

Leveraging Electronic and Flexible Retrieval Strategies to Maximize Risk Adjustment Program Effectiveness

Presented By:

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ASSOCIATION

We are a network of health care professionals addressing the challenges posed by the emerging landscape of value-based care and government health care reform.

OUR MISSION

Our mission is to provide a community for like-minded professionals to come together for networking, education, and industry collaboration to stay ahead and advance their careers.

ONE ASSOCIATION
THREE COMMUNITIES



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ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD

Today's Presenters



Robert Connely, *VP,*
Clinical Interoperability



Marlene McIntyre, *VP,*
Quality Solutions



Lynne Padilla, *VP,*
Risk Adjustment Solutions

CHANGE
HEALTHCARE

Insight. Innovation. Transformation.

Welcome!

We are Change Healthcare

Agenda:

- The Power of Interoperability
- *Poll Question 1*
- Solving the “Chart Chase” Conundrum
- *Poll Question 2*
- Leveraging new solutions to change the risk game
- *Poll Question 3*
- Why Change is good: Next-level clinical interoperability

Leveraging Connectivity to Optimize Strategy

The timely sharing of clinical data between providers and payers is critical, time sensitive, and required for a multitude of programs.

In this webinar, participants will learn:

- the **value and importance of electronic data sharing** and the ways it can both inform and **improve risk adjustment strategy** and **maximize outcomes**
- how to **proactively engage with your provider networks**
- what to look for to determine **the best partners & solutions** for your program needs.



Our Position in the Healthcare Ecosystem

Our network reach, technology, and expertise collectively inspire us to create a stronger, better-coordinated, increasingly collaborative, and more efficient healthcare system ... one that enables operational efficiencies, optimizes financial performance, and enhances the healthcare experience for individuals and at scale

