

Risk Adjustment:

How to Navigate the Medicare Market

Medical Record Retrieval Don't Have to Hurt

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ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD

**What does your
current risk
adjustment chart
retrieval project look
like today?**



Limitations of traditional risk adjustment workflows

- Data Retrieval
- Coding
- Provider Participation



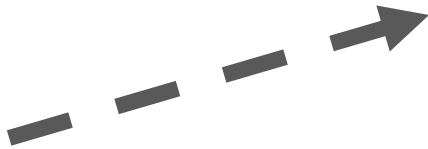
Poll Question #1

What's most painful within Risk Adjustment?

- A. Coding Accuracy
- B. Actionable Data
- C. Cumbersome workflow
- D. Scheduling Support (Preventative Visits, Annual Wellness Visits, etc.)



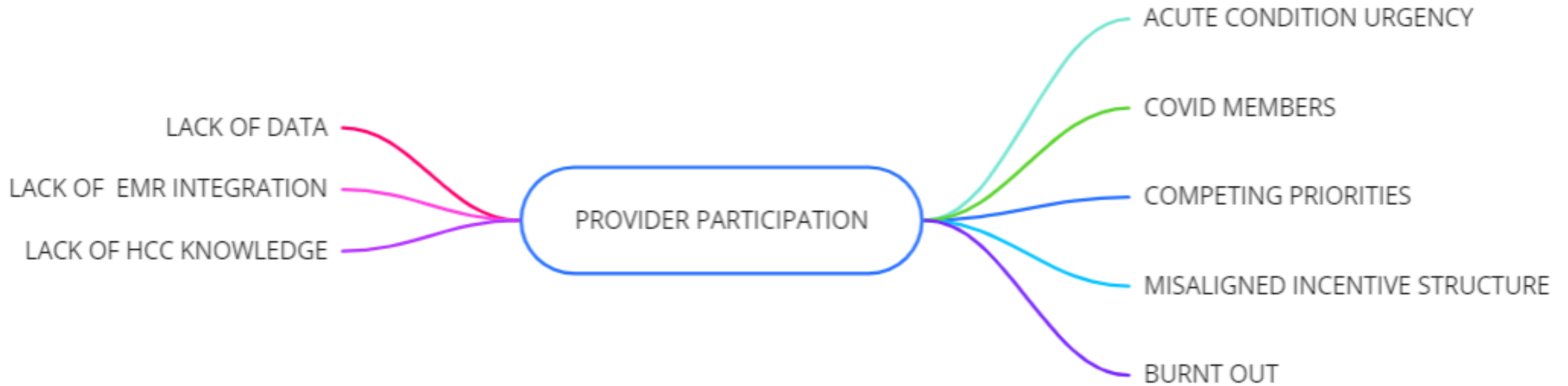
Data Retrieval: Missing anything?



Limitations of traditional workflows: coding

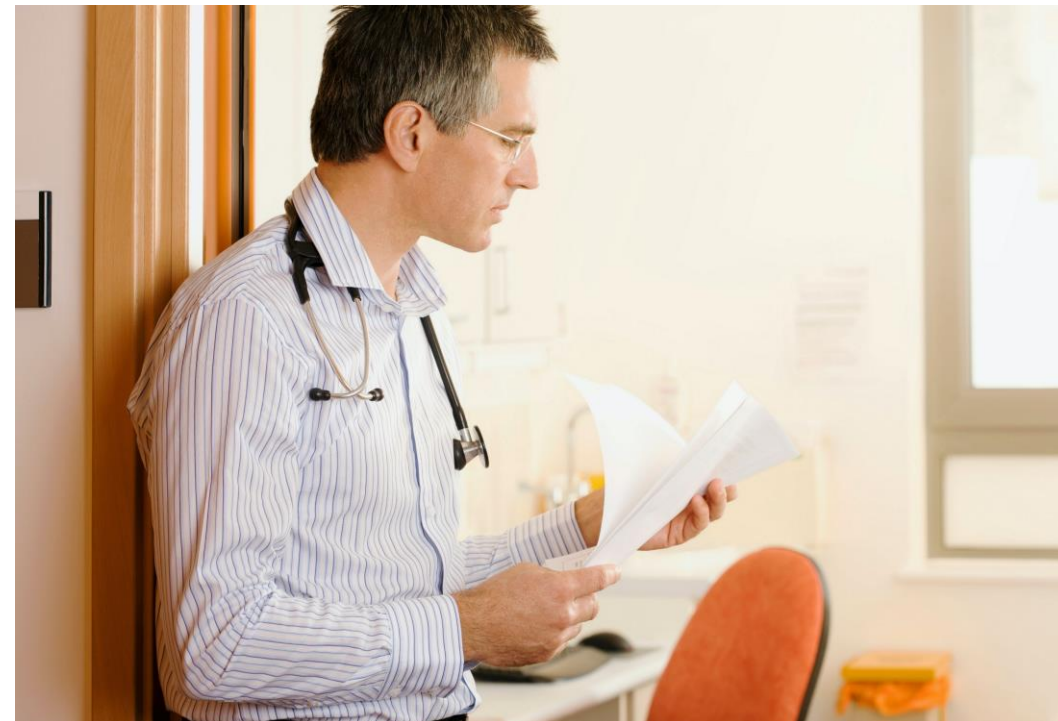
- Time and resource consuming hunt through limited clinical data that has been retrieved.
- Manual process prone to human error that limits the number of charts that can be reviewed.
- Most diagnoses are recaptured from claims and a portion of clinical data from the PCP's EHR.
- HCC coding tools only analyze internal data within EHR.
- Value-based coders need clinical understanding beyond fee-For-service.

