

Challenges and Benefits of Engaging PCPs in Risk Adjustment

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Our agenda

- RA landscape
- Best practices for a PCP-centric program
 - Benefits
 - Challenges
- Q&A



Featuring winning ways to engage providers and how the payer can help!



RA landscape

Some things change

- RADV Final Rule
 - Primary OIG target: single submission by someone other than a member of the patient's care team
 - Coding accuracy even more important due to increased fines and penalties under the Final Rule
- CMS Final Rate Notice (v28)

Some things stay the same

- Goal = accuracy and specificity
- Compliance = documentation
- Yearly capture necessary
- PCP = best source

Benefit #1: maximize compliant code capture

Primary care provides the best coverage for risk adjustment accuracy and clinical quality measures

Please do

- ✓ Provide timely data
- ✓ Present patient-specific data within our clinical tools
- ✓ Clearly categorize clinical data with sources
- ✓ Provide coding training for PCPs
- ✓ Provide review/QI of provider coding to ensure accuracy

Please don't

- ✗ Publish low-probability suspected conditions
- ✗ Overwhelm us with payer-specific solutions

Benefit #2: improved outcomes

Supporting the patient-PCP relationship empowers compliant code capture, improved utilization management, patient adherence and holistic care.

Please do

- ✓ Provide a clear strategy for VBC progression
- ✓ Present data beyond only risk and HEDIS/Stars
- ✓ Find programs that work and build them into VBC contracts

Please don't

- ✗ Auto-assign members
- ✗ Provide poor visibility to VBC performance

Challenge #1: PCPs are busy

Directly engaging the treating PCP is difficult; we are already overworked

Please do

- ✓ Do the work you can do: Blue Apron analogy
- ✓ Allow every contributor to operate at the top of their license
- ✓ Reimburse for additional time, effort, and expertise
- ✓ Support providers with clinical and administrative resources

Please don't

- ✗ Interrupt our clinical day
- ✗ Interfere with time spent with our patient
- ✗ Interrupt our revenue cycle
- ✗ Overburden our staff

Challenge #2: PCPs do not feel valued

Our healthcare system is asking PCPs to take on more administrative responsibilities unrelated to why we chose this profession.

Please do

- ✓ Pay us fairly
- ✓ Pay us quickly
- ✓ Level playing field for house-call visits
- ✓ Stay in your lane

Please don't

- ✗ Carve us out of care decisions
- ✗ Ask PCPs in VBC to fill potential erosion of HCC RAF score in shift from v24 to v28
- ✗ Ask PCPs to stretch credibility

Q & A

Key takeaways

- Provide timely, accurate and useful data
- Provide viable VBC contracts and a clear path for evolution of VBC
- Do the work you can do and don't interrupt our workflows
- Pay us for the work we do

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