Would You Water Your Garden With A Leaky Hose?

Part 2: From the Garden to the Harvest

Presented By:

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Allow us to introduce ourselves...

Dawn Carter is a Director of Product Strategy at Centauri Health Solutions, LLC. Her career in healthcare spans 28 years, which most recently includes extensive experience in developing revenue integrity and quality software solutions, with a focus on encounter management and risk adjustment solutions for commercial and government health care programs as well as SDOH.

Melissa McVaugh is the Director of Clinical Programs and Mountain Health Coop. With over 20 years of diversified experience, Melissa McVaugh is a proven leader in the healthcare industry. She serves as the Director of Clinical Programs and oversees clinical operations, including risk adjustment, medical management, and claims/payment integrity for three states.

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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".

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#TBT – Throwback Thursday

Have you ever found yourself, or any of your risk adjustment leadership asking:

Why is our actual RAF so far off from our forecasted RAF?

AKA

Why are we losing money?

AKA

Why is our RAF so low but our claims costs so high?

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Data Governance – The Iceberg Metaphor

Risk Adjustment (Post-Adjudication)

Scientists say that 90% of an iceberg lies under the waterline where it cannot be seen.

Risk adjustment only accounts for a "visible" portion of operations that determines success.

Claims & Related Administrative Functions (Pre-Adjudication)

For all lines of business that risk adjust, it is rarely the risk adjustment operations that determine operational and financial success; it is the 90% of revenue cycle operations that precedes risk adjustment.

Every point of data transfer poses a risk to data completeness and accuracy, and this in turn affects risk adjusted payment accuracy.

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Claims Universe (the faucet)

Configuration Issues in Claims, Enrollment and Provider Administration

Systems

- Pends(the nozzle)
- Denials
- Appeals/Adjustments
- Anything else that • Validation does not auto-• Reconciliation adjudicate• Valuation
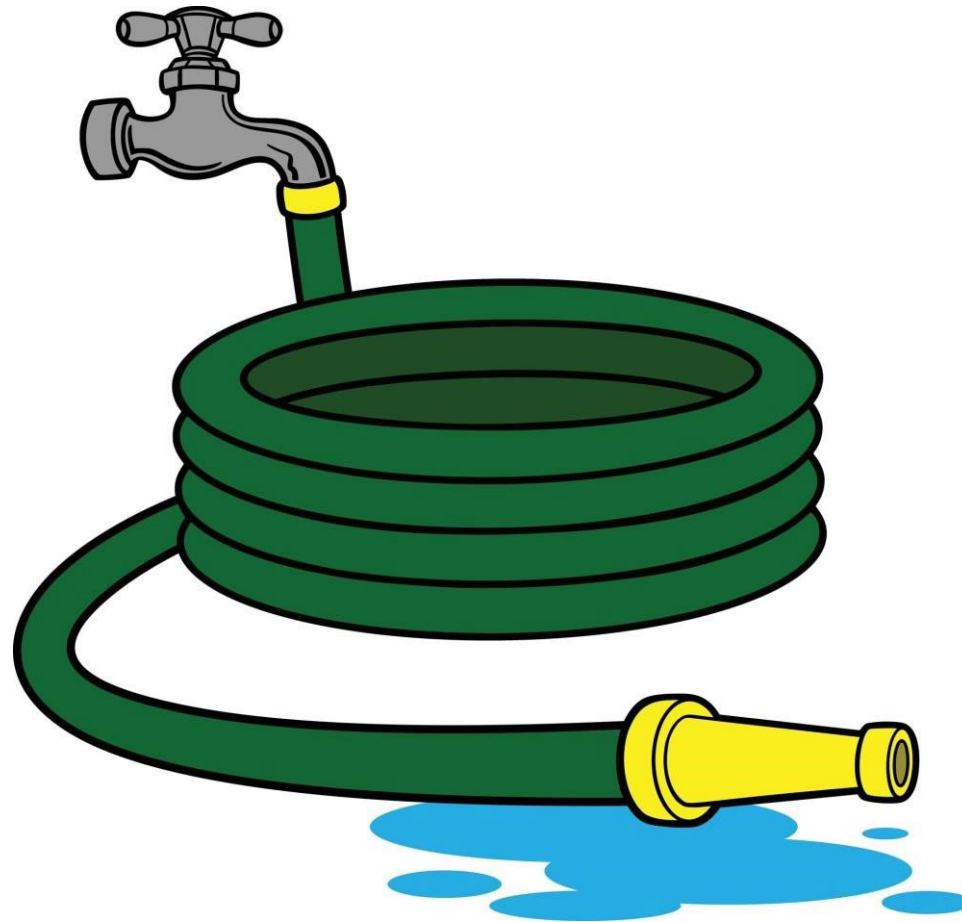
Risk

