

# Most Effective Way to Close Risk Adjustment Gaps at Point of Care

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ASSOCIATION

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**THREE COMMUNITIES**



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2

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12

ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD

# Problem Statement:

- Providers do not engage in my prospective care gap program.
- My prospective program does not generate the value I expected.
- The care gaps displayed to my providers are not accurate.
- The care gaps displayed to my providers are not considered valuable.



# Factors for Success:

## Accuracy of Information

- False positives, false negatives
- Freshness of data

## Accessibility of Information

- Inserting into an organic clinical workflow is key

## Ease of Acting on Information

- Supporting information/rationale
- User-friendly interface/format

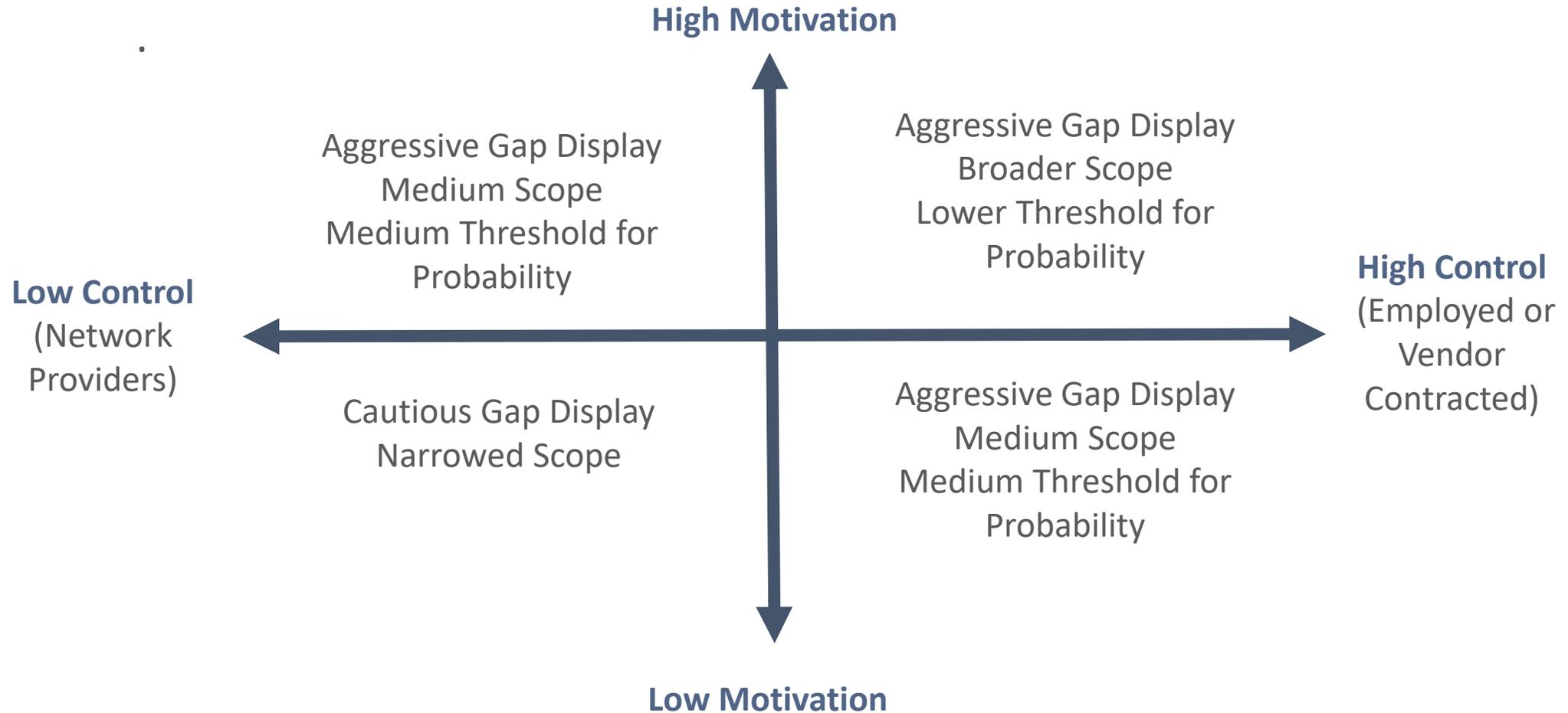
## Transparency

- Full accounting for past work
- Clear visibility into status, outcomes, and impact

