RADV

Risk Adjustment Data Validation Tool

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**Software Documentation and User Guide**

**May 2016**

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# Statement of Goals

The Affordable Care Act requires health insurance companies to offer insurance to people with pre-existing conditions. By only offering policies with high co-pays and high-deductibles, insurance companies can discourage ill patients from purchasing their products. Risk adjustment prevents this by transferring premiums from insurers with healthy members to those organizations that are insuring for a more ill population.

Risk scores are used to determine the average level of illness in an insurers’ population. A risk score is calculated using the list of diagnoses recorded for a patient during the previous calendar year and is a relative score against the average patient (risk score for an average patient=1). This gives providers and insurers a strong financial interest in making medical records accurate and complete.

The RADV tool was designed to help providers validate medical records by identifying health care conditions that may be missing from a patient’s recent medical record.

# Background Information

Risk Scores are an estimate of an individual’s future medical costs. Recent diagnostic history is the most important data in determining an individual’s risk score. Other predictors include the individual’s geographic area, age/gender and the type of insurance policy (high-deductible, low co-pays, etc.)

Risk Selection occurs when insurers try to avoid enrolling unhealthy people by making their products unattractive to people requiring costly medical care.

Risk Adjustment discourages risk selection by transferring premiums from insurers with healthy members to those with members who are more ill.

If a member has an illness, but the diagnosis code is not reported to the insurance carrier during the calendar year, their risk score will be artificially low.

This data quality issue can substantially reduce an insured's premiums. When provider payments are on a percent-of-premium basis, it also reduces payments to hospitals and doctors.

As doctors and hospitals move to a pay-for-performance structure, correct risk assessment and diagnostic codes ensure appropriate payment for treatment of patients with multiple chronic diseases.

The American Health Lawyers Association recommends the following strategies:

* Know high revenue HCCs that are often undiagnosed or under-coded
* Review missing diagnoses from prior years’ HCCs and send reminders to MDs
* Audits of records vs. codes for missing codes: last year and this year.
* Conduct annual comprehensive exams for members who have not yet been seen early in the year.

## Example of Risk Score Error & consequences:

A 68-year-old man with pneumonia, emphysema, diabetes with retinopathy, and respiratory failure has the following risk profile.

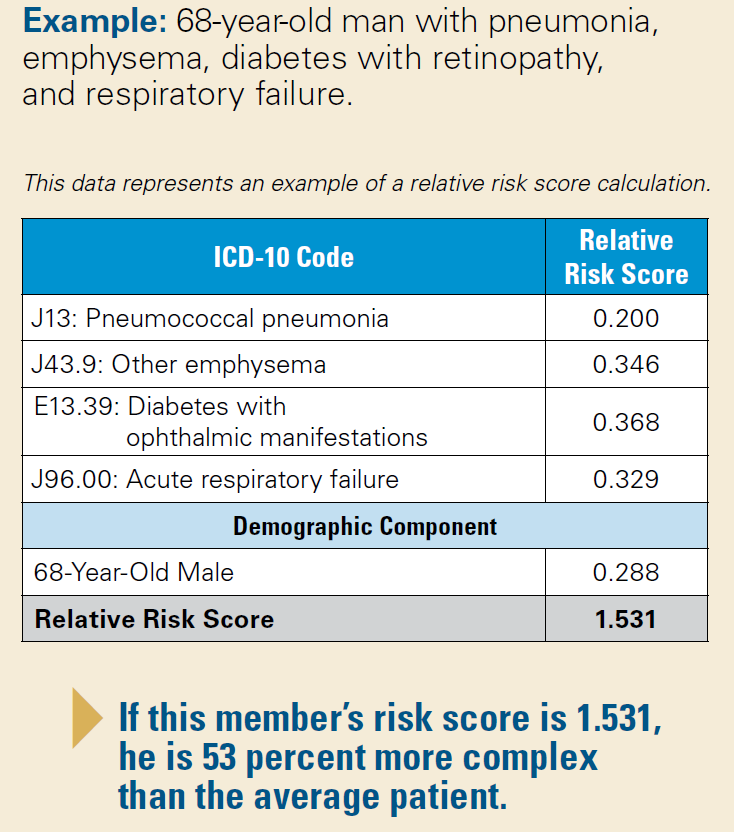
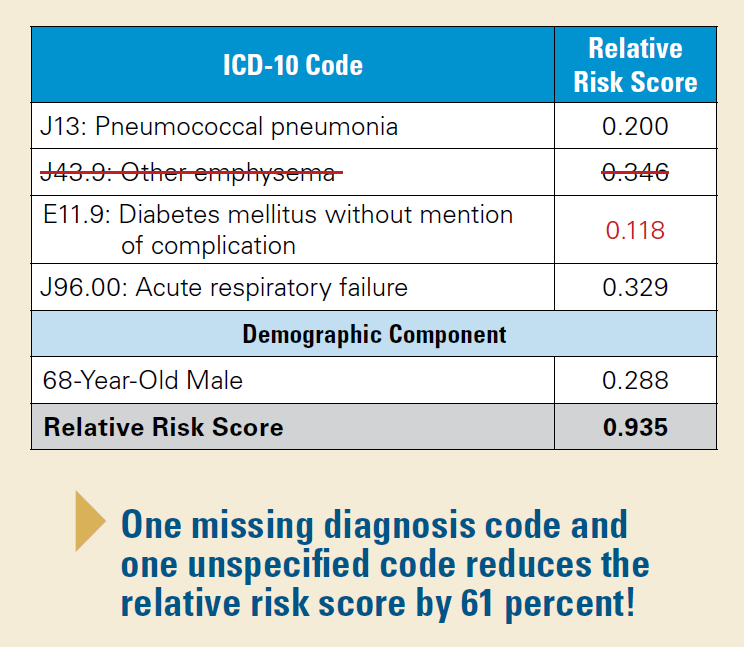
 

