Chase Intelligence for Risk Adjustment

Presented By:

Andy Kumar, VP of Product & Strategy, *CDAI Division* – Ciox Health

Austin Bostock, Manager, Client Advisory –Consultant

THE RISE
ASSOCIATION

THE RISE ASSOCIATION

We are a network of health care professionals addressing the challenges posed by the emerging landscape of value-based care and government health care reform.

OUR MISSION

Our mission is to provide a community for like-minded professionals to come together for networking, education, and industry collaboration to stay ahead and advance their careers.

RISE ASSOCIATION MEMBER BENEFITS

Live Webinars

Quarterly Newsletters

Talent Hub

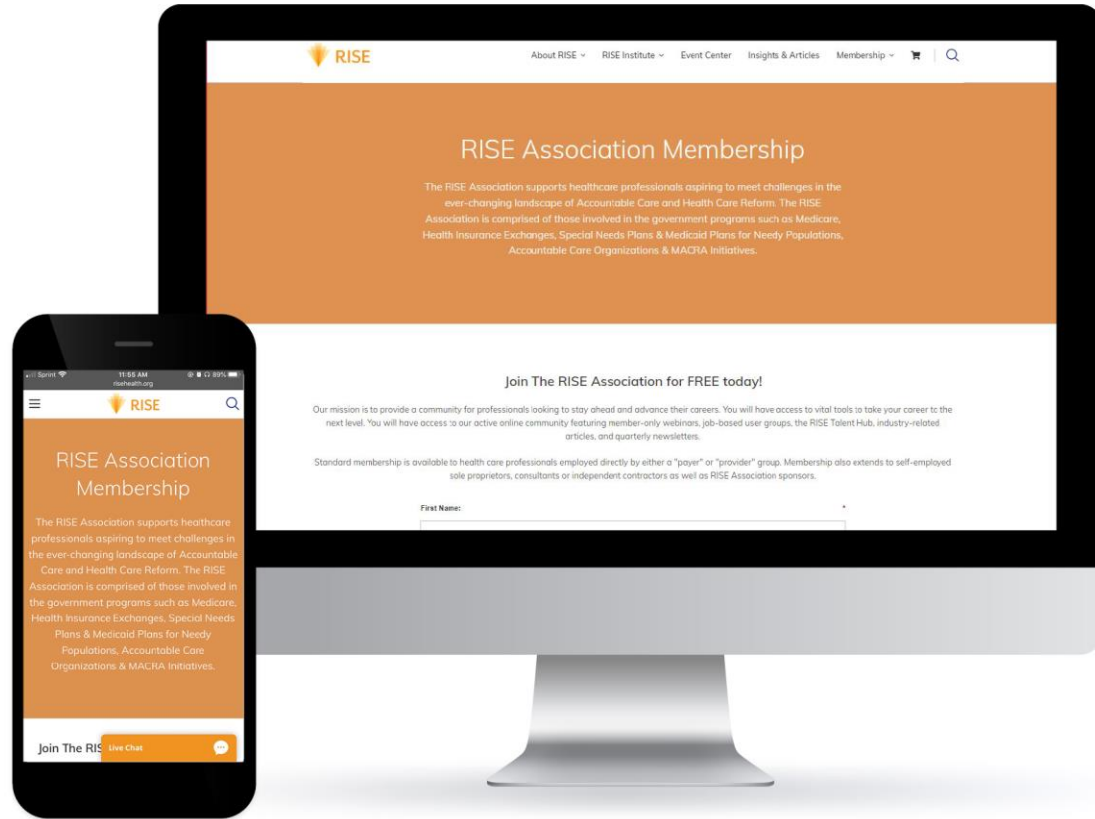**Solution Partners Directory**

User Groups

Discussion Board

Exclusive Content

Conference Discounts

LEARN MORE AT THE RISEHEALTH.ORG/MEMBERSHIP

JOIN THE RISE ASSOCIATION FOR FREE

Access Our Virtual Member Portal Today!

LEARN MORE ONLINE AT RISEHEALTH.ORG/MEMBERSHIP

Agenda

Challenges & Market Trend

Provider Site Propensity & Case Study

Digital vs Traditional Retrieval

Retrospective and Prospective Program Performance

Ciox Overview

Ciox is a **technology-driven** healthcare company that empowers greater health by simply and securely connecting health care decisionmakers with the data and hidden insights in medical records.

Ciox assists Health Plans by improving the way healthcare information is shared and acted upon, resulting in **better quality of care** and **improved outcomes** for patients and health plans.

- **50M+** record request from 1M+ annual unique requestors

- **Number 1** in market experience and coverage with access to **3 out of 4** top hospitals in the U.S

- **Only one** in the market using historical provider data points to improve targeting outcomes

Clinical Data Acquisition & Insights (CDAI)

Multi-channel retrieval to maximize yield and minimize provider abrasion coupled with risk adjustment coding and member-centric data management

