

## ENHANCING THE PROVIDER/PATIENT ENCOUNTER TO OPTIMIZE PAYER REVENUE

Organizations operating in risk adjusted environments must ensure they are compensated for the appropriate care of their members. Incomplete, inaccurate and missing codes from patient encounters negatively impact payer revenue and may impact provider reimbursements. The most successful organizations are those that best document the health status of their members and manage the health of their patient populations. Persistence in coding of chronic conditions provides opportunities to identify new and protected revenue, resulting in appropriate and predictable compensation.

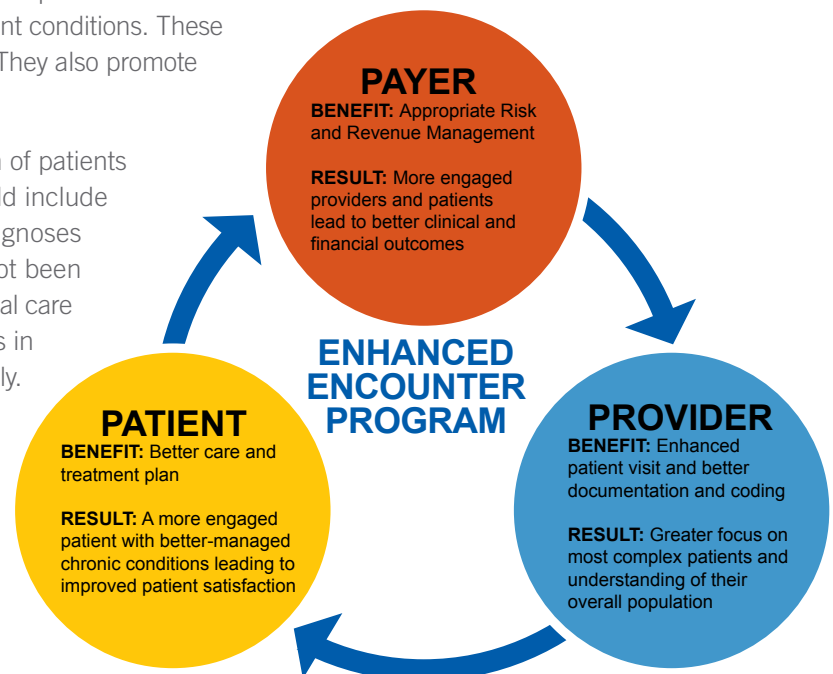
Pressure is increasing for physicians and coders to quickly implement and use new coding rules that go into effect later in 2014. In the past, some Medicaid and all Medicare Advantage programs received risk-adjusted reimbursement for their members. Now, in the Health Insurance Marketplace, private health plans must know as much information about new members as possible in order to risk-adjust their populations. This has made comprehensive health assessments, documentation and coding of health care conditions, and programs that manage risk and revenue for proper risk adjustment more important than ever before.

### COMPREHENSIVE HEALTH ASSESSMENTS

Comprehensive health assessments help physician practices ensure patient care plan compliance, improve quality metrics, achieve better health outcomes for patients, and positively impact revenue. These health assessments are a fundamental aspect of success in a risk-adjusted environment. To ensure the most accurate, comprehensive patient health status profile, physicians may proactively conduct patient visits that include health assessments focused on common and important conditions. These visits encourage screening, diagnosis and treatment. They also promote the early identification of high-risk conditions.

Successful population stratification and identification of patients to receive a comprehensive health assessment should include consideration of conditions not currently coded, diagnoses suggested by lab or prescription values that have not been submitted and codes that may be incomplete. Additional care considerations, including care access issues and gaps in care, should be identified and addressed simultaneously.

When patients most in need of a comprehensive health assessment are identified and receive a prospective health status review conducted effectively, physician practices are able to effectively manage patient populations while supporting optimization of payer revenue and (depending on contract type) their own reimbursement.



