

# Integrating Risk, Quality and Health Management with Electronic Medical Records

**Presented By:**

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Greg Pastor, *Managing Director, Risk Adjustment Operations* – **Advantasure**



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ASSOCIATION



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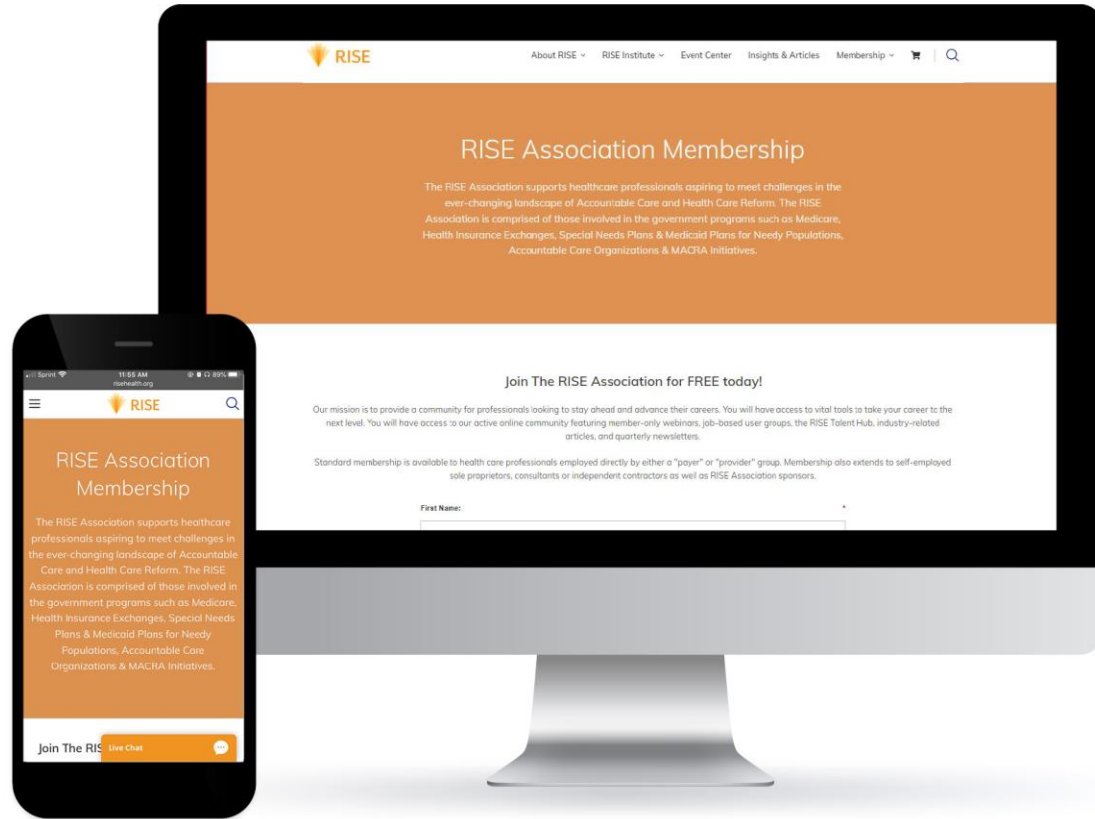


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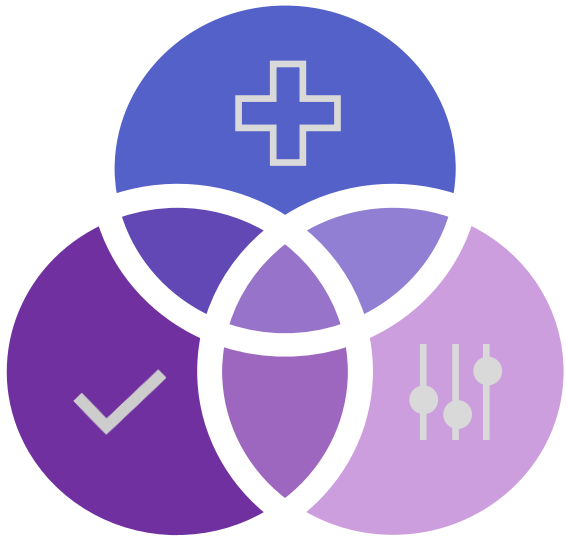
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# Agenda

1. Point of Care EMR integration with EPEC
2. Integrating Risk & Quality with Symphony
3. To the Future: Fusing EPEC & Symphony

# Background



# Advantasure Delivers Experience and Results for Clients



Re-named in 2018, **Advantasure** has provided technology solutions and services to health plans nationwide since 2015



Over **2.2 million members** served **throughout 27 states** and Puerto Rico



**Manages** over \$7 billion in risk adjustment-related revenue and over \$300 million in quality-related bonus revenue



**Increases** operational efficiencies through 99% enrollment accuracy



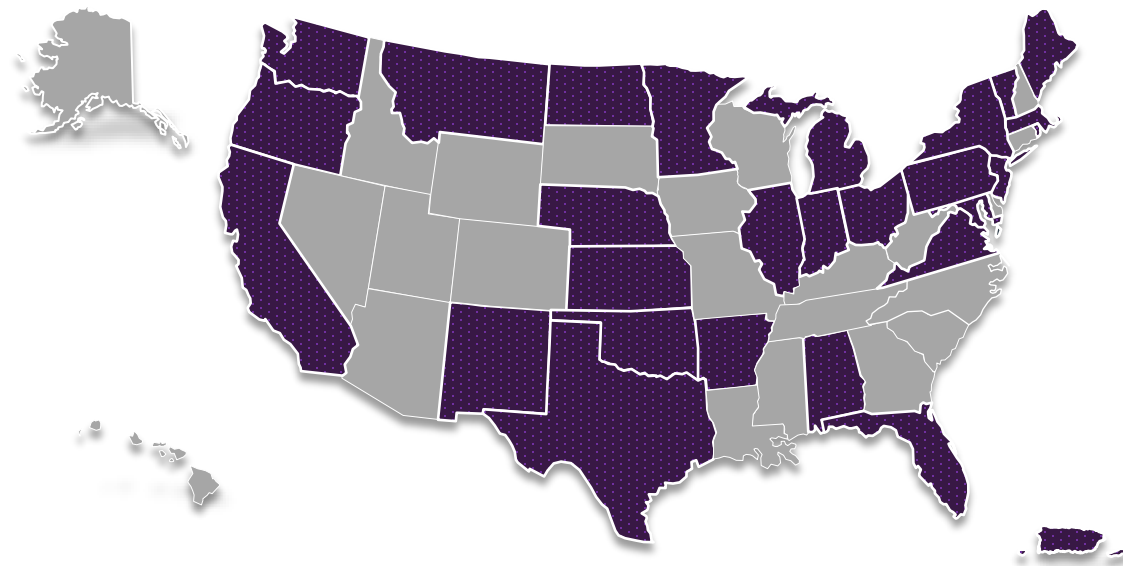
Health Management clients have reported **significant productivity increases**





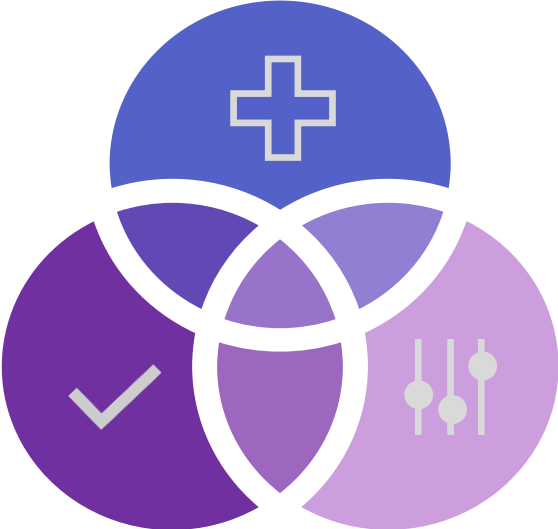
# Solving Challenges for Client Plans

- Strong team with deep knowledge of risk adjustment, health management, core administration and industry drivers
- Innovative, versatile solutions for a range of plans
- Our solutions serve plans with different geographies, population densities, membership cultures
- Full-service and technology platform options

