


2019 Annual Conference 

THE OCTOPUS OF RISK ADJUSTMENT

Are You Doing All The Right Things?


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RISK ADJUSTMENT 2019 Annual Conference 

- Risk Adjustment is the process for compensating health plans that acquire member population with less than average health.

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RISK ADJUSTMENT 2019 Annual Conference 

- Risk Adjustment focuses on four key areas:
- Clinical Training - Training clinicians and physicians about risk adjustment basics and documentation requirements
- Clinical Outreach – Encounters with in order to address and capture missing diagnosis from claims data.

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RISK ADJUSTMENT 2019 Annual Conference 

- Auditing and Monitoring – Review encounters for accurate diagnosis coding supported by the medical record, concurrent and retrospective chart review / data mining to identify diagnosis documented but not coded.
- Quality & Monitoring – Ensure that all diagnosis are submitted by providers and identified in plan reporting

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ASSESSING THE DATA YOU HAVE OR DO NOT HAVE 2019 Annual Conference 

- What we know?
 - Most of us are familiar with the use of predictive modeling and the use of social determinations, or AI technology to track and trend our patient populations and data.
 - Lets talk about how we analyze data and build analytics models to predict future outcomes and uncover potential risks and opportunities to capture data.

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ASSESSING THE DATA YOU HAVE OR DO NOT HAVE 2019 Annual Conference 

Family Support		Electronic Monitoring of Vital. BP Machine w/ Wi-Fi and scales
Meals		
Safety		Home Video Surveillance
Doctor Visits		

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ASSESSING THE DATA YOU HAVE OR DO NOT HAVE

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Industry Collaboration Effort

- Data Mining
 - Data mining holds great potential for the healthcare industry to enable health systems to systematically use data and analytics to identify inefficiencies and best practices that improve care and reduce costs.

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ASSESSING THE DATA YOU HAVE OR DO NOT HAVE

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Industry Collaboration Effort

- Data Mining
 - Like analytics, the term data mining can mean different things to different people. The most basic definition of data mining is the analysis of large data sets to discover patterns and use those patterns to forecast or predict the likelihood of future events.

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ASSESSING THE DATA YOU HAVE OR DO NOT HAVE


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Industry Collaboration Effort

- Describing analytics
 - Predictive analytics – Predicting what will happen
 - Prescriptive analytics – Determining what to do with the data.
 - Valid HCCs are added to the 12-month claim history for a patient for each and every visit to the acute-care setting, including inpatient, observation, and emergency occasions of service.

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ASSESSING THE DATA YOU HAVE OR DO NOT HAVE 2019 Annual Conference 

- Best Practices
 - Develop Standardization, understand all data sources
 - Data warehouse – Develop a data warehouse
 - Claims Data, Encounter Data, supplement data, calynx lab files, pharmacy file, disease registries, case management EMR systems should be loaded in a centralized data warehouse.

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HOW TO DATA MINE WHAT WE HAVE? 2019 Annual Conference 

Examples:

- Patients may be entered in a diabetes registry based on prescribed medications (e.g., Metformin or insulin use) and laboratory tests (e.g., HbA1c). Diabetes coding, for presumed diabetic patients included in the diabetes registry, should be analyzed at least annually to identify any coding patterns suggestive of gaps in HCC reporting. Once the coding patterns are identified via data mining, chart review should be performed.

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HOW TO DATA MINE WHAT WE HAVE? 2019 Annual Conference 

Examples:

- Claim claims data is received, and review in conjunction with clinical data. By creating algorithms, the plan is able to identify opportunities for HCC capture.
- Using rheumatoid arthritis as an example, medication data can be used to identify patients with active prescriptions for methotrexate. Laboratory data can identify patients that have a Rheumatoid Factor test with a positive result. The data is then compared with diagnosis codes in the claims data. Patients with positive medication and laboratory data but without rheumatoid arthritis diagnoses can be targeted for chart review.

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HOW TO DATA MINE WHAT WE HAVE? 2019 Annual Conference 

- How do we use the data
- It is not a perfect system, however, we are to identify outliers for Risk Adjustment.
- Members are prescribed a Medication for Chronic Condition, but we have not received encounter data.
- Members have an acute event in a prior year such as Myocardia Infarction (MI), and Stroke, and we do not have suspected diagnosis for ongoing treatments or surveillance.

