.



#### **Learning Objectives**

- At the completion of this educational activity, the learner will be able to:
  - Describe features of Alternative Payment Models (APM) that CDI reviews affect
  - Explain how CDI efforts can ensure capture of documentation elements related to Centers for Medicare and Medicaid's (CMS) Oncology Care Model (OCM)
  - Identify documentation patterns for gaps in risk-adjustment
  - List ways to engage clinicians with a vested interest in documentation improvement

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#### **Disclaimer**

- Practical information about clinical documentation
- Seek counsel on individual legal and compliance questions



# How will CDI remain relevant in the health care industry as it moves from volume to value?

From inpatient to outpatient?



## **Traditional Inpatient CDI**

Aligns with healthcare systems invested in the outcome of improved documentation.

- MS-DRG management ———— Direct reimbursement
- Quality metric management
- Risk-adjustment management | Indirect reimbursement



# **IMAGINE...** other 'return on investment' opportunities impacted by documentation?

#### **Triple Aim** → Quadruple Aim → Quintuple Aim

- Improve the patient experience of care
- Improve the health of populations
- Reduce the per capita cost of health care
- Improve provider satisfaction
- Advance health equity



#### What Is an Alternative Payment Model

A payment system that gives added incentive payments to provide high-quality and cost-efficient care. APMs can pertain to a . . .

- Clinical condition,
- Care episode, or
- Patient population type

#### Examples of APMs include:

- ✓ Pay-for-performance
- Bundled Payment Models (also known as Episode-based Payment Models)
- Medicare Shared Savings Programs (consists of several tracks/options)
- Accountable Care Organizations (ACO)
- Patient-Centered Medical Homes
- Models tested by the Center for Medicare and Medicaid Innovation (CMMI)



# Why Oncology?

- Volume. . . in 2022 in the U.S., there will be an estimated 1,918,030 new cancer cases and 609,360 cancer deaths
- Cost of cancer care in the U.S.
  - Direct medical costs of \$190 billion in 2015
  - Direct medical costs of \$209 billion in 2020

https://cancerstatisticscenter.cancer.org/#! Financial Burden of Cancer Care | Cancer Trends Progress Report



#### **Healthcare Utilization and Outcomes**

# **Unplanned admissions in patients with advanced cancer**

- Average length of stay: 6.3 days
- 90-day readmission rate: 43.1%
- 90-day mortality rate: 41.6%

https://jamanetwork.com/journals/jama/fullarticle/2482325

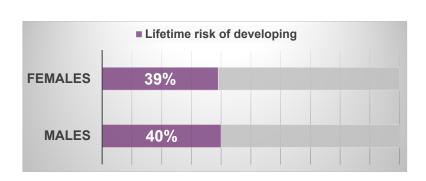
# In the US, what is the lifetime risk of developing invasive cancer?

- a. 9%
- b. 19%
- c. 29%
- d. 39%



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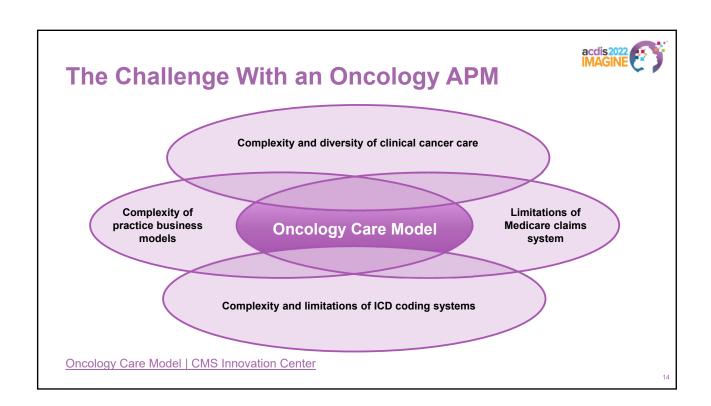