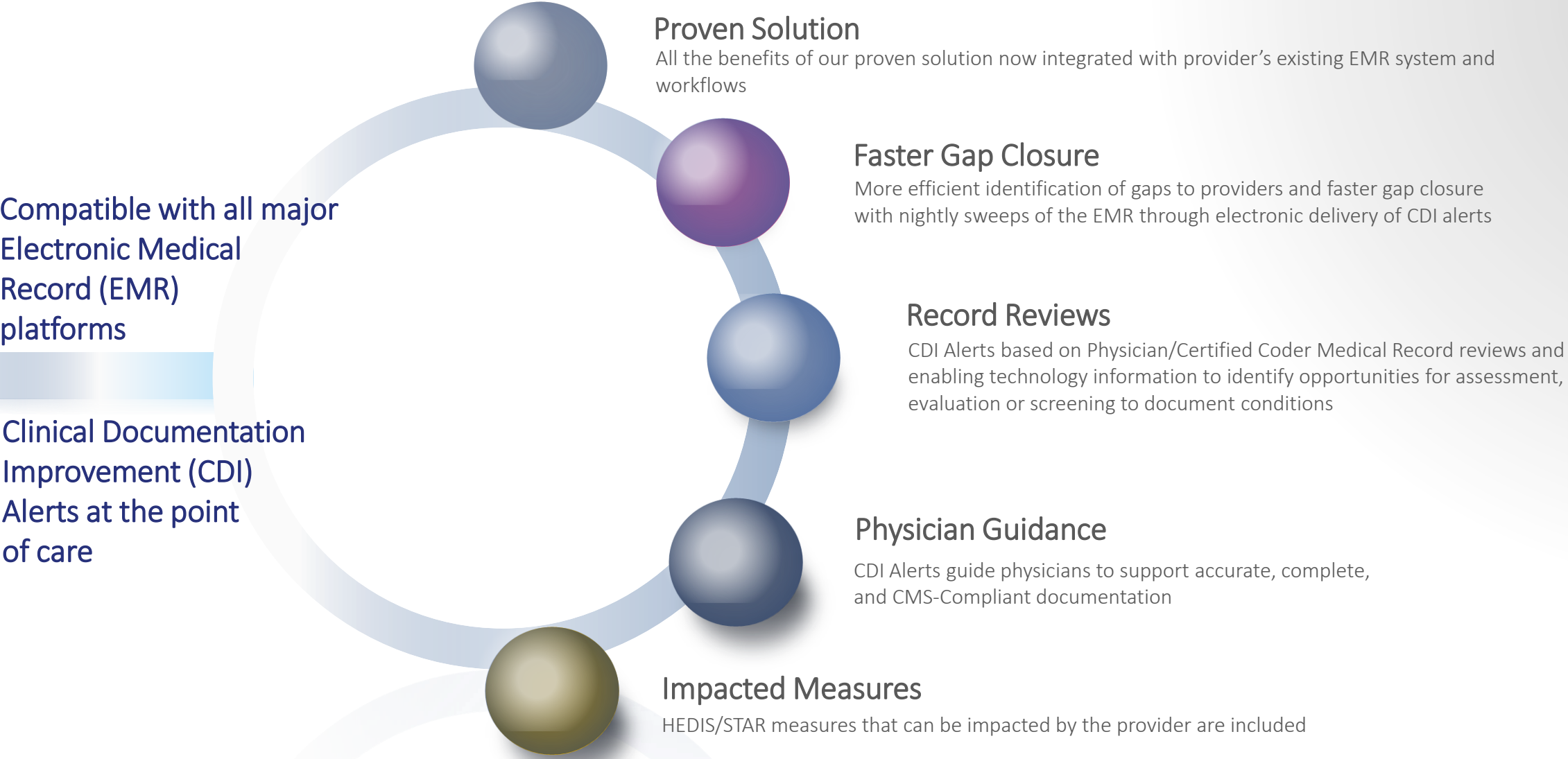


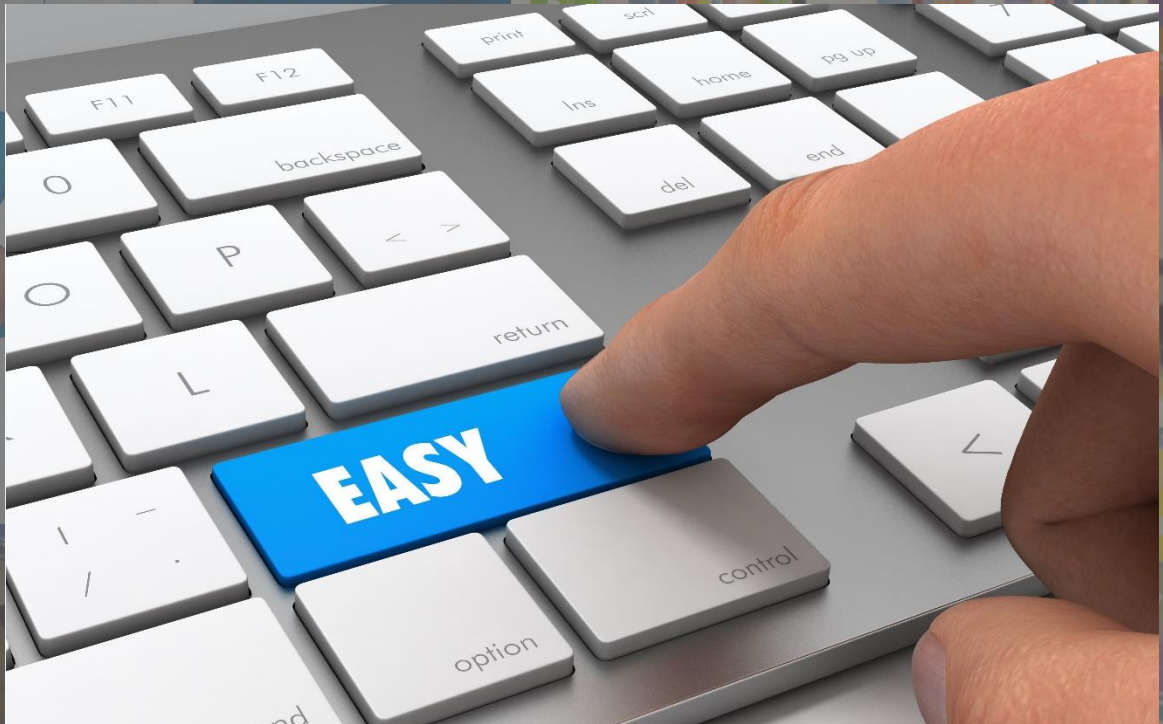
**31 clients across 27 states and Puerto Rico**

# 1. Point of Care EMR Integration with EPEC



# Provider Engagement Coordination Program

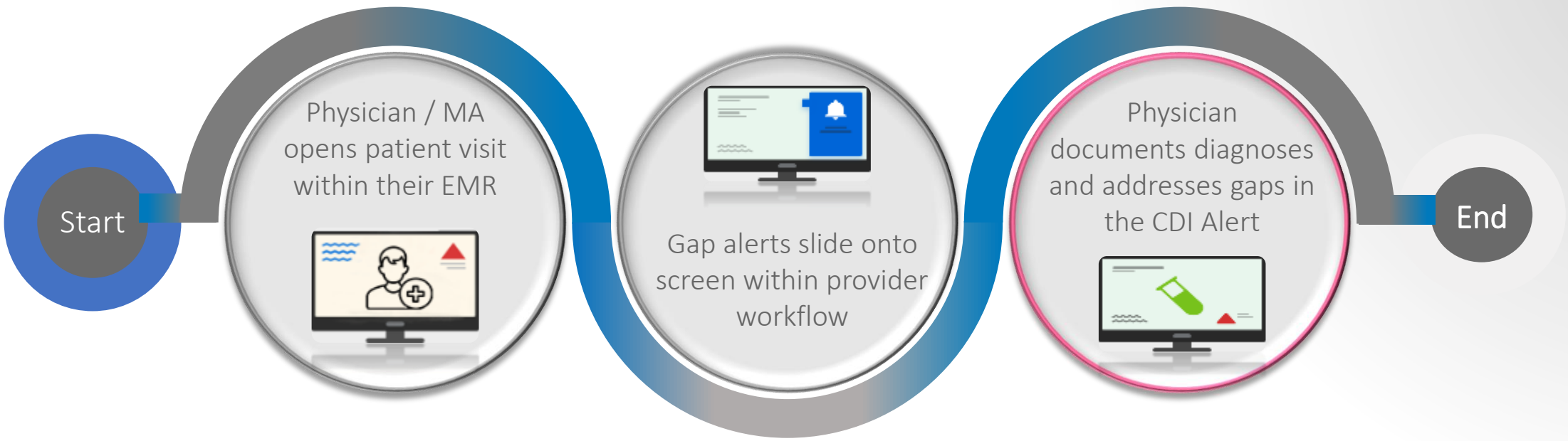






# PEC Integrates with All Major EMR Systems

Providers use their existing EMR system



**In patient exam room**  
Medical assistant (MA) normally assists the physician in addressing open gaps before and/or after the patient visit



**Track performance**  
Measure performance over time with insightful reporting — and drill down to identify low-performing providers and problem gaps

# Clinical Documentation Improvement (CDI) Alert

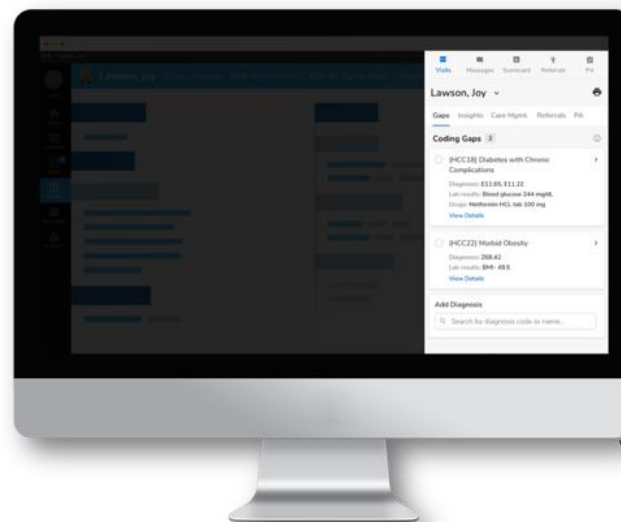
CDI Alerts integrated within the EMR leads to greater efficiencies.

