Leveraging AI for Greater RADV-OIG Compliance and Reduced Provider Abrasion

Presented By:

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Reveleer

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Speaker

Deniese Crittenden

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Today's Topics

1 How to Collaborate with Payer Provider Partners and Vendors

2 Developing a system of checks and balances

3 Optimizing member care and health outcomes
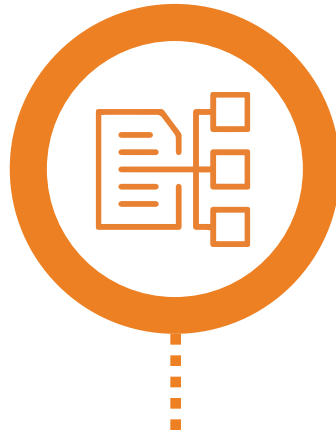
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The OIG's Role

Reduce Fraud Waste & Abuse

Targeted validation audits to ensure the validity of select HCC's known to have higher error rates in clinical documentation

Health plans will be selected by region and size.

7 High-risk categories:
- Cancer
- Acute Stroke
- Myocardial Infarction
- Major Depressive Disorder
- Embolism
- Vascular Claudication
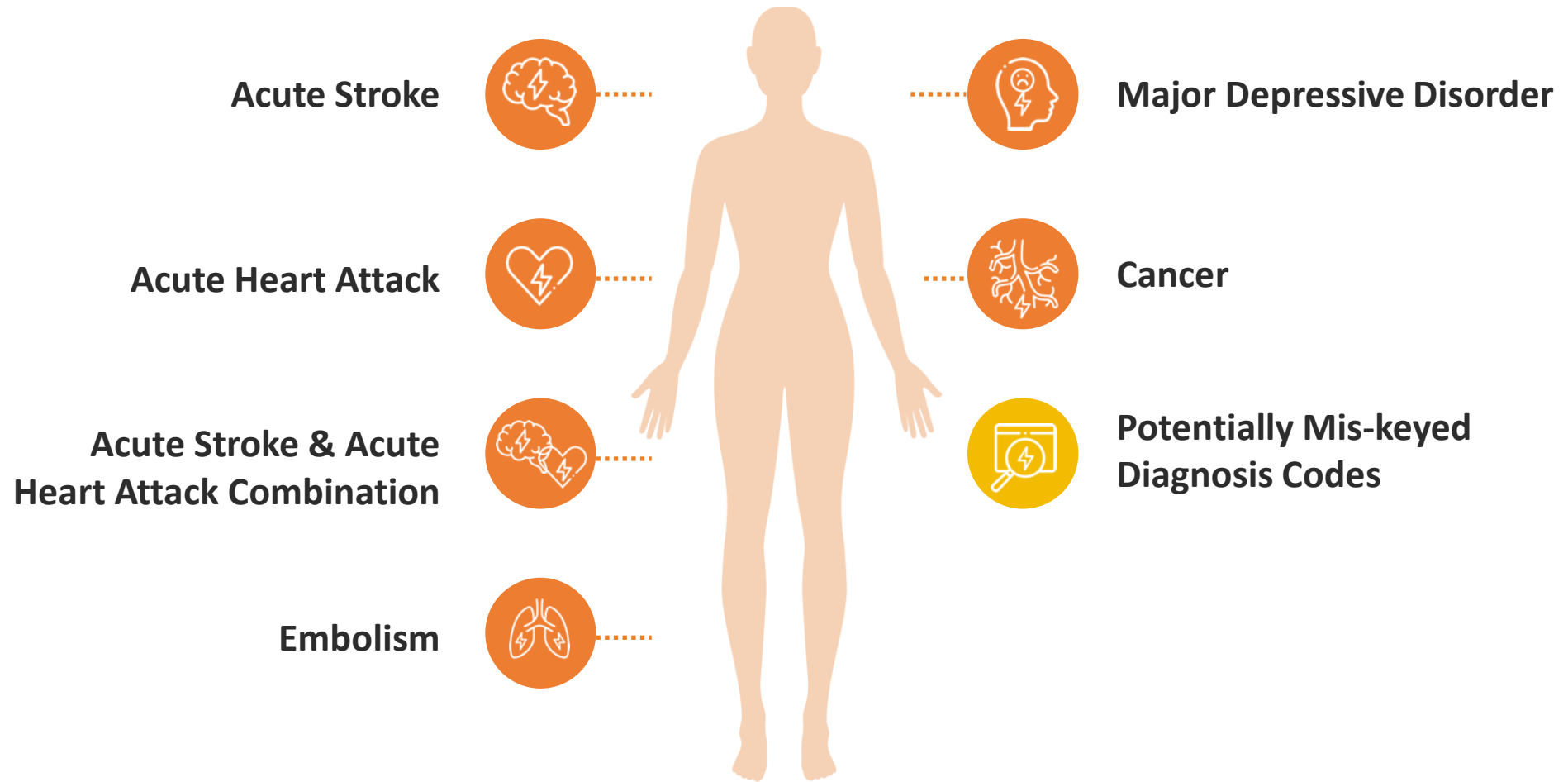- Mis-keyed Diagnoses

