Encounter System Developments

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SCAN Health Plan

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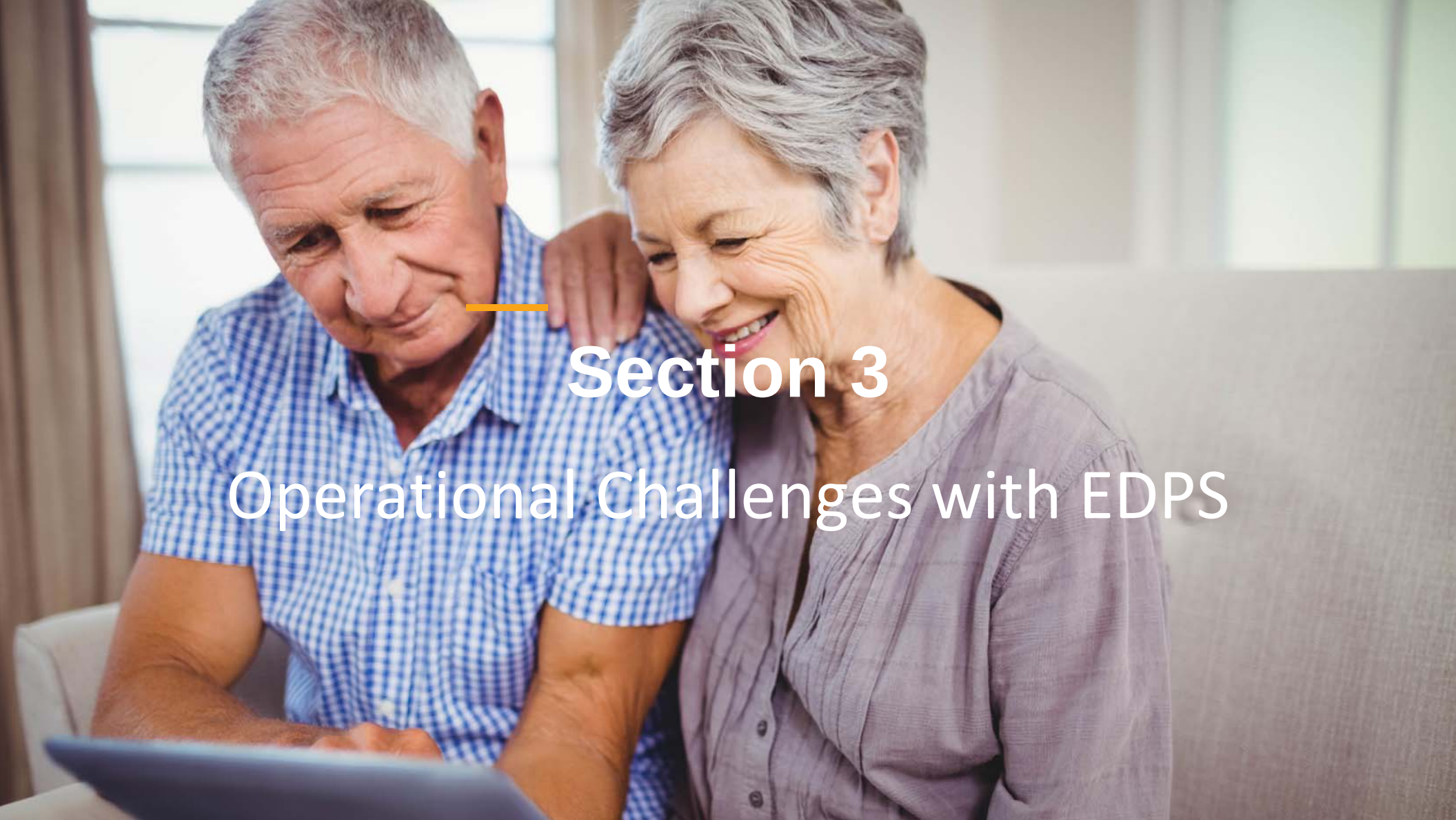


Section 3

Operational Challenges with EDPS

Historical Obstacles to Accurate EDS / EPDS:

1. Data Handoffs / Unintentional Loss
2. The Paper Claim Effect / Trimming & EMR Export
3. Billing Staff / Vendor Challenges:
   - Traditional Claims ($ connected to Procedure Codes)
   - POP MAPD ($ connected to Diagnosis Codes)
4. Perverse Incentives from Capitation
5. Data Intermediaries - - ReAL dATA => 

=> *Clean Data*
6. Data Units: 5 => 120+
7. Fear of RA Audit / pre-filtering

Characteristics of Organizations that are Successful Managing the RAPS to EDS Transition

1. Roll-out / Implementation
2. Working Errors (Dedicated FTEs, Clearinghouse, HP Reporting)
3. Alignment with CMS rules (CMS anchors on Bill Type and CPT)
4. You should find a delta both ways (up / down):

   Example: CMS has **less** data:

   – HPs leverage CPT modifiers and provider specialty to identify RA data

   Example: CMS has **more** data:

   – HP may remove “never-events”, 99211, etc.

What are best practices for ensuring accurate risk score coding, submissions, and rejection handling?

Its Simple…

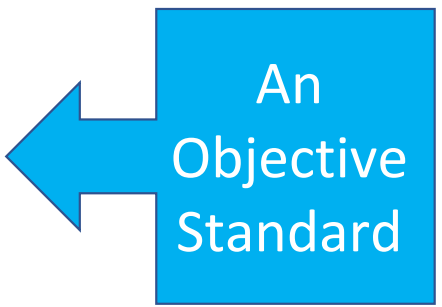
•Physicians document 100% of what they do

•Medical charts are accurately coded

•100% of those codes are sent to the MG

•100% of those data are sent to HPs

•100% of those data are sent to CMS



CMS / SCAN Technical Improvements

- MAO-004 – V 3.2
  - Delta with SCAN internal couple of pts. – mostly due timing
  - V 3.3 – currently being released
  - Hugely improved reporting - - Kudos to CMS!
- SCAN – Share the Data:

Section 5

Encounters Future State

Trends Worth Watching…

1. CMS Benchmarking against FFS (Legacy from TEFRA)
2. Focus Shift towards the Continuum: Medical Need ⇔ Value
   a) "Need" (Dx based) potentially modified by other data (Rx)
   b) "Value" (Procedure based) leverages FFS benchmarks
   - Expect MAPD data to generate unfavorable delta to FFS:
     - E&M Volume, Total Procedures, Concordance between Dx and Procedure
     - HPs must fill in CPT gaps!
3. State programs
   - Focus on % agreement between medical record & encounter data