Close Risk Gaps

While Improving Provider Performance and Engagement

Presented By:

Jimmy Liu, *Vice President, Product Strategy* – **Optum**

Jason Reed, Senior Director of Medicaid Risk Adjustment – **United Healthcare**

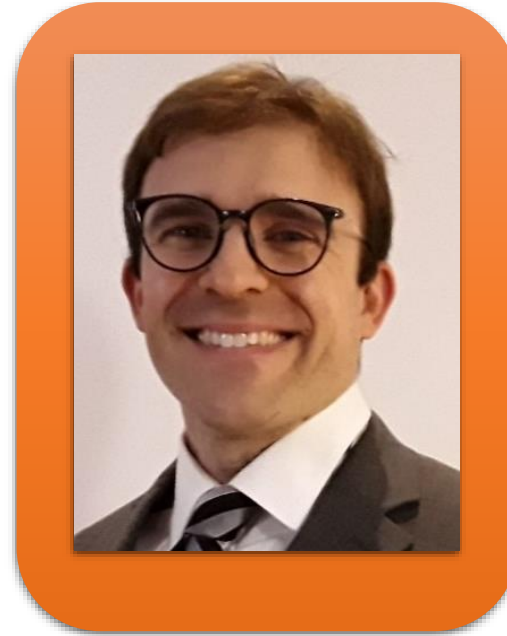**THE RISE ASSOCIATION**

Agenda

- Introductions
- What is Dx Gap Advisor™?
- How Accurate Coding Improves Risk Scores
- Dx Gap Advisor Impacts All lines of Business
- Medicare and Dx Gap Advisor™
- Medicaid and Dx Gap Advisor™
- ACA and Dx Gap Advisor ™
- Q&A
- Thank you!

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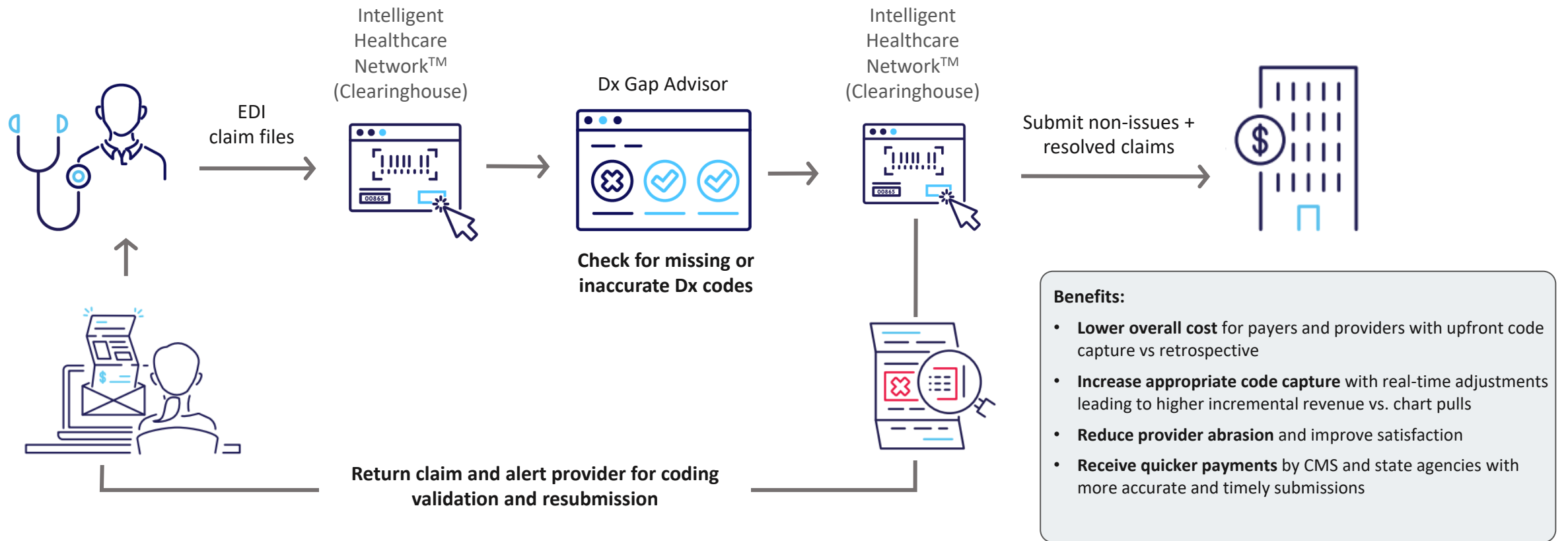# Introduction: Risk Adjustment Experts

