Clinical NLP MEATs Risk Adjustment

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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ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD

Today's presenters:



Amy Campbell, RN, MSM, CCDS-O *Clinical Documentation Improvement Director* Wolters Kluwer, Health Language

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Today's agenda

- Top challenges in Risk Adjustment Coding Operations
- Existing computer assisted automated coding technology used today
- Shortfalls of current technology
- How the right technology can improve both retrospective and prospective risk adjustment workflows
- How to get started





Top challenges in risk adjustment coding operations

- CMS Final Rule on repayment methodologies-delayed (again) until 2/01/2023
- Rate and pace of RADV/OIG audits

REMEMBER: ROI is not just an increased RAF, it is also about staying out of the headlines!







SURVEY QUESTION #1

Is your organization using technology to address these challenges?

- 1. No we do not use technology; no plans to
- 2. No we do not use technology; plan to in the future
- 3. Yes we use a coding tool, but not NLP
- 4. Yes we use technology with NLP
- 5. Not sure?





Common shortfalls of current risk adjustment workflows

ARE YOU USING THE WRONG TOOL?

- Workflow challenges
- Is 95% accuracy good enough?
- Leveraging technology
 - Areas of risk
 - Opportunity
- Dangers of bad technology
- Bridging the communication divide







SURVEY QUESTION #2

If you're using NLP technology for chart review and risk adjustment workflows, what's your opinion? Where do you stand?

- a) Love it, makes my job easier!
- b) Returns too much noise, doesn't save time
- c) Don't trust it, it misses diagnoses
- d) Hate it, waste of money!
- e) We don't use it





Physical Examination:

- Vitals: BP 135/90, R 13, P 80 and irregularly irregular, Weight 167 lbs., Height 5'6"
- HENT: unremarkable
- Neck: supple
- Lungs: clear to auscultation
- CVS: heart regular rhythm, no murmurs. Mild ankle edema. Pedal pulses 1+ bilaterally
- Abdomen: soft
- Musculoskeletal: Normal strength and gait
- Neurological: oriented times three, normal speech, no weakness in extremities, monofilament foot sensation test notable for decreased sensation on the left.

Assessment

- Hypertension: better controlled on current regimen
- Diabetes control improving with better adherence to diet.
- Paroxysmal atrial fibrilation now on Xarelto and Tikosyn (Dofetilide) due to elevated stroke risk. Managed by cardiology.
- Type 2 diabetes mellitus with diabetic chronic kidney disease
- Chronic kidney disease, stage 3b. eGFR remains stable. Will optimize treatment for DM and HTN.
- Diabetic polyneuropathy, mild
- Lupus erythematosus, no active disease. Will repeat ESR in two months.

Plan

- Continue current medications
- Follow-up with cardiology for management of atrial fibrillation and anticoagulation.
- · Emphasize need for strict adherence to ADA diet
- Referral to podiatry to prevent potential skin lesions
- · Return to clinic in 4 weeks or as needed
- Neurology referral

Technology Evolution

How can it enable coder workflow

RISE

What if you had the right technology to transform risk adjustment...

... your tool surfaced the clinical indicators for each diagnosis

...you could choose which clinical indicators were attached to the conditions you coded

...charts were organized appropriately to streamline your workflow

The Coder Workbench does it all.







CHART TABLE OF CONTENTS

SURFACED DIAGNOSES & CLINICAL INDICATORS

PRE-POPULATED DIAGNOSIS CARD

., Height 5'6"	Paroxysmal atrial fibrilation
	ICD-10 Code *
	I48.0 Paroxysmal atrial fibrillation \sim
lses 1+ bilaterally	Refine 🗳 Guidelines
	Note Type Encounter Date Progress Note Outpatie 02/27/2021
extremities, monofilament foot	Provider Type e.g. Physician V
	Provider Richard Rodriguez, MD Signature
due to elevated stroke risk.	Supporting Documentation Recommended ~
treatment for DM and HTN.	MedicationStatement: Xarelto MedicationStatement: Tikosyn
ths.	Condition: irregular heartbeats
	MedicationStatement: Xarelto
inticoagulation.	MedicationStatement: Tikosyn
	Condition: irregularly irregular
	MedicationStatement: Xarelto
	MedicationStatement: Tikosyn







Prospective risk adjustment is founded in retrospective risk adjustment

- What is prospective risk adjustment?
- How does an organization get started in this "newer" frontier?
- Queries must be compliant
 - If unsure reference: <u>ACDIS/AHIMA Guidelines for Achieving</u> <u>a Compliant Query Practice—2022 Update</u>
- Consider pre-drop tactics to ensure accuracy



The Coder Workbench was designed to be a springboard for other workflows





Leverage the right technology to ensure successful risk adjustment programs



EXTRACT

Clinically trained NLP with embedded coding intelligence extracts clinical insights from unstructured data



ORGANIZE

Coder Workbench organizes the medical chart, facilitating a streamlined coder review workflow



ACCELERATE

Perform accelerated record review for retrospective and prospective risk adjustment workflows

Correct for the future with the Health Language Coder Workbench





THANK YOU!

Please reach out, we'd love to connect with you!



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EVENTS & PRESENTATIONS COMING UP:

RISE Risk Adjustment Forum November 28-30th in Scottsdale, AZ Panel Presentation: A Perspective from the Plan Level: Engaging your Provider to Improve Documentation **RISE Sponsored Webinar** December 8th *More information coming soon!*

Visit our website to learn more about Health Language Risk Adjustment Solutions!