Engage provider with electronic CDI Alerts, enable them to share actionable inputs within their existing EMRs.

Including Star Measure gaps on the CDI Alert allows provider to address gaps with the member at the point of care.

All documentation for the management or treatment of conditions resides in the EMR.

All member conditions need to be assessed and reported to CMS at least once per calendar year.



A detailed view of a CDI alert interface. At the top, it says 'Agenda' and 'Settings'. Below that, the patient's name 'Lawson, Joy' is displayed. The main section is titled 'Gaps' and is divided into 'Dropped Conditions' (4) and 'Opportunities' (1). Under 'Dropped Conditions', there are three items: 'E119 Type 2 diabetes mellitus without complications' with radio buttons for 'Yes', 'No', and 'Not addressed'; 'C679 Malignant neoplasm of bladder, ...'; and 'D65 Disseminated intravascular coagulation ...'. Under 'Opportunities', there is one item: 'Per labs on 09/09/15 and 02/20/15 PT with ...'. At the bottom, there is a 'STAR Gaps' section (1) with one item: 'Diabetes - Blood Sugar Control: HbA1c level ...'. Each item has a question mark icon to its right.



# Progress Note Review and Queries

The coding team sends queries to providers to flag additional questions or inconsistencies:

- Provider receives query if medical documentation doesn't support the diagnosis.
- Provider amends medical record to meet coding guidelines.
- If no changes are made to medical record, provider corrects response to CDI Alert.


**QUERY**


For the **QUERIES** presented:

Check **"YES"** if an addendum was made in the medical record with the requested documentation

Check **"NO"** if no changes were made in the medical record

TODAY  
2 NEW

 **F329 Major depressive disorder, single episode, unspecified**

 **YES**

Recorded on May 5

**A05 - Documentation is illegible.** Major depressive disorder, single episode, unspecified is documented in the progress note. Please specify the severity of depression as mild, moderate, severe or in remission. Please document in the note as clinically appropriate.

from Edna Johnson

Take action in EMR, and select response in 25 days ⓘ

Yes

No

08:00am

## Expected Outcomes

- Medical documentation supports diagnosis
- Medical record meets coding guidelines

# Closing Star Gaps on CDI Alerts

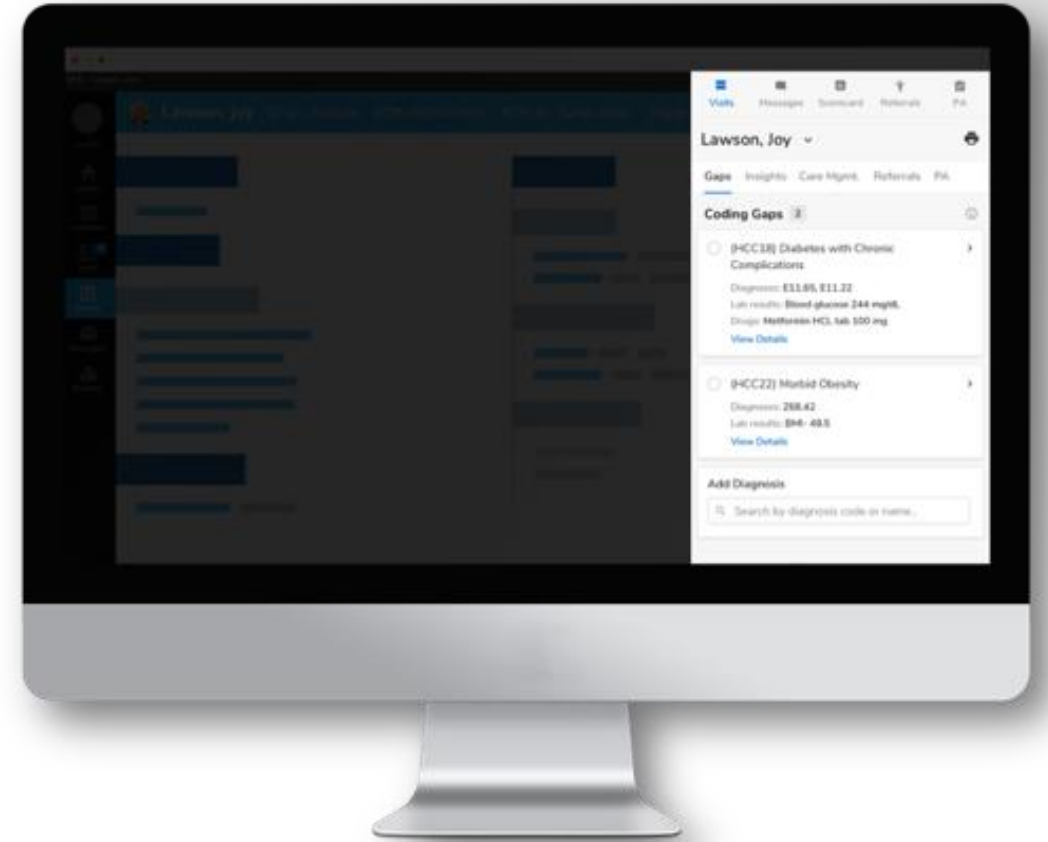
Clinical care gaps (Stars/HEDIS/Pharmacy) are included on the CDI Alerts to facilitate the actionable feedback at the point of care.

Health plan can customize the clinical gaps that appear on CDI Alerts and the prioritization in which they appear

The CDI Alert requests that the provider take action and indicate the action taken

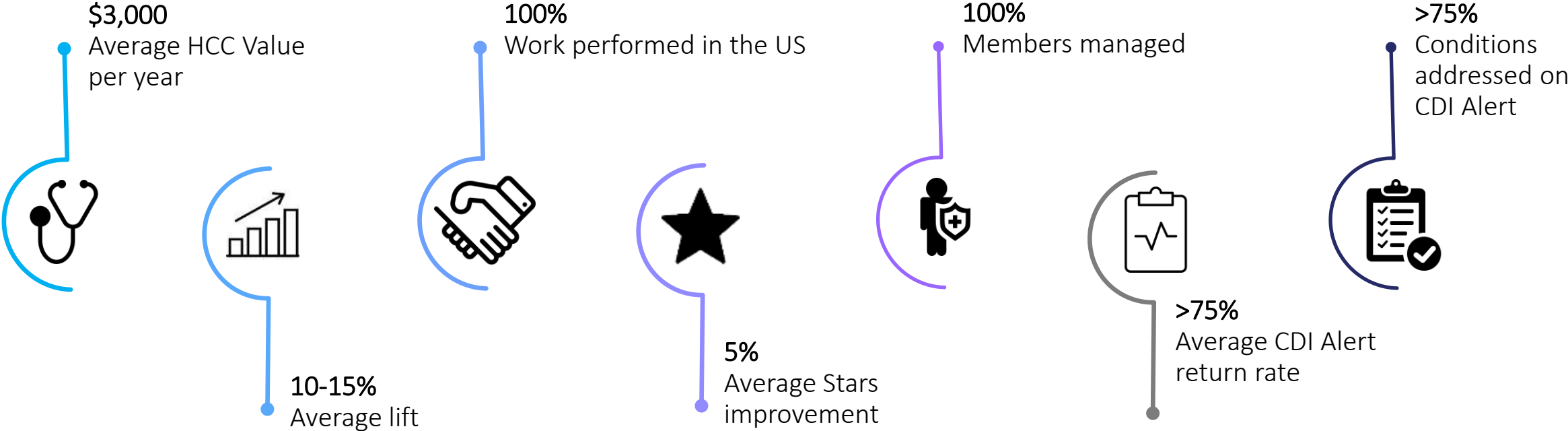
The action/results taken should be documented in the medical record and submitted on a claim, where appropriate

Checking the response on the CDI Alert will not close the Star gap without the claim or medical record abstraction

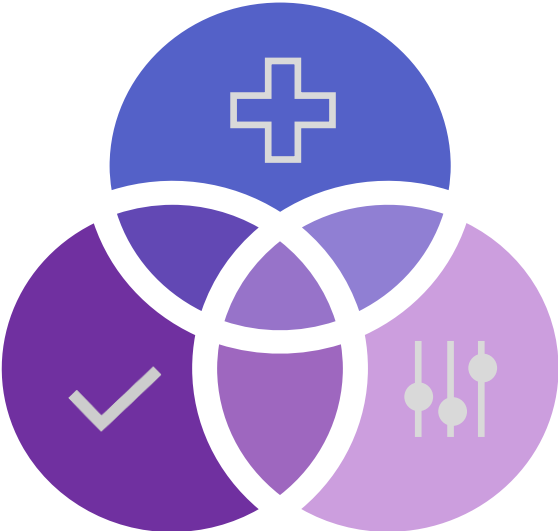


# Program Effectiveness

Mature adoption of the PEC program and provider engagement strategies drives value and results. The PEC program can be implemented in **2-4 months** with full benefit realization in **24 – 36 months**.