Figure 1

Figure 2

Source: https://www.bcbsal.org/providers/pdfs/riskAdjustment.pdf

A missing diagnosis code and an unspecified code (*Figure 2*) reduces the relative risk score by 61%.

# Functional Description

For systems that use a Fast Healthcare Interoperability Resources (FHIR) Server or another centralized data source, RADV allows clinical staff and doctors to search a patient’s available clinical history for any conditions that are not listed in the current year. Upon finding any missing conditions or hierarchical condition categories (HCCs), clinical staff can add the HCC to the patient’s record. This facilitates accurate risk scoring and financial accounting and payments.

# Future of the Application

In its current version, RADV uses the FHIR server with artificial data provided by the Georgia Institute of Technology for educational and research purposes. A real world implementation would interact with an actual FHIR server or one of the open source FHIR servers.

# System Architecture

The prototype RADV tool was developed in Python and currently hosted on the Google App Engine.

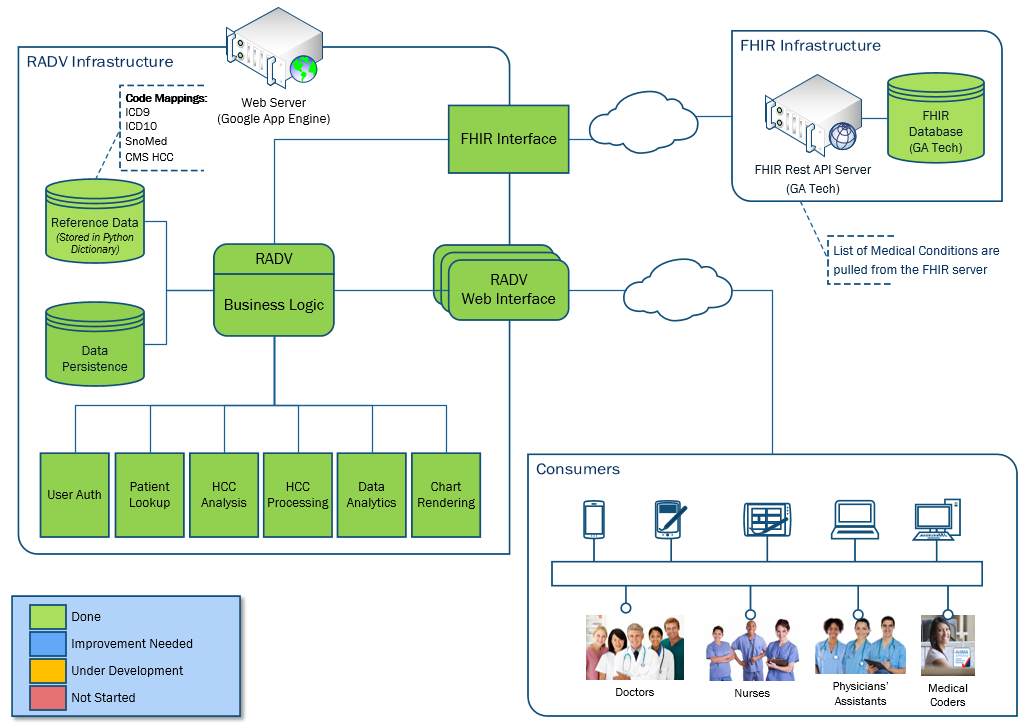


Figure 3

# System Requirements

In order for a user to gain access to the RADV tool they will need a machine with a modern operating system installed (tested on Windows 8, Windows 10, OS X, Ubuntu 16.04, CentOS 7, and Chrome OS) with a modern browser installed (tested on Internet Explorer 11, Safari, Firefox, Chrome, and Microsoft Edge. The minimum specs tested 4 GB of RAM and a dual core 1.70 GHz processor although lower specifications should also work as the client machine does not perform processing in the application.

# On-Line Demo

RADV is accessible via <https://focus-appliance-122323.appspot.com/>. It connects to and directly parses the Georgia Institute of Technology’s FHIR server. Screenshots are available in the use instructions.

Username: FHIRedUp  
Password: PjV7kGTD

# Acronyms & Abbreviations

|  |  |
| --- | --- |
| EHR | Electronic Health Record |
