Keeping Documentation At The Core For Your ACO's Health

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Director, Population Health CDI

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Medical Director

Introductions

Angelique Ramos, RHIA, CPHQ
Director, Population Health CDI

- Over 12 years HEDIS experience with a focus on Medicare, Commercial and Medicaid lines of business.
- Designed and implemented multiple quality improvement projects to assess HEDIS/Star measure performance.
- Developed and administered Medicare quality initiatives which resulted in achieving 5 Stars and an Excellent accreditation status from NCQA.
- Developed and administered Medicaid quality initiatives which resulted in full state withhold returns.
- Developed and provided measure training and clinical documentation improvement programs for HMO and ACO provider groups.
- Coordinated a successful ICD-10 integration and transition for a large HMO with over 100,000 covered lives.

Introductions

Brett B. Senor, MD, CRC, CCDS
Medical Director

- Board Certified, Internal Medicine
- Served as Corporate Physician Advisor for CDI team for large metropolitan health care system
- Responsible for physician education for ICD-10 for large healthcare system representing approximately 1500 providers
- Expanded this role to the ambulatory setting, assisted in developing an outpatient CDI program across the health system
- Educated clinicians, coders and CDI staff for several health systems, addressing areas of Hospital P4P, MACRA's Quality Payment Program, HCCs and DRG methodologies
- Authored 2018 *For The Record* article on optimizing the use of CDI Physician Advisors
- Remains in active practice as a Hospitalist
- Frequent speaker, ACDIS, AHIMA, NCHIMA and will be returning to the upcoming ACDIS pre-conference to train Physician Advisors on the HHS-HCC model

Objectives

Understand — Understand the impact of accurate and specific documentation/coding on HCC risk scores and quality outcomes

Review — Review common opportunities and/or barriers to accurate documentation/coding

Identify — Identify best practice concepts related to documentation/coding integrity efforts

Describe — Describe a strategy for implementation of a successful documentation/coding improvement pilot project

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Physician Directed Clinical Documentation Integrity

About Enjoin

Comprehensive risk adjustment to support your journey to population health management.

Physician led team of clinical, experienced documentation and coding experts

Tailored, innovative and holistic solutions to pinpoint documentation issues and improve clinical accuracy

Deep understanding risk adjustment methodologies resulting in actionable data

Consistent proven results: Average 44% HCC opportunity with potential impact of $17M per plan/program

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So Many Changes

- COVID-19 impact

- 'Pathways to Success' for ACOs

- New models – Direct contracting, Primary Care first

- Social Determinants of Health (SDoH)

- Changes to CMS HCC methodology

- Possible extrapolation of RADV findings

Why Focus on documentation?

The integrity of documentation can
affect optimization of **reimbursement** and **quality scores** and
minimize penalties.

Clinical documentation
tells the story of each patient and their
unique encounters.

CDI (Clinical Documentation Integrity) programs are necessary
to support accurate and comprehensive capture of **patient complexity**, not just encounter complexity.

Why is documentation accuracy a challenge?

- Appreciating full impact of CDI and HCCs in ACO
- Integrating CDI into the population health space
- Chart review approach
- Timely feedback and education for providers
- Getting all players together
  - Pop Health
  - Providers
  - CDI
  - Revenue Cycle
  - Coding
  - Compliance
  - Operations

Competing goals or need for strategic process?

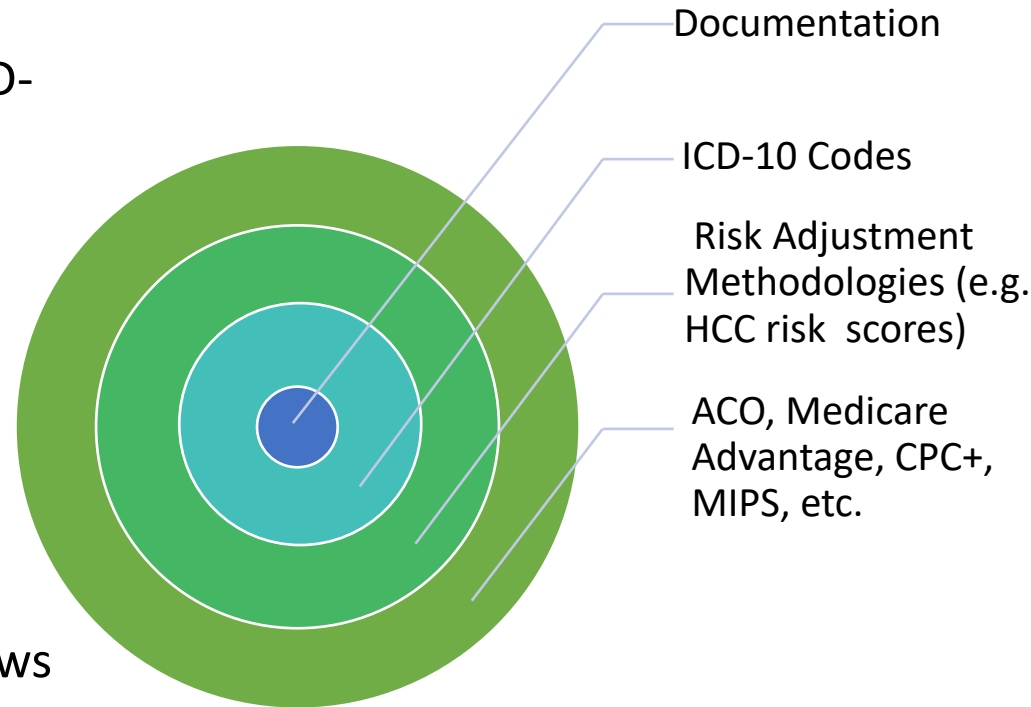*Design processes, education and messaging based on varying needs:*

- **Providers**
  - Documentation accuracy and specificity (and possibly the ICD-10s)

- **Metrics – clinical, quality & financial**
  - Analytics and patient prioritization

- **Process** connects the above:
  - Pre-visit and/or post visit reviews
  - Point of care alerts
  - Continuous provider education & communication

Documentation

ICD-10 Codes

Risk Adjustment Methodologies (e.g. HCC risk scores)

ACO, Medicare Advantage, CPC+, MIPS, etc.