# 2. Integrating Risk & Quality with Symphony



# Symphony: A Cloud-Native Health Management Platform

Designed by clinicians for clinicians

Flexibility through academic workflow model architecture

Integrated workflows for UM, CM, Appeals & Grievances






Cloud-native technical architecture for scalability & agility

The screenshot displays the Symphony Health Management Platform interface for a patient scenario. The top navigation bar includes the Symphony logo, a user profile for 'Barbarian User, RN', and a progress indicator with four steps: Member, Scenario (active), Actions, and Review. The main content area is titled 'Scenario - John D Smith' and is divided into several sections:

- Patient Information:** John D Smith, 64 yo male (07/19/1955), Patient ID 6820506\*01, Medicare/Medicaid 513511341342. Includes icons for documents, stars, and warnings.
- Active Problem List:** A grid of medical conditions such as Functional Impairment, Hospitalization, End of Life Care Planning, Housing, Adherence to Treatment Plan, Gap in Care, Knowledge Deficit, Employment Needs, Food Insecurity, and Lack of Resources, Smoking Assessment.
- Owner Information:** Three entries for Chris Johnson, PCP: Paul L Walker, Language: Spanish.
- Select Scenario:** A list of scenarios including Welcome Call, Health Risk Screening, Comprehensive Health Assessment (highlighted with a 'Next >' button), TOC Assessment & Plan, and Follow Up - Visit. A 'Return Home' button is at the bottom.
- Member Reminders:** A table with columns for Status, Days, Due Date, Reason, Importance, and Team Member. One reminder is shown: Team Notification on 02/19/2020.
- Encounters:** A table with columns for Date, Situation, Author, Progress, and Actions. Two encounters are listed: Comprehensive Health Assessment and Welcome Call.

# Advantasure Solution Portfolio (Before)







## Limitations to Integrating Risk, Quality & Health Management

Administrative Services Technology Solutions	Administrative Services Solutions	Risk Adjustment Technology Solutions	Risk Adjustment and Quality Services	<div data-bbox="1694 271 2102 406"> <h3>Health Management Technology</h3> </div>	Health Management Services
<ul style="list-style-type: none"> <li>➤ Claims Platform</li> <li>➤ Enrollment Platform</li> <li>➤ Billing Platform</li> <li>➤ Correspondence Module</li> </ul> 	<ul style="list-style-type: none"> <li>➤ Claims Services</li> <li>➤ Enrollment Services</li> <li>➤ Billing Services</li> <li>➤ Correspondence, Print and Fulfillment</li> <li>➤ Provider and Member Servicing</li> <li>➤ Appeals and Grievances</li> </ul> 	<ul style="list-style-type: none"> <li>➤ EDPS/RAPS Submissions</li> <li>➤ Risk Adjustment BI Reporting and Analytic Platform</li> </ul> 	<ul style="list-style-type: none"> <li>➤ Risk Adjustment Program Management</li> <li>➤ Provider Engagement Programs</li> <li>➤ Retrospective Chart Retrieval and Reviews</li> <li>➤ EDPS/RAPS Submission</li> <li>➤ RADV Audit Support</li> <li>➤ Quality Program Management</li> <li>➤ Stars Management and Improvement Program</li> <li>➤ Stars Data Abstraction</li> </ul> 		<ul style="list-style-type: none"> <li>➤ Third Party Solutions                             <ul style="list-style-type: none"> <li>➤ Limited to no integration of Risk &amp; Quality data</li> <li>➤ Limited configurability of workflows</li> <li>➤ Limited ability to fuse data across multiple Advantasure silos</li> </ul> </li> </ul> 



# Advantasure Solution Portfolio (Current)

## Deep Integration for Risk, Quality & Health Management

Administrative Services Technology Solutions	Administrative Services Solutions	Risk Adjustment Technology Solutions	Risk Adjustment and Quality Services	Health Management Technology	Health Management Services
<ul style="list-style-type: none"> <li>➤ Claims Platform</li> <li>➤ Enrollment Platform</li> <li>➤ Billing Platform</li> <li>➤ Correspondence Module</li> </ul> 	<ul style="list-style-type: none"> <li>➤ Claims Services</li> <li>➤ Enrollment Services</li> <li>➤ Billing Services</li> <li>➤ Correspondence, Print and Fulfillment</li> <li>➤ Provider and Member Servicing</li> <li>➤ Appeals and Grievances</li> </ul> 	<ul style="list-style-type: none"> <li>➤ EDPS/RAPS Submissions</li> <li>➤ Risk Adjustment BI Reporting and Analytic Platform</li> </ul> 	<ul style="list-style-type: none"> <li>➤ Risk Adjustment Program Management</li> <li>➤ Provider Engagement Programs</li> <li>➤ Retrospective Chart Retrieval and Reviews</li> <li>➤ EDPS/RAPS Submission</li> <li>➤ RADV Audit Support</li> <li>➤ Quality Program Management</li> <li>➤ Stars Management and Improvement Program</li> <li>➤ Stars Data Abstraction</li> </ul> 	<ul style="list-style-type: none"> <li>➤ <b>Symphony Health Management Platform</b> <ul style="list-style-type: none"> <li>❖ Case and Chronic Condition Mgmt</li> <li>❖ Population Health Management</li> <li>❖ Appeals and Grievances</li> <li>❖ Utilization Management</li> <li>❖ Specialty Program Management</li> </ul> </li> <li>➤ Configurable across multiple lines of business</li> </ul> 	<ul style="list-style-type: none"> <li>Care Management           <ul style="list-style-type: none"> <li>❖ Case Management</li> <li>❖ Transitions of Care to Home</li> </ul> </li> <li>Utilization Management           <ul style="list-style-type: none"> <li>❖ Inpatient</li> <li>❖ Outpatient</li> </ul> </li> <li>Add-On Programs           <ul style="list-style-type: none"> <li>❖ Chronic Condition Care Management</li> <li>❖ ED Outreach</li> <li>❖ 24/7 Nurse Line</li> <li>❖ Health Assessments</li> </ul> </li> </ul> 

# Symphony, Advantasure & the Cloud

## End-to-end

Symphony is now an integrated BPaaS platform with agility and scalability to meet industry demands, HITRUST-compliant security for improved member and provider experience.

## Gold Copy Libraries

Advantasure-standard workflows to support comprehensive strategies across Health Management, Quality, and Risk Adjustment.

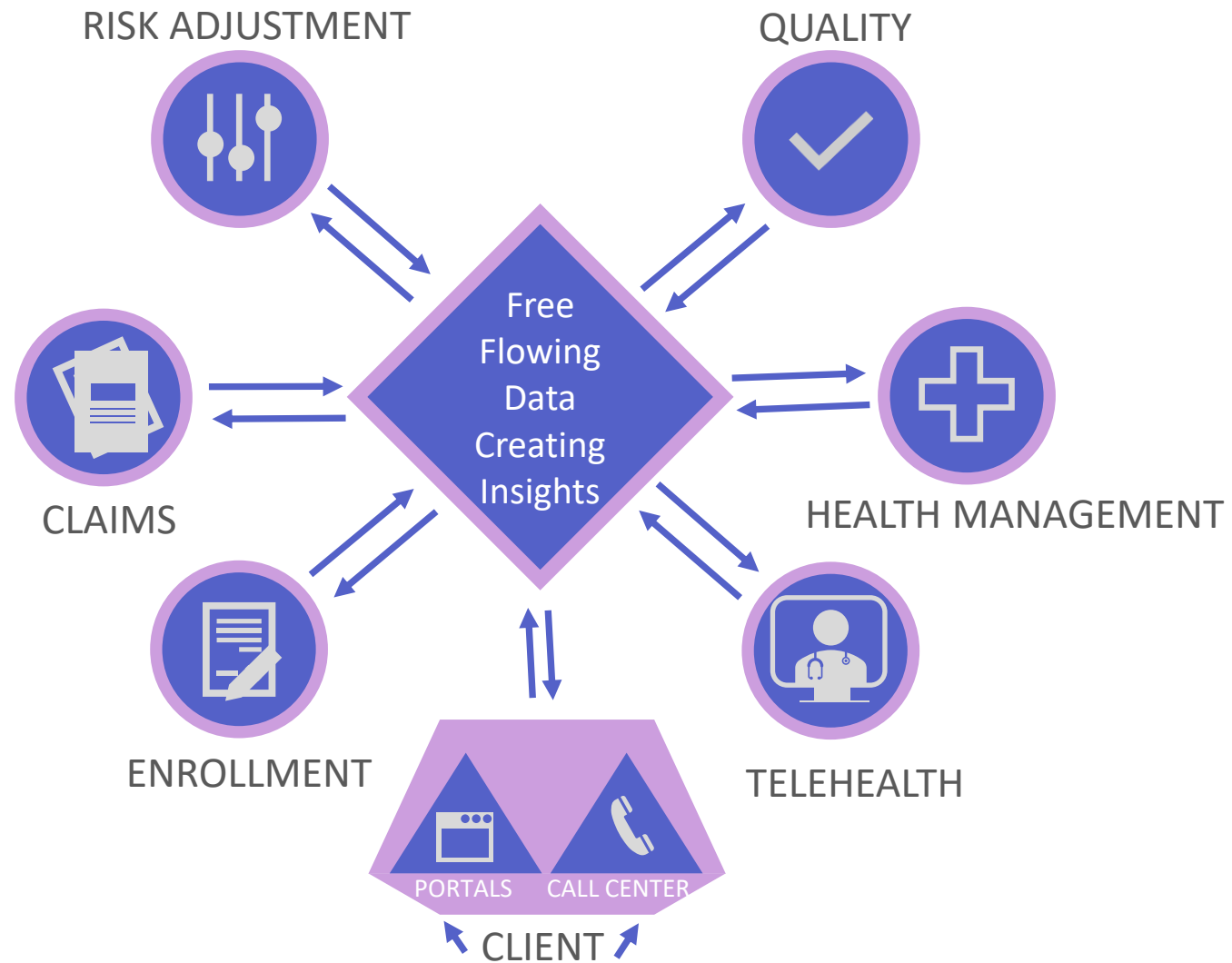
## Provider Portal

access to Provider Portal via One Health Portal (OHP) Single Sign-On with enhanced technical functionality leading to improved provider experience through more efficient processes.

