# VALUE-BASED CARE IS A TEAM SPORT

## HOW PROVIDERS CAN OPERATIONALIZE RISK ADJUSTMENT INITIATIVES

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VBCExhibitHall.com
*Educational Webinar Series*

ATTAC CONSULTING GROUP

# ABOUT US

**Founded in 2003, ATTAC Consulting Group is recognized as a premier national consulting and auditing firm serving insurers, managed care and provider organizations on issues related to:**

- **Medicare Advantage**
- **Medicare Part D**
- **Medicaid**

- **Duals Programs**
- **ACOs**
- **Health Exchange (ACA) products**

## We specialize in:

- **Risk Adjustment for Medicare Advantage, ACA Plans, Medicaid Plans & Risk-bearing Provider Groups**
- **Regulatory Compliance**
- **Medicaid Bids**
- **Provider Access Surveys**
- **Provider Network Development**
- **Operational Excellence, Business Transformation & Systems**

# SPEAKER INTRODUCTIONS

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# AGENDA

- Different perspectives, goals and areas of alignment for upstream risk-bearing contractors and downstream providers
- Unique challenges with members and data that require upstream and downstream collaboration
- Strategies and skills required to establish data-driven priorities
- Discussion of KPIs that must be tracked and shared to improve transparency and accountability
- Strategies for providers to distribute the data and take appropriate actions pre-encounter, at point-of-care, and post-encounter

# POLLING QUESTION #1

- **Which best describes your organization? (Select one)**
  - ○ ACO/MSSP or similar risk-bearing contractor
  - ○ Downstream provider organization
  - ○ Managed-care entity
  - ○ Vendor organization
  - ○ Consultant

# UPSTREAM AND DOWNSTREAM ENTITIES

- **Upstream Risk-bearing Contractors**
  o Collect data across various inputs
  o Identify persistent or suspect chronic conditions
  o Develop cohesive care management strategy for each beneficiary
  o Establish prioritized risk adjustment strategy
  o Manage data analytics staff/vendors
  o Develop provider education plans
  o Manage chart retrieval and coding
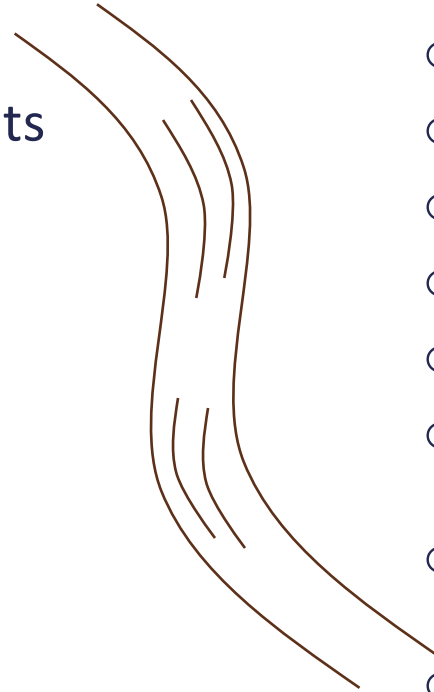
- **Downstream Care Providers**
  o Schedule beneficiary visits
  o Document chronic conditions
  o Perform care management
  o Identify new chronic conditions
  o Develop treatment plans
  o Enter complete coding into claims submitted to CMS for payment
  o Capture all prescribed medications during visit
  o Schedule labs and tests for quality metrics
  o Supply medical records when requested for chart review/audit

# RISK ADJUSTMENT DIFFERENCES

## Medicare Advantage Plans

- Send encounter submissions to CMS themselves or via vendor
  - Submissions allowed 13 months after calendar year date of service
- Offer supplemental services to attract Part C members (vision, dental, Silver Sneakers)
- No limit on +/- lift from risk adjustment on health plan payment
- All member activity is available to health plan

## Upstream Risk-bearing Contractors (ACO)

- Submit provider claims via Medicare Administrative Contractor (MAC)
- MAC can reopen claims to add dx codes for 12 months after final adjudication date
- Beneficiary incentive programs for qualifying service ($20 for primary care service)
- Max 3% positive lift, but no limit to negative loss from risk adjustment payments
- Only member activity associated with ACO providers and facilities is available
- Significant data delays from CMS

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# EXAMPLES OF UPSTREAM VBC CHALLENGES

## Snowbirds

Jan-May

- How to identify?
- How to engage with limited window of time before summer departure?