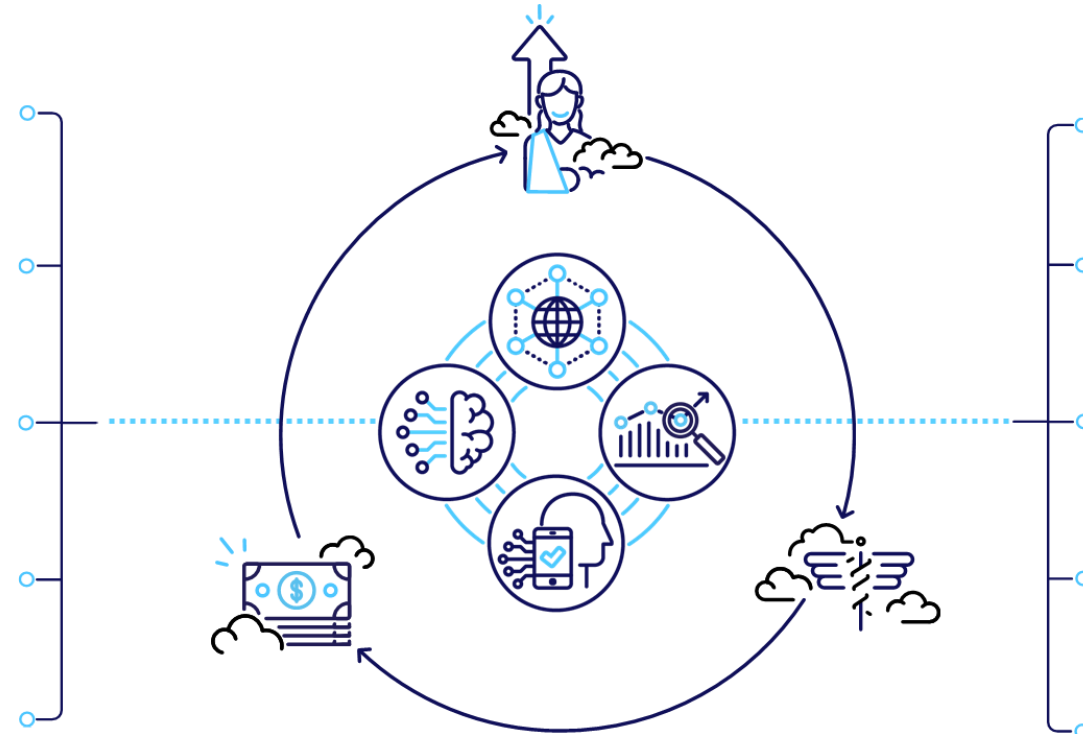
1 Million
Physicians

39,000
Pharmacies

125,000
Dentists

700
Laboratories

6,000
Hospitals



3,300+
Facilities using
Imaging Solutions

\$1.5 Trillion
Healthcare Claims

15 Billion
Healthcare
Transactions

1 in 3
U.S. Patient
Records

2,400
Payer Connections

Source: Change Healthcare FY20 Annual Report.

The Power of Interoperability

Change Healthcare is building the **largest national clinical interoperability solution** connecting requesters and submitters to deliver electronic clinical data in **batch and near real-time**



Delivering discrete C-CDA patient data

Poll Question #1

Does your current risk adjustment strategy leverage interoperability and expanded electronic retrieval?

1. Yes, we've maxed it
2. Yes, somewhat
3. No, not yet, but thinking about it
4. No, Not sure how to start



Solving the “chart chase” conundrum



The Need

90%

of the nearly **100 million** Clinical records requests are fulfilled manually¹



The Problem for Providers....