Lifetime Risk of Developing or Dying From Cancer



#### **CMS Innovation Center**

Centers for Medicare and Medicaid Oncology Care Model





## **Oncology Care Model**

- Six-year project (2016-2022)
- Improve care and lower costs for patients receiving chemotherapy
- Shared risk (and reward)
- Payment impacted by hierarchical condition categories (HCCs)

https://innovation.cms.gov/initiatives/oncology-care/

https://innovation.cms.gov/Files/slides/ocm-overview-slides.pdf

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# Oncology Care Model



- Approximately 25% of Medicare fee-for-service chemotherapy-related cancer care
- 126 practices
- > 7,000 practitioners
- > 200,000 unique beneficiaries per year
- 5 commercial payers participating
- Aetna
- BlueCross BlueShield of SC
- Cigna Life & Health
- Priority Health
- The University of Arizona Health Plan

https://innovation.cms.gov/initiatives/oncology-care/



## **Oncology Care Model Requirements**

- 1. 24/7 availability to a clinician with access to medical records
- 2. Utilization of a 13-point care plan
- Certified electronic health records
- 4. Consistent practice according to national guidelines
- Tracking and reporting quality measures and patient outcomes
- 6. Providing the core functions of patient navigation

https://innovation.cms.gov/initiatives/oncology-care/

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## **Oncology Care Model**

- Episode-based: six-months from receipt of chemotherapy
- Emphasizes practice transformation
- Reimbursement
  - Real-time monthly payments, Monthly Enhanced Oncology Services (MEOS) payment - \$160
    - · Practice management and a coordination of care
  - Retrospective performance-based payment based on quality and savings

https://innovation.cms.gov/initiatives/oncology-care/https://innovation.cms.gov/Files/slides/ocm-overview-slides.pdf



# Oncology Care Model fee-for-service risk-adjustment

- CMS calculates benchmark episode expenditures
- Risk-adjusted by certain codified conditions
  - Non-cancer comorbidities

Risk-adjusted based on HCCs

- Selected cancer-directed surgeries
- Receipt of bone marrow transplant
- Receipt of radiation therapy
- Type of chemotherapy drugs used during episode (for breast, prostate, and bladder cancers only)
- Participation in a clinical trial
- History of prior chemotherapy use

https://innovation.cms.gov/initiatives/oncology-care/

https://innovation.cms.gov/Files/slides/ocm-overview-slides.pdf

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# **Oncology Care Model**



Performance-based payment (quality measures)

- · Practice reported measures
  - Person-and-caregiver experience and outcome
  - Clinical quality of care
- Claims-based measures
  - ➤ All-cause ED visits or observation stays
  - ► All-cause hospital admissions
  - Deaths in hospice for 3 days or more

Risk-adjusted by HCCs

https://innovation.cms.gov/Files/x/ocm-otherpayercoremeasure.pdf



# **IMAGINE. . . aligning with physicians invested in the outcome of improved documentation?**

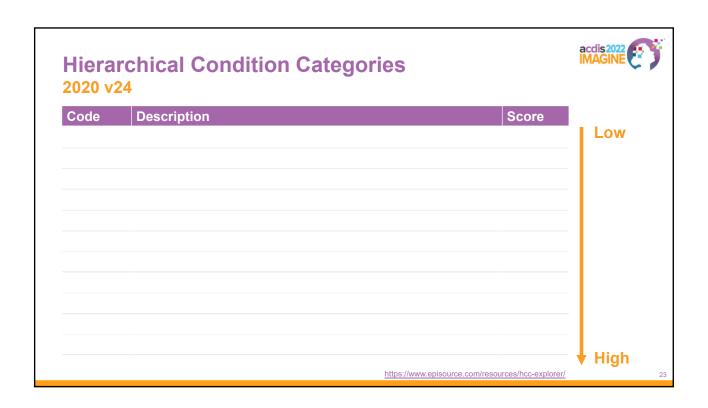
## **Oncology Care Model**

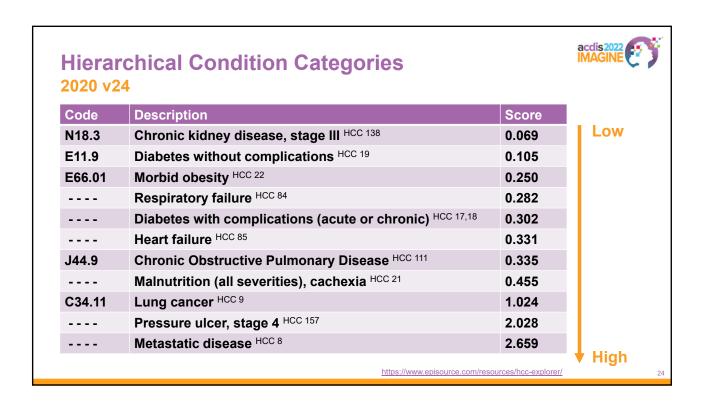
- Improve the quality of oncology care
- Evaluate results and advance best practices
- Test new payment and service delivery models

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# **Risk-Adjustment and HCCs**







