

## Accurate Coding- addendum for eligible LCUs

**Description:** Incomplete coding of patient conditions results in an inaccurate picture of the true health risk of the LCU's population. Poor coding persistency (not coding chronic conditions from one year to the next) represents an ongoing challenge for population health management.

Harvard Pilgrim supports engagement with patients that have chronic conditions by providing a framework for providers to:

- a. Schedule an appointment for their patient,
- b. Provide follow up care for the condition(s), and
- c. Submit a claim coded with the chronic condition diagnosis.

**Measurement:**

By June 30, 2018, Harvard Pilgrim posts on the SFTP server a detailed list of small group and individual members (Fully Insured, HMO/POS and PPO) with one or more chronic conditions, for which we have not received a claim with the chronic condition. Each condition not yet coded on a claim as of May 31, 2018 is one "coding gap".

If appropriate, the provider engages the patient to follow-up on the chronic condition(s) before the end of the year, submitting a claim with the diagnosis code(s) by December 31, 2018.

**Example:**

In this example, the LCU closed 15 of 28 listed coding gaps (53%)

chronic condition member	number of coding gaps June 2018	number of gaps closed by 12/31/2018
1	4	2
2	3	2
3	2	0
4	2	1
5	3	2
6	4	1
7	4	3
8	3	1
9	1	1
10	2	2
<b>Totals</b>	<b>28</b>	<b>15</b>

**Target:**

By December 31, 2018, the LCU closes at least fifty percent (50%) of the coding gaps listed in June 2018. HPHC measures this through the receipt of at least one claim with the chronic condition(s) coded.

**Payment calculation:**

Harvard Pilgrim calculates the final LCU results within 30 days following the 60 day runout of the 2018 claims, by March 31, 2019.

If at least 50% of the coding gaps are closed, the LCU earns \$0.25 pmpm for all Fully Insured (FI) members.

**Exception Requests:**

Upon receipt of the list of coding gaps (June 2018), the LCU may request that a member be excluded from the denominator, based on the following:

1. The patient is not an LCU member. For example: the PCP/LCU of record is incorrect, PPO member is incorrectly attributed to the LCU, or the patient expired.
2. The patient no longer has suspected chronic condition. The LCU documents the date of the PCP encounter when the chronic condition was resolved.
3. Patient was already seen in 2018 for the chronic condition, but the LCU billing system truncated the diagnosis list on the claim.
4. The diagnosis was submitted on a claim paid by another payer.