Put On Your Thinking CAP and Develop a Map

Presented By:

Dawn Carter, *Director of Product Strategy* – **Centauri Health Solutions**

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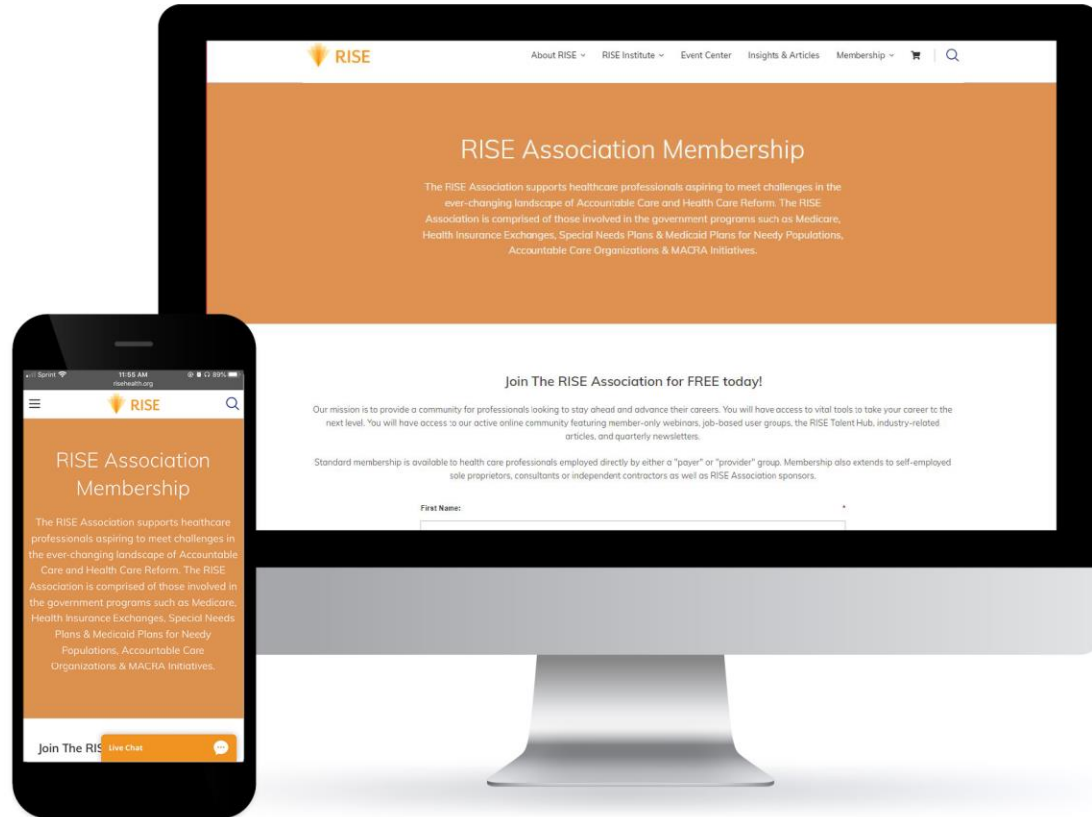
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Poll Question #1
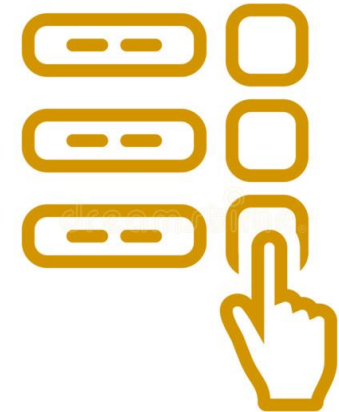
Poll Question #2
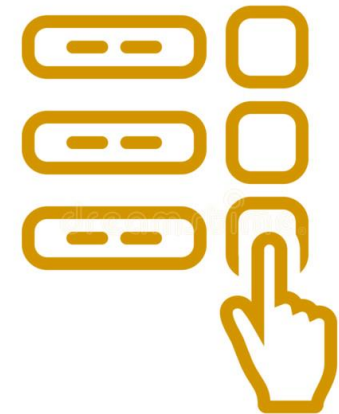
Today's Presenter

- 26-year healthcare administration veteran and subject matter expert

- 10year risk adjustment veteran

- Writer, blogger, speaker on all things risk adjustment

- Veteran section hiker of the Appalachian Trail; trail name "Early Bird"

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Learning Objectives

- History and summary of CMS EDPS reporting, inclusive of new 2020 Data Exchange Reporting

- How to develop a proactive strategy for people, processes and technology as a compass for your map to address gaps identified by reporting

- Responding with a thoughtful CAP that addresses the root cause(s) of gaps

- Special considerations for the HEDIS input necessary to address gaps and open the conversation about the intersection of risk adjustment and quality.