Each manual chart request can take a provider office

30 Mins+

to process, not counting fax/mail/upload or tracking time

&

On average, each physician receives

100

medical records requests per year²

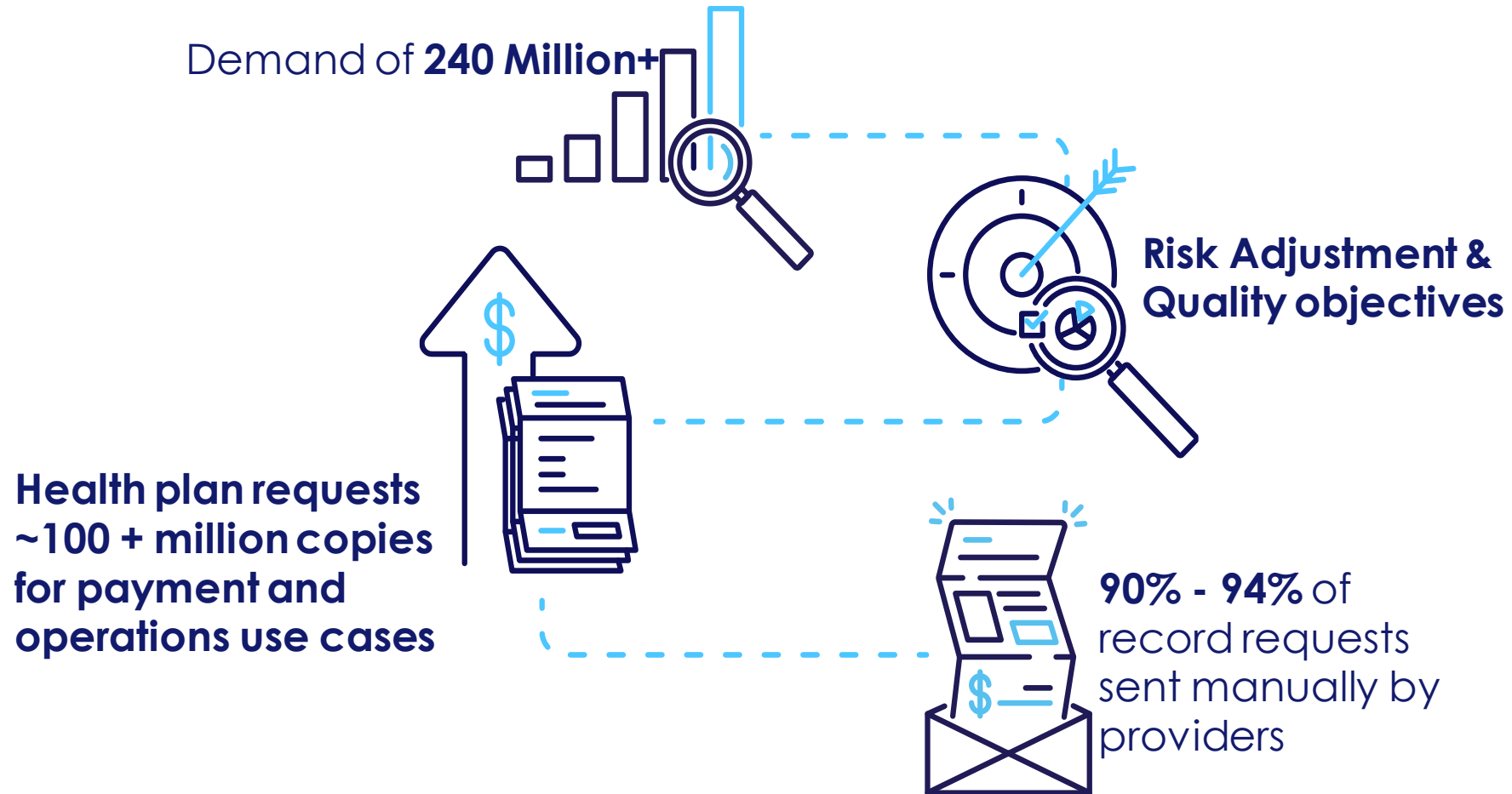


...and Payers

- **Resource burden** of managing multiple vendors + internal resources
- **Costly & unreliable copy center delivery** timelines
- Records acquired from multiple sources and vendors with **variable quality standards** and **inflexible processes**
- Program success **dependent on variable retrieval yields** from misaligned 3rd parties



Traditional retrieval has a limited role in an evolving digital world



Traditional methods can delay & impact **interventions, quality, payment and submissions.**

Traditional Retrieval vs. Next Gen Electronic Retrieval

From that ...



Traditional Record Retrieval

Response times vary greatly by provider & vendor

- Mail: 20-40 days
- Fax: 5-15 days
- Portal: 7 days
- Electronic: <30 minutes
- Copy Center: 45 days - ???

- Significant burden on provider & payer resources

To this...



Clinical Data Retrieval

Batch and near real-time electronic data sharing

- Retrieval time reduced to hours
- Ability to collect records based on your timeline needs
- Reduced provider abrasion & burden