Best Practice Solutions

Strategy for Success

- Analytics
- Chart Review
- Operational Readiness

- Pilot
- Resources
- Processes

Assessment

Planning

Evaluation

Implementation

- What worked well/ what needs improvement
- Readiness for expansion

- Monitor success
- Be nimble/flexible

Assessment

- Analytics
- Chart Review
- Operational Readiness
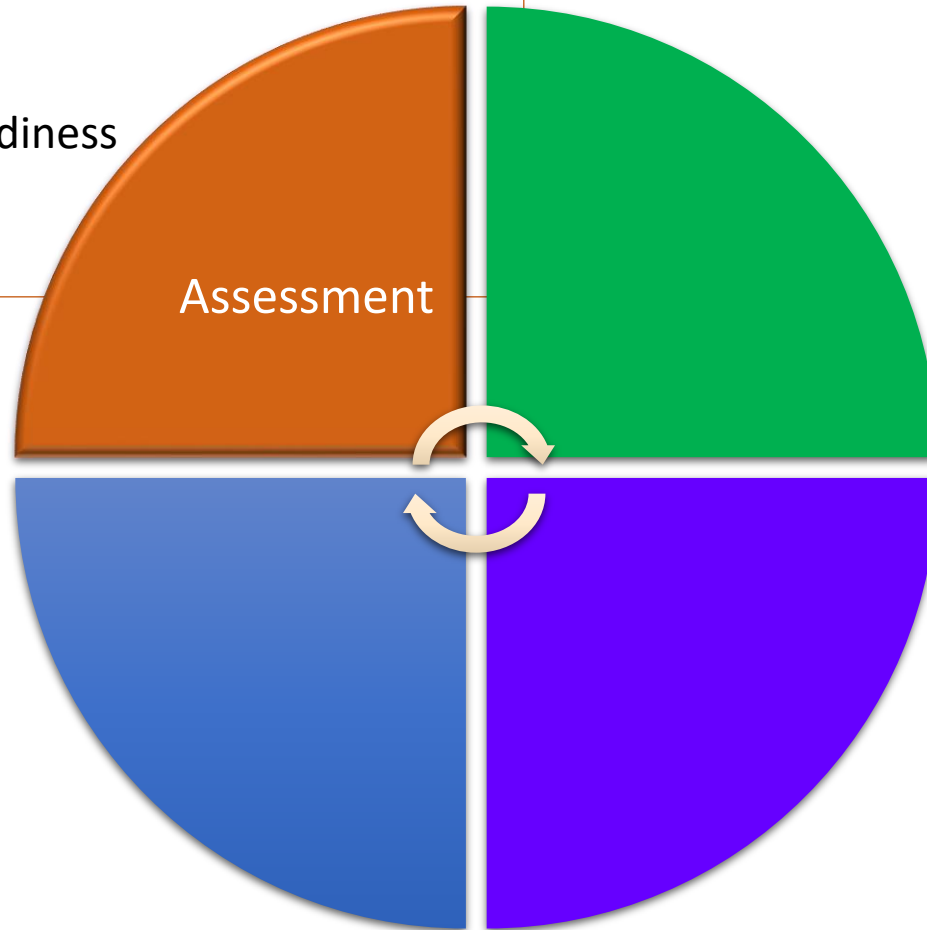
Assessment

Assessment Initiatives

Analytics

Use of holistic patient claims

Risk score variations year to year – Practice and Provider level

High impacting HCC and Quality gaps

Chart Reviews

Targeted based on analytics outcomes

Focus on compliance

Validate gaps

Identify additional opportunities
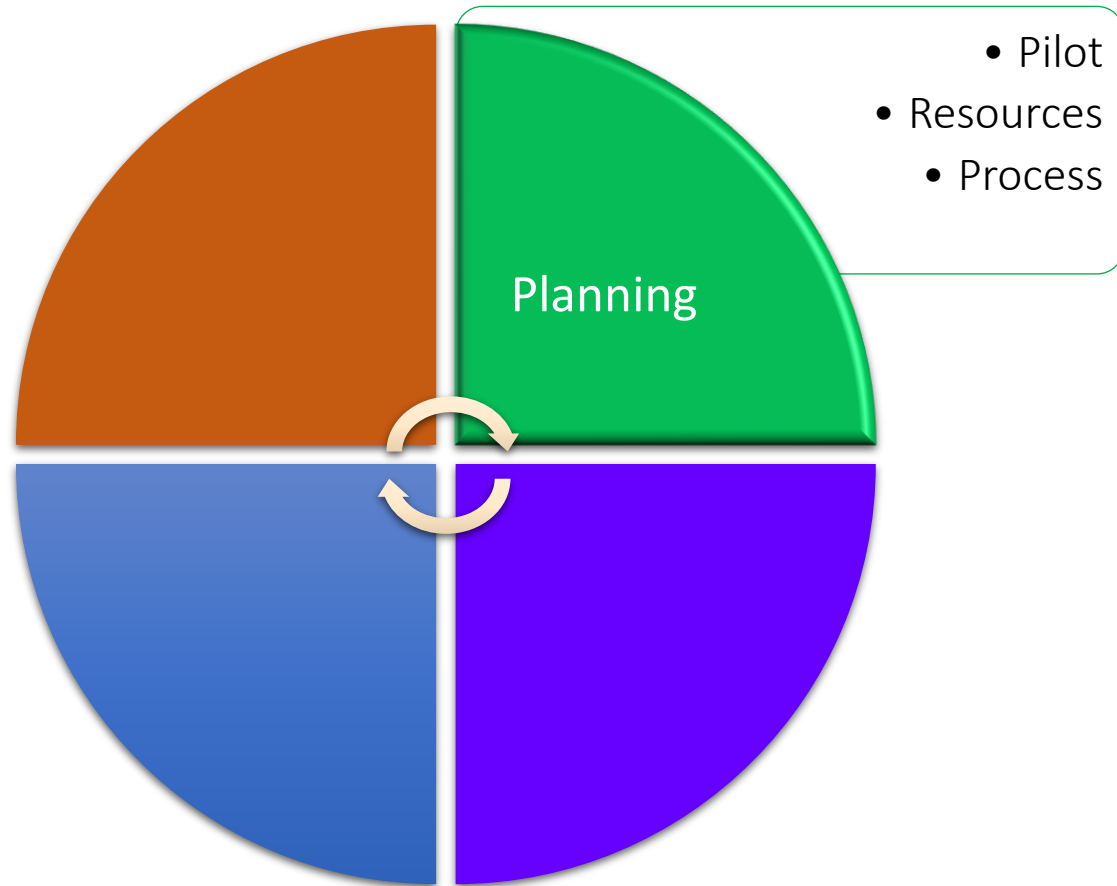
Operational Readiness

Assess current documentation/ coding support initiatives

Talk to key stakeholders

Assess current tools/technologies

Identify potential barriers

Planning

- Pilot
- Resources
- Process

Planning

Planning Initiatives

Identify Pilot

Readiness for change

Establish buy in

Infrastructure to support project

Targeted education/ awareness – All key stakeholders

Establish Workflows

Leverage current tools/technologies

Provider input is key

Create workflow standards

Identify chart review process best suited for your needs (PVP is optimal)