History of CMS EDPS Reporting

- 2010: CMS announces transition to EDPS from RAPS to start in 2012

- 2014: First GAO audit

- 2016: Quarterly Report Cards (Jan, Mar, Jun, Dec)

- 2017: Second GAO audit

- 2018: Annual Operational Reports (Aug)

- 2019: Third GAO audit

- 2020: OIG Report and Biannual Data Exchange Reports (months TBD)

GAO

United States Government Accountability Office
Report to the Ranking Member,
Committee on Ways and Means,
House of Representatives

July 2014

MEDICARE ADVANTAGE

CMS Should Fully Develop Plans for Encounter Data and Assess Data Quality before Use
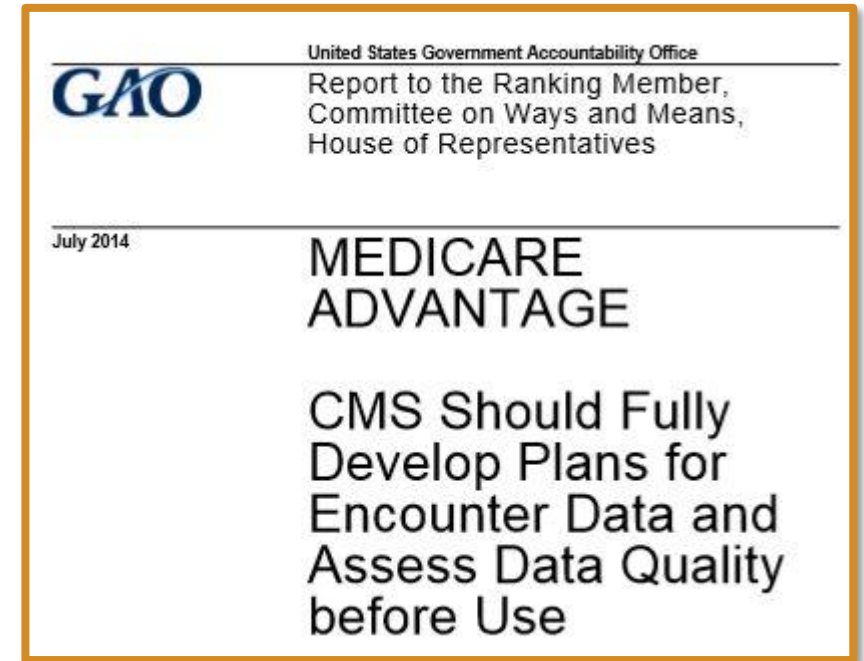
CMS Report Cards

- Issued quarterly since 2016 in January, March, June and September and have undergone various changes since that time
- Volume, frequency and quality against FFS, and plans in the same region of similar size

Contract ID: HXXXX

2017 Enrollment: 46,344
2018 Enrollment: 47,846
2019 Enrollment: 49,613
Contract Size and Organization Type: Small Local CCP

SECTION 1A: ENCOUNTER DATA SUBMISSION REPORT - Q4-2019

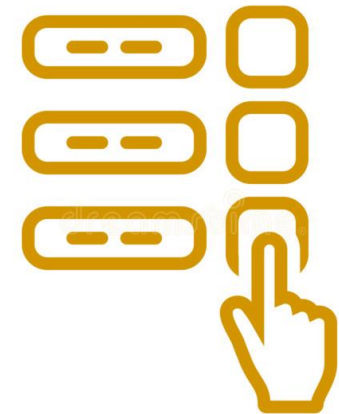| Measure	Grouping	Q4 2019 CCP Average	Q4 Y2018	Q1 Y2019	Q2 Y2019	Q3 Y2019	Q4 Y2019
Number of submissions	Total Encounters	36.71	26	28	27	25	21
Number of months with submissions	Total Encounters	4.0	3	3	3	3	3
Number of months in the quarter	Total Encounters	4.08	3	3	3	3	3
Percent of months submitted	Total Encounters	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%
Number of EDRs Submitted Per Beneficiary	Total Encounters	12.01	11.31	10.45	10.92	10.17	9.66
Number of EDRs Submitted Per Beneficiary	Durable Medical Equipment	0.46	0.58	0.54	0.50	0.63	0.48
Number of EDRs Submitted Per Beneficiary	Institutional	1.98	1.38	1.50	1.47	1.56	1.41
Number of EDRs Submitted Per Beneficiary	Professional	9.56	9.36	8.41	8.95	7.98	7.77
Number of EDRs Accepted Per Beneficiary	Total Encounters	11.51	11.00	10.28	10.71	9.91	9.41
Number of EDRs Accepted Per Beneficiary	Durable Medical Equipment	0.44	0.56	0.52	0.49	0.56	0.44
Number of EDRs Accepted Per Beneficiary	Institutional	1.87	1.35	1.44	1.42	1.50	1.33
Number of EDRs Accepted Per Beneficiary	Professional	9.21	9.09	8.31	8.80	7.86	7.64
Number of Final Action EDRs Per Beneficiary	Total Encounters	11.13	10.16	9.74	10.17	9.45	9.09
Number of Final Action EDRs Per Beneficiary	Durable Medical Equipment	0.42	0.55	0.52	0.44	0.50	0.43
Number of Final Action EDRs Per Beneficiary	Institutional	1.78	1.24	1.25	1.33	1.37	1.25
Number of Final Action EDRs Per Beneficiary	Professional	8.92	8.37	7.97	8.39	7.58	7.41
Encounter Rejection Rate	Total Encounters	3.3%	2.8%	1.6%	1.9%	2.5%	2.6%
Encounters Rejected	Total Encounters	7,249.93	15,072	8,533	10,092	12,562	12,511

