

# ICE RADAR

**Presented on behalf of the  
ICE RADAR Team by:**

**Team Co-chairs:**

- Kathi Wylie**
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# Audience Survey & Stretch

- Work with the data
- Do the coding
- Decision maker in your organization for risk adjustment activities
- Work with the actual patients and/or providers of care



# ICE RADAR TO THE RESCUE!

- Industry Collaboration Effort (ICE)
- Started with one team – Encounter Data (later renamed RADAR)
- RADAR = Risk Adjustment Data Acquisition & Reporting

# Team Purpose:

To convene stakeholder meetings to collaboratively work to improve the collection and transmission of encounter/claim data to CMS for risk adjustment

- By identifying and resolving common issues;
- By collectively improving provider communication and education;
- By standardizing tools, processes, and report formats;
- By collectively communicating with CMS for resolution of common issues.

# Stakeholder Meetings

- Team meets by phone on 2<sup>nd</sup> Thursday of each month from 9 – 10 a.m. (PST)
- Team consists of physicians, provider groups, health plans, and others assisting the above
- Agenda
- Round Table – Open discussion / Q&A
- Work Groups
- Open meetings “Uncle RADAR wants you!”

# Improving Data Collection

- Sharing Best Practices
- Physician Education
- Suspect Identification
- Chart Audits
- Hospital Abstracts
- Plan 2 Plan Data Recovery Process & Tools
- Transparency / Standardization of processes

# Physician Education

- “The buck ***starts*** here!”
- Key ingredient – complete, legible, signed, timely, ***progress notes***
- Assisting physicians
  - Problem List to trigger evaluation of previous diagnoses
    - Include Prescription List
  - “No HCC Report”
  - Year to Year “Gap Report”
  - Other Suspect Reports

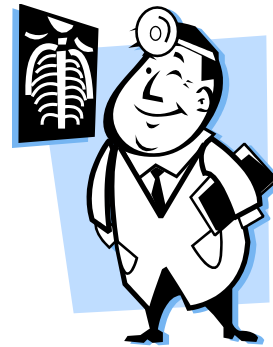
# Physician Education

- **Rewards** for Annual Evaluations (scheduler?)
- **Free** lunch/dinner and presentation
- **Quality Incentives** – accurate and complete charts
- **Give Clear Feedback** - One to One / with chart audit
- **Include** his/her staff: biller, coder, etc.
- **Current** pocket finder / coding book

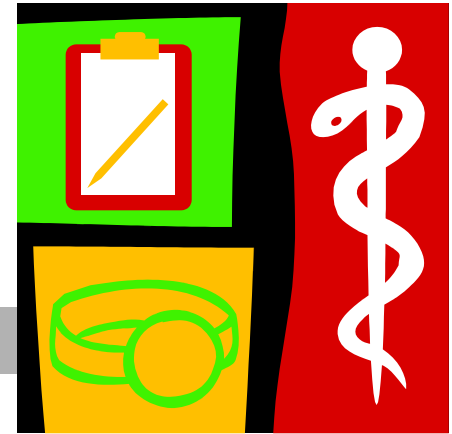
# Data Mining Suspect ID & Other Benefits



- Data Mining Workgroup – Initiated April 2007
- Identify suspects based on
  - Pharmacy
  - Lab; Radiology
  - HCPCS
- Advanced techniques of mining data warehouse information
- Standardization for information exchange



# Chart Audits – New Findings



- Who can submit?
- Plan A member enrolls in Plan B mid-year
- Plan B does chart audit and finds well documented DX in chart
- But member was Plan A member on DOS
- CMS won't let Plan B submit even though it qualifies as good data

# 'Plan 2 Plan' Data Recovery



- ICE Workgroup - Work Around
  - Plan B can send data elements (and progress note) to Plan A
  - Cover Letter
  - Standardized ICE Manual Submission Format
  - RAPS P2P Contact List



# Fee For Service – Additional Data

- ICE has raised the issue to CMS
  - Fee For Service chart
  - Other Plan chart

# Error Reports

- Are you working your errors?
- Small plan, 5,000 members recovered \$2.14 million by working errors!
- Do you know where to begin?
- Which errors are easiest?