## ENHANCED ENCOUNTER PROGRAM—LUMERIS' PROSPECTIVE HEALTH ASSESSMENT

Lumeris' experience working with MA plans led us to develop an Enhanced Encounter® offering that serves as a prospective health assessment program and assists payers with risk-adjusted revenue management. Available within the Accountable Delivery System Platform (ADSP)®, our program enables payers to equip providers with robust resources for adapting their behavior, maximizing revenue and ensuring appropriate care.

The solution integrates chronic and high-risk patient management, documentation and coding support, quality of care improvement, revenue optimization and provides a single-best-record for audit support.

The Enhanced Encounter solution helps payers extend their support for physicians' effective management of chronic and high-risk populations by:

- Promoting compliance with recommended screenings and care for chronic diseases
- Promoting improvement of clinical quality metrics
- Integrating patient information from across the continuum of care using ADSP tools that help physicians prioritize patients for prospective health assessments
- Providing patient-specific prospective health assessment forms that are dynamically created to facilitate appropriate patient care

## TECHNOLOGY-ENABLED TOOLS

In order to make Risk Adjustment and Revenue Management possible, the right tools need to be delivered quickly and accurately to providers and their care teams. In addition, payers need to see at the population and individual level that accurate coding and documentation is being managed and maintained in order to track revenue streams and reimburse physicians for cost-efficient and high-quality care. The Lumeris ADSP is the ideal platform for promoting accurate coding, providing information to care teams, and thus closing gaps in care.

The screenshot displays the Lumeris ADSP interface for a patient's care profile. The top navigation bar includes 'Administration', 'Dashboard', 'Tools', 'Content Library', and 'Reports'. Below this, a breadcrumb trail shows 'Patient Care Profile' and other navigation options like 'Patient Worklist', 'Measure Summary Table', 'Case Management', 'Utilization Management', 'Audit Tool', 'Disease Registry', and 'Patient Survey Entry Form'.

The main content area is divided into several sections:

- Patient Care Profile:** Overview, Care Reminders (15), Prescriptions, Diagnoses, Documentation Tracking, Labs, Imaging/Procedures, Services, Programs, Patient Data Management.
- Care Reminders:** Search, Print, Refer to Case Management. Patient info: **Kilpatrick, Pasquale #CF251F80A3BD**, DOB: 04/28/1940 (Age: 73 years, Male), Address: 1216 Murry Street, Idaho Falls, WI 52721, Phone: -, Email: -. Summary table: Primary Provider: IRS MCLEUDY, Office Visits: 12, ER Visits: 0, Acute Admissi: 0; Product: COM HEALTH PLAN EAST, INC HMO MEDICARE POS, Outreach Score: 202.
- Care Access Considerations:** Comorbidities: COPD/HF/DM.
- Diagnosis Considerations:** Patient has been reported as having "Diabetes with Neurologic Manifestations," but no corresponding neurologic manifestation code has been submitted. Other conditions influencing health status, lower limb amputation status; other toe(s) (V49.72) was last reported on 7.12.2011. If still present, please address clinically and submit appropriate ICD9 code. HCC 105 (Vascular Disease) was reported to CMS in prior reporting period. If still present, please address clinically and submit appropriate ICD9 code. HCC 80 (Congestive Heart Failure) was reported to CMS in prior reporting period. If still present, please address clinically and submit appropriate ICD9 code. HCC 176 (Artificial Openings for Feeding or Elimination) was reported to CMS in prior reporting period. If still present, please address clinically and submit appropriate ICD9 code. Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled (250.40) lowered risk levels between prior and current periods. Chronic airway obstruction, not elsewhere classified (495) was last reported on 4.9.2012. If still present, please address clinically and submit appropriate ICD9 code.
- Key Lab Res:** Table with columns Description and Care Remind. Rows include: BMP: Glucose A1C, BMP: Creatin, Urine Albumin, BMP: Creatin, BMP: eGFR, BMP: eGFR (, BMP: Glucose, INR, Prothrombin 1, 1 2.