Jun-Sep

- Upstream RBCs are unaware of beneficiary encounters over summer
- Summer encounter data will be received late in year

Oct-Dec

- How to engage upon return to capture undocumented chronic conditions?

## Aged-In Late in the Year

- Members that turn 65 after July 31
- How to identify newly attributed beneficiaries?
- How to discern chronic conditions?
- How to engage new beneficiaries to capture undocumented chronic conditions?
- How to achieve quality objectives for new members?

# CHALLENGES IN SHARING DATA

**Upstream risk-bearing entities will have multiple EHRs across multiple practices**

- Non-sponsoring providers may have EHR that doesn't share data
  - This can lead to blind spots for providers within ACO/MSSP
  - When possible, build data exchanges or develop APIs to extract EHR data

# VALUE-BASED CARE OBJECTIVES

## Upstream
### Risk-bearing entity (ACO, IPA)

- Use data and analytics to understand patient population
- Ensure accurate RAF scores for positive returns
- Balance financial reimbursement, compliance and quality
- Satisfaction derived from achieving value (quality at lower cost)

## Downstream
### Care Providers in Practices

- Use EHR reminders and alerts to track patient needs
- Ensure documentation and coding are complete and compliant
- Balance schedule and time constraints
- Satisfaction derived from providing better care to patients

# VBC TEAM STRATEGIES

### Upstream

- Analyze data to support VBC objectives
- Track/provide data on quality/ benchmarks
- Relay relevant data to provider practices (gaps, areas to examine)
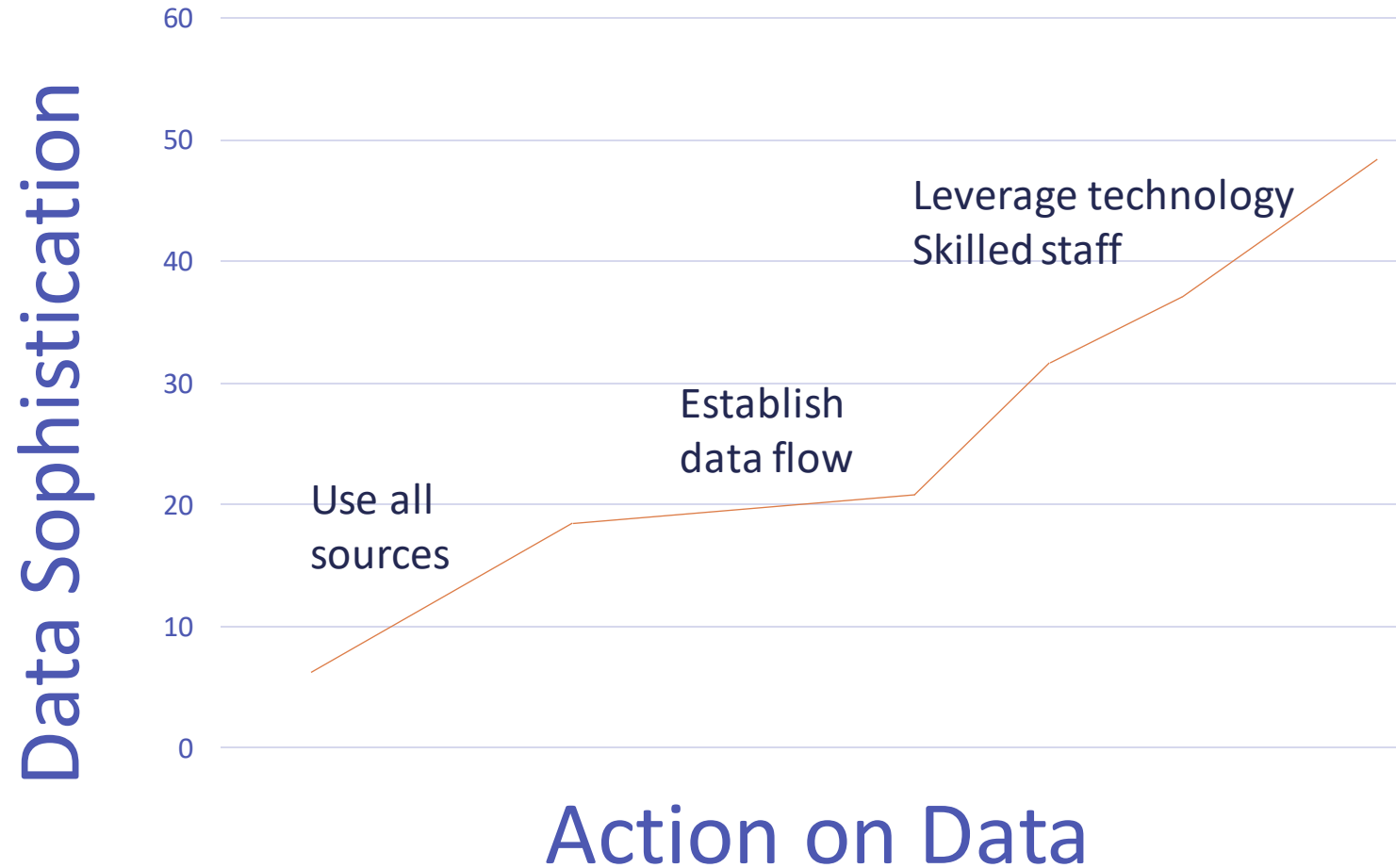
### Downstream