No extrapolated penalties until 2018, then extrapolated penalties with no FFS adjuster

Removal of Stratified Random Sample of 200 enrollees; rather, statistically valid sampling

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OIG High Risk Diagnosis Groups

Acute Stroke

Acute Heart Attack

Acute Stroke & Acute Heart Attack Combination

Embolism

Major Depressive Disorder

Cancer

Potentially Mis-keyed Diagnosis Codes

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Errors In High-Risk Group as of Nov 2023

High-Risk Group	Total	Errors	Error %
Acute stroke	945	908	96%
Acute heart attack	791	751	95%
Embolism	754	593	79%
Lung cancer	391	345	88%
Breast cancer	390	373	96%
Colon cancer	390	368	94%
Prostate cancer	360	322	89%
Potentially mis-keyed diagnosis codes	522	421	81%
Totals	**4,543**	**4,081**	**90%**

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Impact on Health Plan-Provider Relationships

1 Increased administrative burden

2 Retrospective reviews to ensure compliance with claims submissions

3 Provider education and CDI programs

4 Changes to business model & operations to manage both V24 & V28
- Tighter vendor management
- Shift to coordinated care model to improve continuity of care

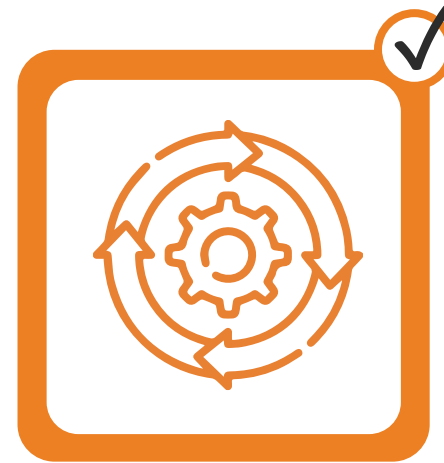**5** Improved support of clinical workflows – APIs and Interoperability

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Mitigating Risk With Best Practices

Data & Analytics

Technology

Process & Workflow

Compliance Policies & Procedure

A Dual-Path Approach to Reducing Risk

1

Payer/Provider Alignment

Your roadmap to make it happen

2

Data

Your ticket to entry to influence providers and impact care

REDUCED RISK

- Facilitates alignment
- Enables insights to power QA processes that avoid overpayments