Annual Operational Metrics

- Also called "Performance Reports"
- Issued annually in August since 2019; similar to report cards except no comparisons against FFS and peers, and are more high-level
  - Operational re: certification and submitting regularly
  - Completeness: submission volume for inpatient, outpatient and professional

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
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Name: ANY HEALTH PLAN
Contract: HXXXX

Metric	Contract-Specific Value	Threshold for Orange Light	Status (Orange Light/Green Light)
O1: Failure to complete end to end certification in 2019	Certification completed	Certification not completed	🟩
O2: Failure to submit any accepted EDRs in 2018	EDRs submitted	No EDRs submitted	🟩
O3: Excessive submission of EDRs with 2017 service dates at end of the 2017 submission wind	2%	>=27%	🟩
C1: Low Submission Volume -- Overall, EDRs with service dates in 2017	32.49 EDRs per beneficiary	<= 10.59 EDRs per beneficiary	🟩
C2: Low Submission Volume -- Inpatient EDRs compared with RAPS, for service dates in 2017	99%	<=40%	🟩
C3: Low Submission Volume -- Professional EDRs compared with RAPS, for service dates in 201	100%	<=90%	🟩
C4: Low Submission Volume -- Outpatient EDRs compared with RAPS, for service dates in 2017	99%	<=70%	🟩

Poll Question #3

Key Performance Indicators – "Waypoints"

- Consider using the CMS 12 Best Practices to set KPIs that align with CMS metrics for volume, frequency and accuracy on the reports

- Key strategies for meeting the KPIs:
  - Aligning claims system edits with encounter data edits, including MAO-002 and the additional 7 validations on the Data Exchange reports
    - Will require input from claims, enrollment and provider systems administration
    - May require provider education
  - EDPS and RAPS comparative analytics (MAO-002 to MAO-004)

- Use automated business intelligence tools for dashboard-style reporting so that the status of the KPIs are easily and readily available on demand

New for 2020 – Data Exchange Reports

- Intended to be twice per year

- Reports on additional data quality measures and compares HEDIS as traditionally measured against encounter data for four measures

- Unlike the other reports, requires a CAP to be submitted where the MAO does not meet the CMS metric

- CMS' intention is to eventually use encounter data to calculate measures

Exhibit A. Contract HXXXX: Summary

Category	Sheet Name	Total Records (Duplicated Count)	Total Records With Anomalous Information or Encounter Record Missing (Duplicated Count)	Percentage of Records With Anomalous Information or Encounter Record Missing
Submitted Encounters with Jan-Dec2018 Service Through Dates				
Discharge Status Code Format (Inpatient)	Discharge Status Code	228,574	0	0.0%
Admission Date Sequence (Inpatient)	Admission Date	21,073	453	2.1%
Procedure Perform Date Sequence	Procedure Perform Date	8,891	179	2.0%
Procedure Date 1-6 Sequence	Procedure Date	8,891	177	2.0%
Service Through Date Sequence	Service Through Date	1,652,961	0	0.0%
Unknown Billing NPI	Billing NPI	1,609,062	5,556	0.3%
Unknown Rendering NPI	Rendering NPI	1,085,290	19	0.0%
Total		4,614,742	6,384	0.1%

Special Consideration: Data Exchange Reports

- Non-HEDIS Section
  - Seven additional data quality validations
  - Members with No EDRs
  - CRR No EDR (unlinked chart reviews and no EDRs)

- After implementation, set a KPI for reduction in the number of CLAIMS that are missing these data elements or that have erroneous data elements, and run reporting at least monthly to gauge progress, and adjust after root cause analysis if needed.

