

HCC RISK MANAGEMENT SOLUTIONS:

THE HEALTH RISK ASSESSMENT CLINICAL ENCOUNTER

Medicare Advantage Plans need to document and quickly process all patient-derived data affecting their Risk Adjustment Factors (RAFs). The most efficient and accurate method for obtaining the most timely and accurate information for your Plan's members is Peak's **Health Risk Assessment Clinical Encounter**.

WHAT IS THE HEALTH RISK ASSESSMENT (HRA) CLINICAL ENCOUNTER AND HOW CAN IT HELP OUR PLAN?

The **HRA Clinical Encounter** is a powerful and effective method of obtaining significant patient-based clinical data from one-on-one personal encounters. This service utilizes our specially trained, fully employed and community based clinician network to perform on-site patient clinical interviews and physical evaluations (e.g., in patient's home, LTC facility or skilled nursing facility, etc.). Using client-specific tools customized for your Plan's members, Peak's clinicians will thoroughly pre-screen and evaluate essential areas such as each patient's current and past medical history, physical status and activities of daily living (ADLs), lifestyle habits and access to medical care – all critical data affecting HCC/RxHCC assignments. This personal encounter enables your Plan to immediately and securely document valid diagnostic information to establish baseline data for the purposes of assigning any and all relevant HCC/RxHCC categories.

WHAT IS THE TYPICAL PROTOCOL FOR THE HRA CLINICAL ENCOUNTER AND HOW IS IT CARRIED OUT?

Entirely focused on the patient in a one-on-one setting, Peak's HRA Clinical Encounter is performed by our clinical professionals specially trained for on-site patient services. Peak's clinicians will obtain an extensive patient medical history, perform a detailed physical examination appropriate for the patient's setting and needs, and document all relevant diagnostic data necessary to "get the ball rolling" in terms of correct ICD-9-CM code assignment and related HCC/RxHCC category derivations. They will also document a specific plan of care and provider referral recommendations. Common to the HRA Clinical Encounter, the following areas of clinical diagnostic information are obtained and documented:

- Pertinent patient demographic information
- Past medical history, including personal and familial history/treatment of specific diseases
- Relevant social history including lifestyle habits impacting short- and long-term health
- ADLs and relevant restrictions affecting the patient's mobility and functioning
- Current medication inventory
- Comprehensive review of systems
- Provider list (current and previous providers)
- Patient vital signs and physical evaluation
- Assessment of cognition and depression indicators
- Preliminary laboratory specimen collection
- Comprehensive diagnosis registry
- Recommendations for care plan as well as referrals for provider follow up

From this encounter, all relevant diagnostic information is relayed to Peak's certified Clinical Documentation Specialists and Certified Coders who will accurately and appropriately code the documented diagnoses. Once the appropriate ICD-9-CM codes are identified, HCC/RxHCC derivations can be made. Peak will relay all documented information right to your Plan, making this vital information immediately available for correct reporting to CMS as well as for coordinating provider referrals and beginning to manage the patient's care.

Your Plan will find Peak's HRA Clinical Encounter an invaluable tool for optimizing the risk adjustment score of your Medicare Advantage population.

HOW DOES OUR PLAN GET STARTED USING PEAK'S HRA CLINICAL ENCOUNTERS?

Peak works with your Plan to determine which members will require a HRA Clinical Encounter. Peak's HCC Risk Management professionals can help your Plan define a HRA suspect search, which will be easily performed through our workflow system. In some cases this predefined patient population will have preliminarily assigned diagnoses to help identify them, such as "diabetes mellitus with complications." Other data-driven HRA suspect searches can be carried out using various datasets as well, such as "all patients aged 70 and above, receiving physical therapy in the last year, daily using a walker, and requiring homecare assistance for routine ADLs." Peak can work with your Plan in deciding on the data filters and parameters. From that point, your Plan will generate a member contact list from which Peak can begin scheduling and performing the clinical assessments. As the clinical data is obtained

from each member, the data is fast-tracked back into Peak's workflow system. An important facet of that workflow system is Peak's internal QA process. Documentation is analyzed and when necessary, provider queries are issued for clarification. No diagnosis is assigned if compliance standards in documentation and coding are not intact. Diagnostic statements coded by Peak's Certified Coders are reviewed via internal compliance auditing processes. All such processes are transparent to you, our client. Peak will provide all ICD-9-CM codes assigned and all HCCs/RxHCCs derived for each case. Finally, Peak will transmit the completed evaluations to your Plan for official HCC/RxHCC assignment (for CMS reporting via the RAPS files) and for data e-storage for future uses such as possible RADV audits and provider education.

WHAT ARE THE IMMEDIATE/CONTINUING BENEFITS OF THE PEAK HRA CLINICAL ENCOUNTER FOR OUR PLAN?

1. Identify HCCs/RxHCCs via ICD-9-CM Code Assignment & Report Risk Data More Timely/Accurately:

Visiting pre-defined/pre-selected members in their homes to perform HRA Clinical Encounters enables your Plan to collect and compile timely and critical information of its patient population, including the identification of various chronic conditions ultimately leading to the assignment of related HCCs/RxHCCs. Benefits are immediately twofold: the clinical data is used by providers and case managers for disease management initiatives; and, the HCC/RxHCC data is utilized by your Plan for accurate and timely RAPS file reporting to CMS.

2. Establish a Framework for Appropriate Care Plan Management:

In the process of performing the HRA Clinical Encounters, Peak professional staff often gather valuable data directly from the patients themselves, information that might have otherwise been missed or not obtained due to (a) the inconsistent nature of each patient's health care access patterns, (b) due to noncompliance with recommended treatment regimen(s), and (c) due to untimely follow up by each patient with the appropriate network providers. The HRA Clinical Encounter can facilitate these processes, start the patient off right in his/her care, and minimize the negative impact of erratic health care access.

3. Implement Fiscal Control:

The targeting of predefined HRA suspects (e.g., disease specific patient populations or other data-driven member lists) for Peak's HRA Clinical Encounters will help your Plan attain its appropriate RAF scores by accurately assigning these patient groups to their fitting HCC/RxHCC designations. The cumulative advantage of the HRA Clinical Encounter is that it allows your Plan to take charge of its members' health care needs as soon as possible, controlling your Plan's HCC risk/fiscal impact by:

- **Quickly & effectively establishing a risk profile on new members &/or pre-defined patient populations**
- **Identifying and managing costly chronic conditions more effectively, and providing members with personalized care regimens and/or coordinated provider referrals**
- **Supplementing your Plan's disease/care management programs**
- **Incorporating HEDIS measures & NCQA initiatives**
- **Complimenting current HCC retrospective programs**
- **Identifying missing or inadequately documented HCCs/RxHCCs**
- **Mitigating and managing future RADV audits by storing and providing accurate clinical documentation**
- **Providing a quantifiable ROI**



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