Figure 1: The ADSP's Patient Care Profile provides extensive patient-level detail.

|   |                             |                             |                          |                          |
|---|-----------------------------|-----------------------------|--------------------------|--------------------------|
| PT's Name (DOB): Cope, Mertie (02/27/1965)  |                             | Healthplan ID: 0886C89E4811 |                          |                          |
| <b>Member Demographics</b>  |                             |                             |                          |                          |
| PT's Name: Cope, Mertie   |                             | DOB: 02/27/1965             |                          |                          |
| Height: _____   | Sitting BP:: _____ / _____  | Pulse: _____                |                          |                          |
| Weight: _____ (lbs) or _____ (kgs)  | Standing BP:: _____ / _____ | Pulse: _____ # Pac          |                          |                          |
| BMI: _____  | Resp Rate: _____            | Temp: _____ Alcohol         |                          |                          |
| <b>Health Risk Assessments</b>  |                             | Provided Counseling         | Provided Handout(s)      | N/A for this Patient     |
| Do you have an Advance Directive on file with us?   |                             |                             |                          |                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Last time it was updated? _____   |                             |                             |                          |                          |
| How often do you exercise?  |                             |                             |                          |                          |
| <input type="checkbox"/> Never <input type="checkbox"/> 1-2 times per week                                    |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Rarely <input type="checkbox"/> 2-3 times per week                                   |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Daily <input type="checkbox"/> >3 times per week                                     |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| How does your current physical health compare to last year?   |                             |                             |                          |                          |
| <input type="checkbox"/> Same <input type="checkbox"/> Better <input type="checkbox"/> Worse                  |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| How does your current mental health compare to last year?   |                             |                             |                          |                          |
| <input type="checkbox"/> Same <input type="checkbox"/> Better <input type="checkbox"/> Worse                  |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Over the past 2 weeks, have you often been bothered by feeling down, depressed, or hopeless?                  |                             |                             |                          |                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Over the past 2 weeks, have you often been bothered by little interest or pleasure in doing things?           |                             |                             |                          |                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Over the past 2 weeks, were there any days that you did not take your medicines as prescribed?                |                             |                             |                          |                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Many people have trouble taking their medication as prescribed. How often do you miss doses of your medicine? |                             |                             |                          |                          |
| <input type="checkbox"/> Never <input type="checkbox"/> A few times per year                                  |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Frequently <input type="checkbox"/> A few times a month                              |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> A few times a week   |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Which factor keeps you from taking your medicine as directed?   |                             |                             |                          |                          |
| <input type="checkbox"/> Forgetfulness <input type="checkbox"/> Do not understand the directions              |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Side Effects <input type="checkbox"/> Do not understand what the medicines are for   |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cost <input type="checkbox"/> Do not think medication is helping                     |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Do not think medication is necessary   |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____  |                             | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you recently lost weight without trying?   |                             |                             |                          |                          |

Figure 2: The online Enhanced Encounter form can be customized based on a patient's condition.

## ENGAGING PROVIDERS AND CARE TEAMS

Documentation of chronic and high-risk conditions is frequently missing or coded incorrectly, which can limit health outcomes and lead to loss of the risk-adjusted premiums that finance patient care for these conditions. The Lumeris Enhanced Encounter program helps payers engage providers and their care teams in the improvement of documentation and coding to ensure appropriate revenues that support patient care. As a result of Lumeris' tools, physician engagement and education, these prospective health assessments have a completion rate of nearly 70 percent.

