Patient-Centered Prospective Risk Adjustment: A Treatment Use Case

Presented By:

Reveleer & CareOne Consulting

Webinar Participant Tips

All participant lines are muted. To protect your privacy, you will only see your name and the presenters names in the participant box.

To submit a question to the presenters any time during the event:

In the Event window, in the Panels drop-down list, select Q & A

Type your question in the Q & A box

Click "Send"

Presenters

Brian Connelly
SVP, Operations
Reveleer

Donna Page
Managing Partner
CareOne Consulting, LLC

Anthony Polizzi
Sr. Director, Solutions Architecture
Reveleer

© Reveleer 2024

In This Session We’ll Explore:

Patient-Centered Prospective Risk Adjustment: A Treatment Use Case

1. Industry perspectives driving need for change
2. Current approaches used by MAOs to manage under risk adjustment
3. Growing importance of patient-centered prospective risk adjustment
4. The Clinical Documentation conundrum
5. The role of HIEs and the treatment use case
6. Best practices, opportunities, and challenges to achieve improved outcomes

© Reveleer 2024

Risk Adjustment Stakeholders

Perspectives on Medicare Advantage

- Expecting savings for the Medicare program & improved outcomes
- Increased HHS-OIG oversight backed by data analysis
- Going after MA health plans for overpayment recoveries
- Expanded scope of RADV audits
- New V28 model and fewer diagnosis codes
- Increase in Part D plan liability for drug costs

© Reveleer 2024

Risk Adjustment Stakeholders

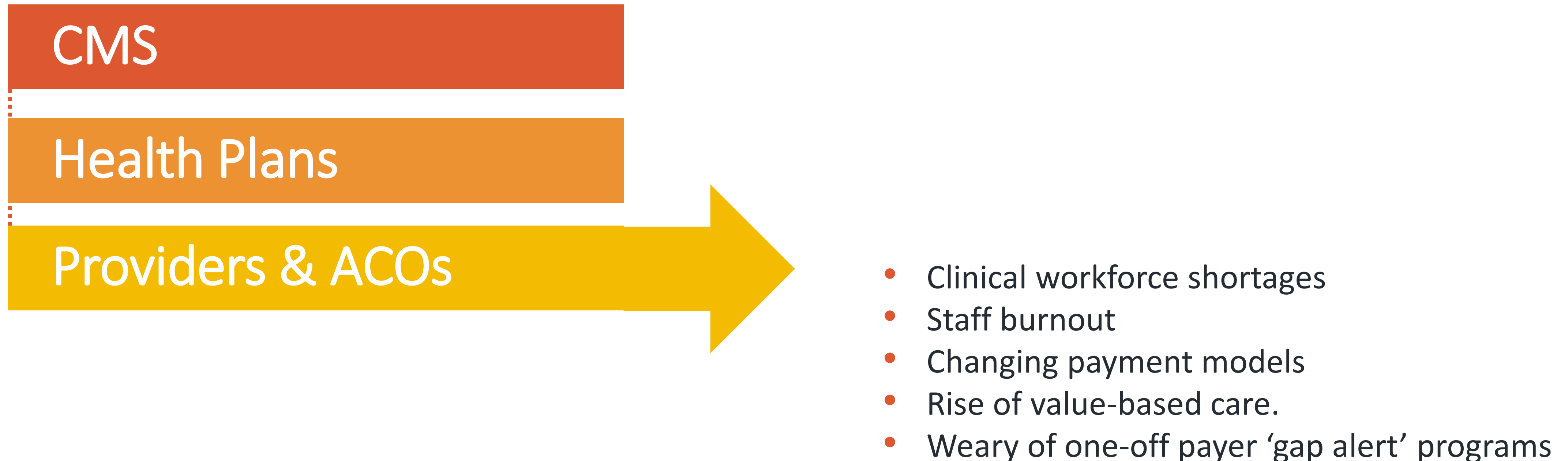
Perspectives on Medicare Advantage

- Keeping up with ever-changing regulatory requirements
- Negative press
- Balancing payment accuracy with running high integrity programs
- Reducing risk of OIG audits
- Member retention & special needs
- Record-high healthcare costs.