# Partnering With Physicians to Improve Documentation and Coding Accuracy

Alternative payment model risk-adjustment

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# Clinical Documentation Specialists (CDS) Role in Alternative Payment Models (APM)



- Understand the APM rules surrounding risk-adjustment
- Study the clinical population involved
- Know the HCC diagnoses
  - Jhqhuddsrsxodwlrq
  - Vshflow #vshflif
- Identify the gap between what gets coded and what is clinical reality



## Brain Cancer | Associated Symptoms and Diagnoses

- Generalized (increased intracranial pressure)
- Focal (tumor burden)

Common Primary Lung Breast Melanoma Renal cell Colorectal

#### Manifestations . . .

- Seizures
- Monoplegia
- Cerebral edema
- Brain compression
- Coma

Description	RAF	1
Chronic kidney disease, stage III HCC 138	0.069	Lo
Seizure disorders HCC 79	0.220	ш
Monoplegia HCC 22	0.250	
Cerebral edema HCC 80	0.486	
	0.486	
Coma HCC 80	0.486	
Malignant neoplasm of brain (primary) HCC 10	0.675	
Brain metastasis HCC 8	2.659	Ш
	Seizure disorders HCC 79 Monoplegia HCC 22 Cerebral edema HCC 80 Brain compression HCC 80 Coma HCC 80 Malignant neoplasm of brain (primary) HCC 10	Seizure disorders HCC 79         0.220           Monoplegia HCC 22         0.250           Cerebral edema HCC 80         0.486           Brain compression HCC 80         0.486           Coma HCC 80         0.486           Malignant neoplasm of brain (primary) HCC 10         0.675

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# Bone Cancer | Associated Symptoms and Diagnoses



- Bone metabolism
- Bone replacement

#### Common Primary Breast Lung Prostate Renal cell Colorectal Multiple Myeloma

#### Manifestations . . .

- ✓ Hypercalcemia
  - Metabolic encephalopathy
- ✓ Pathologic fracture
- ✓ Spinal cord compression
  - Paraplegia
  - Quadriplegia
- Pancytopenia
  - Due to malignancy

Code	Description	RAF	
N18.3	Chronic kidney disease, stage III HCC 138	0.069	Lov
G93.41	Metabolic encephalopathy HCC none	XXX	l i
	Pathologic hip or femur fracture HCC 170	0.350	Ш
	Spinal cord compression HCC 80	0.481	
G82.20	Paraplegia, unspecified HCC 71	1.068	
G82.50	Quadriplegia, unspecified HCC 70	1.242	
D61.82	Myelophthisis HCC 46	1.372	
	Metastatic disease HCC 8	2.659	↓
			Hig

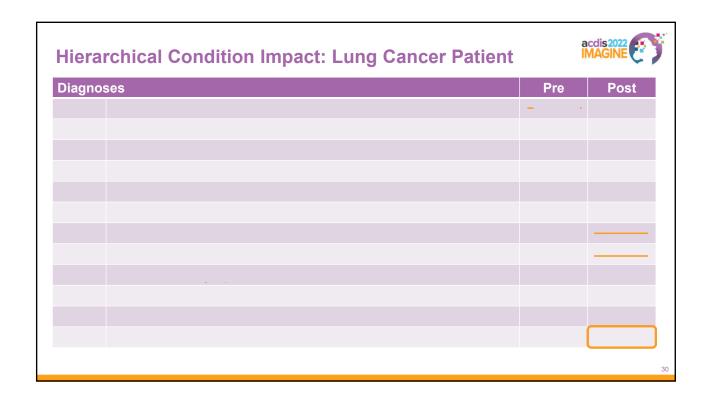


#### Case One

70-year-old female presents to the office with newly diagnosed lung cancer with mets to the brain.

Exam: Right UE weakness

- Hgb 9.5
- WBC 3,100
- Platelets 112,00



#### **Hierarchical Condition Impact: Lung Cancer Patient**



Diagnos	Diagnoses		Post
C34.11	Malignancy of upper lobe, right lung HCC 9 - CC		
C79.31	Secondary malignant neoplasm of brain HCC 8 - CC		2.659
G83.21	Monoplegia right upper limb, dominant side HCC 104		0.311
	G93.5 Compression of brain HCC 80 - MCC		0.486
D63.8	Anemia in other chronic diseases		no HCC
D70.8	Other neutropenia HCC 47		0.665
D69.6	Thrombocytopenia, unspecified HCC 48		<del>-0.192</del>
	D61.810 Pancytopenia due to chemo HCC 47 - MCC		<del>-0.665</del>
	D61.82 Pancytopenia 2/2 CA in bone marrow HCC 46 - CC		1.372
	Interaction: immune disorders*cancer group		0.838
	Demographic risk factor	0.386	0.386
	TOTAL RISK ADJUSTMENT FACTOR (RAF) SCORE	5.071	6.838

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## **Case Two**

59-year-old female with metastatic breast cancer was admitted for chemotherapy.