# Working Errors Efficiently

- Sort by Error Code
  - Some software does this for you
- Easiest errors to fix
  - DOB doesn't match CMS
    - Delete DOB altogether from that claim
  - DOS begins one year and ends the next year
    - Spit into two claims

# Working Errors Efficiently (cont'd)

- Member not eligible with Plan on DOS
  - Check effective date with plan
  - Check claim for correct DOS
  - Send back to provider to check DOS
- Tough Errors
  - Plan and Provider need to work jointly
  - Contacts critical

# ICE Work in Progress

- Standardized “Special” Procedure Code
  - Annual Evaluation indicator for Risk Adjustment
- Health Plan filtering
  - Standardization and transparency
- Ongoing Provider and Health Plan education and support

# Best Practice MHIPA – Proactive Efforts



- Administrative payment for:
  - Physician's time to work with coder reviewing all of their senior medical records.
    - Review internally developed report for each member with all DX reported in last 4 years
    - HCC and Non-HCC codes reviewed while going thru chart with physician
- Several page handout prepared for physician including helpful hints and important things to know distributed during this review

# Medical Record Findings

- Medical Records for senior population reviewed yearly
  - If physician unable to assist with review records are still reviewed by independent coder
  - Medical Records often contain sufficient documentation to support additional codes not previously submitted.
  - Encounter updated with additional codes and submitted

# Connecting the Dots ....

- Matching up the data
  - Amputees; dialysis patients; transplants
- Homebound patients
  - Physicians visits to the homebound
  - Fee is minimal compared to benefits to patient and Plan

# Keeping it Simple

- Sticky notes in chart as reminder
  - Old MI for example
- Listing to physicians of their senior population with no office visit
- Visits to SNF to assess patient and capture codes
- Ensure billing system can handle the volume of codes received



# The Final Analysis

- You've done it all correctly
- Your Physicians have seen everyone
  - At least 2x year
- You've closed all the continuity of care gaps
- Why are your scores so low??

# Riding the rails, or the circuitous route of your data's journey....

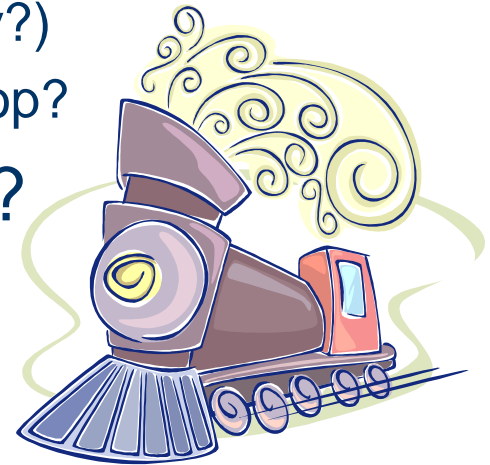
- Where does it start?
  - Deciding what to take.
  - Loading up the suitcase.
- How many stops along the way?
  - Does your destination require train changes?
- Where does it end?
  - Did you lose your luggage, or some of its contents?



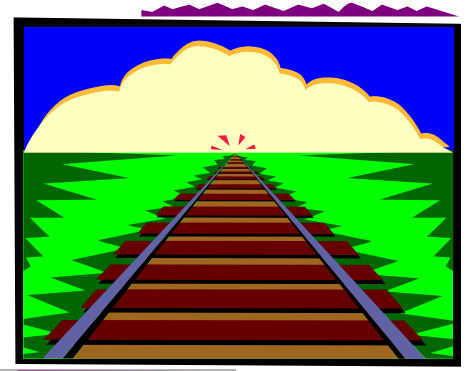


# Questions for the Conductor

- What preliminary screening is required to board the 'data' train?
  - What are the edits, who selects them
    - How does your internal operations handle corrections of encounters that fail the edits (or do they?)
    - Do edits ever change, are you in the loop?
- Is end-to-end reconciliation done?
  - Is error reporting automatic



# Infrastructure: Examine the train tracks



- Oversight on a regular schedule
- Improvements in the rails
- Ongoing information exchange

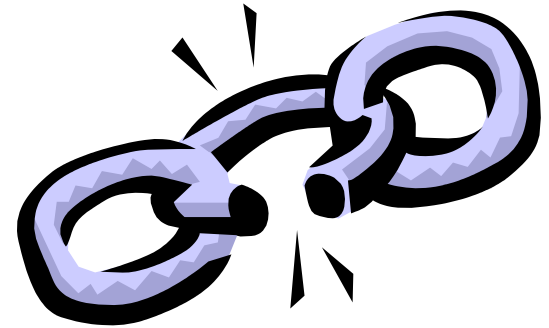


# Train Schedule



- How often is your data forwarded
- Additional 'cars' provided for high volume seasons? (i.e. near CMS sweep dates)
- Make sure schedule changes are known in advance.

# The Weakest Link



- “A chain is only as strong as its weakest link”
  - If you have a weak link, fix it
  - If you don’t have one, keep up the good work!
  - Make sure everyone involved in the data train is well informed about the tracks, the schedule; the route, etc.

