Transforming health care: The strategic role of HIM

Dan Wilson
CEO: Moxe Health
About the presenter

Dan Wilson
Founder & CEO, Moxe Health

Passionate about creating a more secure and efficient way to exchange data in the health care ecosystem, Dan founded Moxe in 2012. Outside of work, he enjoys volunteering with the United Way to support various local health programs, and the local school district on creating a learning track for high schoolers to learn about careers in the health care sector.
Goals for today’s session

• Review why and how payers request charts
• Explore trends driving payers to increase chart requests
• Share techniques for managing the growing numbers of requests
• Discuss ideas for growing the strategic significance of HIM
Charts help payers manage risk

UnitedHealth Doctored Medicare Records, Overbilled U.S. By $1 Billion, Feds Claim

October 31, 2018 01:00 AM

Medicare Advantage insurers could be on the hook for billions from audit changes

SHELBY LIVINGSTON

DOJ investigating Anthem’s Medicare Advantage, Part D plans

by Evan Sweeney | Apr 26, 2018 11:10am
Data Payers want

Complete clinical history

→ Augment claims data for care management. Gain the 360° view

Diagnosis codes

→ Close care, quality and risk gaps and figure out claim issues

Unstructured notes

→ Useful for finding diagnosis codes not coded accurately the first time
# Programs that drive requests

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What goes into a request?

**Payer WF**
- Use claims data to identify medical records to request
- Generate 'chart chase' list
- 'Chart Splitting' occurs where records are divided by encounter
- Medical records are stored for compliance purposes
- Records are sent to different teams based on use case

**Provider WF**
- Provide 'chart chase' list to Record Retrieval vendor
- Medical records received by payer as an image
- Medical records are used for risk, quality or care-driven analysis
- Medical record request is received by HIM department
- Medical records are produced following ROI process
Spiky demand creates logistical challenges
Discussion topic

What’s the busiest time of the year for release of information requests?

How do you manage this variability at your system?
Trend: Growth in risk adjustable populations

Medicare Advantage is growing by 11% per year on average

Trend: Growth in risk adjustable populations

ACA/Marketplace plans have added 11.4m lives since 2014

Source: https://www.kff.org/health-reform/state-indicator/marketplace-enrollment/
Trend: Growth in risk adjustable populations

Comprehensive Managed Medicaid now covers over 3.6m lives in TX

Comprehensive, Risk-Based Managed Medicaid Enrollment-TX (in millions of lives)

Trend: Improvements in technology

- CAC and NLP
- Not a replacement for coders, but they can improve coding practices
- NLP coding tools for both 1st and 2nd pass review
- Decreasing costs to code charts encourages plans to request and code more charts
- One provider-owned plan we work with reviews 4 million encounters per year using NLP

Sources: https://www.cdc.gov/nchs/icd/icd10cm_pcs_background.htm and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2804462/
Trend: Growing role of value-based care

- The shift to value-based care means managing by outcomes – which aren’t on the claim
- Yet, plans rely on claims to drive most areas of their business
- Payers are beginning to contract around access to clinical data

28.3% of payments for commercial plans are made under value based arrangements

Trend: Regulatory pressure is increasing

21st Century Cures Act

• Interoperability, Info Blocking & ONC HIT Certification Program

• Seema Verma introduced new proposed rule at HIMSS

Sources:
https://www.healthit.gov/sites/default/files/nprm/ONCCuresActNPRM.pdf
Trend: Regulatory pressure is increasing

TEFCA

• Trusted Exchange Framework and Common Agreement

• Standards for HINs, health care providers, health plans, individuals and other stakeholders

Source:
https://www.healthit.gov/topic/interoperability/trusted-exchange-framework-and-common-agreement
Trend: Industry pushing towards interoperability

- Data Exchange for Quality Measures
- Coverage Requirements Discovery
- Documentation Templates and Coverage Rules
- Clinical Data Exchange
- Payer Data Exchange
- Prior-Authorization Support
What might the future hold?

• Plans don’t want to be in the chart request business
  – If claims contained all diagnosis risk adjustment wouldn’t produce chart requests

• In shared risk contracts, HIM has a significant opportunity to impact the financials of your organization through accurate RAF calculations
  – Focus on HCC coding
  – Chart preparation pre-encounter
  – CDI during and post encounter
  – Work with revenue cycle to understand whether visit diagnoses are dropping from claims
Discussion topic

How are you preparing for increased clinical record sharing?

Are you working with leaders from finance and managed care around payer data sharing arrangements?
Questions & answers
About Moxe

- Founded in 2012 in Madison, Wisconsin
- Leading plans and provider organizations rely on Moxe to automate the compliant sharing of medical records

Bi Directional Clinical Data

Trusted by 60,000 Providers

15,000 Records Per Day
Additional References

• http://www.startribune.com/feds-sue-unitedhealth-alleging-false-claims/422660714
• https://www.modernhealthcare.com/article/20181031/NEWS/181039965/medicare-advantage-insurers-could-be-on-the-hook-for-billions-from-audit-changes
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