Adjustment

Governance Issues

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Polling Question

Does your organization perform an operational revenue leakage analysis that quantifies the financial impact of automation and configuration issues at each point of data transfer?

a) Yes
b) No
c) What does that even mean?

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Today's Topics At A Glance

- How the health plan decided that they'd had enough of leaky hoses and icebergs, and decided to undergo a leakage analysis
- A high-level overview of how their analysis was conducted, and what their analysis revealed
- How they decided on the priority of addressing their leaks and how they answered the Golden Questions
- A discussion of the outcomes of their new strategies, and of the most critical factors to their success
- How this analysis also enables health plan and provider education, especially for staff who are new, to compare to industry best practices, or need to understand how risk adjustment affects quality of care and population health

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Watering your Garden with a Leaky Hose

- Why?
- Holistic evaluation of Commercial EDGE server submissions operations against industry best practices
- Identify gaps to make recommendations for closure
- Align with industry best practices

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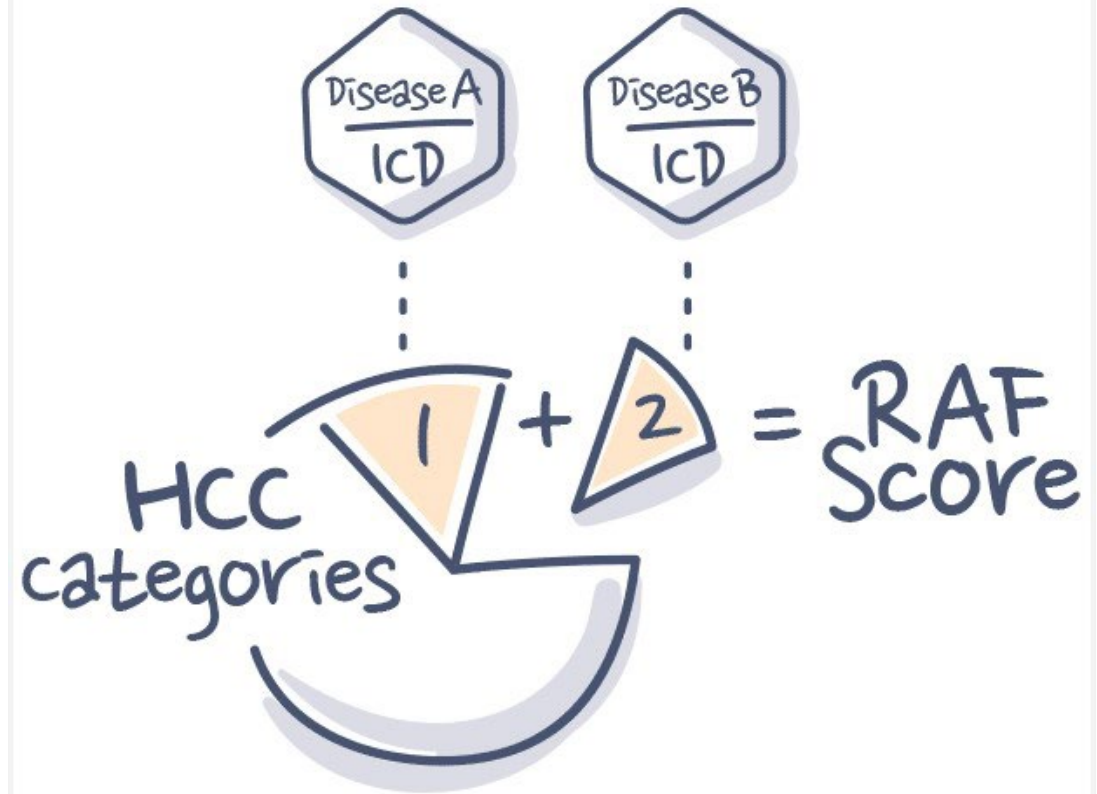
Areas of concentration

- Claim Pends
- Stacked pends

- Enrollment
- State mandates

- Reporting resources

- FM community

- Audit trail documentation

- Provider Engagement

- Quarterly Business Reviews (QBR's)

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Areas of Concentration – Claim Pends

Claim

- Claim Pends
- Do you send claims externally for review?
- Claims Payment integrity?
- Medical Review
- Stacked Pends
- Pends that are interdependent

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- Claims payment timeliness
- EDGE server filing timeliness or Medicare Sweeps

Polling Question

How many pend reasons does your claims adjudication system currently have?