Provider participation



Top tips for provider participation

- Curate conditions for consideration before sending to provider to avoid overload/false positives.
- Use a system that tracks both confirmed and denied diagnoses in real-time.
- Push diagnoses directly into the EHR - enabling electronic submission alone isn't enough to encourage participation.
- Offer incentive per diagnosis evaluated, regardless of disposition.



Make it easy for providers to participate in prospective risk adjustment

- Empower providers to capture all relevant diagnoses during encounters:
 - Notification upon encounter.
 - Ability to quickly assess/validate source of GAP suggestions.
 - Ability to push documentation back to EHR.

The screenshot displays the AthenaNet EHR interface for a patient named Manie BACHUS. The top navigation bar includes 'athenaNet', 'Calendar', 'Patients', 'Claims', 'Financials', 'Reports', 'Quality', 'Apps', and 'Support'. The patient's name and demographic information (89yo F, 11-23-1931, #4564, E#4564) are visible. The main content area shows 'Assessment & Plan' with 'DIAGNOSES & ORDERS' highlighted. A 'Gap Alert' sidebar is open on the right, titled 'Gap Alert' and powered by 'IrisFlow'. It shows 'ACTIVE ALERTS' for 'Bachus, Manie' with 3 'UNCAPTURED' and 2 'CAPTURED' gaps. The alert details for 'E11.9: Type 2 diabetes without complications' include a 'Recommendation' to confirm diagnosis and record A1C, 'Evidence' from a problem list and lab result, and 'Documentation' options for A1C values. The bottom of the interface shows a 'Discussion Notes' section with an 'Add note' field and a 'TOPIC OF DISCUSSION' button. The page number '3 of 1576' is visible at the bottom right.