1st
Over 60% of ALL Medicare Risk Adjustment Charts retrieved

40+
years of health information management experience

700,000+
providers touched nationwide
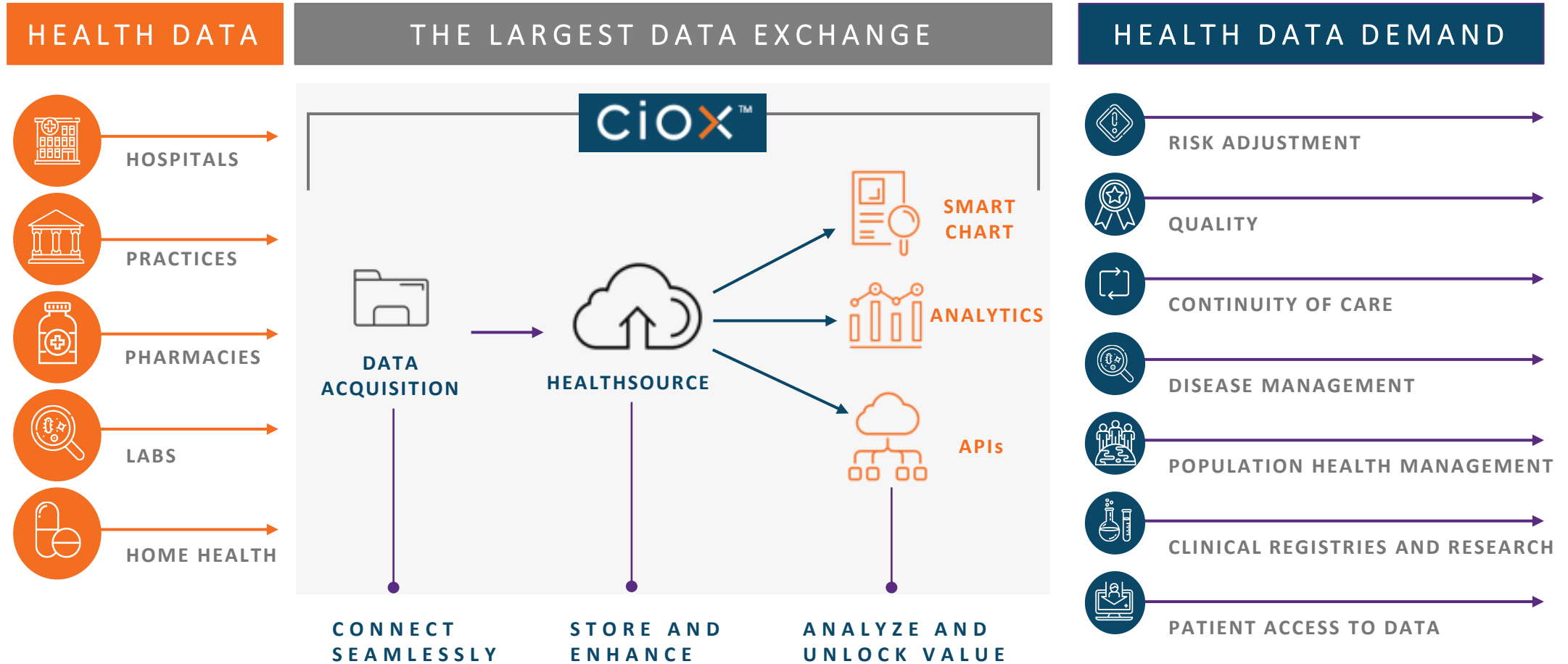
120+
Health plans served

50M+
health information requests fulfilled annually

3 out of 4
Top U.S. hospitals served with embedded HIM experts

Ciox Health: The nation's largest health data exchange

Our vision is to enable ubiquitous access to health information and unlock inherent value across the health plan value chain.

Challenges | Market Trend

Challenges with Traditional Chase

- Inferior and/outdated chase analytics technology, leading to a significant number of missed or inaccurate codes

- Older analytical models focuses more on identifying drop-off conditions(retrospective) rather than the probability to capturing potential conditions within the medical record

- Providing leadership/actuaries with an accurate financial estimation of their retrospective and prospective program is time consuming and not real time

- Absence of provider data asset to develop the most optimal chart chase list to achieve the best outcomes

- Time-consuming, inefficient and error-prone

Market Trends

- Health Plans are tired of black box solutions and many health plans are centralizing analytics and taking back some vended operations.

- CMS is increasing audit scrutiny on health plans in all regulated markets

- Payer industry has become a highly competitive space where healthcare analytics have played a larger role for health plans in increasing membership, incorporating new health plans, reducing operational waste, and improving bid estimations.

- Need for analytics that are not only predictive, but prescriptive as well to provide insights and operational opportunity

Poll Question #1

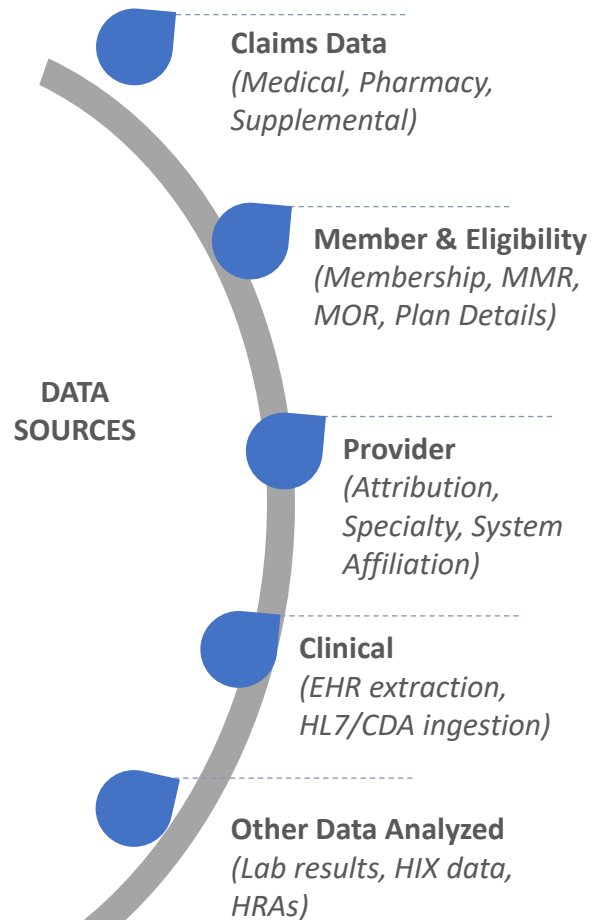What type of chase/suspect analytics solutions do you use today?