1) None; we reject/deny anything that does not pass validation

2) Less than 10

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3) More than ten but fewer than 20

4) More than 20

5) I don't know

Areas of Concentration – Enrollment

- Newborns
- State Mandates
- NICU high costs
- Capture enrollment per EDGE Server Business Rules

Table 30: Mandated Enrollment Coverage

#	Rule	Notes
1	The enrollment submission requirements in the preceding sections apply to enrollees with mandated coverage.	Issuers must follow the enrollment submission rules in order to receive accurate RA and HCRP calculations for enrollees with mandated coverage.
2	Issuers should submit an enrollee record and enrollment period that reflects the span of coverage required under the mandate. Do not limit the enrollment period to dates that claims were incurred.	Submission of enrollment will ensure the enrollee receives a risk score, and any associated claims will be eligible for consideration in RA and HCRP.
3	A **Premium Amount** must be included with the enrollment period submitted as a subscriber.	The **Premium Amount** reported for mandated enrollment is the amount *that would have been charged* had the person been enrolled.

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Areas of concentration - Resources

- Reporting Resources
- CMS, FFM reports
- EDGE Server Vendor reports
- Orphan claims
- Error codes
- Decreases EDGE Serve data submission errors
- EPAI logic
- Keeping up to date on changes to EDGE server rules

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HHS – CMS Reports

- RA Claims Selection Detail (RACSD) Report
- RA Claims Selection Summary (RACSS) Report
- RA Risk Score Detail (RARSD) Report
- RA Risk Score Summary (RARSS) Report
- RA Transfer Elements Extract (RATEE) Reports

- Risk Adjustment Data Validation Population Summary (RADVPS) Report
- Default Data Validation Proration Issuer Report (DDVPIR)
- RA Payment Hierarchical Condition Category (HCC) Enrollee (RAPHCCER) Report
- Transfer Payment Issuer Report (TPIR)
- RADC Issuer Report (RADCIR)

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Areas of Concentration – Audit Trail

- Audit Trails
- Do you know all the entry points of data?
- How do all your claims come in?
- Vendors
- Snail Mail, 837, Fax
- Clearing house? How many?
- Member submitted claims

"That's okay, I don't know what the chart means either."

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Map it!

- Map every avenue a claim can enter your door
- Map every stopping point, and decision point.
- Critical Control Points (CCPs)
- Where errors, and data leakage can occur

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- Each interdependent department should have its own mapped process

Map it!

- Mapping each department and how the claims data flow through

- When RAF is low and claims are high, it is easy to see where CCPs may be the issue

- Integral areas

- Claims

- Provider services

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- Appeals
- Enrollment
- EDGE
- Vendors

Provider Engagement

- Driven by
- Quality education
- Collaborative efforts
- Transparent Communication