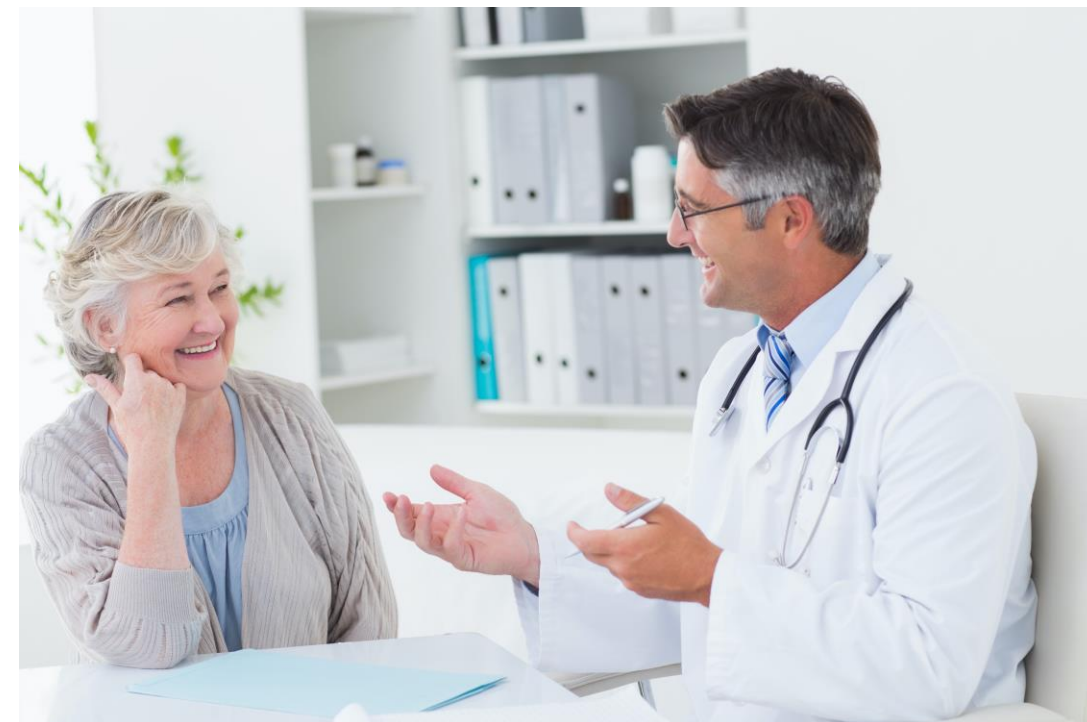
A better risk adjustment workflow: key strategies

- Work towards implementing a more prospective process.
- Clinical data should be retrieved from all sources across the care continuum.
- Employ NLP to identify diagnoses and clinical data that may indicate the presence of an undiagnosed chronic condition.
- Make it easy for providers to capture all relevant diagnoses during encounters with minimal clicks within their own workflow.
- Engage patients on a regular basis.