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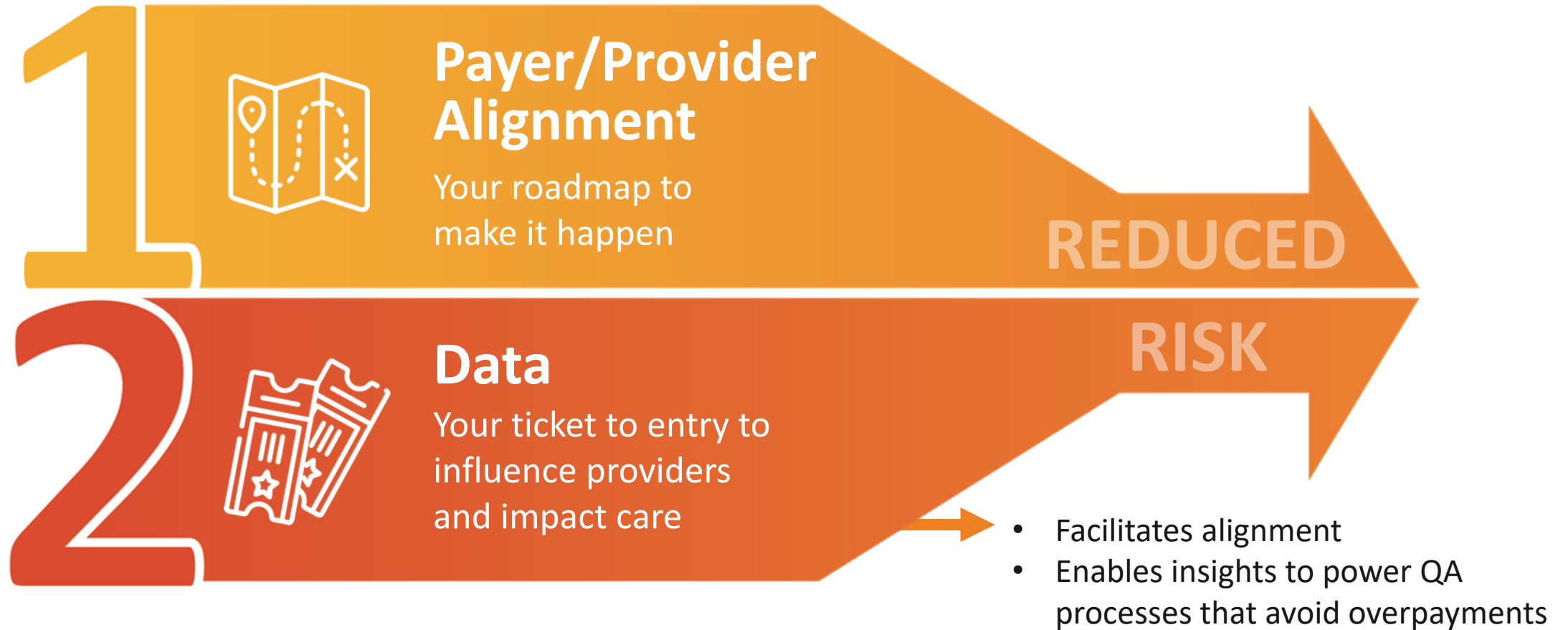
Data Challenges in Value-Based Care

DATA LOCKED

Health plans have more data than providers but it is traditionally locked in silos

FRUSTRATED PROVIDERS

Data shared with providers is typically outdated and irrelevant, frustrating providers

LOCATING MEMBERS

Member attributions- knowing where your members are so you can engage

PERFORMANCE CAP

3% performance cap on risk adjustment

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Making Data Work For Value-Based Care

| Data Needs In Value-based Care	Tools & Approaches To Get There
✓ A more comprehensive and updated view of the member	🔧 Connections with disparate health data such as HIEs, pharmacies, etc.
✓ Ability to manage massive amounts of data into actionable insights	🔧 AI to sort, collate and transform
✓ Actionable insights that can impact care	🔧 Integrations to drive insights into provider workflows / EHRs

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From Data to Clinical Insights

Structured and unstructured data are ingested and cleaned, then AI algorithms extract critical value and insights

Structured & Unstructured Data

Ingest, store and streamline clinical and claims data from multiple sources and format
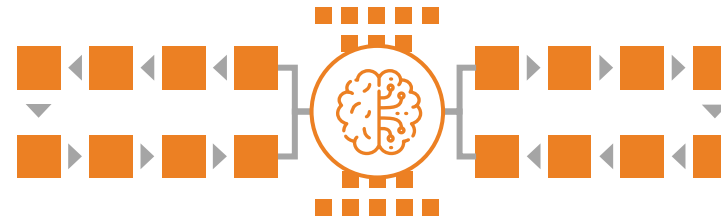
EHR Networks