| FHIR | Fast Healthcare Interoperability Resources |
| HCC | Hierarchical Condition Categories |
| HIPAA | Health Insurance Portability and Accountability Act of 1996 |
| HL7 | Health Level Seven International |
| ICD (9 & 10) | International Classification of Diseases (9th & 10th Editions) |
| RADV | Risk Adjustment Data Validation |
| SNOMED | Systematized Nomenclature of Medicine |

# User Access Levels

In this implementation all users have the same permissions, however, a as noted in the “Constraints” section below a real-world implementation would employ role-based access to control functionality.

# Constraints

* A real-world implementation would employ Role-Based Access Control or other permissions and workflows to ensure that a medical doctor confirms all additions or deletions to patient’s Electronic Health Record in the FHIR server in addition to complying with HIPAA regulations for privacy and HL7 for security.
* The application server’s cache is flushed automatically every 5 minutes to ensure the patient’s record is obtained with the most recent information.
* There is a persistence API to store all changes made through RADV. A real world application would add data to the FHIR server itself, making entries on the FHIR server’s audit trail.
* There is limited patient data in the FHIR server used. Patients 4 and 725 have entries that demonstrate features of the RADV application.

# Repository

FHIRed\_Up uses a private repository on the Georgia Institute of Technology’s enterprise GitHub server for collaboration and file storage of the RADV application and documentation.

# Using RADV

## Login

Using your web browser, navigate to <https://focus-appliance-122323.appspot.com>

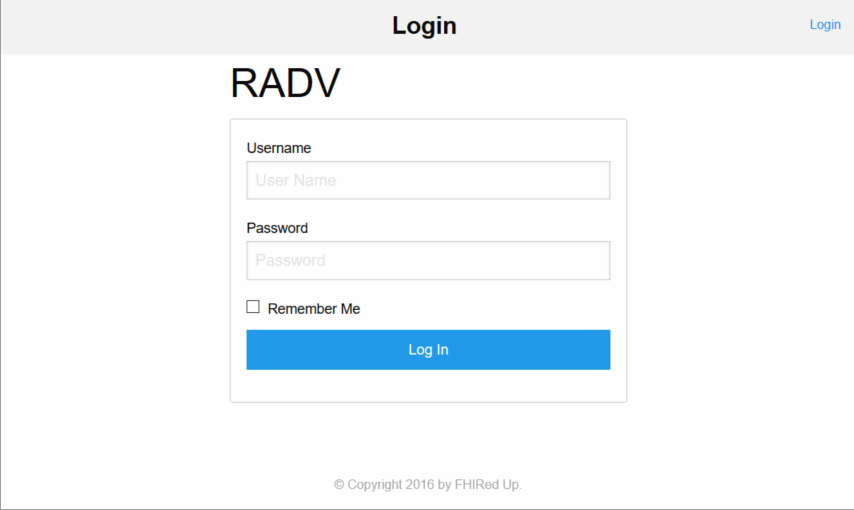


Figure 4

Login with the username, FHIRedUp, and password, PjV7kGTD.

## Patient Lookup

Once authenticated, the Patient lookup screen (*Figure 5*) should appear. A user can search by patient name or ID by selecting the appropriate radio button. This user guide employs patient 4 for examples.