A. Internal
B. Third Party Vendor
C. Not using any
D. Our current retrieval vendor's analytics
E. Not Sure

THE RISE
ASSOCIATION

Provider Site Propensity & Case Study

Preferred Chase Intelligence Approach

INPUTS

DATA SOURCES

Claims Data
(Medical, Pharmacy, Supplemental)

Member & Eligibility
(Membership, MMR, MOR, Plan Details)

Provider
(Attribution, Specialty, System Affiliation)

Clinical
(EHR extraction, HL7/CDA ingestion)

Other Data Analyzed
(Lab results, HIX data, HRAs)

OUTPUTS

Data Analytics

Suspect analytics are applied using member and provider information to create a new strategic chase list

Provider Performance

Historic Provider behavior performance data is analyzed based on member population provided

Identifying & Prioritizing Member/HCCs

- Applying 200+ variables into establishing member/condition specific confidence intervals
- Generating estimated financial value for each gap, natural gap closure probabilities and confidence intervals

+

Chart Acquisition Prioritization (Aggregation IQ)

- Driving higher retrieval rates and lower costs through chart-level acquisition method and probability determination models

OUTCOMES

Outreach Campaign

- Chase File formatted output
- Customizable Targets
- Monthly GAP Closure
- Project is launched using applied analytics improving the retrieval yield and closure of open care gaps

Delivery & Dashboard

- Client Result review
- Customized Executive dashboards provide transparent insight to population, retrieval yield, and forecasting

THE RISE ASSOCIATION

Value of Provider Site Propensity Data

- Cost per Chart evaluations determine low retrieval success rate and replace them higher value charts with greater retrieval rates to **Reduce Medical Record Retrieval Cost**

- Historic provider behavior data is used to give higher preference to the providers that are more responsive to **Reduce Failed Medical Record Requests**

- Provider Evaluation metrics **Reduce Campaign Length** by targeting providers that are consistent in response time and delivery

- Compliant and highly accurate providers are given priority to strategically target to **Increase Provider Satisfaction** and **Reduce Provider Abrasion**

- Providers that are determined to have historically high failure and/or poor clinical documentation rates are given less priority which provides **Enhanced Quality** and **Accurate Revenue**

- Utilization of embedded sites and EMR access used to **Increase Chart Retrieval Yield**, **Reduce Unnecessary Costs**, and the realization of revenue sooner

NPI Data – Customer Provider Data – Experiential Provider Data

PROVIDER

Historical Retrieval Method

Retrieval Success Rate

EMR Access

Embedded Sites

Cost Per Chart

Response Time

Medical Charts Quality

Case Study

- **Health Plan A:**
  - Medicare Advantage Plan
  - 2019 DOS = 2020 PY
  - ~48K Members

- **Purpose of Study:**
  - Prove/disprove the use of provider behavior attributes can improve yield and ROI

- **Initial Results w/o Provider Attributes:**
  - Charts Targeted: ~26K
  - Members Targeted: ~ 20K
  - Estimated Target Value: ~3.8M