Establish KPIs

Develop reliable and timely reporting related to CDI efforts
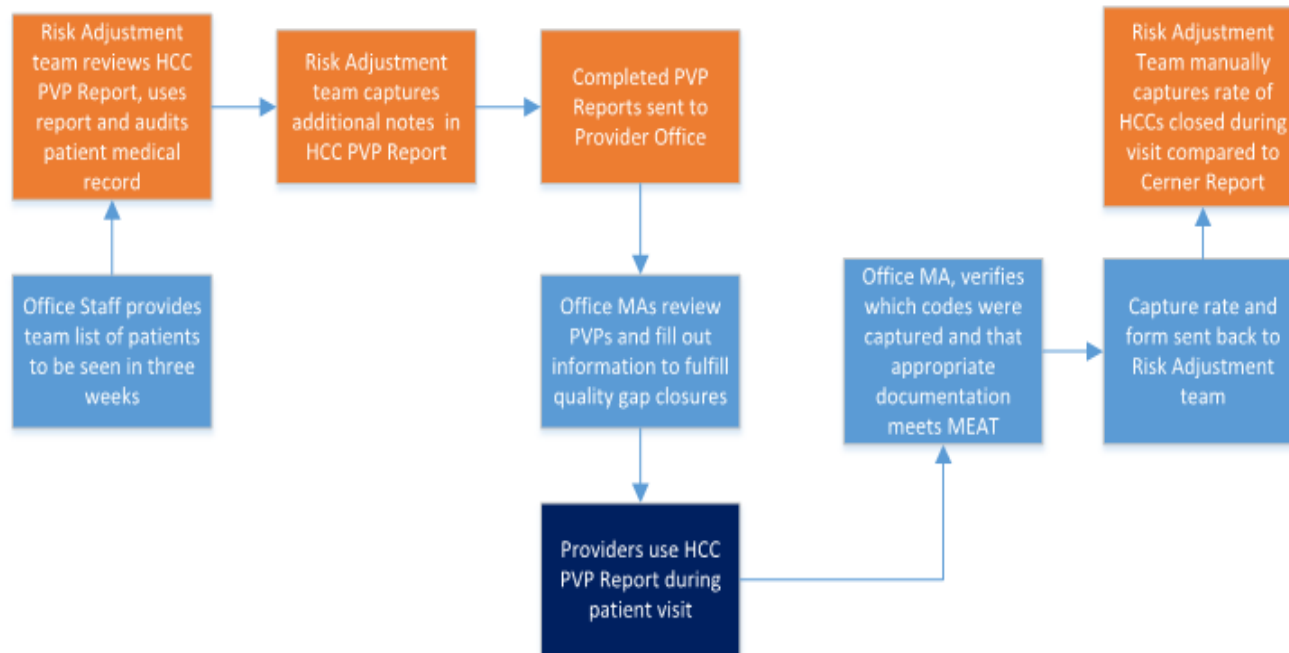
Establish goals and success metrics

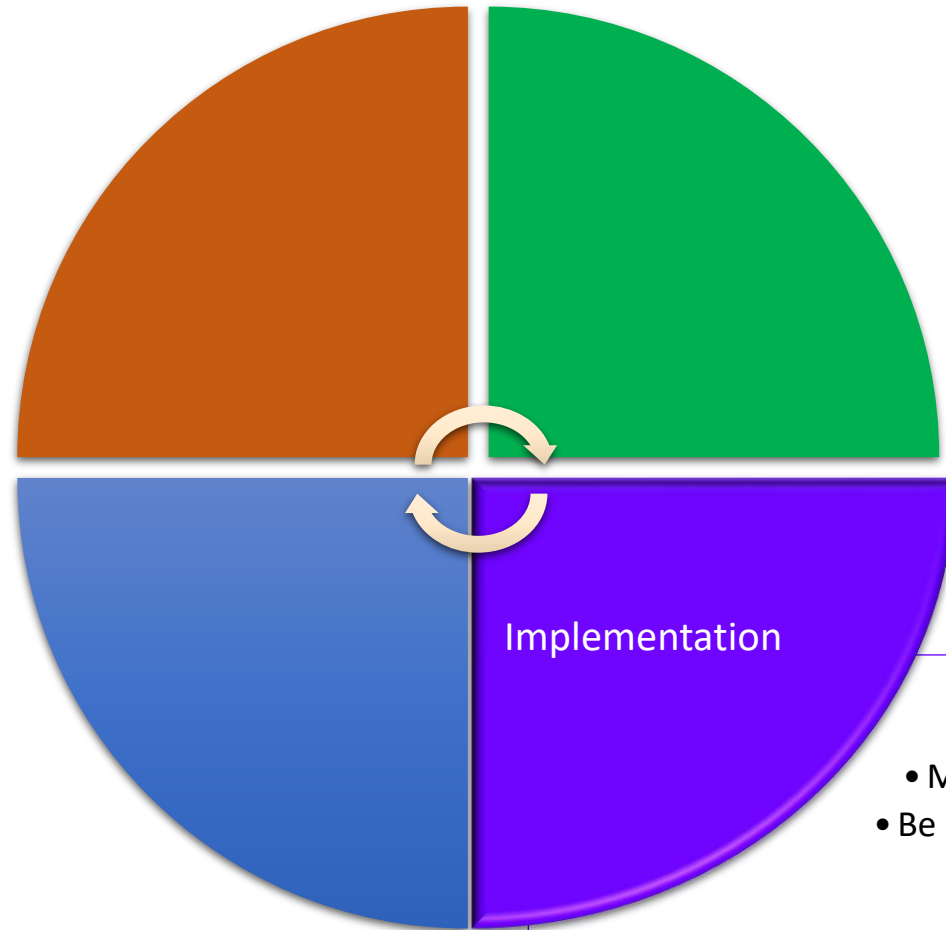Establish feedback loops to support quick identification of barriers

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- Patient focused

- Completed pre-visit

- Identify documentation gaps

- Real time feedback

- Actionable data

Sample Workflow

Risk Adjustment team reviews HCC PVP Report, uses report and audits patient medical record

Risk Adjustment team captures additional notes in HCC PVP Report

Completed PVP Reports sent to Provider Office

Risk Adjustment Team manually captures rate of HCCs closed during visit compared to Cerner Report

Office Staff provides team list of patients to be seen in three weeks

Office MAs review PVPs and fill out information to fulfill quality gap closures

Office MA, verifies which codes were captured and that appropriate documentation meets MEAT