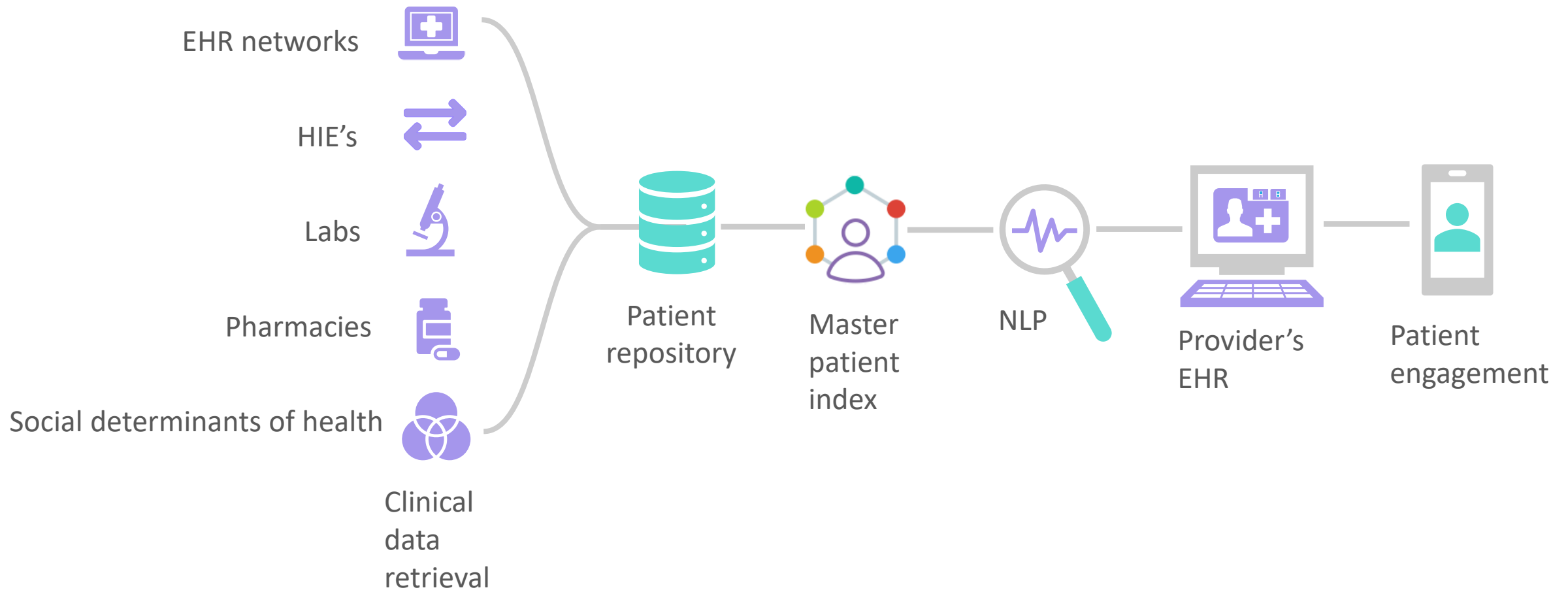


Engage patients on a regular basis

- Patient engagement is not just about the actual encounter.
- Get care coordinator involved:
 - Check in on patients at regular intervals and ensure they are seen at least once per calendar year.
 - Call to verify risk gaps before encounters, and schedule screenings accordingly.
 - Prepare for Annual Wellness Visit to minimize provider time.
 - Enroll patients in chronic care management and remote patient monitoring programs.
 - Check medication adherence.

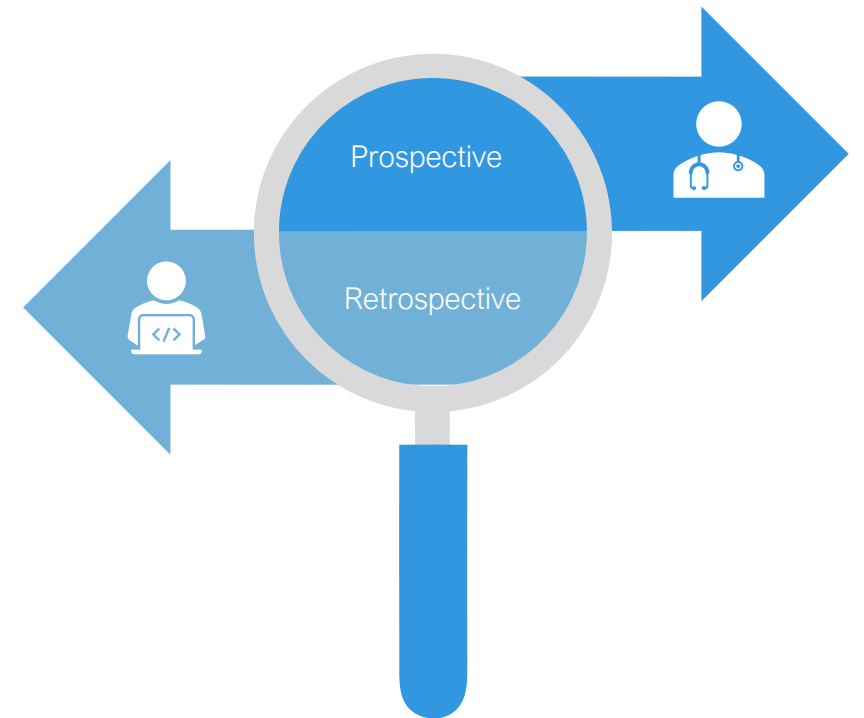


A better risk adjustment workflow



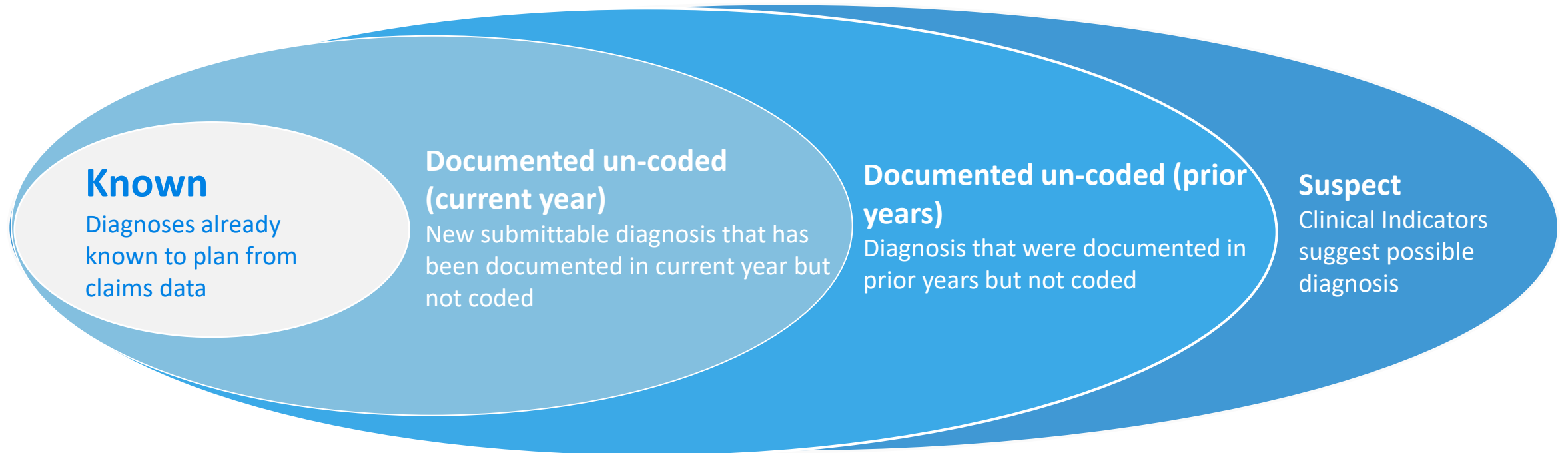
Work towards implementing a more prospective process