Jimmy Lui
VP, Product Strategy
Optum

Jason Reed
Senior Director of Medicaid Risk
Adjustment
United Healthcare

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Dx Gap Advisor™

Engages providers within their existing billing workflow to help
<u>achieve more complete and accurate</u> diagnosis coding

Intelligent Healthcare Network™ (Clearinghouse)

Dx Gap Advisor

Intelligent Healthcare Network™ (Clearinghouse)

EDI claim files

Submit non-issues + resolved claims

Check for missing or inaccurate Dx codes

Return claim and alert provider for coding validation and resubmission

Benefits:

- **Lower overall cost** for payers and providers with upfront code capture vs retrospective

- **Increase appropriate code capture** with real-time adjustments leading to higher incremental revenue vs. chart pulls

- **Reduce provider abrasion** and improve satisfaction

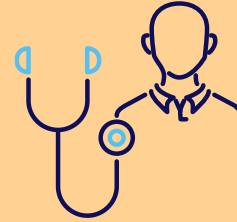- **Receive quicker payments** by CMS and state agencies with more accurate and timely submissions

Close Gaps Prospectively

Professional Claims message submitted through the Change Healthcare Clearinghouse

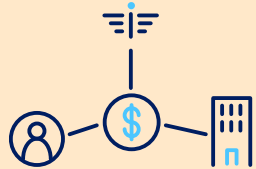**Up to 5 diagnosis codes** can be messaged per submitted claim.

Messaging occurs **BEFORE** the payer receives the provider's claim.

2 messages per month on average sent to participating providers

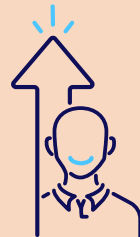**Engage** providers to improve coding.

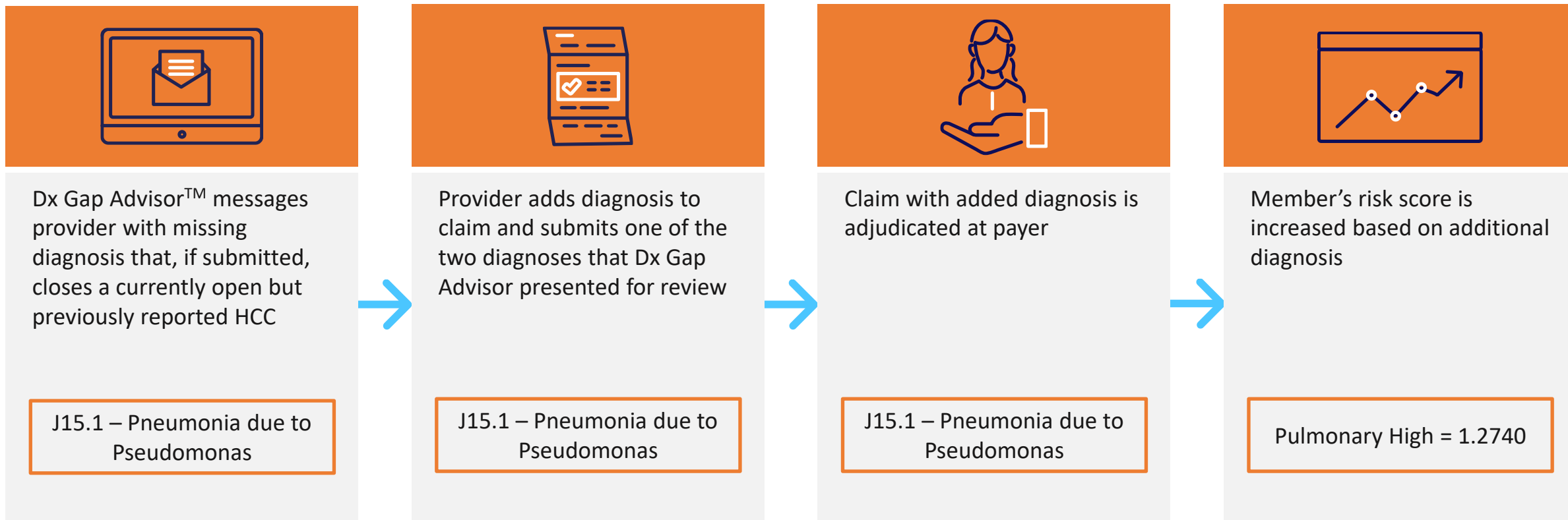**100% of claims** can be messaged if the plan is a CHC Managed Gateway client.