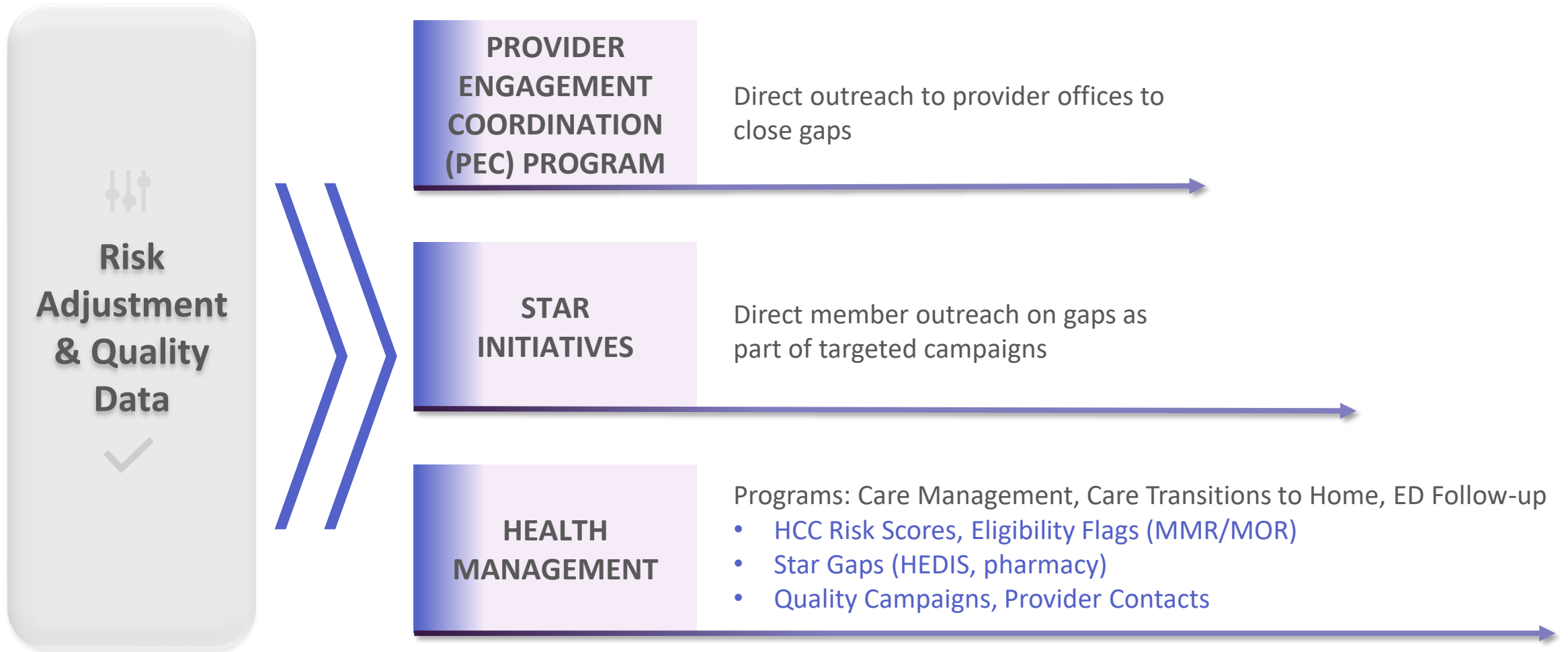
## Cloud-Based Innovation

Cloud-native architecture allows nimble integration of innovation from other cloud services (AI/Machine-Learning, analytics, etc.).

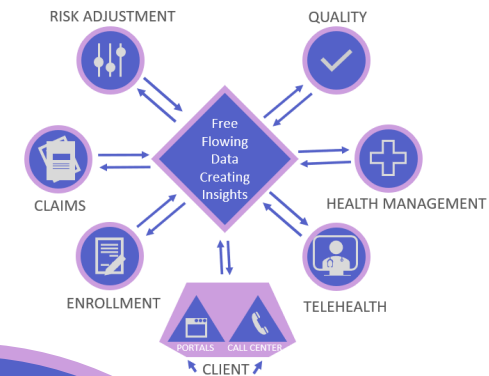
# Centralized data



# Leveraging Risk and Quality Data



# Risk & Quality Integrated into Health Management



## Risk Adjustment Data Sources



- Eligibility flags (MMR, MOR)
- HCC risk scores
- Provider contacts

## Quality Data Sources



- Star gaps (HEDIS, pharmacy)
- Campaign participation status

Health  
Management  
Workflow

- My List
- My Reminders
- Search
- Low Risk
- Mod Risk
- High Risk
- Recent
- All

Search Symphony



Quick Note



Letters



Edit Selected



Add Member



Settings

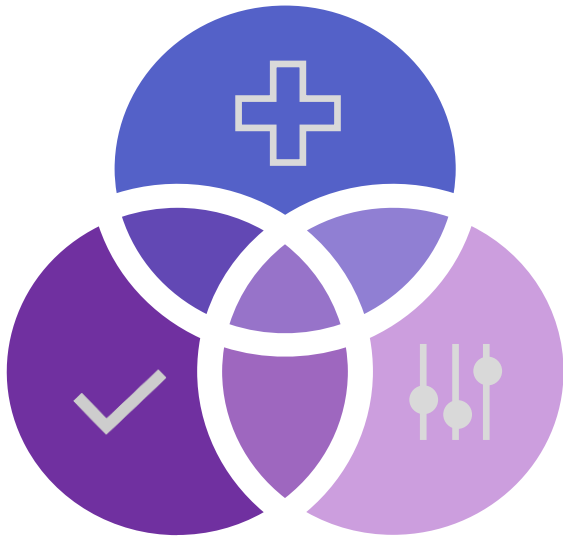
			Patient ID	Last Name	First Name	DOB	Owner	Tags	CNI	CareStage	Care Gaps
<input type="checkbox"/>							<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>		+1	1340397*01	KAISER	ALEX	42 (10/24/1978)	Angela Davis-Jones, RN		4	Active	COPD, Statin Therapy
<input type="checkbox"/>		+13	9039600*01	GARCIA	LETICIA	67 (06/26/1953)	Chris Johnson	★	3	Screened	
<input type="checkbox"/>		+5	6820506*01	SMITH	JOHN	65 (07/19/1955)	Chris Johnson	★ ⚠	3	LPN	Adult BMI Assessment
<input type="checkbox"/>		+3	1108677*01	SANTIAGO	JOSE	38 (06/20/1982)	Chris Johnson	★ T	5	UTR 3	Depression Screening
<input type="checkbox"/>		35	1181606*01	FAGAN	PATRICK	50 (07/15/1970)	Alacia Harbaugh, LPN	⚠	2	Refused	Colorectal Cancer Screening
<input type="checkbox"/>		66	1371605*01	KING JR	CALVIN	35 (12/27/1984)	Rene Roberts		2	Closed/Deferred	
<input type="checkbox"/>		1	20003608*01	WHITE	VIRGINIA	95 (03/07/1925)					
<input type="checkbox"/>			1328735*01	BROWN	ALEX	64 (03/06/1956)	Suzanne Collins, RN				
<input type="checkbox"/>			8727325*01	RODRIGUEZ	GABRIELA	61 (09/04/1959)	Chris Johnson				
<input type="checkbox"/>			3121712*01	LASHLEY	JOYCE	58 (05/25/1962)	Yvonne Jones, RN				
<input type="checkbox"/>			1108214*01	WHITAKER	WILLIAM	68 (07/05/1952)					
<input type="checkbox"/>			2000422*01	HERNANDEZ	MARIA	83 (06/25/1937)	Chris Johnson				
<input type="checkbox"/>			S45004166*01	HARRISON	VIRGINIA	56 (08/21/1964)	Laura Franklin, RN		4	High Risk	
<input type="checkbox"/>			20003820*01	ZIEGLER	JUDITH	86 (11/25/1933)	Laura Franklin, RN	C		LPN	Cervical Cancer Screening, COPD, Diabetes - A1c

Dashboard view with integrated MMR, MOR, HCC, Stars Gaps, Campaign participation status

Showing 1-14 of 14



### 3. To the Future: Fusing EPEC & Symphony



# Improving Coordination between Provider & Plan

- **EPEC**

- Capturing POC decisions and documentation about gaps in care from the provider office.