- Provide quality care to patient/ members
- Understand/address potential gaps in diagnosis or care
- Properly document encounter (diagnosis / services provided)
- Follow-up with members & collaborate to support care management

### Collaboration

- Data-driven priorities (e.g., patient scheduling to address gaps)
- Patient attribution nuances (patients aging in, newly attributed)
- Risk mitigation strategies and tactics
- Chart reviews, coding validation

# ESTABLISH DATA-DRIVEN PRIORITIES



Data Sophistication

Leverage technology
Skilled staff

Establish
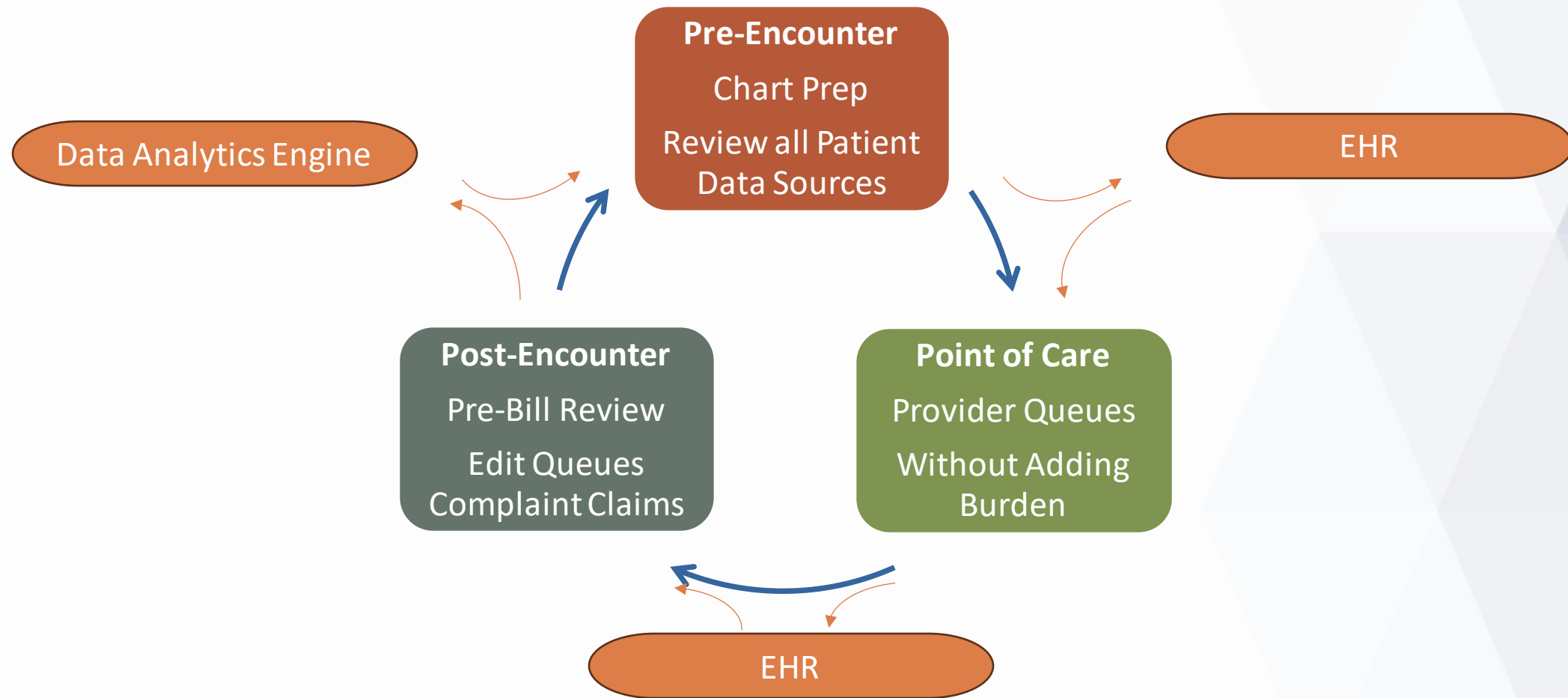data flow

Use all
sources

Action on Data

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# POLLING QUESTION #2

- **Are you confident that you've incorporated all data sources in your VBC strategies? (Select one)**
  - Yes we have
  - No we have not
  - Not sure where we are
  - We have more work to do

# ESTABLISH & TRACK VBC TEAM KPIS

- **RAF scores and trends (year-over-year, by provider)**
- **Persistency of HCC capture**
  - HCC recapture/reconfirmation rate
  - Gap reports, chase lists
- **Annual wellness visit rates**
- **Quality benchmarks**
  - CAHPS for MIPS
  - HEDIS gap closure report

- **Trends in patient population (retention, growth, risk levels)**
- **Disease-specific trends (chronic/acute conditions)**
- **Maturation of ACOs**
  - Expanded objectives
  - New KPIs to measure progress

# PROVIDER STRATEGIES TO DISTRIBUTE & ACT ON DATA

Data Analytics Engine

**Pre-Encounter**

Chart Prep

Review all Patient Data Sources

EHR

**Post-Encounter**

Pre-Bill Review

Edit Queues Complaint Claims

**Point of Care**

Provider Queues

Without Adding Burden

EHR

# PRE-ENCOUNTER PROVIDER PROCESS

- **Chart prep activities**
  - o Based on data-driven priorities: Chase lists, gap reports
  - o EHR review: Problem list, visit notes, lab values
  - o Tools: Bolt-on, integrated, with and without AI
- **Present full picture of patient's conditions**
  - Identify conditions for provider follow-up
  - Identify/confirm suspected gaps
- **Unintended outcomes**
  - Analytic "noise" and false positives (human in the loop)
  - Consequences of over-scrubbing

# POINT-OF-CARE PROVIDER PROCESS

- **Success factors**
  - Within current EHR workflow