#### **Chemotherapy for Metastatic Breast Cancer**

#### 59-year-old female with metastatic breast cancer was admitted for chemotherapy

Weight loss noted in the Review of Systems. MD documents stage 2 sacral pressure ulcer.

846-848 Encounter for chemotherapy	Breast cancer	+ Bone mets*	+ Weight loss	+ Sacral decubitus stage 2
Medicare GLOS	3.0 days	3.6 days	3.6 days	3.6 days
Severity of illness	1 - Minor -	2 - Moderate	2 - Moderate	2 - Moderate
Risk of mortality	2 – Moderate	2 - Moderate	2 - Moderate	→ 3 - Major
HCC (score)		HCC 8 (2.625)		HCC 159 (0.656)

GLOS (geometric length of stay) HCC (hierarchical condition category) \*Complication/comorbidity \*\*Major complication/comorbidity

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#### **Pressure Ulcers**



#### Stage/description

- 1 Skin intact but with non-blanchable redness for > 1 hour after relief of pressure
- 2 Blister or other break in the dermis with partial thickness loss of dermis
- Full-thickness tissue loss. Subcutaneous fat may be visible; destruction extends in to muscle
- 4 Full-thickness skin loss with involvement of bone, tendon, or joint
- Full-thickness tissue loss where base of ulcer is covered by eschar

Deep tissue injury (DTI) – purple localized area of discolored intact skin or blood blister due to damage of underlying tissue from pressure or shear.



## **Chemotherapy for Metastatic Breast Cancer**

#### 59-year-old female with metastatic breast cancer was admitted for chemotherapy

Registered dietitian identifies severe malnutrition. Physician documents unspecified.

Query for specificity (including impact on medical decision making).

846-848 Encounter for chemotherapy	Breast cancer Bone mets* Weight loss Sacral pressure ulcer	→ Malnutrition, unspecified*	→ Severe Malnutrition**
Medicare GLOS	3.6 days	3.6 days ———	5.9 days
Severity of illness	2 - Moderate	3 - Major	3 - Major
Risk of mortality	3 - Major	3 - Major	3 - Major
HCC (score)		HCC 21 (0.455)	HCC 21 (0.455) - no change

GLOS (geometric length of stay) HCC (hierarchical condition category) \*Complication/comorbidity \*\*Major complication/comorbidity

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## **HCC Documentation Opportunities**

#### Skin ulcers

Risk adjustment factor (RAF) ------ more sick

< 0.3	0.3 – 0.59	0.6-2.6
Atherosclerosis of extremity 108	Chronic non-pressure ulcer <sup>161</sup>	Pressure ulcer stage 2 <sup>159</sup> Pressure ulcer stage 3 or unstageable <sup>158</sup> Atherosclerosis of extremity w ulceration <sup>106</sup> Pressure ulcer stage 4 <sup>157</sup>



# **HCC Documentation Opportunities**

#### Diabetes and related diagnoses

Risk adjustment factor (RAF) -----> more sick

< 0.3	0.3 – 0.59	0.6-2.6
Diabetes without complications <sup>19</sup>	Diabetes with acute complications <sup>17</sup> Diabetes with chronic complications <sup>18</sup>	Diabetic peripheral angiopathy with ulcer or gangrene <sup>106</sup>
Morbid obesity 22		



# Clinical Documentation Specialists (CDS) Role in Alternative Payment Models (APM)

- Leverage people, process, and technology
  - Close the gaps in HCC documentation and coding
    - Suh0ylvl#hyhzv
    - Honfwurglf#folip v#dqddqvlv#wrrov
    - Honfwurqlf#Khdook#Jhfrug#dohuw
  - Post-visit audits
  - Train Physicians



## **Summary**

- Familiarize yourself with alternative payment models in your healthcare system or practice
- Research the common diagnoses that impact HCCs and the Risk Adjustment Factor score
- Apply CDI expertise to close the gap between implied risk and documented (codable) risk
- Build relationships

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#### Thank you. Questions?

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