### CASE STUDY: ACTUAL RESULTS OF PROSPECTIVELY MANAGED RISK AND REVENUE

A loosely affiliated Independent Practice Association (IPA) with an upside-only contract implemented the Enhanced Encounter program. Using the ADSP and Enhanced Encounter logic to stratify high-risk patients, 40 percent of the IPA's patient population was identified for the program. The completion rate of the Enhanced Encounter by participating PCPs was 68 percent, or approximately 439 completed prospective health assessments. This completion percentage is significantly higher than the market average of 30 percent when a similar assessment is attempted by a third-party. The financial impact to the IPA was significant. They experienced a \$2,500 return per completed form, or roughly \$1.1 million of new and protected revenue for participating in the program in 2013. In addition to financial results, the IPA saw 95 percent of their patients annually, leading to a higher-than-market percentage in multiple HEDIS measures and is one of the top performing groups in a 40,000 member MA plan.

The ADSP's tools include:

- **Patient Worklist**, which identifies documentation and coding opportunities and prioritizes patients based on gaps in care, utilization issues and coding opportunities
- **Patient Care Profile**, which provides extensive patient-level detail including the patients' risk and Outreach Score, shown in Figure 1.
- **Alerts**, available through both the Patient Worklist and Patient Care Profile showing prior diagnosis, suspected diagnosis, incomplete coding, and screenings for chronic conditions
- **Online (or paper) Enhanced Encounter Form**, which is customized based on a patient's condition, shown in Figure 2

In addition to the tools and support, the Enhanced Encounter program has automatic auditing rules built into the form, and clinical data is captured in the form and is incorporated directly into the ADSP for analytics and quality purposes.

## BENEFITS TO PROVIDERS, CARE TEAMS AND PATIENTS

At the core of the program is the enhanced patient encounter where the physician assesses a patient's health status. Preparing for and conducting the assessment should become a part of the care team and providers' daily workflow by doing the following:

- Accessing a list of patients in the program
- Scheduling Enhanced Encounter visits
- Preparing for visits (print forms etc.)
- Executing visits (leverage patient information)
- Submitting claims
- Returning Enhanced Encounter forms
- Including Enhanced Encounter forms in medical records
- Reviewing/responding to coder feedback

Engaged physicians who have the right tools and resources are more able to engage their patients. Engaged patients make more informed decisions that lead to better outcomes. Lumeris has developed programs to train providers and their office staff on appropriate documentation and coding within the ADSP. We also have training programs on the Enhanced Encounter's forms and other courses available for CME credit. There is a greater completion rate (nearly 70 percent) when providers and care teams are taught to complete prospective coding and documentation accurately as opposed to hiring people to do it for them (at a nearly 30 percent completion rate). In addition, we work with payers to reach out to their network of providers, and determine the number of offices and staff that will need to be trained, and then we deliver the curriculum via our field agents.

## BENEFITS TO PAYERS

The Enhanced Encounter program provides opportunities to identify new and protected revenue through the accurate coding of chronic and high-risk conditions delivering appropriate and predictable risk-adjusted revenue. This can be reinvested in the payer or their provider network. Offering incentives, tools and information to PCPs allows them to stratify their population and high-risk patients in order to identify those necessary for an Enhanced Encounter. When providers complete the assessments, it keeps the PCP at the center of health care allowing physicians to devote additional time to the highest risk members, resulting in better clinical and financial outcomes as well as an enhanced patient experience.

Mutual benefits brought about by the Enhanced Encounter program, along with greater collaboration between payers and providers, is essential for those health care delivery systems who want to thrive in today's changing health care environment.

The real success of the Enhanced Encounter program is in keeping PCPs at the center of health care because they are best suited to complete an Enhanced Encounter and spend the time with their high-risk patients. When payers provide PCPs with proper incentives, information and tools, they can stratify their high-risk patients, reach out to them, complete prospective health assessments, close gaps in care, improve care quality, and impact revenue through accurate documentation and coding. The Enhanced Encounter program is a proven first step for payers to collaborate with providers and care teams on their journey to value-based care. Providers and payers can work together through the Enhanced Encounter program to achieve the goals of the Triple Aim *Plus One*: better health outcomes, lower costs, and improved patient *plus* physician satisfaction.