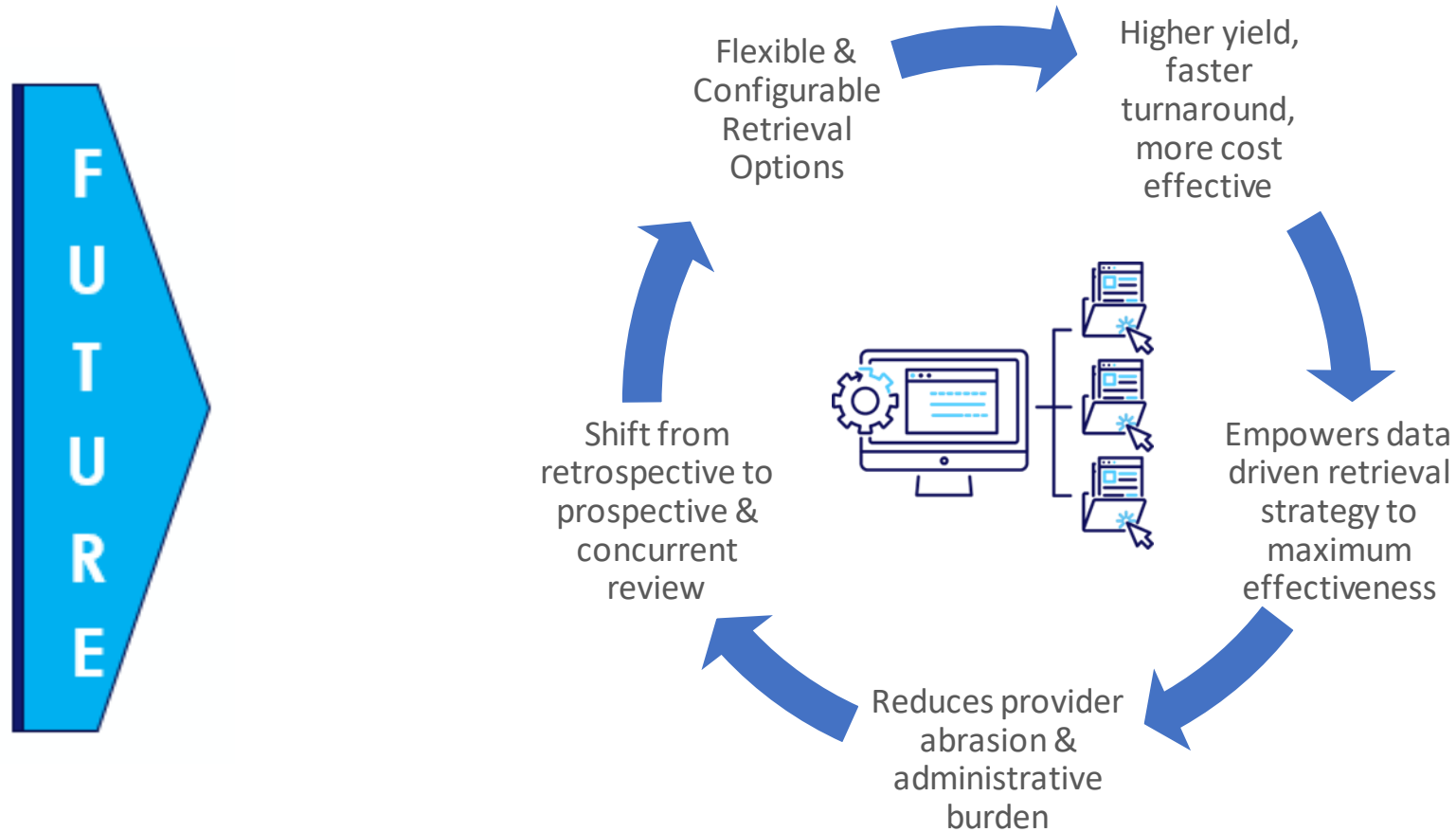
Poll Question #2

What % of your program records are electronically retrieved today?

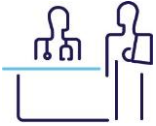
1. Less than 10%
2. Less than 25%
3. More than 50%

The Change Healthcare Solution

Highly flexible & configurable retrieval solutions that leverage national electronic connectivity coupled with market-leading field retrieval drives the optimal outcome and payer customization



Change Healthcare's flexible & configurable retrieval solution to maximize yield & optimize outcomes



National retrieval solution with linkage to more than **700k providers** including both electronic access and non-electronic methods



Access to most major **EHRs** (i.e., Epic, Cerner, and others) through proprietary partnerships

Fully configurable solution to support client retrieval strategy to elect either **electronic only**, or **electronic plus non-electronic** (per roster)



Configurable output formats (i.e.: native CCDA or PDF)

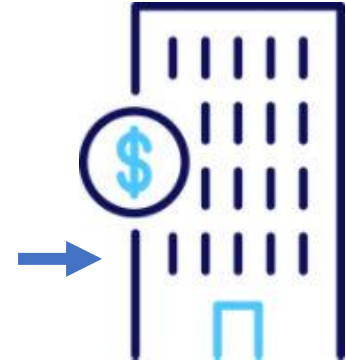


Dedicated provider recruitment team & strategy targeting your high volume / high value providers for electronic conversion, continually expanding the network

API enabled access for requests, status updates and retrieval



Non-electronic methods include remote access, onsite, secure provider portal upload, fax & mail



Key Pillars of Retrieval Strategy to Drive Strong Outcomes



Maximize Yield

- △ Leverage & maximize electronic connectivity
- △ Strategic alignment between Payer, Vendor Customer Support & Retrieval Operations teams to ensure aligned priorities and expectations
- △ Retrieval strategy & goals aligned with Project Success Criteria and tracked against throughout
- △ Strategically reducing copy center dependency



Drive Pace

- △ Accelerated acquisition & scheduling pace
- △ Boost retrieval yield earlier in project to support earlier coding & results to support sweeps, earlier analytics, etc.
- △ Leverage analytics on provider/location performance for earlier identification of challenging locations
- △ Consider a separate and early electronic only initiative to gain early analytics and leverage data to drive subsequent retrieval targets & strategy.