- **Results w/Provider Attributes:**
  - **7.7%** of the initial members targeted would have been removed and replaced with higher value targets which has resulted in an **additional $1.4M** in **incremental value (8% revenue uplift)**
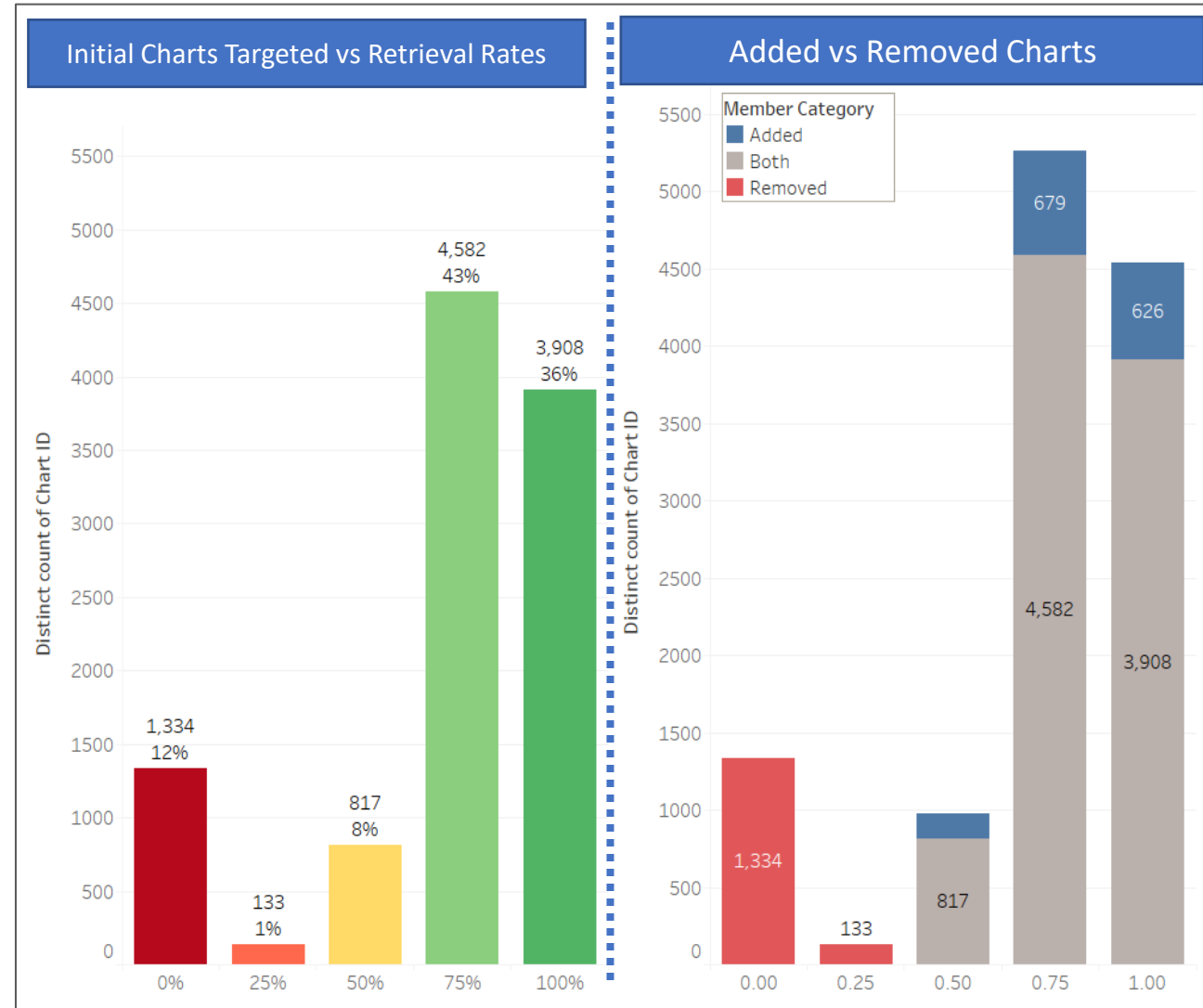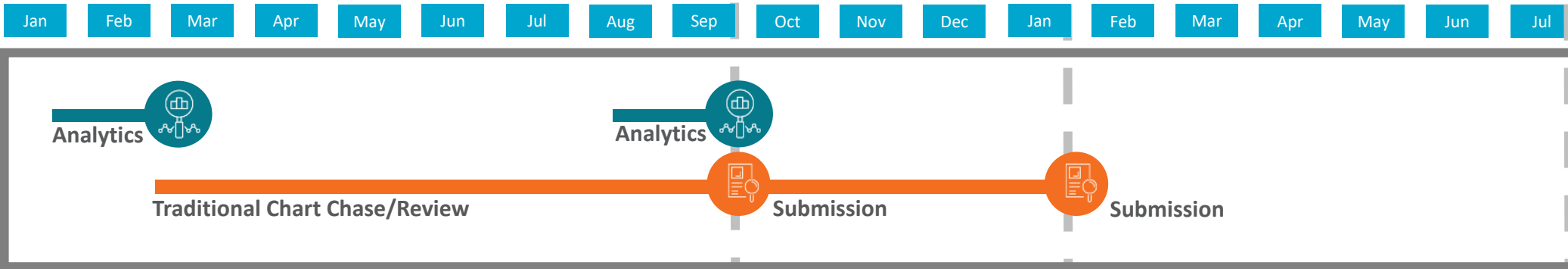
Poll Question #2

Which of the following data does your plan use today to generate Chase List?

A. Provider Data
B. Historical Member Results (Retrospective)
C. Both
D. None

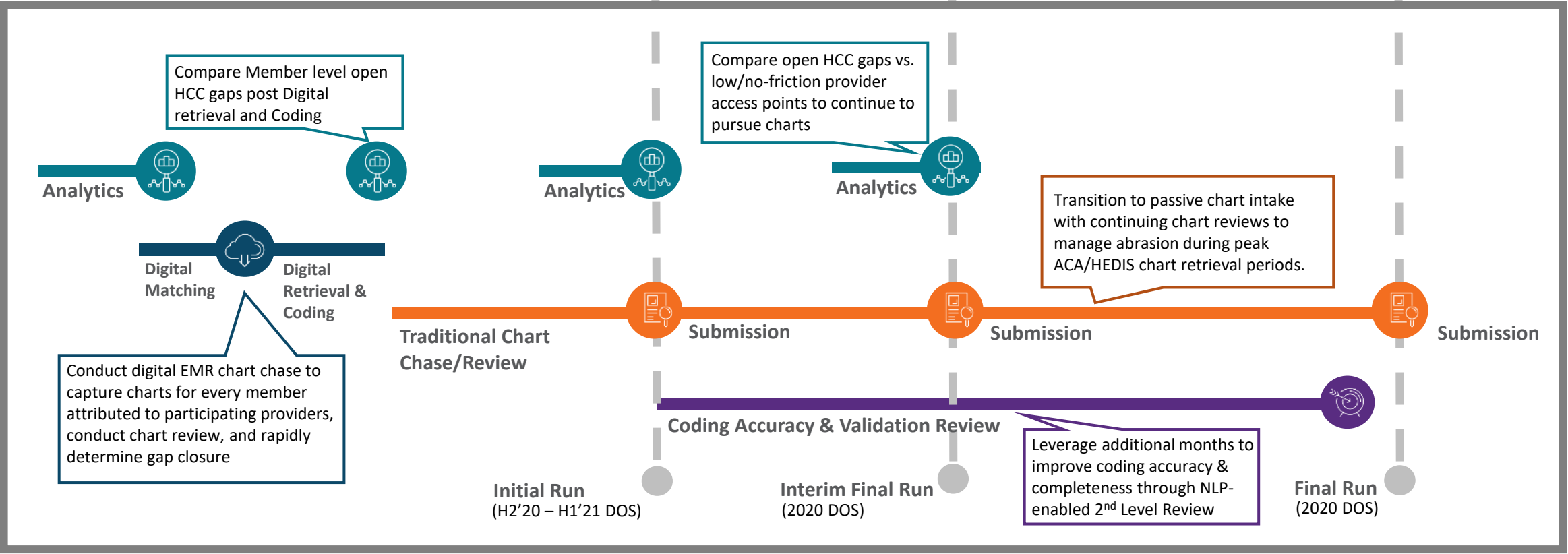# Retrieval Methods – Digital vs Traditional

