#### Leveraging Technologies to Optimize Quality Assurance Strategies Maximize RAF Performance Through Enhanced QA Tools and Processes

#### **Presented By:**

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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.

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### Introductions







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### **Topics to Discuss**

- Learn how to utilize your Quality Assurance team to create the optimal strategies for maximizing RAF gain while remaining compliant
- Leveraging sophisticated technology to enhance Quality Assurance strategies and elevate coder performance
- Discuss how Quality Assurance outcomes build provider education programs to improve suspecting gap closure at the point of care





# Maximizing RAF Gain with Advanced Technology, Functionality, & Flexibility

### How to Increase RAF Gain

- Real time Gap Needs/Closure
- Real time statistics on remaining gaps by patient
- Identify provider deficiencies in documentation
- Claim validation (Deletes)





### How to Increase RAF Gain

- Multiple levels of QA
- Modeling payment predictions (ICD 10-CM Changes)
- Focused/Targeted HCC/HHS categories and/or diagnosis (i.e., high risk dx, RADV outcomes, etc.)



## **Technology Tools Needed to Strategize**

- Coding Platform with flexibility
  - $\circ$  Sampling
  - Focused/Targeted reviews (i.e., dx or HCC/HHS categories)
  - Facilitating claims validation with multiple workflows to one document
    - Adding a diagnosis that may not have been billed but is documented
    - Validating a diagnosis in the encounter



### **Technology Tools Needed to Strategize**

- Multiple QA Levels
  - Level 1
  - Level 2
  - Level 3

Note: This is the CMS Model

• Coder Accuracy Reporting





## Sample Size Audit Flexibility

- Sample Size Audit Flexibility
  - $\circ$  % of project
  - $\circ~$  % of HCC Categories
  - $\circ$  % of Diagnosis codes
  - $\circ$  % of coder
  - $\circ$  % of auditor
  - $\circ$  % of vendor
- Multi-level QA

#### Note: Randomizer on all coded work items



## **Claims Validation Flexibility**

Flexibility in the technology platform to validate and add all diagnosis applicable to a patient in one approach

- Ability to add diagnosis that are actively being managed
- Ability to delete diagnosis from a claim that is unsupported
- Ability to dynamically move deletes into a QA review process before final delete
- Ability to view other resources in which the proposed deleted diagnosis is available (i.e., other encounters)
- Identify encounters that have signature issues in preparation for RADV opportunities
- Ability to identify provider educational needs based on documentation findings



## **Rejects – Understand the Why?**

- Lack of substantiation
- Documentation shortfalls and opportunities
- Date of Service deficiencies
- Utilizing a technology platform where gap closure fell short
- Improves NLP output
- Coding guideline updates





# Quality Assurance Suspecting

### Future State of Quality Assurance Programs

- Suspecting is shifting to the point of care
- Technology should assist in identifying clinical data points for potential diagnoses
- The pre-visit planning with effective technology can assist the diagnostician in identifying potential conditions that apply to the patient's health status



## Key Takeaways

- The best approach to a Quality Assurance programs is leveraging technology that has flexibility
- The best approach in capturing new and validated codes is to utilize technology that has NLP and flexibility in targeting your patients with gaps
- The best approach to educate providers on CDI needs and/or suspecting is to have flexible technology to assist real time needs





# Thank you for joining us! Questions?

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