Centauri has been continuously NCQA-certified since 2006

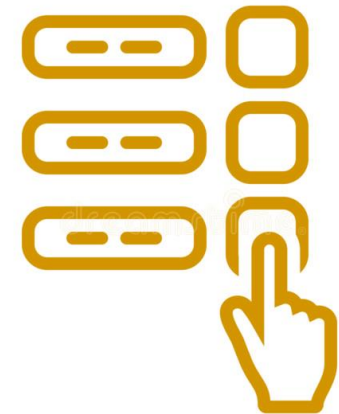# Special Consideration: Data Exchange Reports—Engaging with HEDIS®

- Four measures:
  - Post-Discharge Medication Reconciliation
  - Breast Cancer Screening
  - Colon Cancer Screening
  - Diabetic Eye Exam
- Construct & run queries to mine for affected encounters based on the HEDIS specifications for members in the sample
  - Requires the HEDIS measures documentation
  - If these encounters were submitted through EDPS and rejected, are you addressing the root cause(s) of the rejections and resubmitting?
  - For those that do not appear to have a submission to CMS, do the same mining against the inbound claims adjudication system to determine if there is a claim that was not submitted for some reason

Special Consideration: Data Exchange Reports—Engaging With HEDIS Supplemental Data

- Not to be confused with EDPS Supplemental data

- HEDIS data that is not claims-based and comes largely from interactions with members via telephone or some other means that is not submitted on a claim

- Your HEDIS team can help you investigate if gaps between encounter-based HEDIS vs. traditional HEDIS can be reconciled with this data by providing them with the information for the members in the CMS sample on the report
    - A good example of a measure with a potential large gap due to this data is medication reconciliation post-discharge.


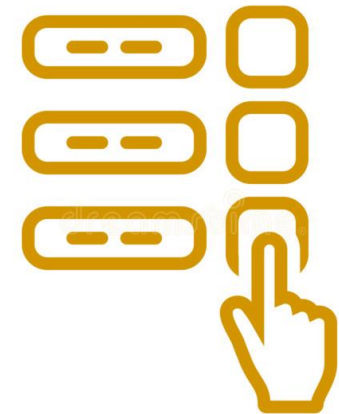THE RISE ASSOCIATION

Poll Question #4

Data Exchange Reports: What Not to Say in Corrective Action Planning

- "The providers are sending bad data, and there's no way we can force them to send good data"
  - If not, consider modifying contract language to include data quality expectations and KPIs.

- "Our systems don't have a way to catch these issues proactively/it costs too much money to modify or replace our systems"
  - Then get ones that do—or engage an EDPS/RAPS vendor that can.

- "It will take too long/we don't have the IT resources to implement edits or modify systems"
  - CMS will not find this acceptable. The ROI for these resources is VERY clear, as you will see on the last slide.
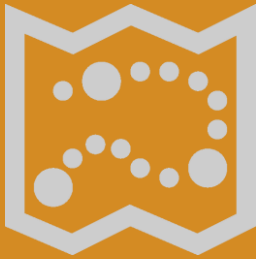
Poll Question #5

Consequences of a Missing or Inaccurate Map

All conditions coded appropriately		Some conditions coded with poor specificity		No conditions coded	
76 year female	0.512	76 year female	0.512	76 year female	0.512
Full Dual Medicaid Eligible		Full Dual Medicaid Eligible		Full Dual Medicaid Eligible	
Diabetes with Chronic Complications (HCC 18)	0.293	Diabetes Unspecified (HCC 19)	0.090	DM Not Coded	
Vascular Disease with Complications (HCC 107)	0.479	Vascular Disease w/o Complications (HCC 108)	0.258	Vascular Not Coded	
Congestive Heart Failure (HCC 85)	0.315	CHF Not Coded		CHF Not Coded	
Diabetes_CHF Disease Interaction	0.168	No Disease Interaction		No Disease Interaction	
Total RAF	1.767	Total RAF	0.860	Total RAF	0.512
Total PMPM (Bid Rate $850/Month)	$ 1,502	Total PMPM (Bid Rate $850/Month)	$ 731	Total PMPM (Bid Rate $850/Month)	$ 435
Annual Payment	$ 18,023	Annual Payment	$ 8,772	Annual Payment	$ 5,222