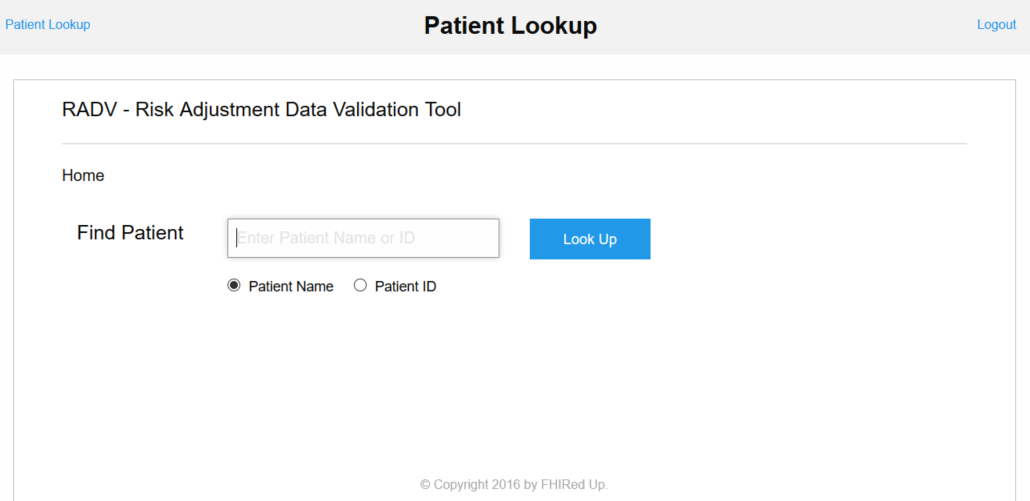


Figure 5

In *Figure 5*, a user can enter either the patient’s name or ID in the search box to find the patient’s medical records from the FHIR server.

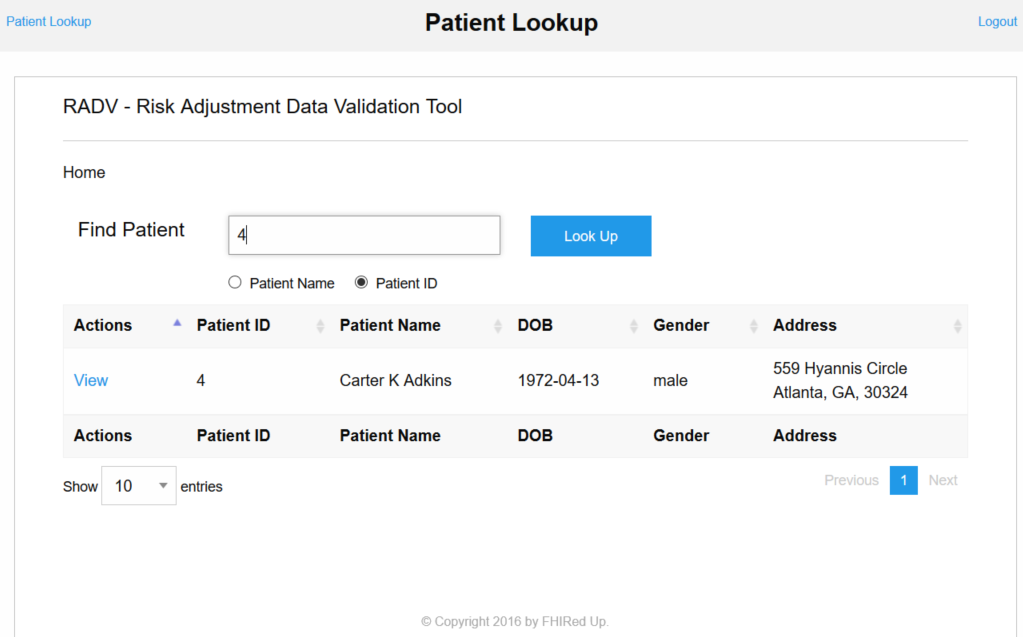


Figure 6

After searching for patient with an ID of 4, the matching patient record appears below the search entry field with a blue hyperlink to view the patient (*Figure 6*).

On each internal page, the Patient lookup and logout links are displayed in the top left and right corners. Any active links are displayed in blue. Selection buttons are displayed as blue buttons with white text as the look up button above.

