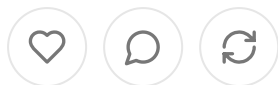


Step-by-Step Guide to Creating a Retrospective Medicare Advantage Risk Adjustment Chart Chase List

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Creating an effective retrospective chart chase list for Medicare Advantage risk adjustment requires a strategic approach rooted in data analytics. By using available data sources, payers can identify charts with the highest potential for uncovering incremental Hierarchical Condition Category (HCC) codes, ultimately optimizing scores and reimbursement. Here's a step-by-step guide on how to build a high-yield chart chase list using the data at your disposal:

Step 1: Gather Relevant Data Sources

Payers typically have access to a variety of data sources that can aid in identifying potential HCC opportunities. These include:

- **Claims Data:** Use historical claims to identify diagnosis codes that may indicate missed or undercoded HCCs.
- **Encounter Data:** Analyze physician encounter data for a comprehensive view of patient visits, diagnoses, and treatments.
- **Prescription Data:** Look for prescriptions that may correlate with chronic conditions or unreported HCCs.
- **Lab and Diagnostic Data:** Certain test results can suggest underlying conditions that may not be coded accurately.
- **Unstructured Clinical Data:** Extract information from clinical notes and summaries using Natural Language Processing (NLP).

Step 2: Develop Predictive Models to Identify High-Yield Charts

Leverage predictive modeling to estimate the probability of finding new or missed HCCs. Consider variables such as:

- **Patient Demographics:** Age, gender, and other demographics can help predict which patients are more likely to have missed HCCs.
- **Chronic Conditions:** Prioritize patients with known chronic conditions that have strong HCC correlations, such as diabetes or chronic obstructive pulmonary disease (COPD).
- **Historical Utilization Patterns:** Patients with frequent hospitalizations or emergency room visits may have uncaptured HCCs.
- **Provider Specialty:** Certain specialties are more likely to identify specific HCCs. For instance, endocrinologists may have higher yields for diabetes-related conditions.

Step 3: Use Natural Language Processing (NLP) for Unstructured Data

NLP can analyze clinical notes for potential diagnoses that are not captured in structured data. To implement NLP:

- Extract clinical notes from EHRs or medical records.
- Use NLP algorithms to identify terms and phrases associated with HCCs.
- Flag patients who have unstructured notes indicating conditions that were not previously included in claims or encounter data.

Step 4: Apply Propensity Scoring to Rank Potential Chart Yields

Using the data from predictive modeling, assign a propensity score to each patient chart based on the likelihood of finding additional HCCs. This score should account for

for:

- **Diagnosis Patterns:** Prioritize charts where there is a pattern of under-reported conditions.
- **Cost of Retrieval:** Consider the expense associated with retrieving and reviewing each chart, and weigh it against the expected HCC yield.

Step 5: Segment and Cluster Patients for Targeted Chasing

Divide patients into segments based on similar characteristics and historical data patterns:

- **Condition-Specific Clusters:** Group patients by chronic conditions, such as cardiovascular or pulmonary diseases.
- **Demographic Clusters:** Segment by age, gender, or socio-economic factors that could influence HCC capture rates.
- **High-Yield Provider Groups:** Identify providers who historically have higher capture rates, and prioritize their patient charts.

Step 6: Conduct a Cost-Benefit Analysis

Perform a cost-benefit analysis to ensure the chart chase list is optimized for maximum return on investment:

- Estimate the potential ROI for each patient segment based on the likelihood of finding new HCCs.
- Rank charts according to their expected financial impact and retrieval cost, ensuring you focus on high-value opportunities.

Step 7: Implement Temporal Analysis for Seasonal Prioritization

Assess seasonal trends to determine the optimal timing for chart chasing. This is particularly useful in:

- **Chronic Condition Trends:** Some conditions may be more frequently coded certain times of the year, such as respiratory illnesses during flu season.
- **Provider Availability:** Coordinate with provider offices to retrieve charts during slower periods when they are more likely to be available for record retrieval.

Step 8: Generate and Validate the Final Chase List

Once you have prioritized your charts, generate a final list that includes all high-priority chart chases:

- **Review for Accuracy:** Double-check the list to ensure all high-priority charts are included and that the data aligns with expected outcomes.
- **Validate with Stakeholders:** Share the chase list with internal teams, such as coding and compliance, to confirm that it aligns with organizational goals and regulatory requirements.

By following these steps and leveraging available data sources, payers can create a highly effective chart chase list for retrospective Medicare Advantage risk adjustment. This strategic approach not only optimizes HCC capture rates but also enhances overall risk score accuracy and reimbursement outcomes.

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