How Digital Tools Make Collecting Risk and Quality Information Easier

AN AVAILITY EGUIDE
Accurate patient data is key

Health plans rely on accurate patient data from their providers to complete risk adjustment processes and quality programs required by the government. Accurate and timely patient data for risk adjustment is especially important to health plans that serve Medicare Advantage, Medicaid Managed Care, or ACA populations.
Measuring risk

Risk adjustment determines the “risk score” for individuals and groups. The older or sicker a patient or population, the higher the risk score. CMS reimburses health plans more for higher risk patients.
How risk adjustment works

Here’s a simple example of how risk adjustment works: A member visits a provider who provides treatment. The provider then sends a claim to the health plan and documents the patient’s condition with the corresponding ICD-10 diagnosis codes. The health plan submits the diagnosis codes to CMS, which converts the ICD-10 codes to Hierarchical Condition Categories (HCC). HCCs are converted to risk scores, which ultimately determine how much the health plan gets paid.
Where it can go wrong

However, sometimes claims are submitted without a diagnosis code that reflects the patient’s true risk status. The patient may have a chronic condition, but the provider did not include the diagnosis code on the claim. CMS will not be able to consider the patient’s complete health status unless the health plan can provide additional documentation to support a higher risk score.
The dreaded chart chase

CMS frequently conducts audits to verify that diagnosis data submitted by the health plan is supported by medical record documentation from the provider. When it discovers gaps, it contacts the health plan, which must now physically gather the charts that contain the supporting documentation. This is known as chart chase. It’s a time-consuming and expensive process for the health plan, and it’s disruptive to the providers.
A digital solution

The best way to avoid chart chase is for providers to submit risk and quality data to the health plan soon after the patient receives care. Availity’s Revenue Program Management (RPM) solution makes it simple for providers to submit risk and quality data because the tool resides within their existing Availity Web Portal workflow.
A **seamless** experience

With the Availity Web Portal, providers are able to see all requests and communications from the health plan in a single location. This is much easier than fielding phone calls and emails and then faxing information to the plan.
Availity also ensures the patient information is high quality by assigning user-specific roles, so only those with required credentials can submit a risk assessment or HEDIS attestation. Providers can easily submit supporting documentation as an attachment through an upload feature.
Seeing results*

One health plan that implemented Availity RPM found that providers adopted the tool eight times faster than the previous one. They also saw a revenue lift of $1,560 per-assessed member per year.*

*Representative of one client. Actual results may vary.
Can **Availity RPM** benefit your health plan? There’s a **no-risk** way to find out.

As a special limited time promotion you can try the solution with minimal obligation. Give us a small data sample from your member population and we’ll build a digital risk assessment for your health plan.¹

¹Restrictions apply. Contact payersales@availity.com for full promotion details.