Labs

HIEs

Pharmacies
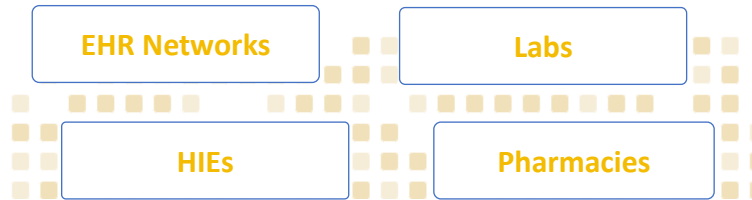
Advanced NLP & ML

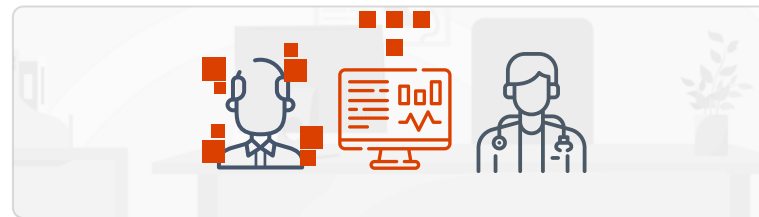Perform Risk Adjustment and Quality review via proprietary algorithms

AI
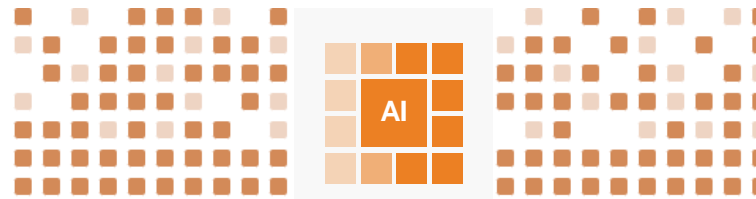
AI-Driven Workflow

Perform every aspect of chart retrieval, coding, review and submission through automated processes
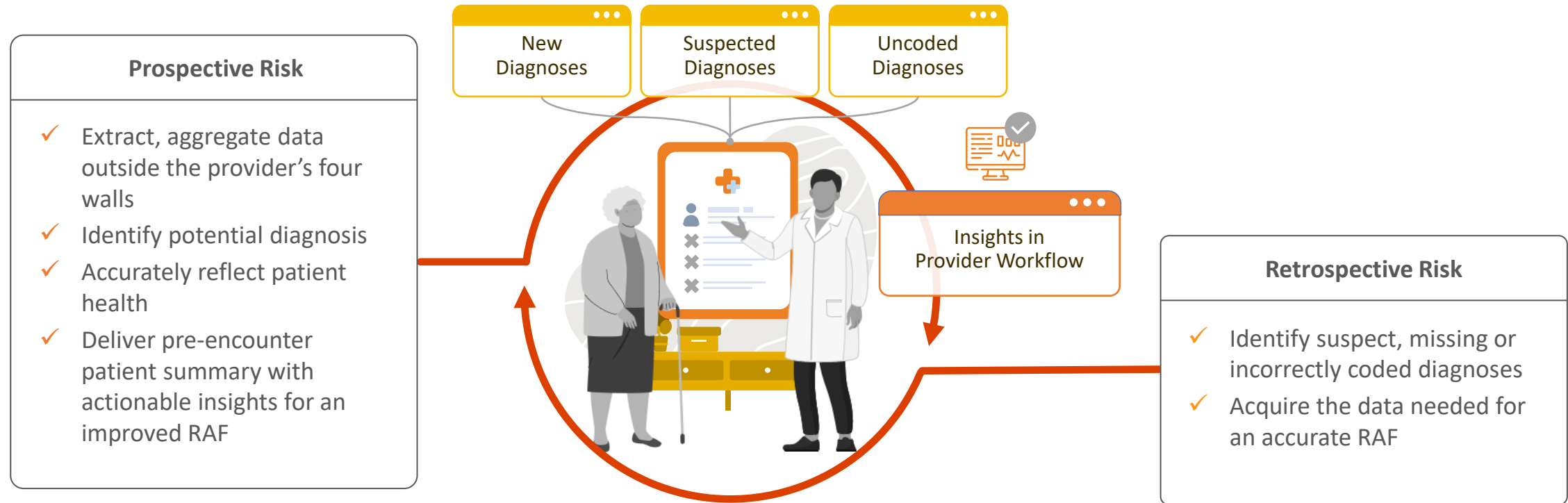
Health Data Management