- Integration with EMR for notification of provider office staff. (Solving problems for provider is key for adoption of this expansion)



- **Symphony**

- Updating Care Management team with real-time care gap information from the provider office.
- Specific programs or other resources closing care gaps (e.g. addressing SDOH) can be identified by Care Management team.

# Benefits of EPEC Care Gap Data Flowing to Health Management

Prioritize member outreach

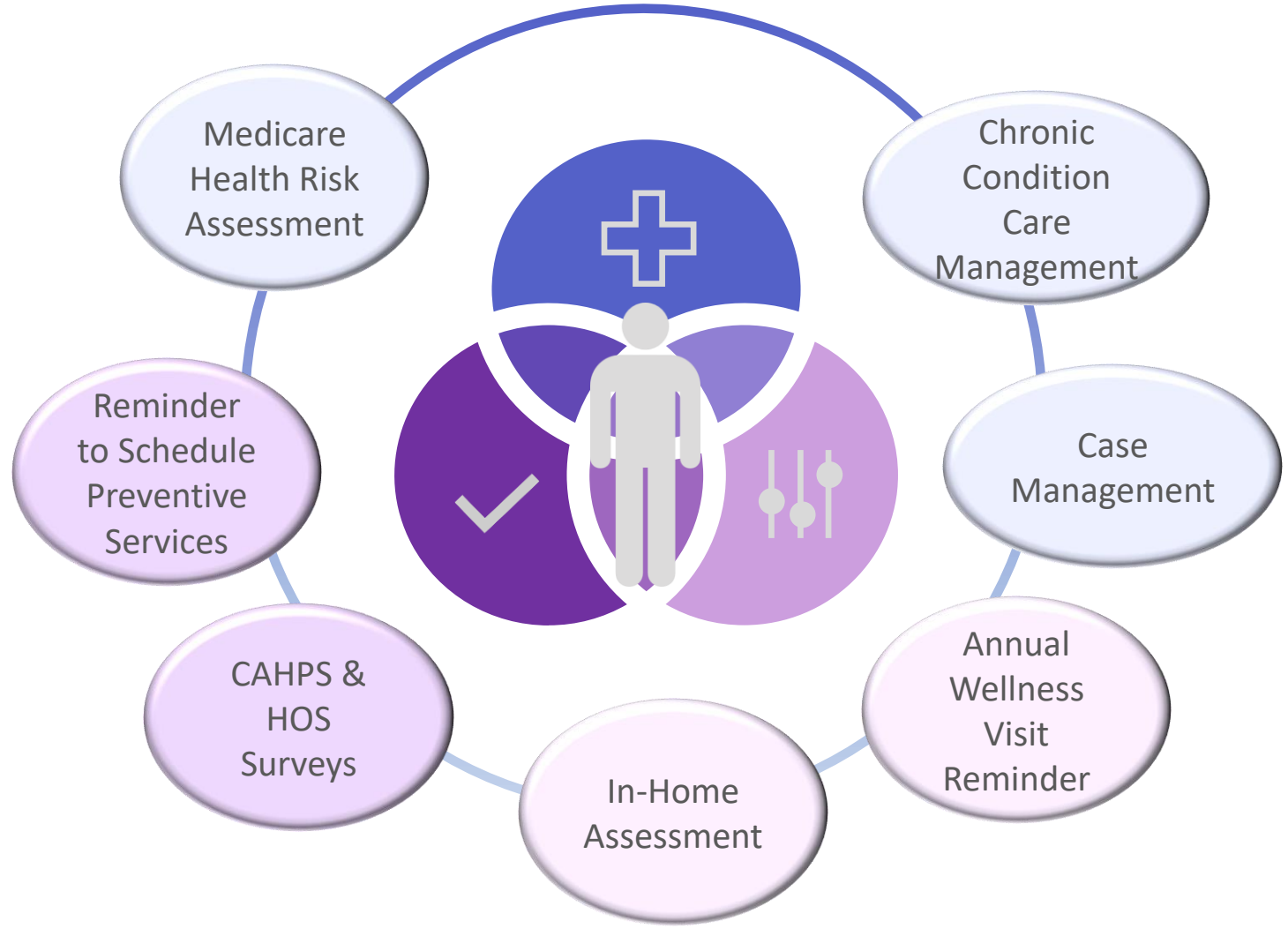
Address open care gaps

Engage more members

Improves health outcomes and HEDIS/Stars scores

Holistic management of member; improves quality of life

# Health Management Opportunities to Help Solve Provider Problems



# EPEC Summary Highlights

Easy implementation for provider offices

Supports improvement in risk score accuracy and Star measures

Ability to reach more members – not restricted by geography

Connectivity with EMR streamlines the PEC medical record review and delivery system

PEC Performance Manager oversees training and installation of software, reporting and ongoing support

# Risk and Quality Integration into Health Management Workflow

## Technology Platform Sets the Stage

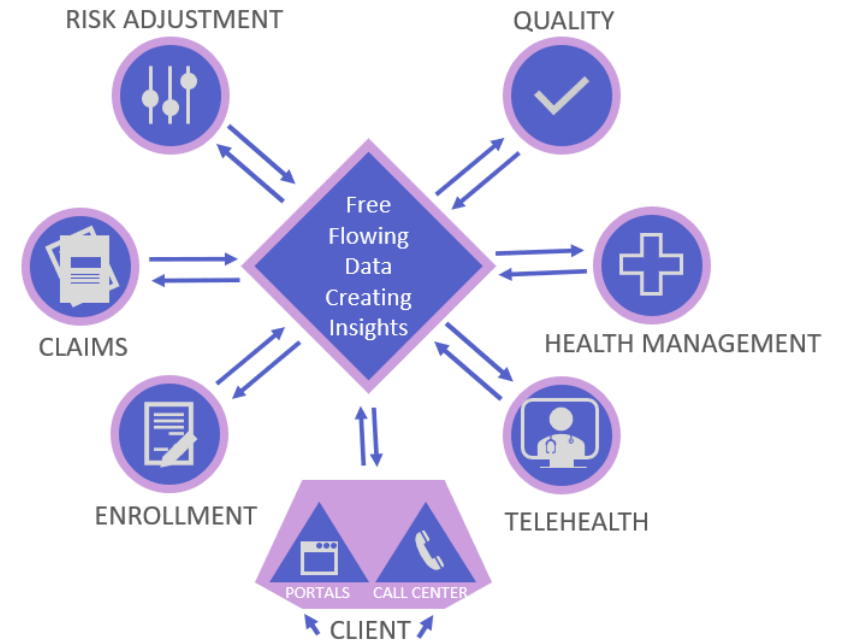
- Cloud-native health management engine
- Allows for configuration of workflows and ability to fuse data

## Data Integration is Key

- Create a centralized data source
- Leverage data into actionable insights

## Internal and External Benefits of Incorporating RA & Q

- Internal efficiencies gained
- Improves member health outcomes







# Appendix

# Discussion Overview & Introductions

## Discussion Overview

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- Introduction and Meeting Goals
- Point of Care EMR integration
- Discussion and Next Steps

## Advantasure Team

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- Greg Pastor, Managing Director Risk Adjustment Operations
- Dr. Chris Johnson, Managing Director Product Management

# Provider Engagement Coordination Core Programs



## Electronic PEC

Electronic Record Retrieval

This feature-rich model includes electronic integration into Provider Practice EMR workflow, electronic distribution for Member CDI Alert and Query information, and electronic transaction response for Provider's completed CDI Alert and Query, as well as associated Medical Record Retrieval.



## Electronic PEC

without Electronic Record Retrieval

This electronic model includes electronic integration into Provider Practice EMR workflow, electronic distribution for Member CDI Alert and Query information, and electronic transaction response for Provider's completed CDI Alert and Query. It includes post CDI Alert office visit Progress Note Review and annual Medical Record Review.



## On-Site PEC

Our traditional model utilizes PEC staff to support frequent Provider Practice interaction, education, and distribution and receipt of CDI Alert information and Medical Records.



## Remote PEC

This Provider Engagement model establishes relationship with Engaged Practices via print or other communication and manages distribution and receipt of CDI Alert Information and Medical Records via mail, secure fax, or other secure methods.



## Electronic Gap Program

This version of the Program provides CDI Alert information to Provider Practices in an electronic format and the Provider's completed CDI Alert is returned electronically.