# Underlying Considerations for POC Gap Programs

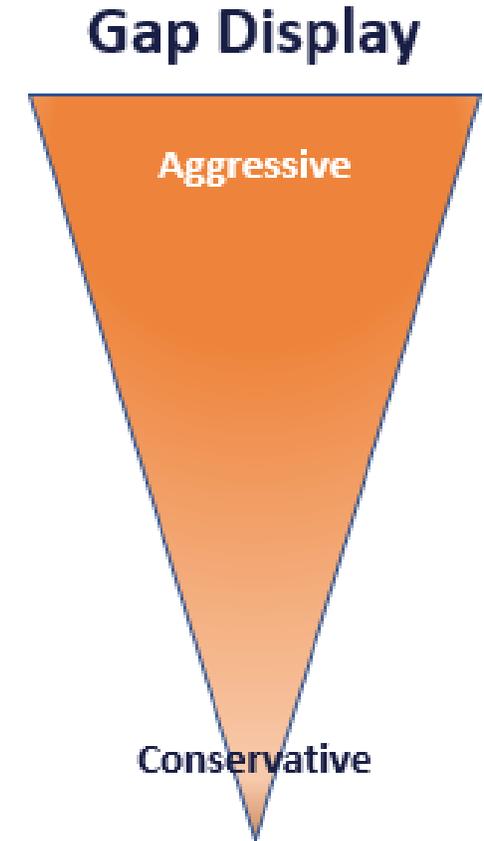
- Know your audience/consumers
  - Is your program staff or provider-facing?
  - What is your audience's savviness in documentation/quality?
- Anticipate the WIFM question – “What’s in it for me?”
  - Is there contractual motivation to care (e.g., reimbursement, employment status)?
  - Does the individual doing the work directly or indirectly benefit?
  - Ultimately, is there incentive alignment from top to bottom?

# Considerations – Motivations and Control



# Throttling by Audience

- Consideration for audience/user base may support a dynamic gap display approach
- Generate confidence, hone the work, and reduce false positives with more sensitive audience groups
- Pursue more aggressive, lower confidence level opportunities in a more tolerant audience
- Incorporate feedback and adjust as needed



# Contemplating “Gap Closure”

## Hard Closure

- ICD-10 acceptance on a MAO-004 file
- HEDIS engine numerator compliance

## Soft Closure

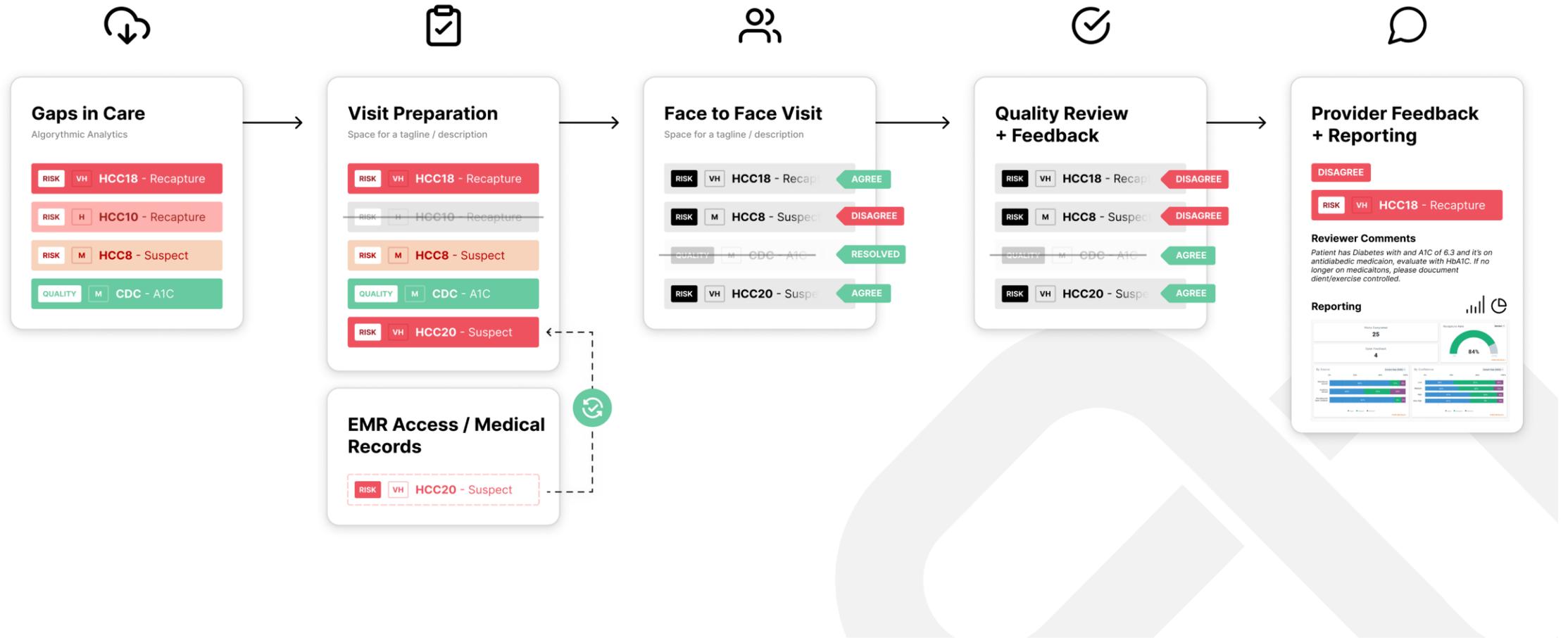
- Actions taken in system
- Pre-claim
- Other meta-data