78 Taxonomy Codes messaged for PCPs

Receive money sooner from CMS by closing gaps during the year.

How Accurate Coding Improves Risk Score Accuracy

Dx Gap Advisor™ messages provider with missing diagnosis that, if submitted, closes a currently open but previously reported HCC	Provider adds diagnosis to claim and submits one of the two diagnoses that Dx Gap Advisor presented for review	Claim with added diagnosis is adjudicated at payer	Member's risk score is increased based on additional diagnosis
J15.1 – Pneumonia due to Pseudomonas	J15.1 – Pneumonia due to Pseudomonas	J15.1 – Pneumonia due to Pseudomonas	Pulmonary High = 1.2740

Enable Your Provider Network to Prospectively Close Risk Gaps Before Receiving Claims

More complete and **accurate provider coding**
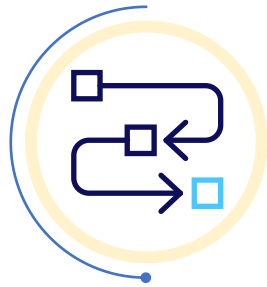
Simple integration into provider's existing workflow

Faster reimbursements compared to conventional retro solutions

Low abrasion – Averages two messages per month per provider

Low risk – Only pay when claims are changed.

Less expensive than chart retrievals

Unresolved Risk Gaps Impact Your Reimbursement

Missed chronic conditions on submitted claims

20% of provider submitted claims are missing one or more chronic conditions that have been reported in the member's history but have not been reported in the current year.[1]

Prospective gap closure results in receiving payments sooner.

Gaps closed prospectively result in receiving Medicare payments from CMS at least six months sooner than closing gaps on a retrospective basis.[2]

Costly chart retrievals to validate claims data

Validating chart data can cost payers $300 per occurrence and requires frequent touchpoints between providers and payers.

Dx Gap Value

Chronic conditions flagged in EDI workflow allows providers to self-audit claims before submission and reduce resubmissions.

Identifying gaps earlier increases gap closures and expedites submissions and reimbursements.

Proactive messaging and outreach reduces unplanned phone calls and reliance on chart retrievals.

Closing risk gaps is 1.5x more expensive without Dx Gap.

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Impacts All Lines of Business

Message risk gaps within the provider's existing workflow

Providers participate in auditing charts & claims submissions

Know what gaps have been closed before chart review

Health plans gains better understanding of provider coding performance and responsiveness

Use Dx Gap Advisor™ metrics in value-based payment, risk sharing, or alternative payment models

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Commercial ACA and Dx Gap Advisor™

- Each gap closure is impactful as not many people have HCC (<30% of the population)

- Directly impacts the Funds Transfer Results in a positive way

- Shorter time to do chart reviews than other LOBs making closing prospectively valuable

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Medicare and Dx Gap Advisor™

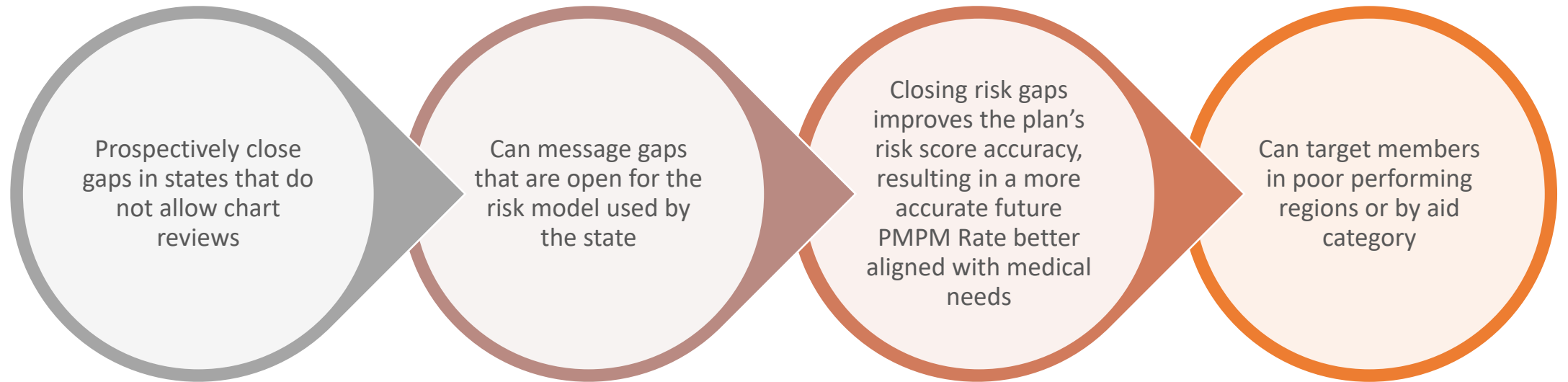| Get money sooner from CMS by closing gaps prospectively | Closing gaps results in more accurate risk scores | Helps provider performance at closing risk gaps | Engage Providers for accurate coding | Audit sampling to identify inaccurate coding | Education and Insight |