# PEC Program Overview

Focuses on driving proven Diagnosis and Quality gap closure

The Advantage Provider Engagement Coordination (PEC) Program delivers accurate and complete Risk Scores and Star Measure Improvement

## Risk Adjustment

Drives improvement in Risk Adjustment coding by addressing Diagnosis gaps

## Star Measures

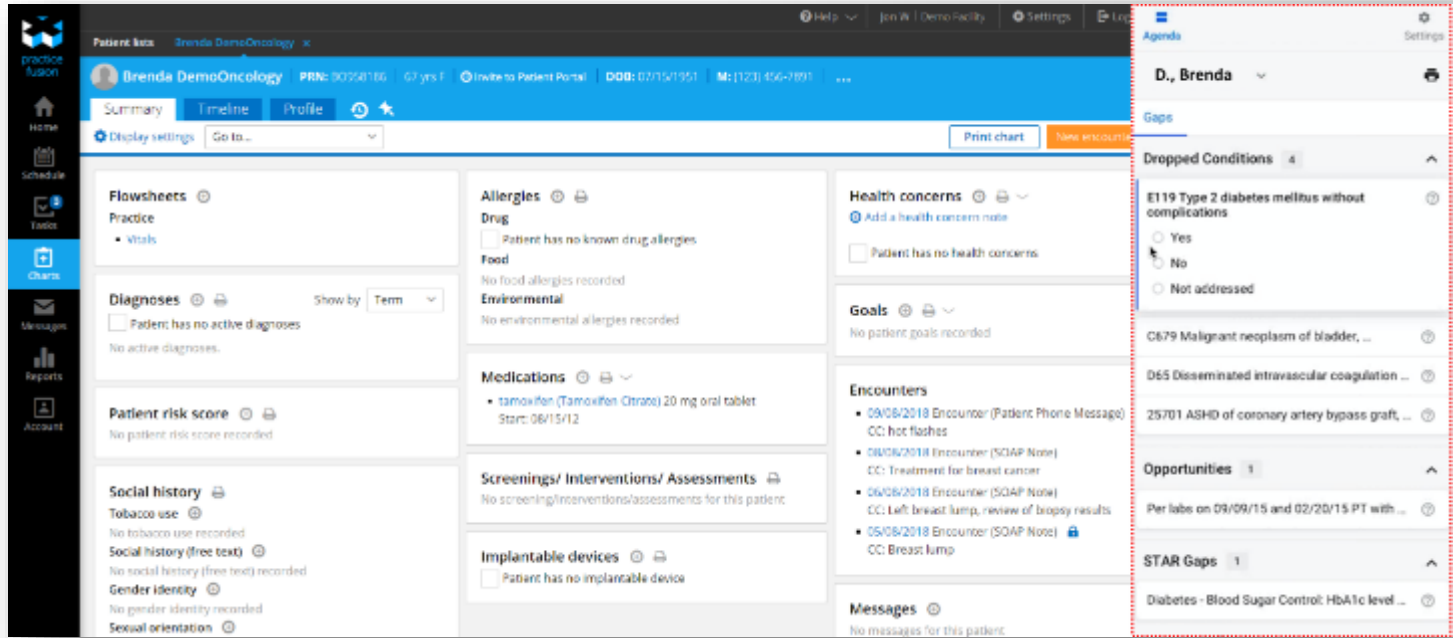
Drives improvement on Star Measures by closing Star gaps

Drives provider engagement to ensure all member conditions are documented completely and accurately via Clinical Documentation Improvement (CDI) Alerts

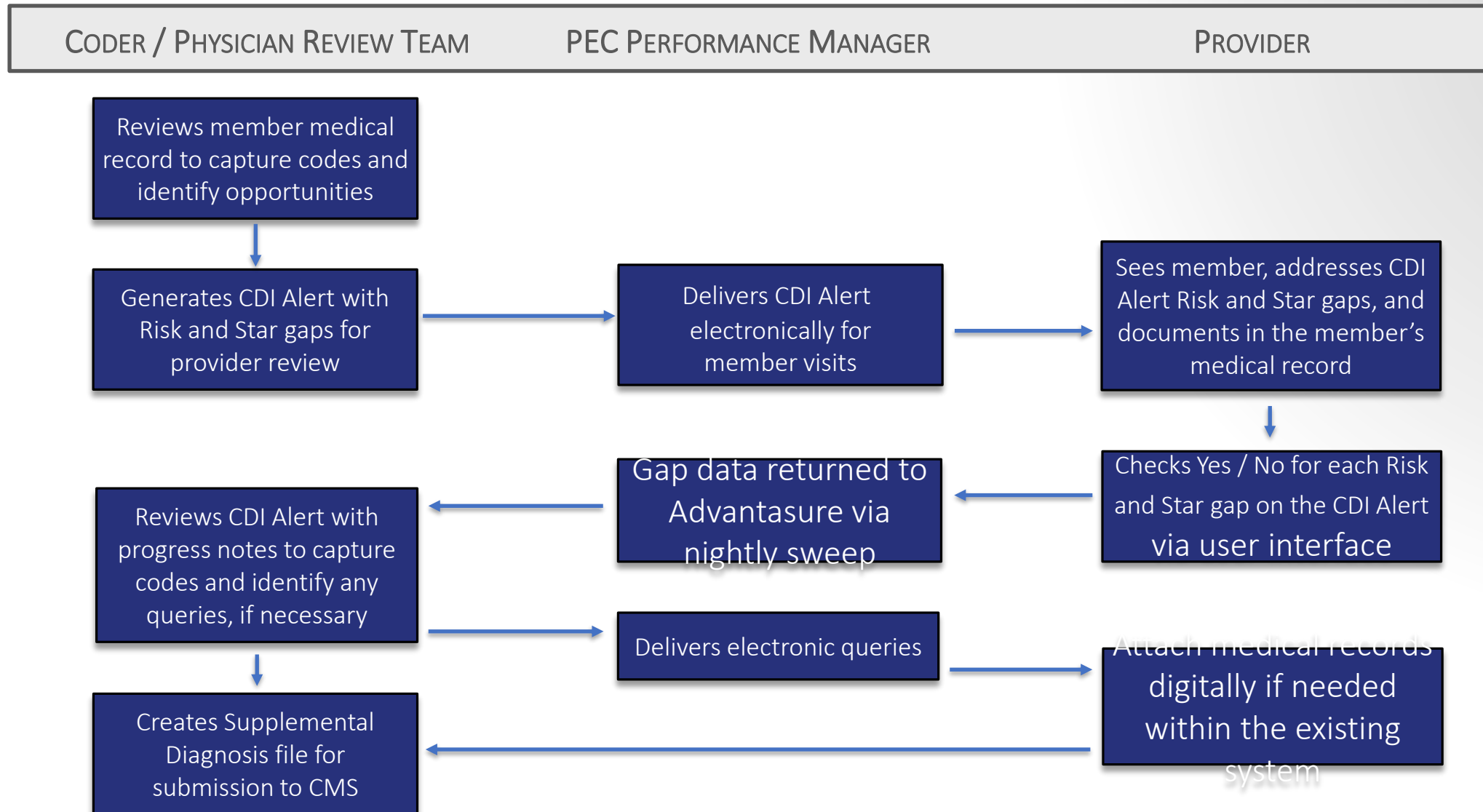
Confirms gap closures following member appointments to **increase Risk Adjusted revenue and drive improvements in Star measures**

Outcomes include enhanced Risk Score accuracy; increased Star ratings, improved condition documentation, reduced RADV risk and better member care

# Electronic Alerts Streamline Workflows



# Electronic PEC Program Process Flow





# Options for Advantasure to Access Medical Records

	Paper	EMR access limited to on-site computers	Provider uses EMR and Advantasure accesses remotely	Electronic PEC program integrates with provider EMR
Provider Practice	<ul style="list-style-type: none"> <li>• Access to charts</li> <li>• PHI secure area to work</li> <li>• List of members upcoming appointments</li> </ul>	<ul style="list-style-type: none"> <li>• Sign-in access to EMR to view patient records and schedule</li> <li>• Workstation to access EMR</li> <li>• List of members upcoming appointments</li> </ul>	<ul style="list-style-type: none"> <li>• Remote access to EMR to view patient records and schedule</li> <li>• Access to hospital EMR through practice/hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Remote access to EMR to view patient records and schedule</li> <li>• Access to hospital EMR through practice/hospital</li> </ul>
Advantasure	<ul style="list-style-type: none"> <li>• Pull and scan appropriate medical record</li> <li>• Upload to secure Advantasure server for review</li> </ul>	<ul style="list-style-type: none"> <li>• Access EMR to retrieve medical records</li> <li>• Copy records or print and scan them to the secure server</li> </ul>	<ul style="list-style-type: none"> <li>• Review member records through remote online access</li> <li>• Scan completed CDI Alerts to Advantasure secure server for review</li> </ul>	<ul style="list-style-type: none"> <li>• Retrieve medical records via EMR integration once per day</li> </ul>
Security	<p>Advantasure requires training and adherence to privacy and security protocols:</p> <ul style="list-style-type: none"> <li>• Mandatory HIPAA and general compliance training within 60 days of hire and on an annual basis</li> <li>• Employees pass background checks for convictions at the federal, state and local level</li> <li>• Regular sanction reviews performed on all employees against OIG, GSA, and sexual offender lists</li> <li>• PECs equipped with 256 AES encrypted Iron Keys for scanning records where remote access not available</li> <li>• Advantasure is SOC1 certified and awaiting HITRUST certification</li> </ul>			