© Reveleer 2024

Risk Adjustment Stakeholders

Perspectives on Medicare Advantage

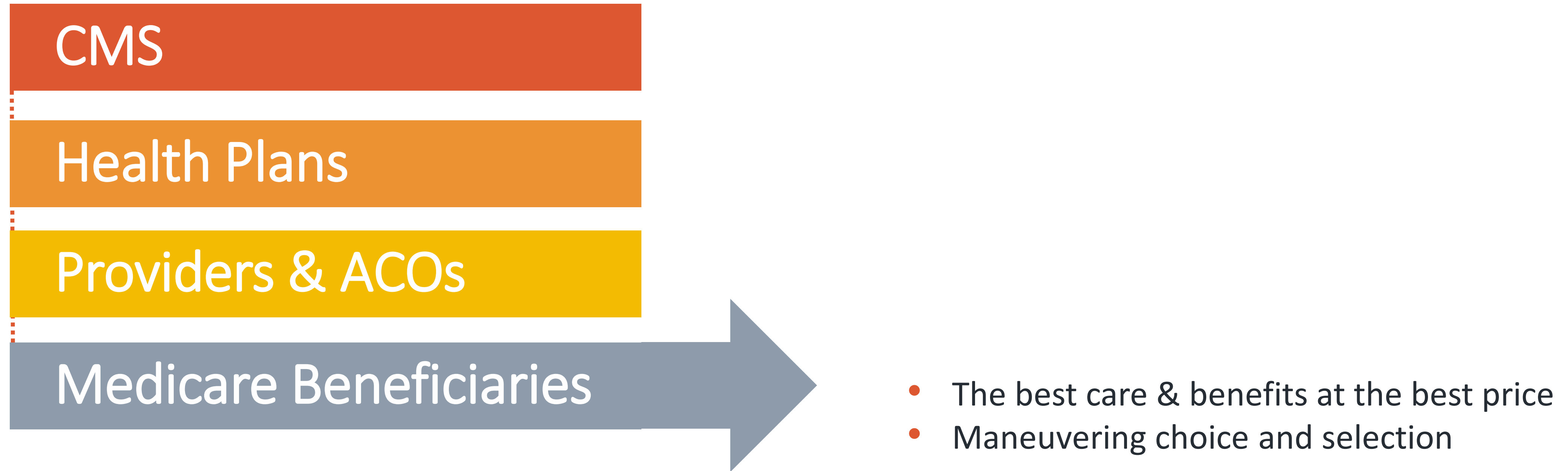


- Clinical workforce shortages
- Staff burnout
- Changing payment models
- Rise of value-based care.
- Weary of one-off payer ‘gap alert’ programs

© Reveleer 2024

Risk Adjustment Stakeholders

Perspectives on Medicare Advantage



- The best care & benefits at the best price
- Maneuvering choice and selection

© Reveleer 2024

Industry Approaches to Manage Under Risk Adjustment

Prospective Program *Prevent coding issues & manage chronic conditions*		Concurrent Program *Correct coding issues in documentation and initial claim*		Retrospective Program *Collect & Delete Diagnosis Codes*
Prior to the Patient Visit	**During Patient Visit**	**Post-Visit Prior to Claim (2-3 days)**	**Post-Visit After Claim Year-Round Cadence**	**Retrospective 'Sweeps'**
• Help physicians prepare for up-coming visits. • Review charts and suspected conditions to help focus physician time & reduce burden / abrasion.	• Raise physician awareness of conditions to assessed, managed, and coded. • At point-of-care, integrated into physician workflow.	• Ensure correct coding on initial claim for accurate payment earlier. • Review charts directly after encounter to correct documentation & claim/bill.	• Year-round chart audits to uncover unreported and wrongly reported HCCs. • Earlier review of targeted charts with emphasis on program integrity and CDI partnership with providers.	• Annual large volume medical record sweeps to uncover unreported and wrongly reported HCC codes. • Review charts to substantiate diagnosis adds and deletes.
• Direct EMR access. • Imbedded coders. • Plan sponsored – on volume. • Provider sponsored – risk sharing (APMs, VBC, P4P).	• Clinical validity. • Integrated into EHR workflow. • Patient care value.	• Highly efficient coder workflow. • Real time interoperable access to EHR & 837/bill to quickly review chart & 837 (adds & deletes).	• Solid chart audit targeting. • Automated, efficient chart retrievals workflow • More digital streams of clinical documentation.	• Traditional approach to revenue accuracy capture. Much need to address inherent data flaw in risk adjustment.
▪ Scalability.	▪ Provider adoption. ▪ Provider abrasion.	▪ Interoperability & technology complexities.	• More digital streams of clinical documentation.	• Aggressive timelines • Provider abrasion • Under CMS scrutiny. Viewed as collecting codes with no value to patient care.