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HOW TO DATA MINE WHAT WE HAVE? 2019 Annual Conference 

Example #1: A 66-year-old patient with type 2 diabetes with no complications, hypertension, and a body mass index (BMI) of 37.2


ICD-10	DESCRIPTION	RAF
E11.9	Type 2 diabetes with no complications	0.000
I10	Hypertension	0.000
Z68.37	BMI of 37.2	0.000
Total RAF =		0.000

Example #2: A 66-year-old patient with type 2 diabetes with diabetic polyneuropathy, hypertension, morbid obesity with a BMI of 37.2, and status post-left below-knee amputation (BKA)

ICD-10	DESCRIPTION	RAF
E11.42	Type 2 diabetes with diabetic polyneuropathy	0.0008
I10	Hypertension	0.000
Z68.37 & Z68.37	Morbid obesity with a BMI of 37.2	0.200
Z85.012	Status post-left BKA	0.7710
Total Opportunity Risk =		1.1408

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HOW CAN PROVIDERS HELP 2019 Annual Conference 

Brand New Day uses claim data analytics to find "suspect situations" - incorrect and missing diagnoses - that we should review for validation and potential correction. Once we identify these situations, we must review the charts for those members.

Remember: If it's not documented during an encounter, it didn't happen.

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HEALTH ASSESSMENT TOOLS (HAT) 2019 Annual Conference 

Submit a complete Health Assessment Tool Profile to physicians

Include pharmacy data, lab data, and "near miss" coding data.

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WHAT ARE RADV AUDITS 2019 Annual Conference 

- The purpose of RADV audits is to **ensure that the HCC diagnosis coding submitted by plans to HHS for risk adjustment is valid**. After preparing an audit sample, HHS typically distributes the list of patients to health plans from April to June, after which the health plan has from July through November to prepare its data for submission

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PREPARING DAILY FOR A RADV AUDIT 2019 Annual Conference 


Watch for cloning in electronic medical records. Once we identify these situations, we must review the charts for those members.

Cloned notes may cause: •Inability to distinguish notes from one date of service to the other

Falsification of the medical record, since cloned notes may not pertain to visits to which they are added

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CMS RADV PROCESS 2019
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- Health Plan Selection
- Member Selection
- Medical Record Request
- Plan Level Findings
- Payment Adjustments
- Appeals
- Correct Payment

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**PREPARING FOR RADV
CMS SELECTION CRITERIA** 2019
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- Targeted Plans (plans with the greatest increase 4 year period prior to audit)
- Pilot Plans
- Random Selection
- Anyone can be selected – even those recently audited

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**PREPARING FOR RADV
CMS SELECTION CRITERIA** 2019
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- CMS could choose 201 members
- Resulting in as many as 7,000 encounters
- Member must be continuously enrolled in the measurement year and at least one month eligibility in the payment year
- Anyone can be selected – even those recently audited

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PREPARING DAILY FOR A RADV AUDIT 2019 Annual Conference 

- Automate the workflow
- Facilitate tracking requests and response – (Use a database)
- Link beneficiary information to records
- Allow review workloads to be distributed
- Make activity reporting easier

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- Cloning may be appropriate for elements of history when these guidelines are followed.
- Don't let an EMR select the codes for you. It is important to review the service that was provided and bill accordingly.
- Read over any cloned documentation to make sure the notes make sense for that date of service. The chief complaint should carry through to the exam and history and support the decisions made and medical necessity.

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PREPARING DAILY FOR A RADV AUDIT 2019 Annual Conference 


- Don't use "canned" templates. They may cause problems with medical necessity.
- See the example below.
- Sign each note. Your signature, whether actual, stamped or electronic, indicates you agree with the information provided on that date of service.

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- The trouble with templates
- If a clinician checks "normal" for the GI system, the EMR system may automatically fill in other descriptors such as "abdomen soft" and "normal bowel sounds", etc. If the clinician did not listen to the patient's bowels with a stethoscope, this potentially puts the office at risk for quality of care issues, malpractice, etc.

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- Another problem with the EMR automatically filling in documentation is that it may lead to "over-document" which leads to selecting and billing a higher E&M code than medically reasonable and necessary.

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Thank you

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