- Quarterly to annual group meetings
- Data driven reports that drive actionable outcomes
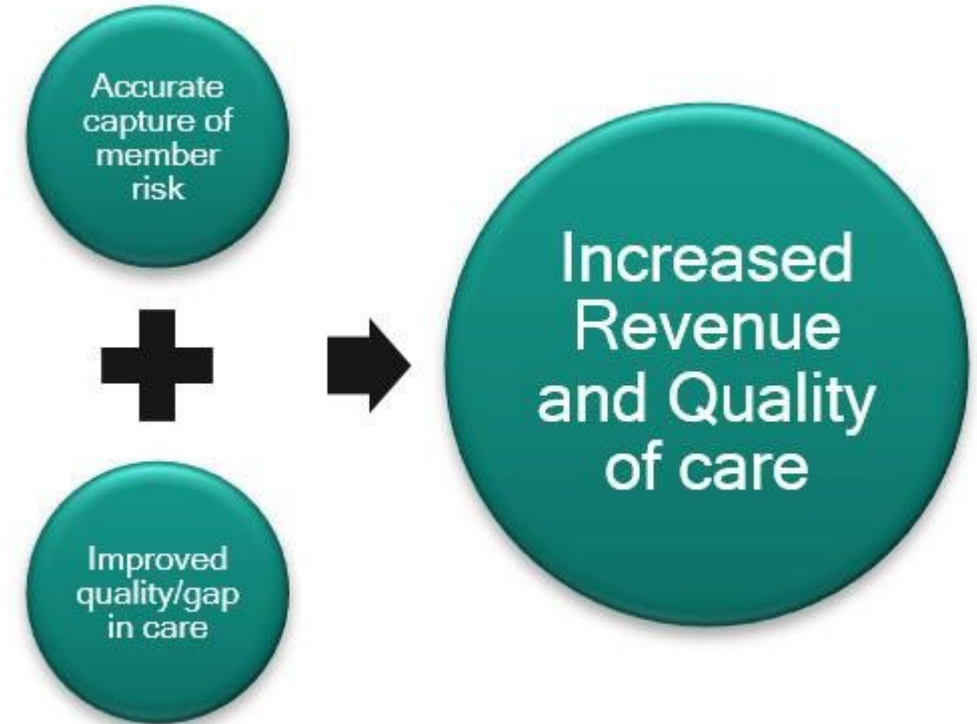- Facilitate collaborative transparent communication loop

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- Emerging risk, Quality, Care management, Coding topics
- Opportunities to voice satisfaction, concerns, solutions
- Share best practices
- Review clinic, provider specific data
- Set goals

Provider Report

Gap Closure Report							
Diagnosis and HCC History for Member XXXX- 2020							
Dr. Smith, Clinic: Treatment by the Sea							
HCC	ICD	ICD Description	2019	2020	2021	2022	2023
22	278.01	Morbid Obesity	X		X	X	
35	556.9	Ulcerative Colitis, Unspecified		X	X		X
57	F20.9	Schizophrenia, Unspecified	X		X	X	

Average RAF Data

Plan HIOS	Network	Group	Provider	Clinic	City	State	CY 2023		
							Members	Avg Age	Avg HCC Weight
123	NTWK1	GRP123	Dr. Mike	MD2U	Bisbee	AZ	50	55	0.487
456	NTWK2	GRP258	Dr. Joe	DR4U	Kingman	AZ	75	42	0.827
789	NTWK3	GRP963	Dr. Sue	PCP4U	Athens	AL	25	60	1.057
654	NTWK4	GRP741	Dr. Dre	Here4U	Cullmen	AL	30	50	0.575
321	NTWK5	GRP951	Dr. Tim	Drstime	Carmel	CA	55	45	0.737
951	NTWK6	GRP456	Dr. Tom	NP4U	Burbank	CA	85	51	0.857

Accurate capture of member risk

+

Improved quality/gap in care

→

Increased Revenue and Quality of care

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Cards

How are they doing? – QBR's

- Quarterly Business Reviews
- Vendor Management
- Designate a primary responsible delegate within your Risk Adjustment team to oversee the vendors within the program

- Prospective Health Assessments

- Payment Integrity

- Risk Adjustment Vendors

- Claims Departments

The end results

- Significant increase in the overall plan and member-level RAFs
- 99% acceptance of EDGE server submissions

- Orphan claims linked at a higher rate ~75%

- Eliminated Quality and Quantity outliers

- Hiring additional staffing to support provider education and outreach

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- Improved vendor relationships and outcomes through QBRs
- High dollar claims submitted timely for EDGE submissions
- Complete transparent audit trail of claims processes and associated departments including SOPs
- Significant improvement in risk transfer payments

Concurrent and Retrospective Data Governance

Concurrent:

- Claims and Encounter Universe
  - Leakage Map
  - with $$$ and HCCs At Risk
  - **Orphan Claims and Diagnoses**

Retrospective:
  - CMS/HHS Reporting:
  - Quarterly Report Cards (MA)
  - Annual Performance Metrics (MA)
  - FM Community (ACA)