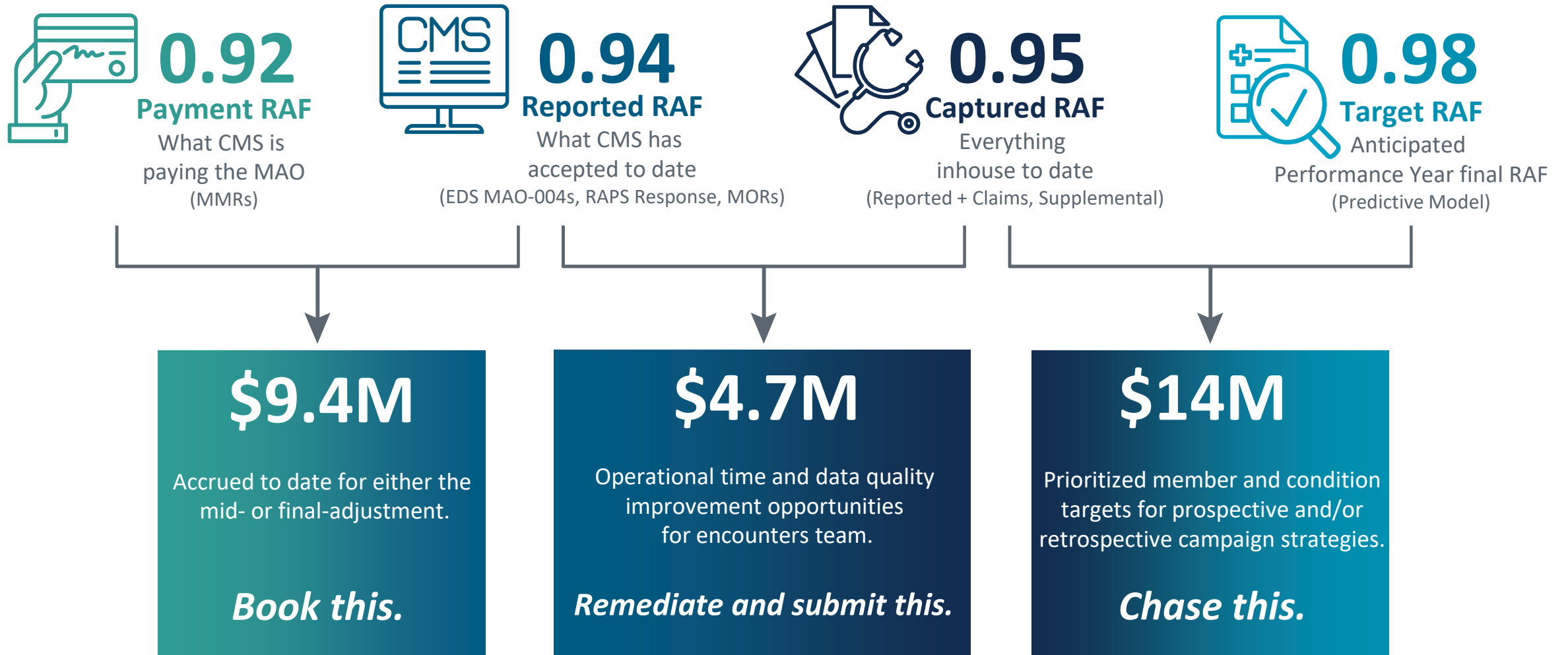**Retrospective and Prospective Program Dashboard**

Understanding the 4 RAFs

0.92
Payment RAF
What CMS is
paying the MAO
(MMRs)

0.94
Reported RAF
What CMS has
accepted to date
(EDS MAO-004s, RAPS Response, MORs)

0.95
Captured RAF
Everything
inhouse to date
(Reported + Claims, Supplemental)

0.98
Target RAF
Anticipated
Performance Year final RAF
(Predictive Model)

$9.4M

Accrued to date for either the
mid- or final-adjustment.

Book this.

$4.7M

Operational time and data quality
improvement opportunities
for encounters team.

Remediate and submit this.

$14M

Prioritized member and condition
targets for prospective and/or
retrospective campaign strategies.

Chase this.