Capture rate and form sent back to Risk Adjustment team

Providers use HCC PVP Report during patient visit

Implementation

- Monitor success
- Be nimble/flexible

Implementation Initiatives

CDI Support

CDS and Providers are collaborative partners

Communication is key

Be nimble and flexible

Allow for ongoing education

Monitor Workflows

Analyze for effectiveness and efficiency

Revise workflow standards as needed

Perform quality assurance

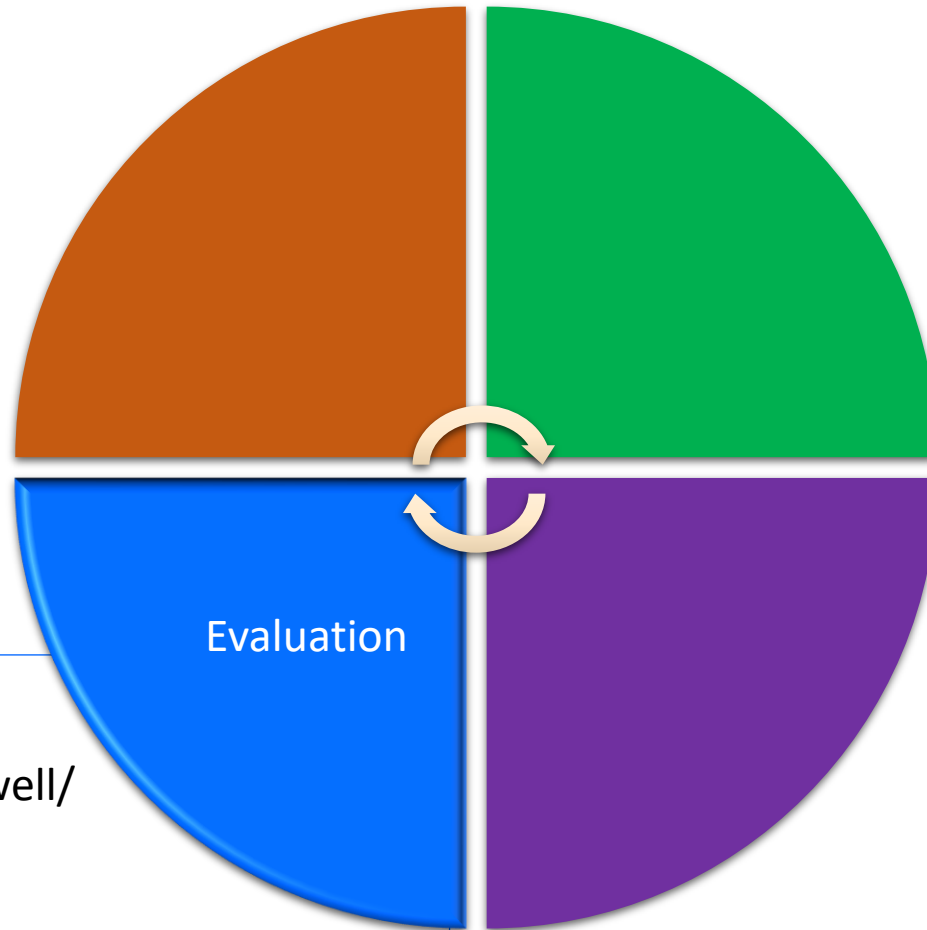Start "wish list" for short vs long term needs

Monitor KPIs

Ensure outcome transparency

Translate data to drive process improvement focus areas

Translate data to drive provider/CDI education

Evaluation

Evaluation

- What worked well/ what needs improvement
- Readiness for expansion

Evaluation Initiatives

Evaluate Success

Outcomes compared to goals

Identify continued barriers

Do analytic capabilities support all initiatives

Analyze lessons learned to prepare next steps

Outline Next Steps

Continuation of CDI program at pilot practice and/or expansion

Prioritize short vs long term program needs (tools, FTEs, etc.)

Expand awareness/ education

Create Scalability and Sustainability

Develop roadmap – Analytics, program expansion, goals, etc.

Central or Regional CDI program support – CDS, Physician advisor(s)

Governance committee to assist with strategic vision

Analytics To Tell The Story

Star- Targeted Intervention Analysis

Star Improvements

*For illustrative purposes only, individual results may vary.
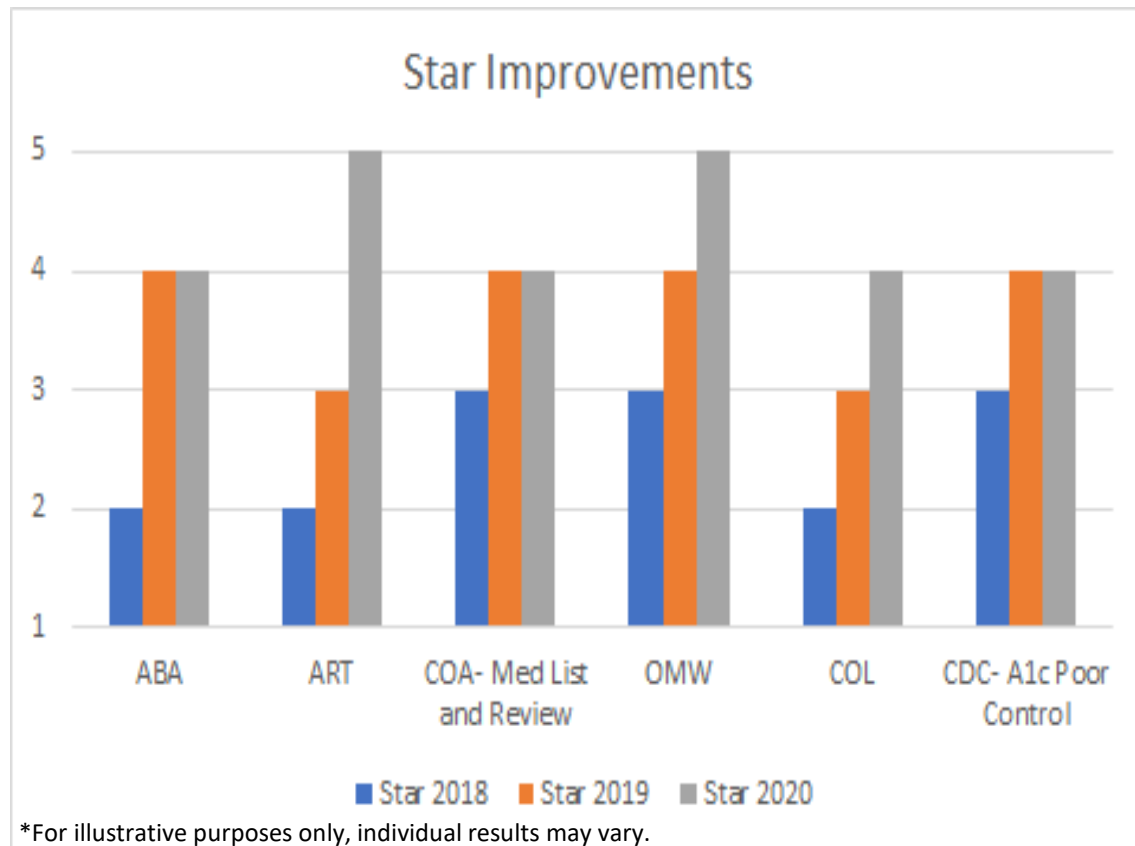
For this client:

- Completed targeted chart audits on selected measures

- Uncovered deficiencies in coding and documentation

- Implemented processes to increase and maintain scores

- ABA: Adult BMI Assessment
- ART: Disease-modifying Anti-rheumatic Drug Therapy for Rheumatoid Arthritis
- COA: Care of Older Adults
- OMW: Osteoporosis Management in Women Who had a Fracture
- COL: Colorectal Cancer Screening
- CDC: Comprehensive Diabetes Care