Flexibility & Quality

- △ Successful retrieval of the Right Chart, Right Components to support risk adjustment coding efforts
- △ Configurability to enable payer strategy and create “bespoke” engagements focused on your program success
- △ Ensuring completeness to support Clinical Activities
- △ Robust training and QA programs for retrieval teams to ensure minimal abrasion, positive provider experience



Enhance Partnership

- △ Ability to retrieve charts via multiple methods, meeting provider “where they are” while actively working to shift higher yield to electronic
- △ Strategic recruitment targeting of high volume / high value providers
- △ Reduces burden on provider office staff
- △ Vendor Provider Relations support & flexibility
- △ Strategic alignment on key provider locations, “special handling” and sensitive Sites

The Power of the Offense in Prospective Programs



- Concurrent review & electronic retrieval should be part of everyone's strategic playbook
 - Retrospective is largely a defensive play
 - Offensive play is prospective / concurrent review
- Early retrieval & coding > Interim submission > Earlier payment
- Impact of prospective on the strategic outcomes

Leverage Connectivity to Optimize Risk Adjustment Outcomes

Control the timeline

- Consider an electronic only run prior to your typical project timeline
- Early charts > early data > inform remaining retrieval strategy & submission timelines

Reduce both payer & provider administrative burden

- Significantly reduce provider abrasion
- Consolidate vendors, reduced chase list creation & project resources

Improve program & cost effectiveness

- Reduce dependency on unreliable, high-cost drivers like copy centers
- Empower the shift from retrospective to prospective & concurrent

Poll Question #3

Does your organization have both retrospective and prospective risk adjustment programs?

1. Currently retrospective only
2. Mostly retrospective, but working towards prospective
3. Advanced retrospective & prospective programs

Information Blocking Rules Accelerate the Need for Electronic Connectivity Between Providers and Payers

- Permitted Purposes **now considered Required Purposes** when a valid requester asks for Electronic Health Information
- Providers **must comply with any legitimate request to access electronic health information** held in the provider's electronic health record unless:
 - Not technically feasible
 - No contractual agreement within 10 business days
- Delays in fulfilling requests for electronic health information **may be considered information blocking**
- **Limited set of general exceptions** where a request can be denied



Maximizing the Payer-Provider Partnership

- Provider participation is key to electronic success – start early.
- Identify not only **high volume**, but also **high value** providers to target first
 - What providers best impact your program success?
 - Which providers have historically been a challenge?
- **Communicate your strategy & priorities** with a strategic timeline & targets
- **Keep it simple** but effective - speak to provider motivating drivers
 - What's needed, why, when and what's in it for them
 - Provide the right education, tools and highlight opportunities to **“remove the burden” from the provider**
 - **Encourage & facilitate engagement** with your vendor or host introduction sessions or a recruitment drive to boost connectivity well ahead of your next program cycle
- Crawl first, then Walk, then Run – but **find the right partner** and **get started now**

Change Healthcare partners with clients to continually expand the electronic network



Initial Assessment & Strategy



Tailored analysis to identify electronic matching & current non-electronic footprint of NPI/TIN listings



Collaboration & Prioritization

Strategy, implementation and goals to prioritize recruitment of your high volume and/or high-value providers



Alignment. We'll mutually agree on recruitment targets & goals



Production

Client onboarding & implementation with your dedicated Customer Success team

Transparent recruitment updates and electronic conversion progress

- Outreach activity
- Successful recruitments
- Challenging providers & refusals

Data rights CHC will be responsible for securing appropriate data use agreements and work with provider technical teams to ensure that connections are secured & tested



Post-Production Analysis and Improvement

Continuous Improvement across both:

...Outcomes

- Post-engagement deep-dive analysis
- Reassessment & refinement of recruitment efforts

