

The next step in your risk adjustment strategy

By Alexandra Povlishock

Almost all health systems have some focus on risk adjustment and activities to support complete and accurate documentation. Yet many are still not going far enough. You did well in 2019 and 2020? So did your competitors. You think you're well positioned to hold onto the same chronic risk adjustment factor (cRAF) score in 2021 and beyond? You may not be.

The issue is that in risk capture, sustained success isn't enough, and improvement is relative. I often see health systems take their foot off the gas after advancements in cRAF capture. Complacency is a trap most health systems eventually have to dig out of.

Within our cohort of health systems focused on advancing risk capture, we're seeing cRAF capture rates consistently increase. That's because the most progressive organizations are mastering the basics of cRAF capture, and then continuing to refine and improve their risk identification and capture programs.

Throughout the year, our highest performing clients are consistently rebalancing their priorities. And with help from our team, they're monitoring their data to refocus based on leading and lagging performance indicators.

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

One of our clients mastered the basics of cRAF capture within the first nine months we worked with them, rapidly standing up their risk program and capturing ~90% cRAF. But before long, their competitors were also making big strides and catching up.

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.



You need to understand your population and know your patients.

Many health systems don't realize the breadth of tactics available to them to continue making gains in risk adjustment from a technology and operational perspective. Here are a few ways we advise our cohort on strategies that can continue to boost cRAF capture performance:

The next step on your risk adjustment journey

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



Document 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
- Leverage risk adjustment trained Natural Language Processing (NLP) to scour unstructured data, like progress notes with scale and efficiency



Automated claims integration

A fundamental capability for the recapture/reevaluation process that eases the burden across your risk adjustment program

- Automate the process
- Embed information in the EHR so it acts as a natural part of the provider's workflow
- Ideally, automation removes steps from the process



Invest in the right payer and provider relationship

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

- 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 needs to decide what "compliant" looks like for them
- 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 and leaves little room for improvement. To truly understand and manage chronic conditions within your 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 part of the medical record like orderable equipment, surgical histories and vital signs
- Unstructured data, like clinical progress notes that risk adjustment trained NLP can review in large quantities

This helps them 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. You also need the capacity to bring patients in to verify the condition with a primary care physician.

The impact can be well worth the investment. Within our cohort, Optum Advisory Services has reviewed 23,000 diagnoses. Among those, we recommended almost 24% convert into conditions on the problem list. That's almost 8,000 diagnoses that were missed or hadn't been documented on, amounting to millions in potential care funding.

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

Automate claims integration

This is a fundamental capability for the recapture/reevaluation process that can ease the burden across your risk adjustment program.

We all 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. They do this 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 this process. They should embed the information in the EHR so it acts as a natural part of the provider's workflow. Ideally, it removes steps from the process.

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Invest in the right payer relationships

Payers and providers both have a vested interest in ensuring patients' chronic conditions are appropriately managed and documented on. So, it stands to reason this is an area of great opportunity for collaboration. Both groups benefit when there is greater transparency into when, how and where patients receive care.

Enfranchising your payer partners in your risk program is a great way to start or improve a payer relationship. An easy way this could 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 unfortunately isn't always shared with providers. To put it simply, when a health system submits claims with risk adjusted codes, the payer then approves or denies them and sends them on to CMS. This happens hundreds of thousands of times, and about 99% of the time, CMS accepts them. But that 1% of the time CMS denies these codes presents an opportunity to easily correct documentation on the front end. The denial and reason code, however, often doesn't make it back to the health system.

If you're a health system negotiating with a payer, consider asking to receive the CMS return files every month within the contract. And ensure 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 a problem that is typically opaque without the right data.

Internally evaluating an incentive or alignment program with your providers/ practice group furthers the organizations' 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.

Most providers are familiar with the MEAT criteria of documentation: monitor, evaluate, assess and treat. This is a commonly accepted industry standard for how physicians should document a patient's condition. But there are several shades within what is "acceptable" versus what is "necessary" when it comes to documentation. Each organization needs to decide what "compliant" looks like for them. Small changes or inconsistencies compared to industry standards can make big changes in future care funding.

One way to validate and update coding policies against industry standards is by looking to your peers. Work with consultants who partner with multiple organizations and can advise on industry trends. We do this through our Risk and Quality Identification and Capture cohort. It's a group of organizations that shares best practices and comes together for educational events on the latest in risk adjustment.

About the author



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Alexandra is a senior leader with a focus on optimizing electronic health records for health care organizations and clinicians.

Alexandra develops and delivers solutions that drive value for organizations. She leverages existing technology investments, such as the electronic health records (EHR).

Prior to joining Optum Advisory Services, Alexandra coordinated the development of an informatics governance structure for a large not-for-profit health system.

Alexandra holds a Bachelor of Arts in cognitive science and biology from the University of Virginia. She also holds a Master's in Health Administration from Virginia Commonwealth University.

Looking for support in taking your risk adjustment strategy to the next level?



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