Member / Patient risk stratification for health plans and providers to develop accurate profile for appropriate reimbursement and care

Prospective Risk Re-defined

A 360-Degree View of Member Risk

Transforming risk adjustment into a proactive, strategic capability to improve member care

Prospective Risk

- ✓ Extract, aggregate data outside the provider's four walls
- ✓ Identify potential diagnosis
- ✓ Accurately reflect patient health
- ✓ Deliver pre-encounter patient summary with actionable insights for an improved RAF

New Diagnoses

Suspected Diagnoses

Uncoded Diagnoses

Insights in Provider Workflow

Retrospective Risk

- ✓ Identify suspect, missing or incorrectly coded diagnoses
- ✓ Acquire the data needed for an accurate RAF

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Payer/Provider Relationships Built to Succeed

Start with your areas of COMMON GROUND

- Member health
- CMS compliance

Build a culture of COLLABORATION

- Change perceptions of "chasing codes"
- Position gap closure to improve member health

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Provider Engagement Strategy

Using analytics to understand your populations

Present targeted charts for provider review

Understand and support provider coding capabilities
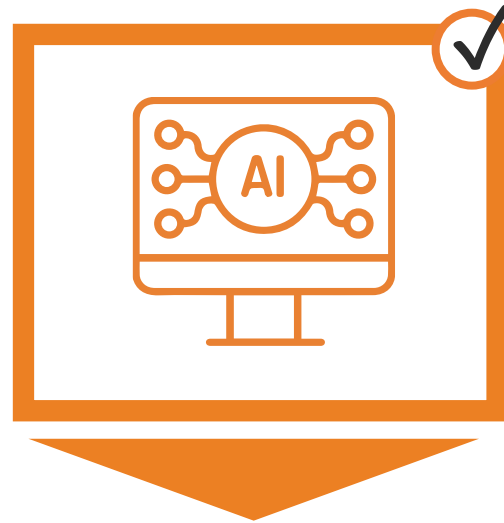
Engage and educate specialists

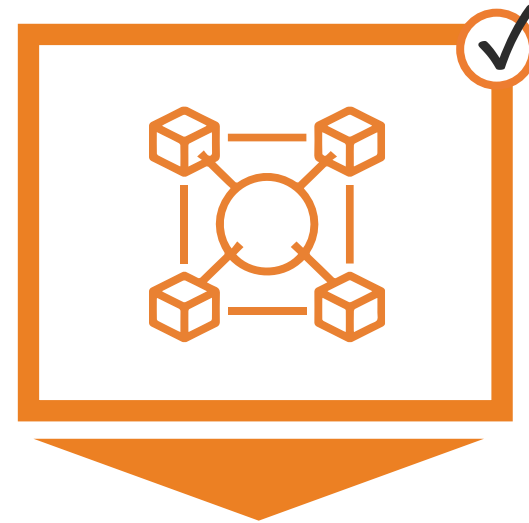Combine Risk and Quality for provider outreach

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Tools to Manage the New Reality