...and Experience

- Collaborative Lessons Learned & strategy session to continue to increase electronic contribution each iteration

Overcome Barriers to Interoperability

Trust Barriers

- Data should be shared to improve patient care and experience, along with improving quality rather than hoarded
- Everyone on the network agrees that sharing data is more important than keeping it from competitors



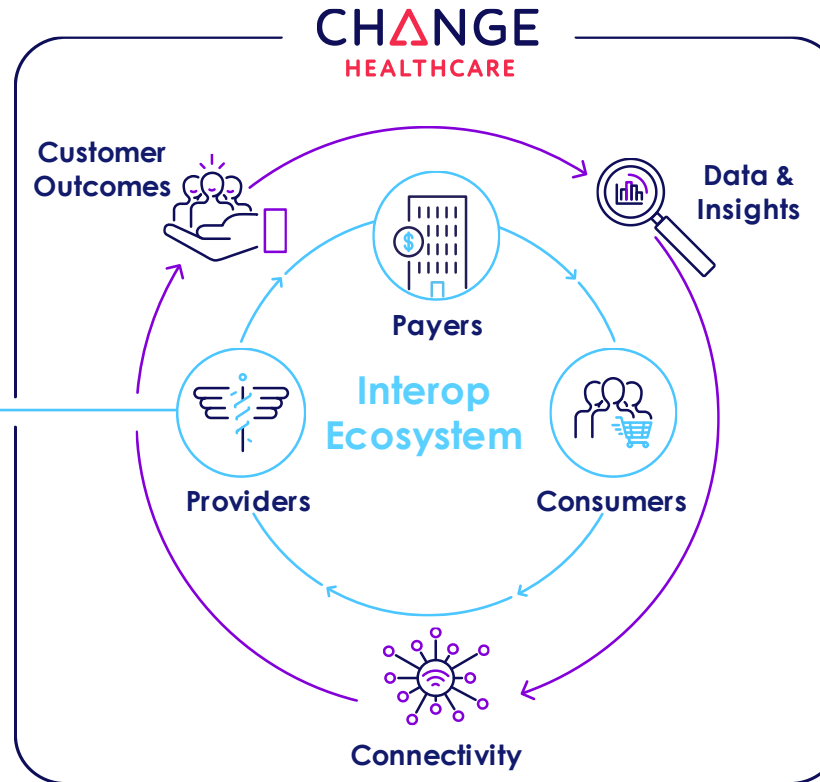
Reporting Barriers

- Federal and state reporting requirements are easier and more thorough
- Reporting is more reflective of truth; improves rates
- Access to data across multiple sites, warehouses and clearinghouses from one link rather than multiple



Usability Barriers

- APIs will have a standard look and feel
- Data can be pulled into inhouse tools, so users don't have to learn new workflows or interfaces.



Administrative Barriers

- We ensure that legal requirements are met so they don't have to keep track of all details.
- Adherence to program requirements, incentive requirements



Financial Barriers

- Faster, easier access to data
- Using API data is faster and cheaper than traditional retrieval
- APIs keep up with needed updates rather than hiring IT



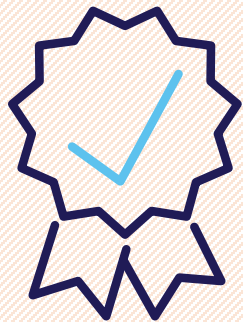
Technical Barriers

- APIs take on the work to ensure differing standards are seamless
- National Patient Identity Matching
- National Provider Identity Matching



Change is Good – Use it to your advantage!

- Our approach to solving clinical interoperability is **unique in the marketplace**
- Change Healthcare provides a **comprehensive solution** that **optimizes risk adjustment** retrieval needs, as well as quality and other use cases
- We have developed a **flexible and configurable solution** that **digitizes a manual process, reduces administrative burden** for payers & providers and empowers data driven strategy to **maximize success**



**Change Healthcare is an industry leader in
Clinical Interoperability & Retrieval Solutions**

Questions?



For additional questions after the session, don't hesitate to reach out:

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THANK YOU



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