  - Leverage provider's staff (medical assistants, scribes)
  - Leverage EHR tools (pick lists, alerts)
- **Expected/potential outcomes**
  - Persistent conditions addressed by provider (documented MEAT)
  - Gaps closed for accurate coding/HCC reporting
- **Unintended outcomes**
  - Increased provider burden
  - Provider inaction

# POST-ENCOUNTER PROVIDER PROCESS

- **Pre-bill review**
  - Algorithms drive work queues
  - Confirm MEAT documentation & coding match
  - Ensure billing compliance
- **Expected/potential outcomes**
  - Pre-bill coding corrections/ updates
  - Accurate and supported coding/HCC reporting
- **Unintended outcomes**
  - Claims submission delays
  - Staffing challenges (attracting, retaining, skill set)

# POLLING QUESTION #3

- **How far are you in implementing pre-encounter, point-of-care & post-encounter processes? (Select one)**
  - We've implemented processes across all 3 points
  - We've implemented pre/post encounter processes
  - We've implemented pre-encounter processes only
  - We've implemented post-encounter processes only
  - We've not yet implemented any of these processes

# ADDITIONAL CONSIDERATIONS

- **Use resources for maximum return**
  - Define budget to ensure positive value
  - Use an intentional seasonal approach
  - Prioritize, then adapt or pivot as needed
- **Attribution**
  - Prospective assignment
  - Retrospective assignment
  - Voluntary selection by beneficiary
- **Create / emphasize mutual incentives between parties**
  - Establish shared understanding of responsibilities and accountability
  - Consider what matters most to each party
  - Enable shared objectives without adding burden

# HOW ATTAC CAN HELP

**Maximize shared savings payments**

**Optimize beneficiary care management**

- Knowledge and expertise to drive collaboration
- Effectively use EHR to share data
- Ensure data flow in both directions
- Procedures and accountability

- Proper staffing and skills
- KPIs to provide feedback and transparency
- Clearly defined/refined data strategies
- Expand upon data strategies (when ready)

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# QUESTIONS

**Please send questions via webinar control box or contact us directly**

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