Contract ID: H9999
Contract Size and Organization Type: Small Local CCP

SECTION 1A: ENCOUNTER DATA SUBMISSION REPORT - Q4-2022

Measure	Grouping	Q4 2022 CCP Average	Q4 Y2021	Q1 Y2022	Q2 Y2022	Q3 Y2022	Q4 Y2022
Number of submissions	Total Encounters	35.96	0	2	5	8	7
Number of months with submissions	Total Encounters	3.99	0	1	3	3	3
Number of months in the quarter	Total Encounters	4.04	0	3	3	3	3
Percent of months submitted	Total Encounters	99.2%	0.0%	33.3%	100.0%	100.0%	100.0%
Number of EDRs Submitted Per Beneficiary	Total Encounters	11.33	0.00	0.80	10.61	28.76	36.74
Number of EDRs Submitted Per Beneficiary	Durable Medical Equipment	0.47	0.00	0.00	0.04	0.09	0.17
Number of EDRs Submitted Per Beneficiary	Institutional	1.95	0.00	0.08	0.58	1.44	2.06
Number of EDRs Submitted Per Beneficiary	Professional	8.91	0.00	0.72	9.98	27.23	34.51
Number of EDRs Accepted Per Beneficiary	Total Encounters	10.81	0.00	0.80	10.18	28.10	34.39
Number of EDRs Accepted Per Beneficiary	Durable Medical Equipment	0.44	0.00	0.00	0.04	0.09	0.17
Number of EDRs Accepted Per Beneficiary	Institutional	1.83	0.00	0.08	0.57	1.29	1.91
Number of EDRs Accepted Per Beneficiary	Professional	8.54	0.00	0.72	9.57	26.71	32.31
Number of Final Action EDRs Per Beneficiary	Total Encounters	10.52	0.00	0.80	10.18	28.10	34.38
Number of Final Action EDRs Per Beneficiary	Durable Medical Equipment	0.44	0.00	0.00	0.04	0.09	0.17
Number of Final Action EDRs Per Beneficiary	Institutional	1.77	0.00	0.08	0.57	1.29	1.91
Number of Final Action EDRs Per Beneficiary	Professional	8.32	0.00	0.72	9.57	26.71	32.31
Encounter Rejection Rate	Total Encounters	3.7%	0.0%	0.0%	4.0%	2.3%	6.4%

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Provider Enablement AKA Non-Clinical Documentation Improvement

- Clinical Documentation Improvement
- Addresses medical necessity denials/documentation
- Risk Adjustment Data Profile
- Average number of diagnoses per claim/encounter • Compared to other providers/practices with same and different EMR/EHR
- Average number of denials and breakdown by reason • % overturned vs industry deadlines
- Professional claims for institutional services with no institutional claim
- Clean claim average vs industry deadlines - % loss

- Timely filing vs. industry deadlines - % loss
- Claims capture - % of diags on original claims vs. supplemental
- High Need Beneficiaries (at least 3 HCCs)
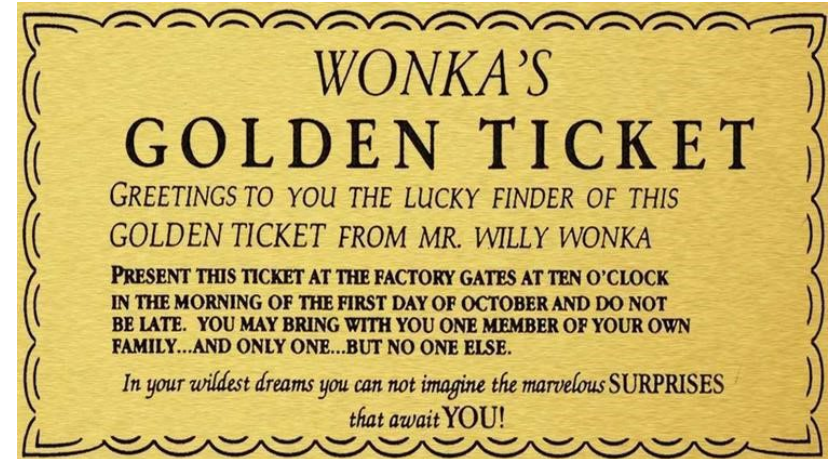
Polling Question

Does your organization do any of the non-clinical improvement activities mentioned on the prior slide?

a) Yes; we do all of them and then some

b) Yes; we do all of them

c) No; we only do a few of them

d) No; we do none of them

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Key Takeaway – The Golden Questions

Why don't you have a claim for every diagnosis?

Why don't you have all of the diagnoses on the claims?

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