

ODIS ALERT™

Web-based service manages risk adjustment reimbursement, identifies care gaps

Outcomes technology enables an end-to-end solution for risk adjusted reimbursement, CMS compliance

Reliable healthcare data isn't born neatly into a single file. Credible information resides among disparate sources and only expert acquisition, analysis and integration with the medical record can generate valuable data. Just as diamonds raw from the mine lack the luster of a finished gemstone, disorganized data sparkles only after the intelligent work of acquiring, aggregating and auditing. Data resides in multiple places: diagnostic centers, emergency rooms, physicians' offices, hospitals, labs and pharmacies. Who extracts meaningful order from data chaos?

Outcomes Health Information Solutions.

Healthcare organizations, including Medicare Advantage plans (MA, MA-PD and SNP), require fiscal fitness tests to remain financially viable. Outcomes provides an end-to-end solution that accurately captures members' health status through proper HCC (Hierarchical Condition Categories) management. Outcomes' HCC Management program is an efficient, integrated system to keep clients competitive and compliant by ensuring their HCC-based average Risk Adjustment Factor (RAF) score matches their members' actual health risk. Outcomes makes this possible through **ODIS ALERT™**—our Web-based service that applies intelligent, transparent and customizable algorithms. It validates membership and identifies those with chronic conditions, including those with potentially under-reported conditions and/or those with gaps in care.

Outcomes' HCC Management process is an integrated end-to-end solution:

1. ODIS ALERT™ RA Module

Outcomes assimilates data from disparate sources in various formats. An analysis of the risk profile is conducted on the organization's membership. Among other capabilities,

ODIS ALERT™ RA Module:

- Identifies members with suspected under-reported chronic conditions and gaps in care
- Manages CMS data submissions and ODIS WebRAP™ reconciliation
- Produces intelligent and meaningful reports and analytics
- Uses risk-based data and analytics for budgeting, financial forecasting and underwriting, bid support for future CMS plan filings, chronic condition management and provider profiling
- Provides project transparency and customizable algorithms
- Routes members with coding gaps into the retrospective medical record abstraction process; we identify all relevant charts with respect to HCCs and conduct a comprehensive chart abstraction process to acquire all documented and supportable ICD-9s



LEVERAGE YOUR INVESTMENT with ECO-SCALING™

By repurposing harvested information from claims, encounter data and health records, work can be leveraged from one project and optimized for data analysis needs for an entire organization. Outcomes can help reduce time, expense and duplication of efforts through our strategy of Eco-Scaling™. The process creates ECONOMIES of SCALE by **acquiring, analyzing and repurposing** data. This improved data can be used for multiple initiatives like risk adjustment, HEDIS® and health advocacy programs.



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Better data. Better decisions.

ODIS ALERT™ (cont.)

2. Retrospective Activities

Outcomes applies a logical approach to prioritize the retrospective clinical medical record audit process to correct past coding inaccuracies and to improve data quality. Our retrospective recovery involves identifying and retrieving medical records for members who are most likely to have incomplete, inaccurate or missing codes. Our national network of field reviewers—RNs and certified coders—scan medical record documents on site then transmit that data to our secure document servers. Our Clinical Audit Team reviews all medical records and corrects retrospective coding inaccuracies. Outcomes' rigorous quality assurance program ensures CMS compliance.

3. Prospective Program

Outcomes engages in prospective activities that support sustainable improvements in Medicare Advantage plans' initiatives. These activities include telephonic member outreach and home visits. Outcomes also provides interactive educational programs for physicians and their staffs about the HCC program, correct documentation and coding, and proactive management of high-risk members who need an evaluation performed. Outcomes monitors and verifies that the periodic member evaluations and recommendations have been communicated to the health plan and the primary care physician, and that all relevant codes have been captured and reported.

4. Risk Adjustment Data Validation (RADV) Audit Support Solutions

A retrospective HCC submission should pass an audit in at least 95 percent of cases, and a prospective assessment should pass an audit in nearly 100 percent of cases. During a recent RADV pilot project, it was intimated that claims-based submissions have proven to be unsupported up to 40 percent of the time. Here are some of the "lessons learned" from that project:

- ▶ **RADV audits are complicated and resource intensive**
- ▶ **200 members with 750-800 codes could result in several thousand useful charts**
- ▶ **Any code for which acceptable documentation cannot be found is discrepant**
- ▶ **Locating, retrieving and auditing charts to support audited HCCs is extremely labor intensive and time sensitive**

Whether your plan is selected by CMS in the next round or in the future, it is critical that you prepare now. Outcomes' RADV Audit Support Solutions will guide you step-by-step through the RADV process by offering a clear understanding of deliverables and timelines to meet CMS requirements and reduce negative financial impacts. Outcomes provides analytical capabilities on demand, including identification of the "one best medical record" for HCC substantiation, compliance reporting at a provider level for the validation, showing discrepant codes against what was found in the chart, and more.

Outcomes' creates no burden for a client's IT department. Outcomes accepts historical data at the beginning of the project, as well as updates in simple formats at regular intervals. The modules of our product are integrated, which ensures that each gap is systematically worked one at a time until it is resolved. We avoid redundant processes that waste time and money.



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