Optum

The next step in your risk adjustment strategy

Most health care systems today prioritize risk adjustment and take measures to ensure comprehensive and precise documentation. Yet despite these efforts, many systems still fall short. As industry standards evolve, it's essential that organizations continually strive to improve and innovate in an ever-changing landscape.

When it comes to complete and accurate risk capture, sustained success isn't enough, and improvement is relative. Health systems that see advancements may become complacent and must find their way out.

Within our cohort of health systems focused on advancing more accurate and complete risk capture, cRAF capture rates consistently increase. That's because the most progressive organizations are mastering the basics of cRAF capture as they continue to refine and improve their risk identification and capture programs.

Our highest performing clients are consistently rebalancing their priorities throughout the year. And with help from Optum, they're monitoring their data to refocus those efforts based on leading and lagging performance indicators.

Mastering the basics of a risk program

It may seem easy to master the basics of a risk program. You need to understand your population and know your patients. You must proactively manage access to deliver care across that population and position clinicians to manage, document and capture accurately and completely all conditions impacting their patients.

One Optum client mastered the basics of cRAF capture within the first 9 months of our working together, rapidly standing up their risk program and capturing approximately 90% cRAF. But before long, many in the industry were making similar moves in their risk adjustment strategy.

Instead of letting a year slide by and affect their care funding, this organization decided to maximize their potential. So they focused on improvements that set them apart from their competitors.

Once you've mastered the basics, how can you improve risk adjustment capture?

Many health systems don't realize the breadth of tactics available to them to continue making gains in improving accuracy and completeness in their risk adjustment from a technology and operational perspective. We advise health systems to consider key strategies that can continue to boost cRAF capture performance:

Evaluate suspect conditions

Systematically look at a broader range of data points, including:

- Historical medical records and historical claims data

- Other parts of the medical record like orderable equipment, surgical histories and vital signs

- Unstructured data, like progress notes, scoured with scale and efficiency through risk adjustment-trained, natural language processing (NLP)

Automate claims integration

A fundamental capability for the reassessment process can ease the burden across your risk adjustment program when you:

- Automate the process

- Embed information in the EHR so it acts as a natural part of the provider's workflow

- Remove steps from the process using automation

Invest in the right payer and provider relationship

Both payers and providers benefit from greater transparency into when, how and where patients receive care if you:

- Ask payer partners to share their CMS return files with your provider organization

- Ensure your health system has the right resources to analyze the return files monthly

- Consider appropriate organizational alignment strengths and compliant incentive programs to align performance

Improve provider education and coding policies

Within provider organizations, coding policies need to change as CMS and industry guidelines evolve:

- Each organization should review their coding and documentation policies to ensure they are compliant

- Providers should work with consultants who partner with multiple organizations and can advise on industry trends

Incorporate suspect conditions

Capturing all the previous year's cRAF maintains the status quo but may start to lack accuracy and completeness over time. To truly understand and manage chronic conditions within their population, health systems should systematically identify and address suspect conditions. Suspecting conditions looks at a broader range of data points, including:

- Historical medical records and claims data

- Other parts of the medical record, like orderable equipment, surgical histories, vital signs and other parts of the medical record

- Unstructured data, like clinical progress notes, that risk adjustment-trained NLP can review in large quantities

This information helps uncover whether patients could have risk adjustable conditions that have gone unmanaged or undocumented.

Suspecting requires additional technology and analytics in addition to resources to conduct the analysis and review. Patients must also be brought in to consult with a primary care physician who can verify the condition.

The impact can be well worth the investment. Optum has reviewed 23,000 diagnoses within our cohort, and after physician review, 24% of them were converted into confirmed conditions.

Incorporating advanced technology resources like NLP can further expand your organization's reach to review all eligible encounters prospectively and augment concurrent review capabilities to minimize leakage or missed coding opportunities.

Automate claims integration

This fundamental capability of the recapture and reevaluation process can ease the burden across your risk adjustment program.

We know that patients may go to multiple providers to seek care. That means other providers may capture chronic conditions that are not reflected in your records. Often health systems try to correct this manually by reviewing claims data files sent by payers to provider organizations.

This manual review process is complex and high in overhead cost and creates a massive administrative burden. It also places an undue focus on reviewing conditions as opposed to documenting and coding them correctly, with the onus placed on providers.

To do this kind of review effectively and efficiently, provider organizations should employ technology to automate the process and embed the information in the electronic health record (EHR) so it acts as a natural part of the provider's workflow. Ideally, this removes steps from the process.

Invest in the right payer relationships

Payers and providers both have a vested interest in ensuring patients' chronic conditions are appropriately managed and documented. It stands to reason this is an area of great opportunity for collaboration. Both groups have a great deal to gain from more transparency about when, where, and how patients receive care.

Enfranchising your payer partners in your risk program is a great way to start or

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improve a payer relationship. An easy way this can pay off is by asking your payer partners to share their CMS Medicare return files with your provider organization.

This "receipt" contains valuable data but it isn't always shared with providers when a health system submits claims with risk adjusted codes as the payer then approves or denies them and sends them on to CMS. This happens hundreds of thousands of times, with CMS accepting them about 99% of the time.

But that 1% of the time CMS denies these codes presents an opportunity to easily correct documentation on the front end. However, the denial and reason code often doesn't make it back to the health system.

When negotiating a payer contract, consider asking to receive the CMS return files every month. Make sure your health system has the right resources to analyze the return files monthly. This is one of the easiest ways to see incremental improvement in risk adjustment in an issue that is typically opaque without the right data.

Internally evaluating an incentive or alignment program with your providers and practice groups furthers your organization's ability to maintain focus and optimize complete and accurate cRAF capture.

Consistently improve provider education and coding policies

Provider education and clear-cut coding policies are a cornerstone of any risk program. But to stay on top of the game, health systems need to continually validate their coding policies. Within provider organizations, coding policies are often static. They need to change as CMS and industry guidelines evolve.

Looking for support in taking your risk adjustment strategy to the next level? Reach out to your Optum representative.

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