# Improving Gap Closure @ the Point of Care

- Providers/NPs
  - Staff
  - Network
  - In-home/telehealth vendors
- Goal
  - Make it easier for providers to close gaps
  - Ensure appropriate documentation and support
  - Feedback/provider education
  - Account for every gap and report



# Workflow



# Visit Preparation: Detailed Explanation



Risk Adjustment

Recapture

## HCC18 - Diabetes with Chronic Complications

E11.42 Type 2 Diabetes Mellitus with Diabetic Polynueropathy

Reported in Claim 02 in 2020, by 01 Provider

Risk Adjustment

Recapture

## HCC18 - Diabeted with Chronic Complications

E11.42 Type 2 diabetes Mellitus with Diabetic Prolnueopathy

Reported in Claim 02 in 2020, by 01 Provider

Comments:

Patient has Diabetes with and A1C of 6.3 and it's on antidiabetic medicaion, evaluate with updated HbA1c. If no longer on medicaitons, please doucument dient/exercise controlled.

VH, 08/02/2021 @ 12:31



# Visit Preparation: Removing False Positives



~~RISK Suspect~~

~~HCC78 - Parkinsons~~

~~C20 Idiopathic Parkinsonism~~

Suspect derived from medication: Requip

Comments:

Removing HCC - 78 as false positive. Requip is indicated for RLS not Parkinsons as this medication does have FDA approvals for both conditions.)

VH, 08/02/2021 @ 12:31

# Visit Preparation: New Gaps from EMR



RISK

Suspect

**HCC47 - Immunodeficiency**

D84.9 Immunodeficiency, unspecified

Suspect - derived from Medical Records

Comments:

Patient Prescribed Long term inhaled steroids on hospital discharge for COPD exacerbation. Evaluate patient for Immunodeficiency

VH, 12/02/2020 @ 12:31



# Face-to-Face Visit



**Risk Adjustment** **Recapture**

## HCC 18 - Diabeted with Chronic Complications

E11.42 Type 2 diabetes Mellitus with Diabetic Prolnueopathy

Reported in Claim 02 in 2020, by 01 Provider

Comments:  
Patient has Diabetes with and A1C of 6.3 and it's on antidiabetic medicaion, evaluate with HbA1C. If no longer on medicaitons, please doucument dient/exercise controlled.  
VH, 08/02/2021 @ 12:31

Agree  Disagree  Resolved



**Risk Adjustment** **Recapture**

## HCC 88 - Angina

Comments:  
Patient has a history of Angina and is on Nitro. Please confirm for this year by reviewing how often and the last time nitro was used.  
VH, 08/02/2021 @ 12:31

Patient has not taken Nitro since 2019  
Donlad H. T. MD, 08/04/2021 @ 14:31

Agree  Disagree  Resolved



# Quality Review



**Risk Adjustment** **Recapture**

## HCC18 - Diabeted with Chronic Complications

E11.42 Type 2 diabetes Mellitus with Diabetic Prolnueopathy

Reported in Claim **02** in 2020, by **01** Provider

Comments:  
Patient has Diabetes with and A1C of 6.3 and it's on antidiabetic medictaion, evaluate with HbA1C. If no longer on medicaitons, please doucment diet/exercise controlled.  
VH, 08/02/2021 @ 12:31

Agree  Disagree  Resolved



**Closed & Compliant**

**Risk Adjustment** **Recapture**

## HCC 88 - Angina

Comments:  
Patient has a history of Angina and is on Nitro. Please confirm for this year by reviewing how often and the last time nitro was used.  
VH, 08/02/2021 @ 12:31