CMS Plan A - Summary Statistics

Highest level overview of population and the data analyzed – incorporates plan member demographics, all non-denied plan claims, and patient attribution assignments

2018	Performance year
18,084	Total plan-assigned patients
74.2	Avg age of patient
1.02	Avg patient risk score
118	Providers with plan attributed patients
0.93	Avg provider risk score
81,671	Unique claim IDs
15,020	Total patients with claims for services rendered by client provider
5.4	Avg number of 2018 claims per encountered patient
657	Client providers that rendered services to plan patients
198,944	Total diagnoses claimed
2.4	Avg number of diagnoses submitted per claim
13	Max number of diagnoses recorded on a single claim

Outcome Analysis – Risk Scores
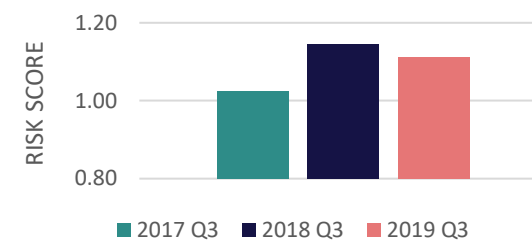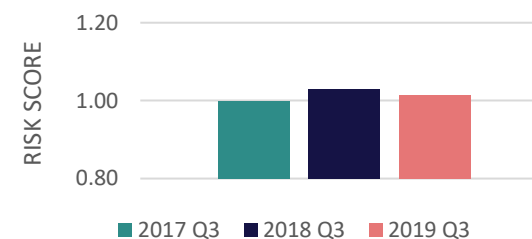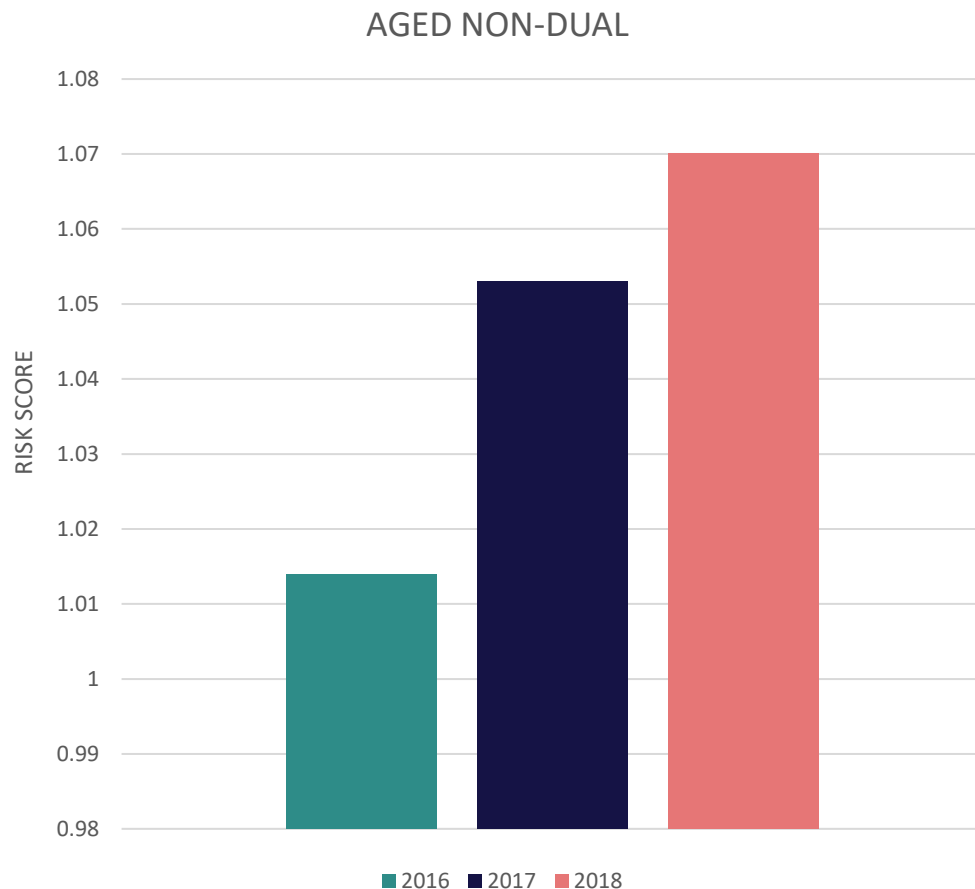

AGED NON-DUAL
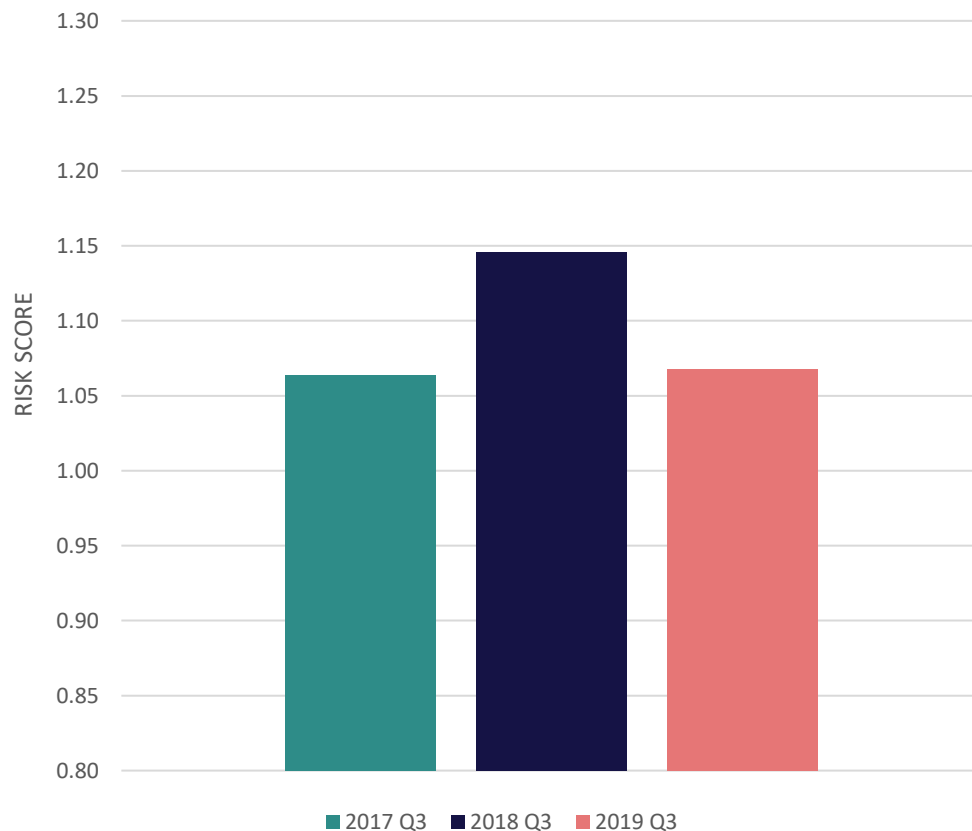
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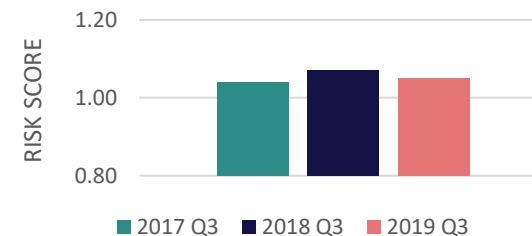
AGED DUAL