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Medicaid and Dx Gap Advisor™

Prospectively close gaps in states that do not allow chart reviews

Can message gaps that are open for the risk model used by the state

Closing risk gaps improves the plan's risk score accuracy, resulting in a more accurate future PMPM Rate better aligned with medical needs

Can target members in poor performing regions or by aid category

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Dx Gap Advisor™ Results with United Healthcare

Approximately 5,000 Providers in NY are participating since October 2022

60,000 claims have been messaged since October 2022
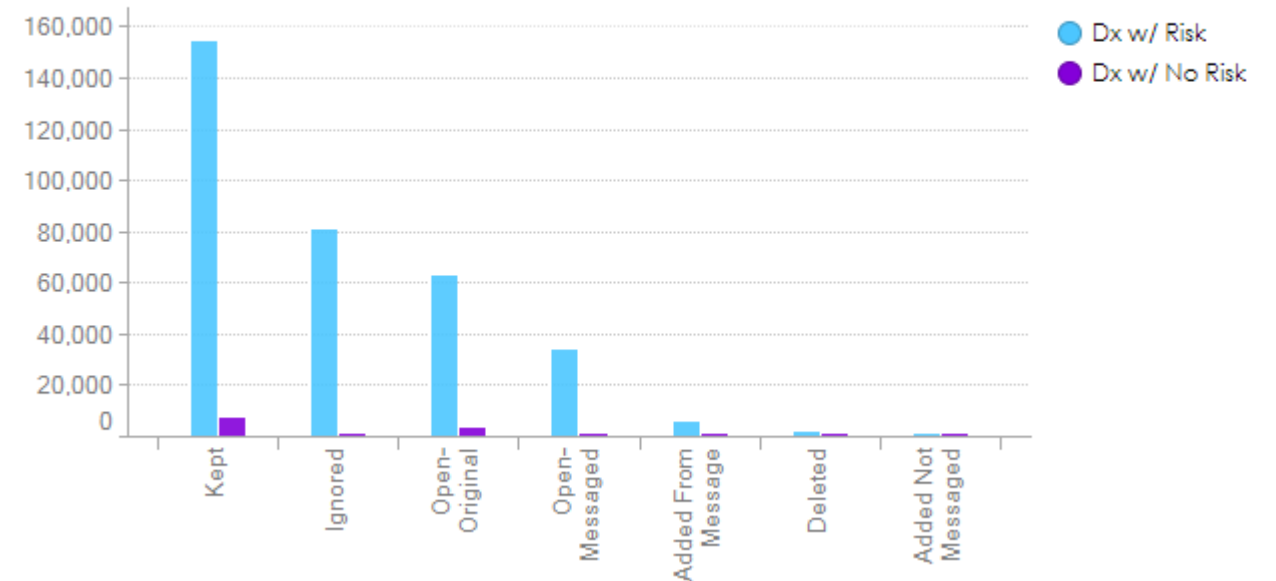
Mailed 28,742 Provider letters in NY for UHC

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Dx Gap Advisor™ Results with United Healthcare

Top 10 Diagnosis Codes
E669 – Obesity, unspecified
E785 – Hyperlipidemia, unspecified
H40013 – Open angle with borderline findings, low risk
G8929 – Other chronic pain
K760 – Fatty (change of) liver, not elsewhere classified
E6601 – Morbid (severe) obesity due to excess calories
E782 – Mixed hyperlipidemia
J45909 – Unspecified asthma, uncomplicated
I340 – Nonrheumatic mitral (valve) insufficiency
M5412 – Radiculopathy, cervical region
H43393 – Other vitreous opacities, bilateral
E119 – Type 2 Diabetes mellitus without complications
G4733 – Obstructive sleep apnea (adult) (pediatric)
I739 – Peripheral Vascular disease, unspecified

Dx Gap With Risk Vs. Dx Gap With No Risk

Dx Breakdown by Status and Risk

Q & A

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