© Reveleer 2024

Poll

In the next series of prompts, select the choices that best describe your organization’s approach along the RA program continuum…

© Reveleer 2024

Poll 1

Prospective
(select one)

- ❑ Currently implemented
- ❑ Seeking a solution
- ❑ Not a priority area of focus

© Reveleer 2024

Poll 2

Concurrent / Year Round
(select one)

- ❑ Currently implemented
- ❑ Seeking a solution
- ❑ Not a priority area of focus

Poll 3

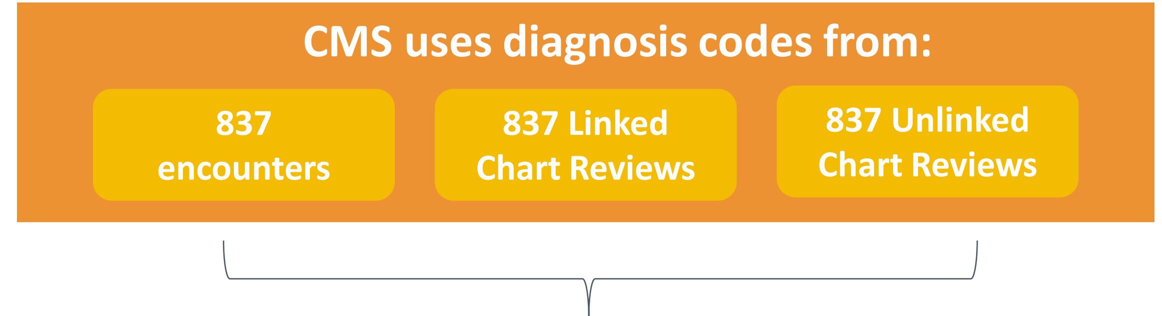
Retrospective Sweeps
(select one)

- ❑ Currently implemented
- ❑ Seeking a solution
- ❑ Not a priority area of focus

© Reveleer 2024

The Clinical Documentation Conundrum

- ✓ Risk adjustment ensures health plans receive adequate funding to provide services to patients who are sicker and require more intensive care.
- ✓ **Clinical documentation is** mandated by CMS as **the source of truth** that ensures patients receive appropriate level of care and MAOs receive fair payments for care.
- ✓ Access to complete clinical documentation remains elusive.
- ✓ While MOAs submit encounter data to CMS, they need clinical data to more accurately capture member risk.



CMS oversight is fueled by data analysis that:

- Derives risk scores that risk adjust payments to MAOs
- Analyzes risk score trends for linked/unlinked chart reviews
- Identifies reported diagnosis codes for in-home assessments with no other condition treatment
- Surfaces MAOs with suspect, questionable, fraudulent payment based on patterns in submitted data and RADV audits.

© Reveleer 2024

A Perspective on Policy Changes

Modernizing Risk Adjustment in Medicare Advantage & ACO Programs

Current Challenges

- Risk adjustment payments in Medicare are based on outdated fee-for-service (FFS)claims data, leading to biases and administrative burdens.
- FFS claims do not accurately reflect the care patterns or capture key diagnoses in accountable care settings, leading to skewed payment incentives.

Urgency for Reform

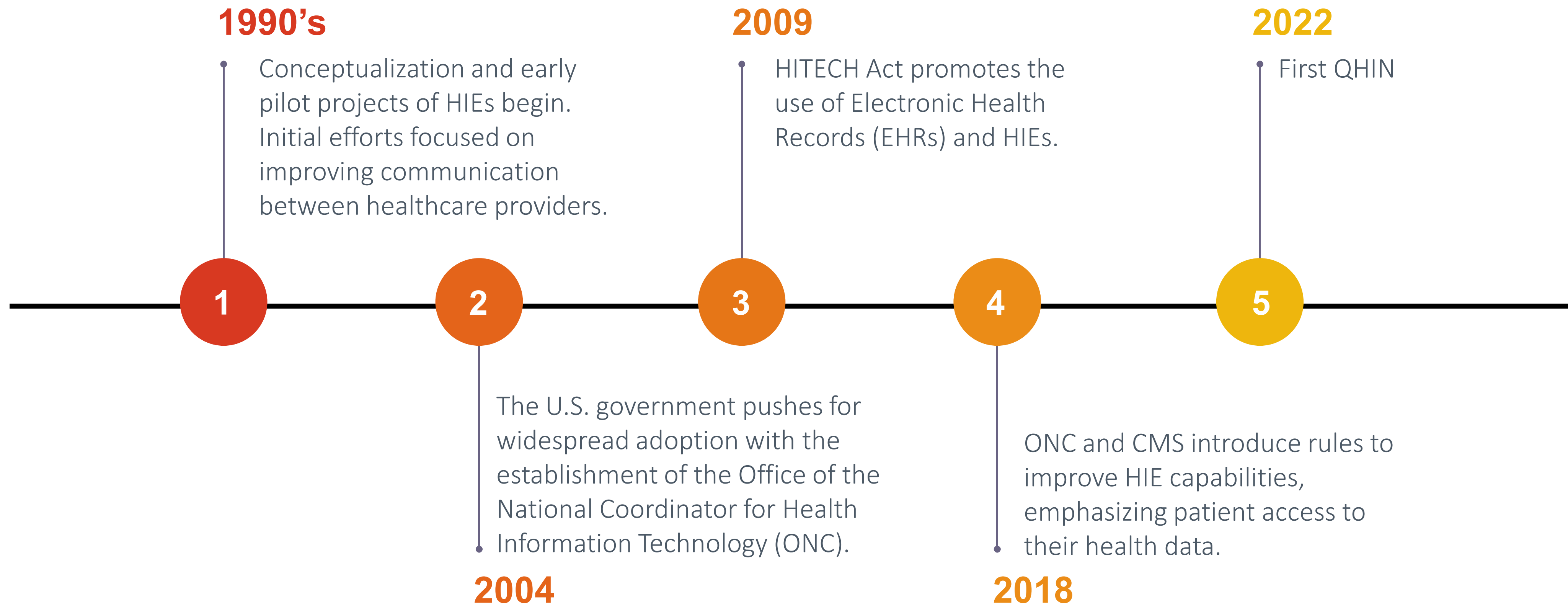
- Majority of Medicare beneficiaries are now in Medicare Advantage or Shared Savings Program organizations, increasing the impact on healthcare quality and spending.
- Current reforms by CMS focus on EHR data for performance measurement but lack alignment with risk adjustment processes.