Dashboard: Risk Score Trending
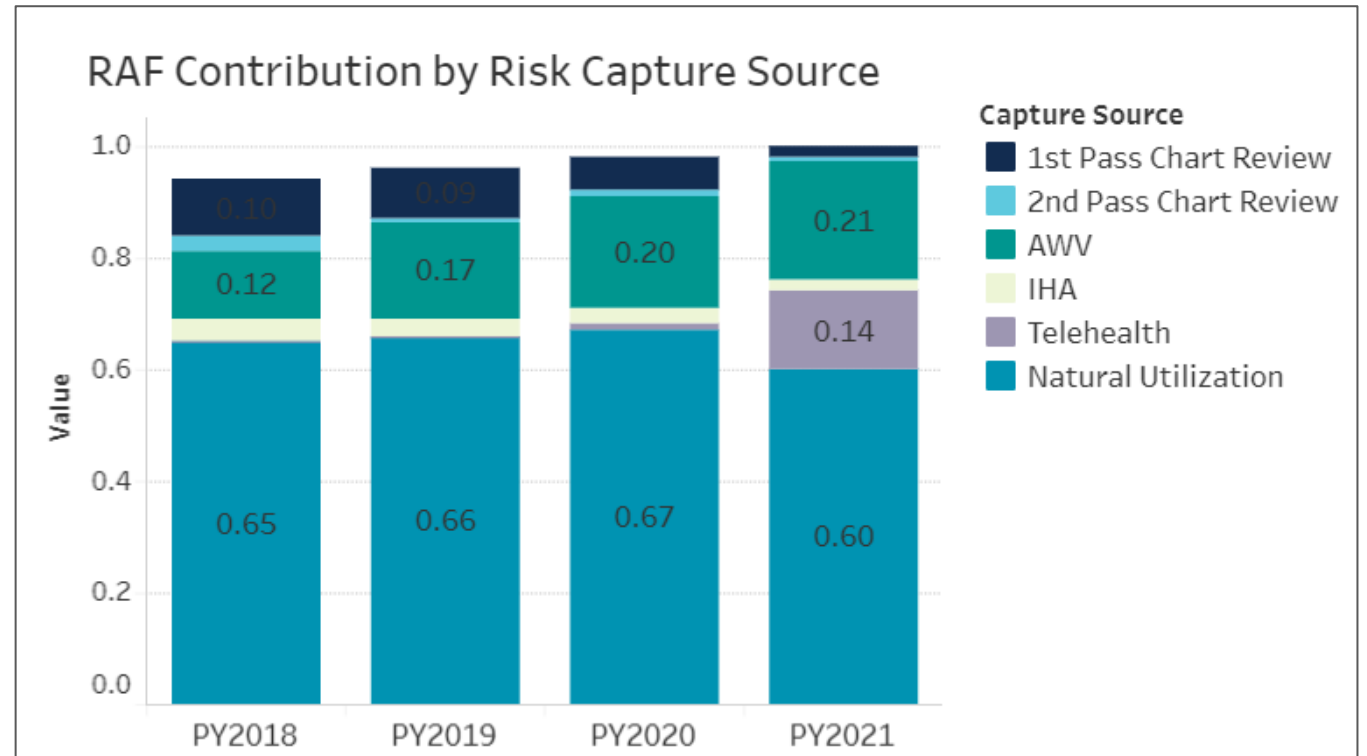
Year-Over-Year Trending

- Monthly risk scores to compare year-over-year risk score performance.

- Multi-model scoring to accurately compare data agnostic of model differences

- Risk scores by data sources to compare the different risk scores (Reported, Captured, and Target)

25-Month Trend in RAF Score
Plan: H0001-001

Payment Year
- PY2018
- PY2019
- PY2020
- PY2021
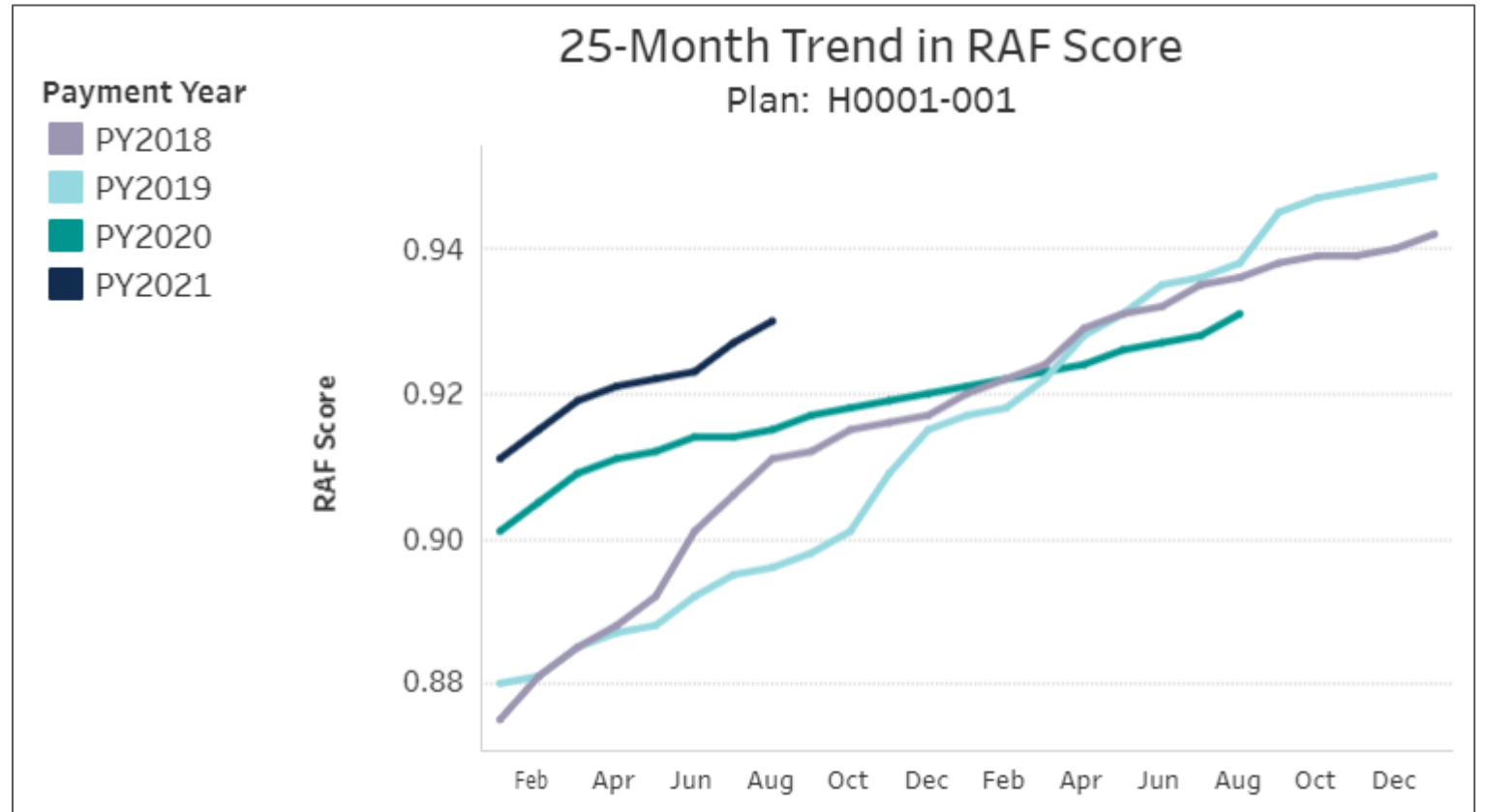
Dashboard: RAF Trending