**55% of Advantasure Providers allow remote EMR access with the following benefits:**

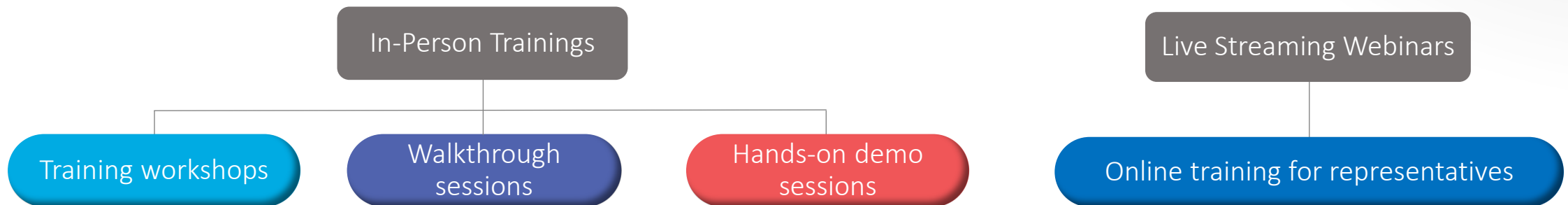
- Less intrusion in the clinic
- Reduced workload for office staff
- Timely reviews and fewer queries
- No follow-up requests for additional information
- The entire record is available for the annual medical record review
- No printing limitations imposed by some EMRs

# Implementation and Training

Hit the ground running with fast, easy, and streamlined implementation and training



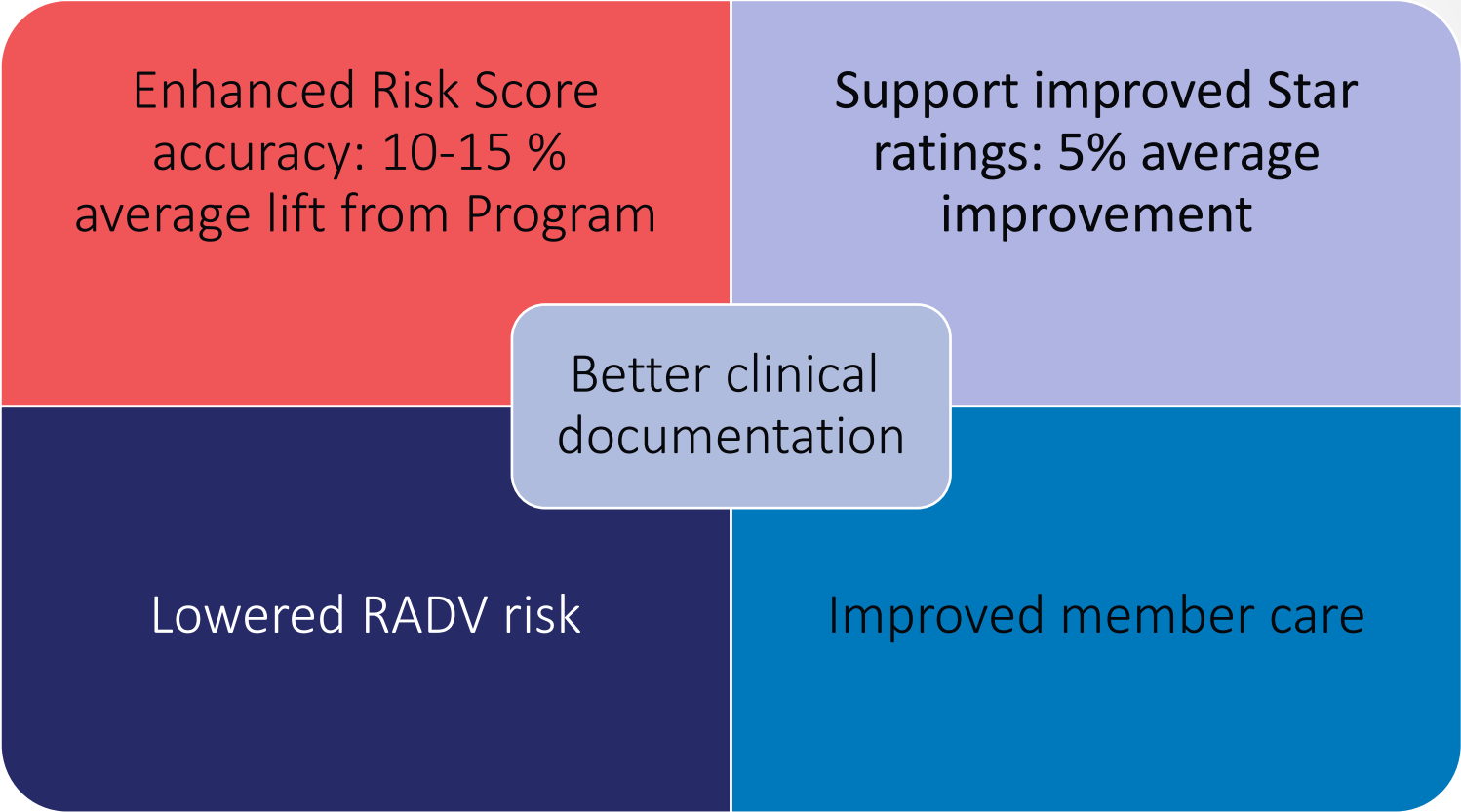
**3** Multiple options for provider education



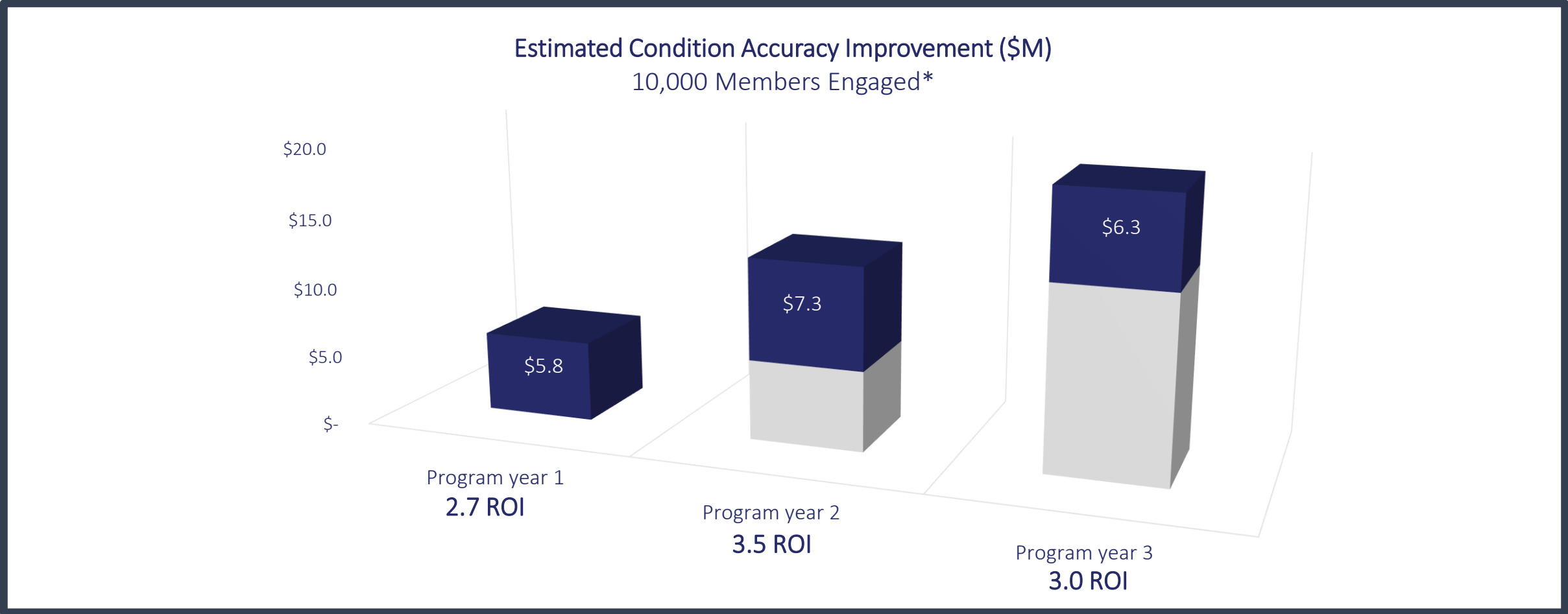


# Driving Proven Diagnosis and Quality Gap Closure

PEC Program capabilities offer **efficient, automated workflows and delivery cycles** (i.e. view, close and transmit gaps < 24 hours) with **proven results** in Risk Adjustment and Star Measure improvements



# PEC Program Results



\*Includes revenue where Advantasure was the only source

\*ROI revenue related to retrospective and prospective reviews in each of the 3 program years

\*Year 2 - ROI increases comparatively to Year 1 due to current codes being captured from opportunities and the shift in more codes being captured from prospective vs retrospective.

\*Year 3 - ROI decreases comparatively to Year 2 due to provider education; with better documentation and coding, more diagnoses can come through claims vs reviews.

# Content Slides – for main content

## Presentation Best Practices:

- Try to keep all bullet points concise, easy to read, and maintain this grey color.
- Use the font “Calibri” as your body text
- Keep all font sizes above 20, but the standard font size for a bullet is 28 point.
  - Any sub-bullets may be added as needed and minimum font size is 16.
- Do not use colors such as Bright red, Bright yellow, or anything too light to read on the given background

# Section Slide – Use to visually transition from one section of your presentation to the next



- If adding imagery, double check the following:
- make sure there is no overlapping text
- the photo is good quality/not pixelated
- The image is not crowded on the slide