ESRD

Risk Score Reporting at ACO level

AGED NON-DUAL

For this client:

- Provider training occurred in 2017

- PVP services started mid year 2018

- Change from 2016 to 2018 was ~$4.5M impact to ACO based on ~$745K increase for every .01 change

- Throughout this report, YTD includes Dec. CCLF CMS reports that contain some Nov. claims
- YTD 2018 Scores are tentative and may fluctuate throughout the year with beneficiary enrollment eligibility changes and patient claims data reflect captured HCCs
- Annual scores include all eligible claims data for dates of service during the performance year processed for payment during, or up to 3 months following the end of the performance year.
- Scores presented are normalized using respective year CMS MA normalization factors

Average Impact: $17.1M per plan

44% of patients in MA and MSSP programs had HCC opportunity. Of these:
- Patients with opportunity for HCC improvement averaged a risk score increase of 0.328
- Our clients have averaged $17.1M per plan/program in potential impact
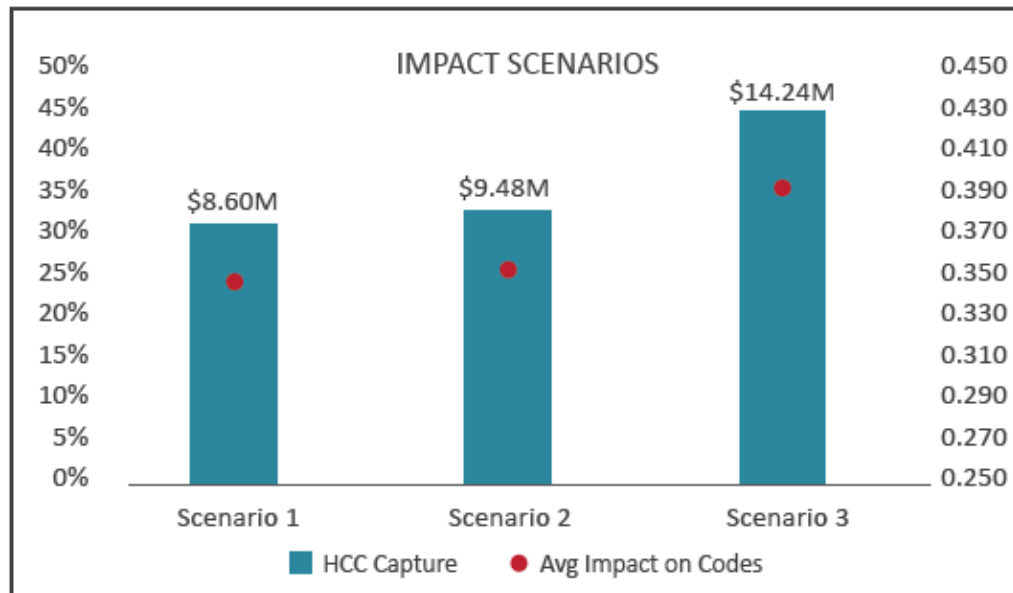
Based on 1.0 benchmark RAF and $678 PMPM. Gross revenue impact identifies both revenue at risk for not capturing conditions that were previously captured and new revenue for capture of new conditions. Net change is based on contract terms.

- *Based on CMS HCCs*
- *Random chart reviews*

Scenario 1
Capture HCC on 31% of population, with avg. risk score improvement of .341 and impact of $8.60M per 10,000 patients
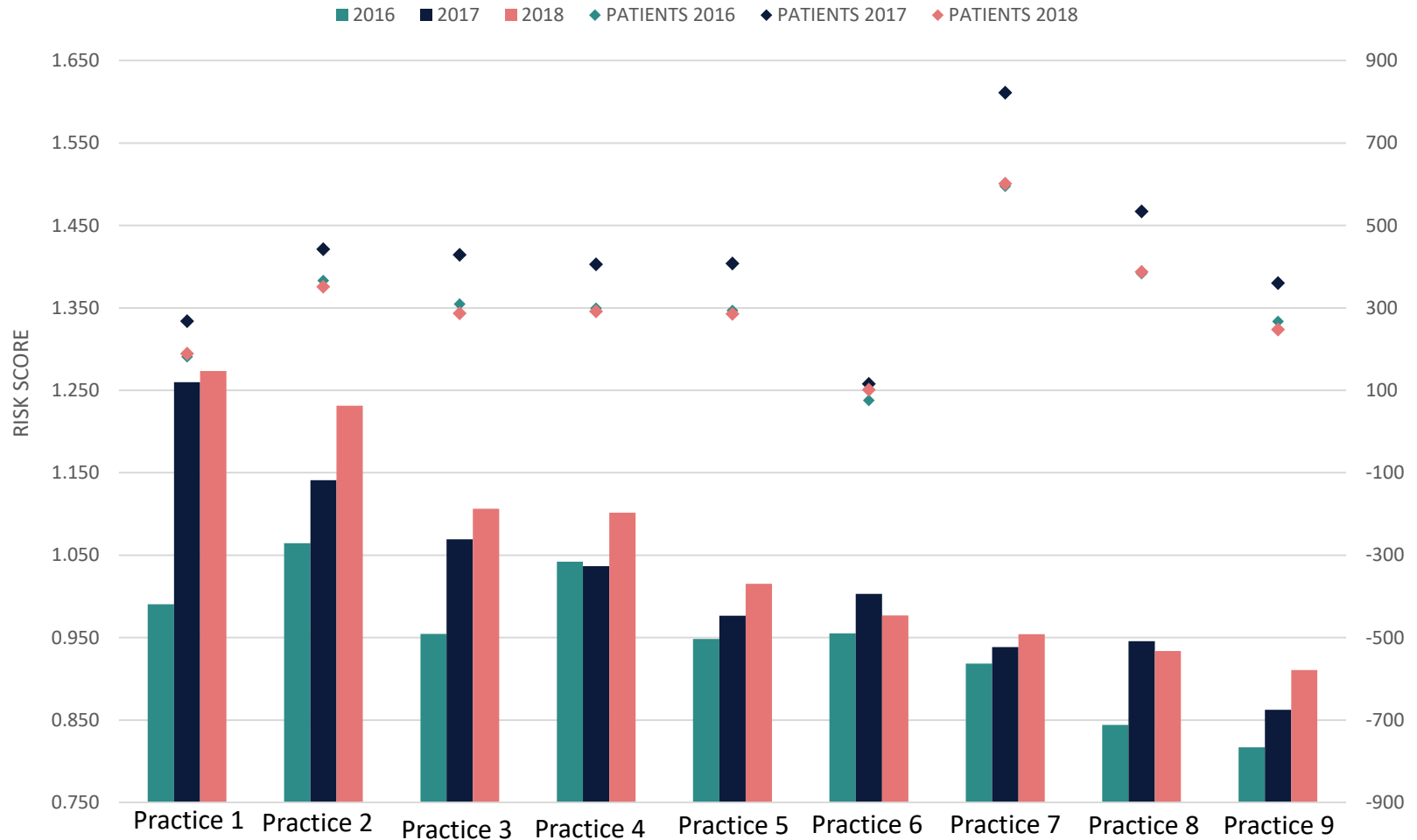
Scenario 2
Capture HCC on 33% of population, with avg. risk score improvement of .353 and impact of $9.48M per 10,000 patients