- Prospective pre-visit diagnosis review to be completed before the patient encounter for verification of current acuity status. Discuss during face-to-face visit any diagnoses not supported in current calendar year. Any diagnoses not supported to be routed to internal data team for deletion.
- Conditions for provider to evaluate include suspect and documented un-coded diagnoses from prior years (Specialist visits, out-of-state hospital visits).



Employ NLP to capture all diagnosis types

NLP can identify both submission-ready diagnoses and clinical data that may indicate the presence of an undiagnosed chronic condition.



Top tips for using NLP

- Apply NLP to totality of all patient records, including progress notes, attachments in the document section of the EHR and other unstructured data in addition to the native chart within the EHR.

HEMOGLOBIN A1C, B Collected: 01/15/2021 08:24 AM Reported: 01/15/2021 08:24AM

Hemoglobin A1c Diabetes: 5.7 - 6.4 **6.9 H**
Diabetes: >6.4
Glycemic control for adults with diabetes: <7.0

Lab Interpretation Abnormal

Medication	Instructions
Blood Sugar Diagnostic Strip ULTRA TEST) Strp	Test blood sugar 2 times daily

Past Ocular History					
Disease	Eye	Date Dx	Procedure	Date Px	Surgeon
Cataract	OS	04/15/2019	Phaco-PCIOL	06/23/2019	Gene Siegel MD.

Poll Question #2

Interoperability is going to happen...

- A. Never / Who cares
- B. Next 12-18 months
- C. Next 3-5 years

Top tips for data retrieval

- Must use a NCQA-certified aggregator
- Find an electronic data retrieval solution that also extracts often-missed progress notes as well as structured data.
- Include social determinants of health.
- Push patient data programmatically into patient repository.
- Build a master patient index for your patient repository.
- Normalize values when consolidating data.

Looking ahead: Medicare Advantage and the HCC model

- Enrollment in Medicare Advantage has more than doubled over the past decade and the rapid growth is expected to continue as older adults are living longer.
- The number of MA plans offered has also dramatically increased in recent years because it has shown to be the most effective way to improve care and reduce costs.
- The use of HCC's has become increasingly common as the industry transitions to a value-based system. Beyond Medicare Advantage, ACO's, ACA'S, and commercial payers have adopted the HCC model.

Other important strategies

- Watch for over-coding/assess members annually for resolved conditions.
- Maintain chart repository in case of RADV audit.
- Use potential HCC uplift reporting to stratify highest potential members by practice.
- Official guidelines remind us to code all diagnoses that “affect care, management or treatment”. Chronic conditions affect care, even if not requiring treatment at a particular visit.
- Monitor and audit the accuracy of your HCC Coding.



How to get prepare: the future of risk adjustment

- Utilize specialty diagnosticians.
- Incorporate chronic care management and remote patient monitoring to avoid hospitalizations.
- Leverage machine learning computational algorithms that integrate real-time physiologic monitoring data to provide early warning of potentially catastrophic clinical events, including sepsis, respiratory distress, cardiac instability, and falls.
- Leverage ADT event notifications to quickly source records from hospitals, long-term care and skilled nursing facilities.

Thank You for Joining Us Today!

Questions? Please Contact:

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THANK YOU



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