Proposed Pathway

- Vision: Modernize accountable care payments using reliable EHR data.
- Transition: Align risk adjustment and performance reporting with EHR systems to improve care outcomes and reduce costs.
- Focus Areas: Start with high-need areas, gradually expanding reforms.
- Audit Systems: Implement routine audits using EHR data to validate risk adjustments.
- Continuous Improvement: Use modern data frameworks to enhance payment accuracy while reducing administrative burdens.

Duke-Margolis Institute for Health Policy February 2024

The Role of HIEs and QHINs – Here & Now



Key Take Away - Growing Importance of Clinical Data & Patient-Centric RA Programs

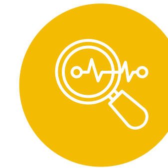
On average more then 50% of care happens outside of the PCPs EMR, including specialty and acute vist data. Getting all this data to one place allows for Improved Condition Management:

Holistic Patient View:

Clinicians can access a complete picture of a patient's health, including comorbidities and social determinants of health, to tailor treatment plans.

Personalized Care:

Better data access supports personalized treatment strategies, improving patient adherence and outcomes.



Predictive Analytics:

Broader data sets improve the accuracy of predictive models, enabling earlier intervention and prevention of adverse health events.

Poll

In the next series of prompts, share whether your organization is getting access to the Clinical documentation needed. Select one or more that best describes your organization …

Poll 1

Currently using clinical data from an HIE for …
(select all that apply)

- ❑ Risk Adjustment
- ❑ Quality

Poll 2

Seeking to use clinical data from an HIE for …
(select all that apply)

- ❑ Risk Adjustment
- ❑ HEDIS/ Quality

© Reveleer 2024

Poll 3

Currently using clinical data from an QHIN for …
(select all that apply)

- ❑ Risk Adjustment
- ❑ Quality

© Reveleer 2024

Poll 4

Seeking to use clinical data from an QHIN for …
(select all that apply)

- ❑ Risk Adjustment
- ❑ HEDIS/a Quality

© Reveleer 2024

TAKE AWAYS

© Reveleer 2024

CareOne Consulting

CareOne Consulting is a seasoned consulting firm with over 25 year of experience in the managed care space. We specialize in driving quality improvements, optimizing value-based care and contracts, and achieving operational excellence for our clients. Our deep experience in audit acumen, innovative analytics, and governance oversight ensures organizations not only meet but exceed regulatory requirements while also enhancing overall performance. Clients partner with us so that we may help navigate the complexities of risk adjustment with confidence, deliver on the highest quality outcomes while maximizing value in today's highly competitive healthcare landscape.

Visit us at www.careoneconsulting.com or reach out at donna.page@careoneconsulting.com.

© Reveleer 2024

About Reveleer

Reveleer unifies Clinical Intelligence Risk Adjustment, Quality Improvement, and Member Management into one powerful value-based care platform empowering health plans and providers and ACOs to uncover new insights, opportunities and improve care quality.

Our solutions leverage the power of AI to break down data silos to deliver intelligent clinical workflows and analyses for unparalleled accuracy and financial performance. ***To learn more about Reveleer, please visit Reveleer.com.***

© Reveleer 2024

THANK YOU

© Reveleer 2024