Scenario 3
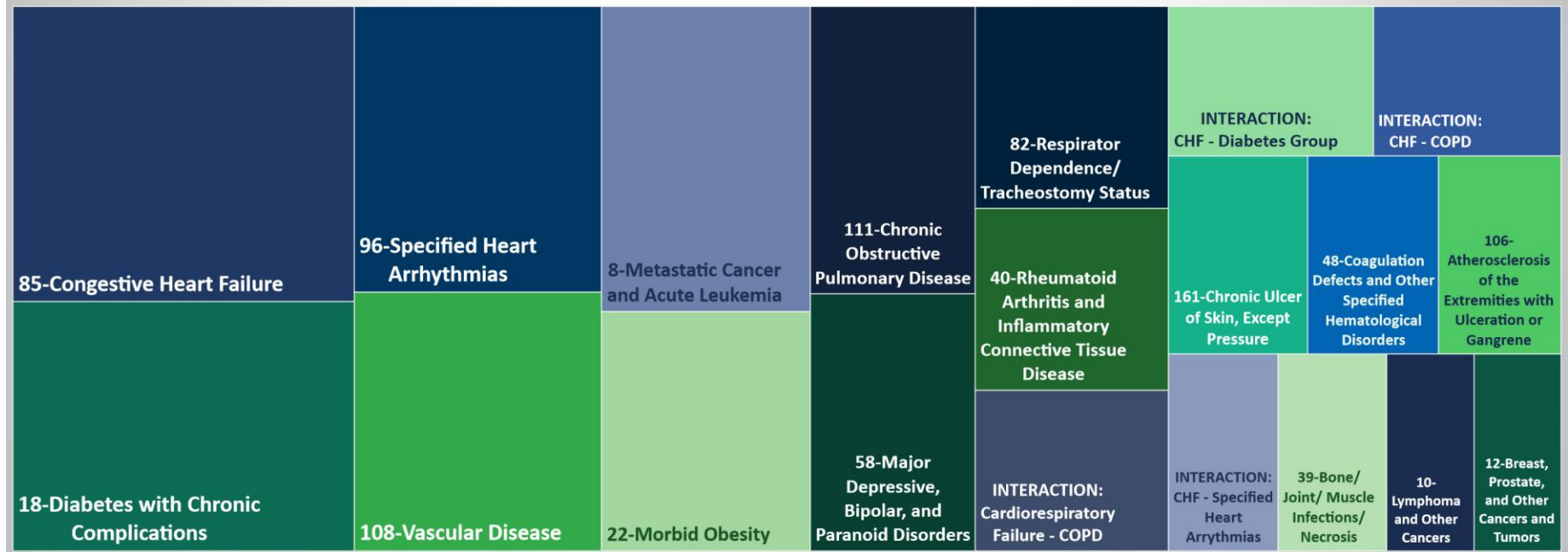Capture HCC on 45% of population, with avg. risk score improvement of .389 and impact of $14.24M per 10,000 patients
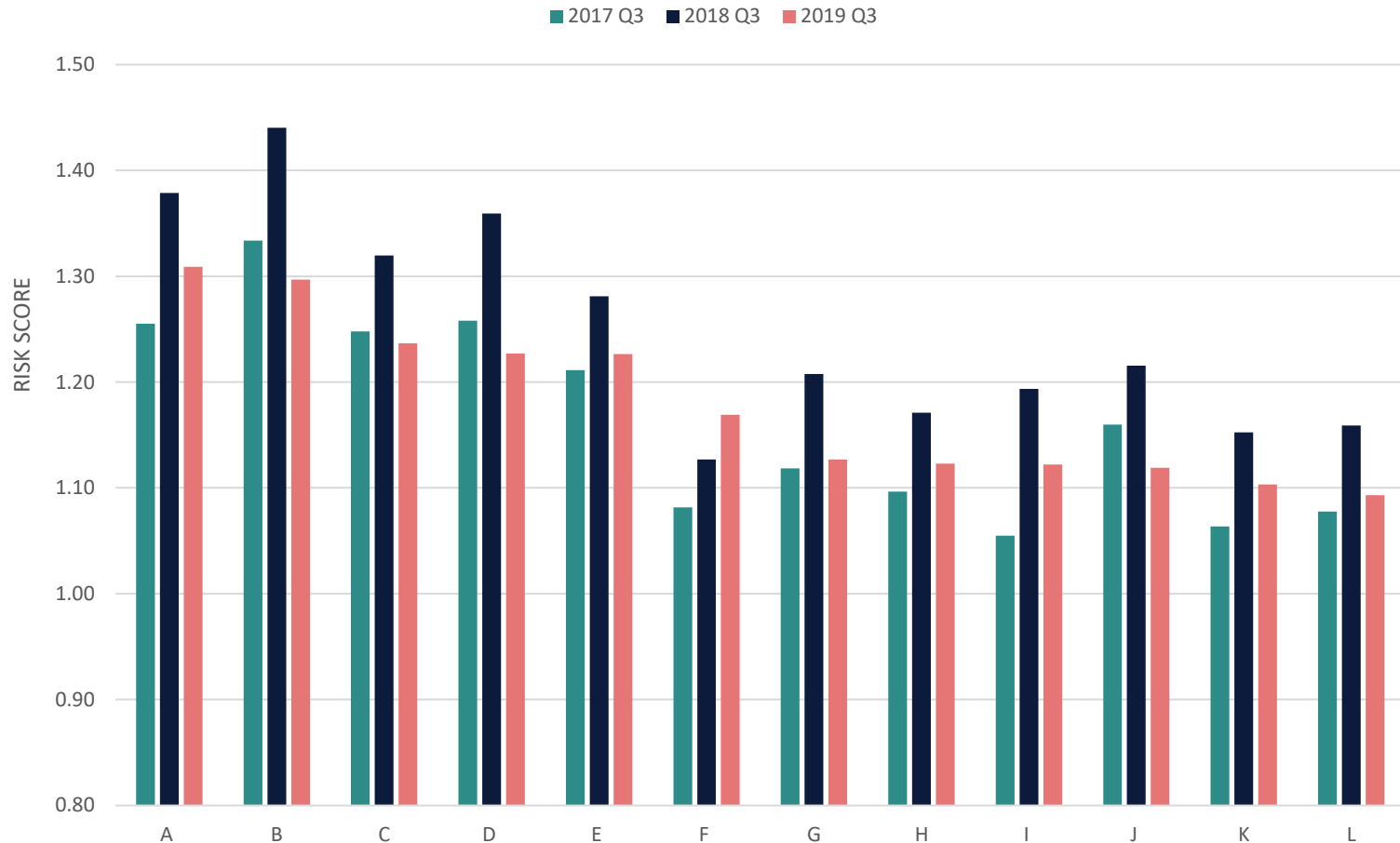
Client Results: Pre-visit Planning