Patient has not taken Nitro since 2019  
Provider, 08/04/2021 @ 14:31

Agree  Disagree  Resolved

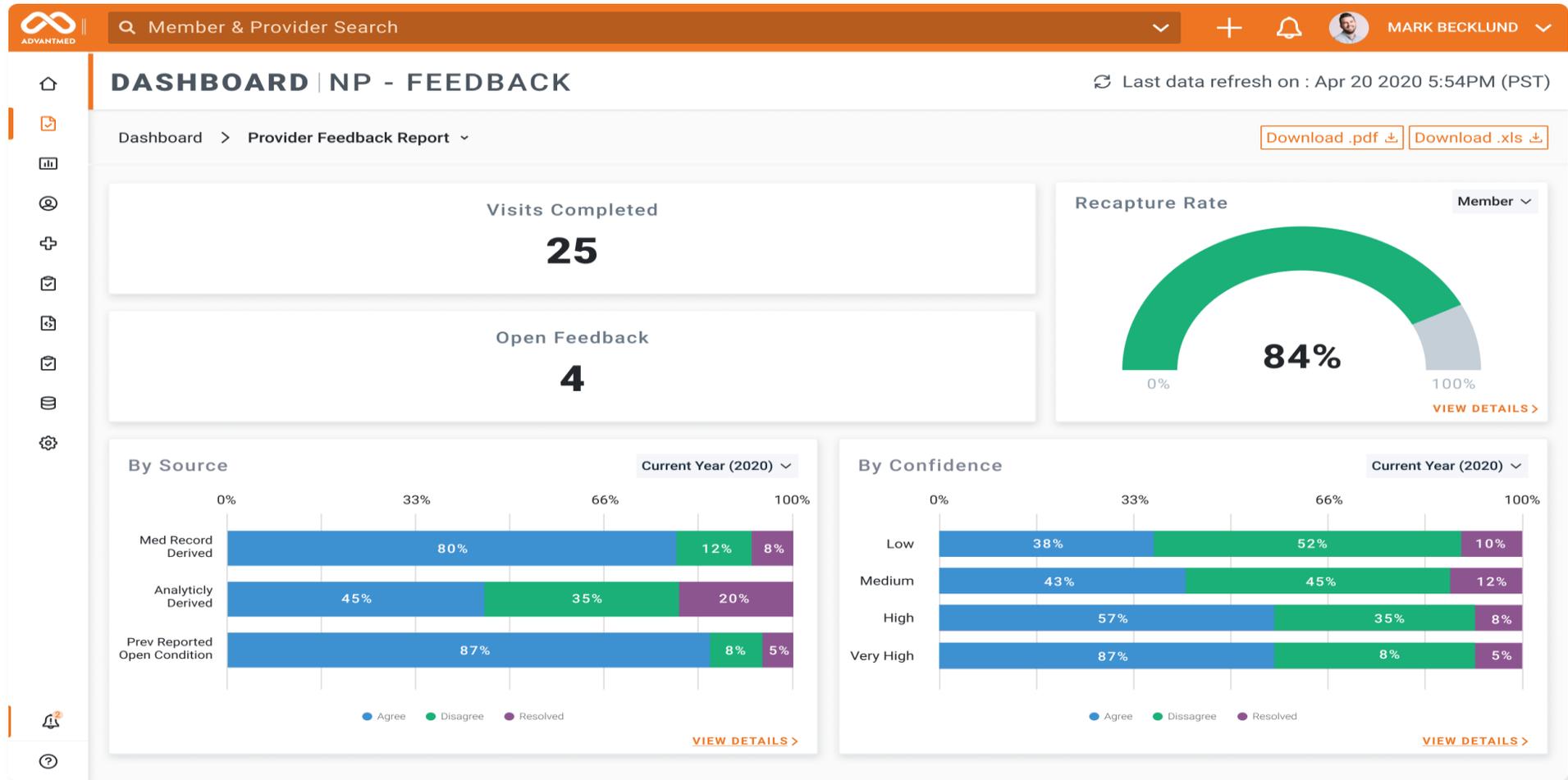


**Post Audit Reviewer Feedback:**  
Member is on Isosorbide which is used for cardiac chest related pain. Please consider if this member has Angina due to the medical history. If so please add this diagnosis with your treatment plan.



**Provider Response:**  
Agree diagnosis added to assessment with treatment plan.

# Measure and Report



# QUESTIONS?



THANK YOU



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