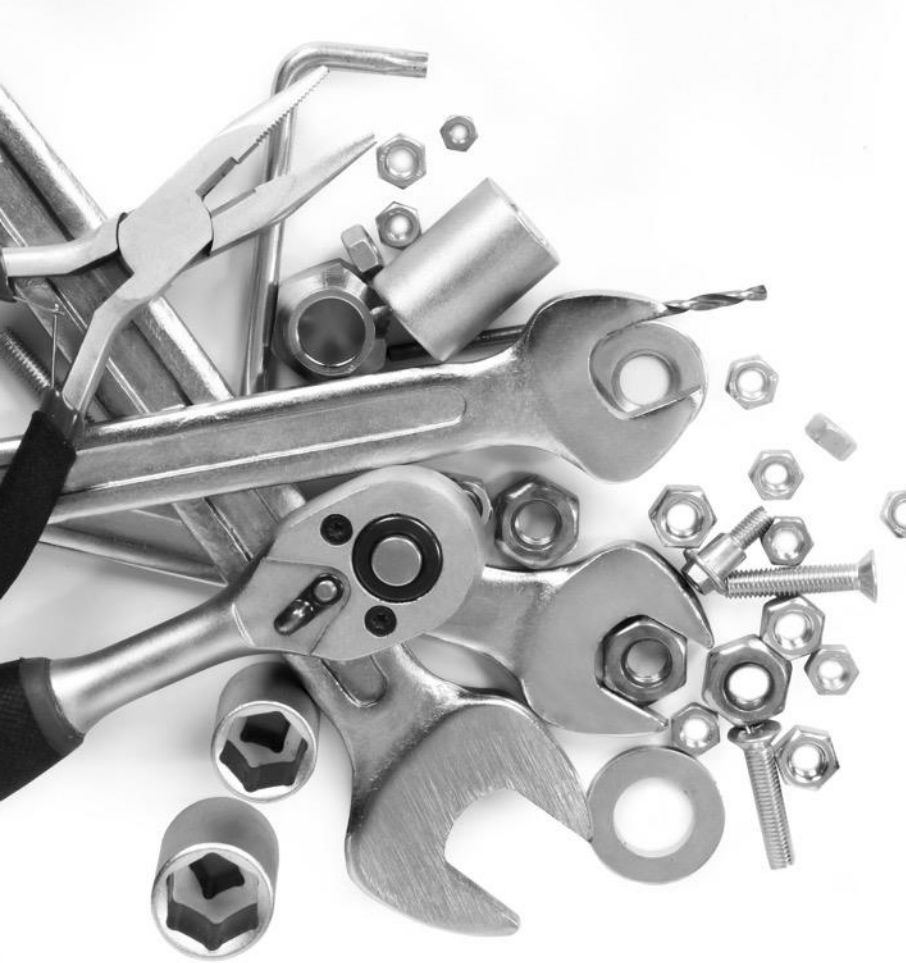Larger data sets: charts, vendor reviews, lab results, etc.

Leverage AI to assist

Interoperability to get data to the point-of-care more effectively, efficiently

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OIG Toolkit

GUIDE TO ASSIST with data mining, analytics and structured query language

CLEAR EXPLANATIONS on process and rationale for the high-risk diagnoses

FOUNDATION for improving data integrity and compliance policy

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The Role of AI

The Promise of AI

✓ Assimilate massive amounts of data to stratify risk

✓ Translate patterns into patient insights faster than people can themselves

✓ Take on the heavy lift to get reliable insights to the provider at the point of care pre-encounter

Requirements for Success

✓ Well trained on clinical data

✓ Clinicians **and** coders need a seat at the table to ensure appropriate rules and configuration

✓ Machine Learning monitored and maintained to proactively identify potential issues

✓ Partner with your vendor for continuous improvement

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Key Takeaways

1 Collaborate with Payer Provider Partners and Vendors
- Build a culture for proper and timely documentation and pt care
- Improve member health and quality outcomes by positioning early gap closure
- Focus on education and feedback

2 Develop checks and balances
- Policies & / or Procedures
- Acceptable diagnoses / treatments for in-home and telehealth
- One off diagnoses

3 Focus on member care and health outcomes
- Create / support excellent care givers and the documentation of their care — the rest will fall into place

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