Revenue at Risk = $2,035 avg PMPY

20 Greatest Categories of Uncaptured RAF - PY 2019

Providers with highest 2019 aged non-dual risk scores

PVP Findings Example: Financial Impact

*Example of Monthly Pre-visit Planning (PVP) Results	ACO
Total Unique Patients	2342
% of pts. with findings	43%
Queries & Coding Opportunities ('Adds')	340
Average risk score increase	0.3429
Average annual increase per patient	$3,292
Risk Score Total for Identified Opportunities	116.584
Financial impact of recommendations	**$1,119,206**
Open Conditions	521
Average risk score increase	0.3346
Average annual increase per patient	$3,212
Risk Score Total for Open Conditions	174.328
Financial impact of recommendations	**$1,673,549**
Total Financial impact of recommendations	**$2,792,755**
Return on Investment	**2550%**

 *Results and calculations are based on risk score changes and ACO/MA PMPY impacts. Exact client impact is based on contract details which are not included in these calculations.

PVP Findings Example: Revenue at Risk

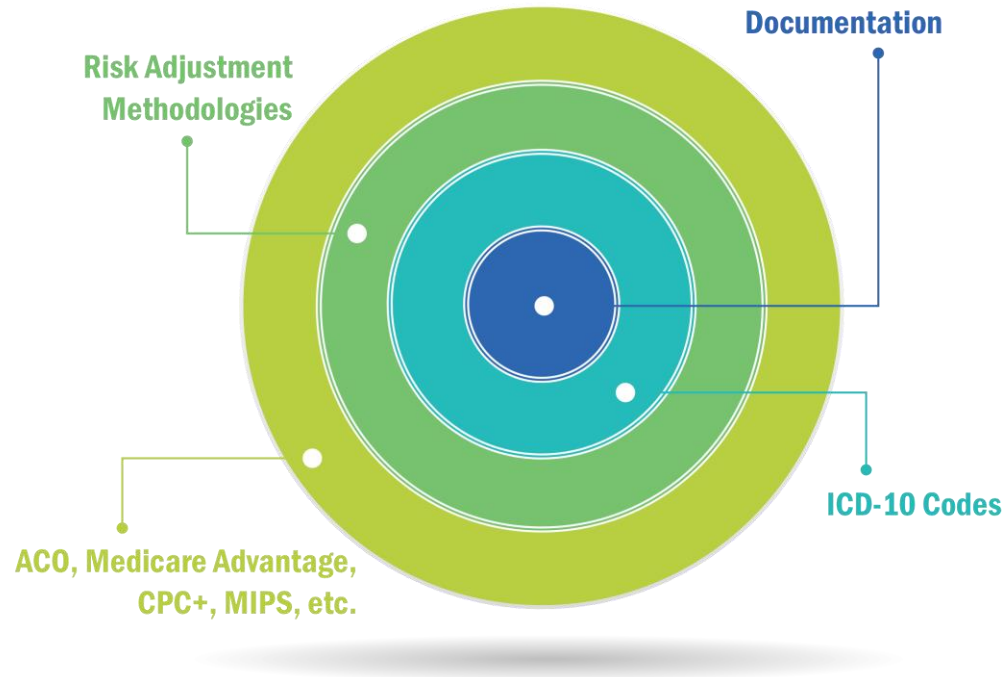| *Example of Monthly Revenue at Risk	ACO
Total Unique Patients	2342
Compliance findings	844
Average weight change	0.3314
Total weight of change from compliance findings	279.7120
Average impact per patient	$3,182
Financial Impact of Compliance Findings	**$2,685,235**

 *Results and calculations are based on risk score changes and ACO/MA
PMPY impacts. Exact client impact is based on contract details which are not included in
these calculations.

Keys to Program Development and Success

Documentation

Risk Adjustment Methodologies

ACO, Medicare Advantage, CPC+, MIPS, etc.

ICD-10 Codes

- ✓ Patient centered approach with documentation at the core

- ✓ Leadership collaboration and alignment

- ✓ Data driven decision making

- ✓ Actionable learning

- ✓ Peer to peer education

- ✓ Continuous communication

- ✓ Continuous program evolution

What should you be doing now?

- Engage your providers!

- Keep apprised of changes and how those impact the ACO

- Use data to drive improvement focus areas and strategies

- Start education now for 2021 changes

- Start building processes to support HCC and Quality accuracy

PRO

Thank you!

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www.enjoincdi.com

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Stop by our ACO Exhibit Hall Virtual Booth

https://www.acoexhibithall.com/vendor-booth/enjoin/patient-physician-engagement/116/

Pop Health CDI Services

- Data Analytics
- Chart reviews
  - Pre-visit Planning Reviews
  - Retrospective Chart Reviews
  - Risk Adjustment Compliance Reviews
  - Quality Reviews
- Education
  - Peer-to-peer Provider Education
  - HCC Risk Adjustment Seminar (AAPC approved)
  - HCC Risk Adjustment Physician Advisor Training
  - Quality
- Program Design and Implementation
- Program Monitoring and Metrics
- Resources
  - HCC Pocket Guide
  - CDocT®

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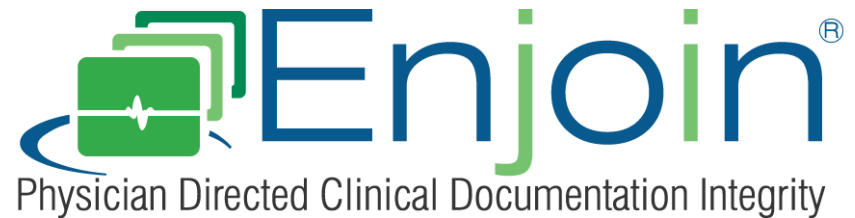
CDocT® - Clinical Documentation Tool

CDoct
Powered by Enjoin

Extensive library of HCC and Risk Adjustment content and evidence-based guidelines.

CDI Checklists by disease category to support record review activities and identification of risk adjustment variables

Key Condition Reference Guide organized by body system including clinical definitions, clinical indicators and documentation tips to support query development and provider communication

HCC Tables including coefficients, disease interactions, and hierarchal details

Training PowerPoints and case studies to support future internal training initiatives

Enterprise, single sign-on with timely updates based on regulatory changes

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