Understanding campaign contribution to Risk Score

- Captured Conditions tagged to multiple campaigns.

- Incremental RAF contribution, inclusive of natural gap closure, incremental HCCs and deletes

- Analyze the interaction between campaigns and identify where conditions are captured through multiple avenues

RAF Contribution by Risk Capture Source

Capture Source
- 1st Pass Chart Review
- 2nd Pass Chart Review
- AWV
- IHA
- Telehealth
- Natural Utilization

Dashboards: Performance Analytics

In-flight Analytics to Improve Outcomes

- Operational, code capture and financial outcome reporting delivered monthly.

- Incremental RAF contribution, inclusive of natural gap closure, incremental HCCs and deletes

- Comparison on projected to estimated revenue based on current retrieval/coding results from campaign

- Second sweep chase list generated to add new members and additional charts include and apply filters

- Year-over-year comparison on past campaigns

Dashboards: Performance Analytics

Provider Analytic Drill-down Results

- Provider behavior analytics attributes include – retrieval yield/amounts, deletes, and recapture rate

- These analytics can be drilled down to show an overview of key campaign data rates such as the original targets, the recapture success rates, and the percentage of the low value records removed

- Ability to filter based on provider group, provider, and/or campaign

- Assist in Provider Education and chronic condition alignment

THE RISE ASSOCIATION
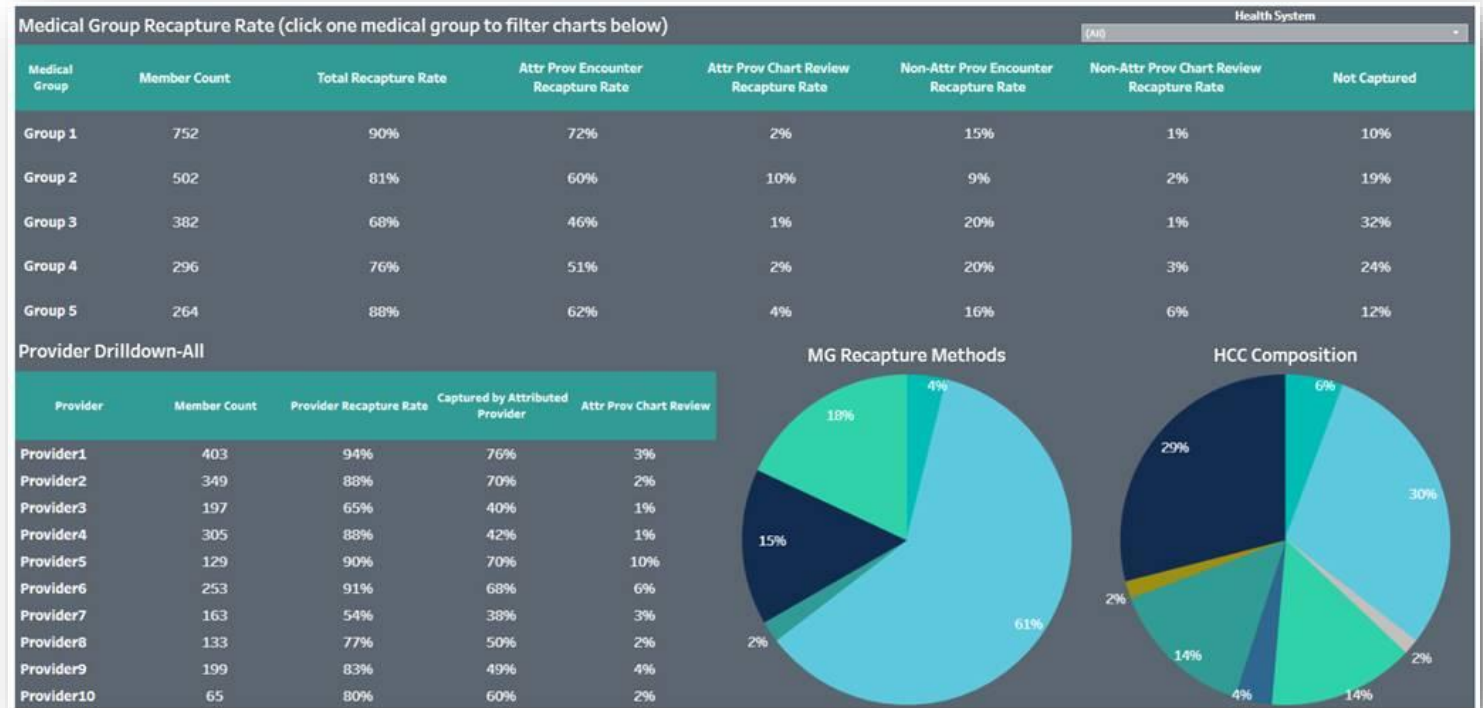
Dashboards: Performance Analytics
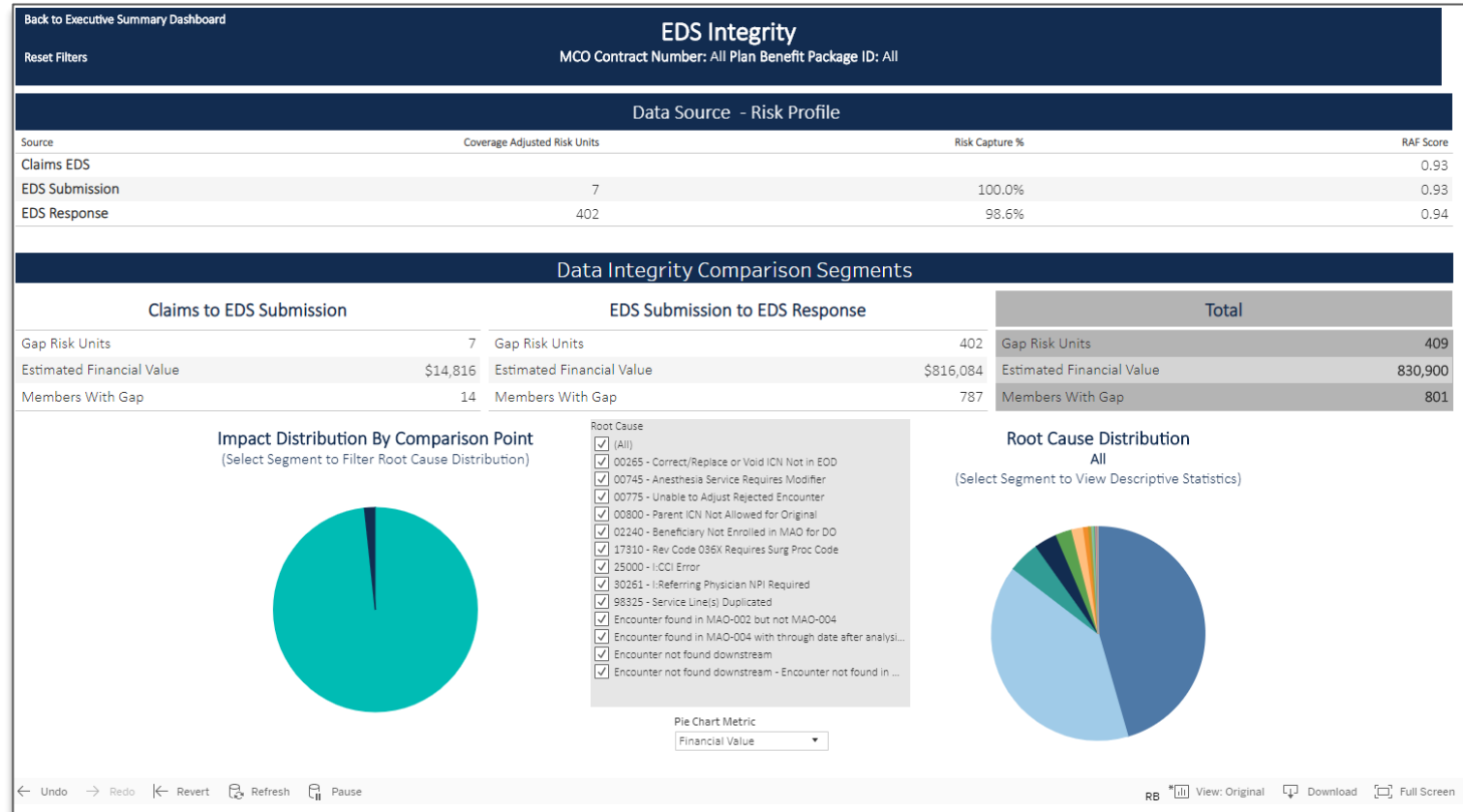
Post-Campaign Performance Evaluation

• Detailed evaluation of campaign performance to drive year-over-year improvement

• Annual Wellness analytics on gap closure and coding accuracy

• Ability to filter based on telehealth or in-home

Identify & Prioritize Data Quality Issues

Identify issues proactively ahead of CMS deadlines

- Ensure ongoing data quality

- Proactively identify issues for resolution

- Quantify potential exposure

- Focus remediation efforts based on materiality

- Perform independent oversight of internal or vendor-led submission processes