## Patient Display

To select a patient, click on the view hyperlink. The patient’s record displays with their information at the top, their current year’s Hierarchical Condition Categories (HCCs) on the left pane, the candidate missing HCCs in the middle panel with each HCC’s risk score, the year in which it previously appeared on the patient’s EHR, the HCC code, and a link for adding to or rejecting from the patient’s EHR. The Risk score information and graphical display appear on the right panel with the ability to see the impact of adding the candidate HCCs. The gauge at the top of the right panel indicates the severity of the patient’s candidate risk score relative to their current risk score.

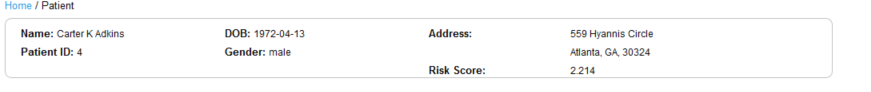


Figure 7

At the top of the page, the patient’s information is always displayed (*Figure 7*).

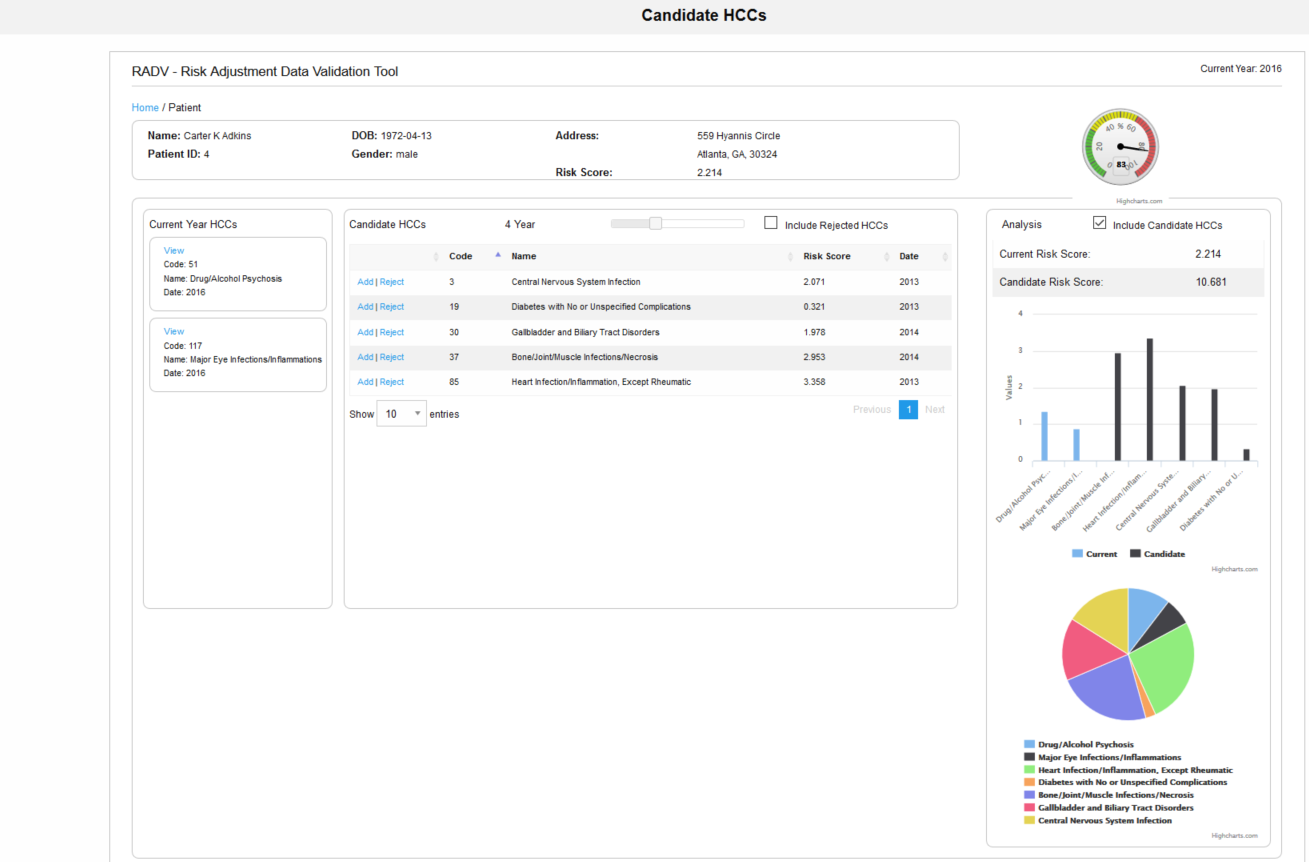


Figure 8

(*Figure 8*) and consists of top, left, center and right panels.

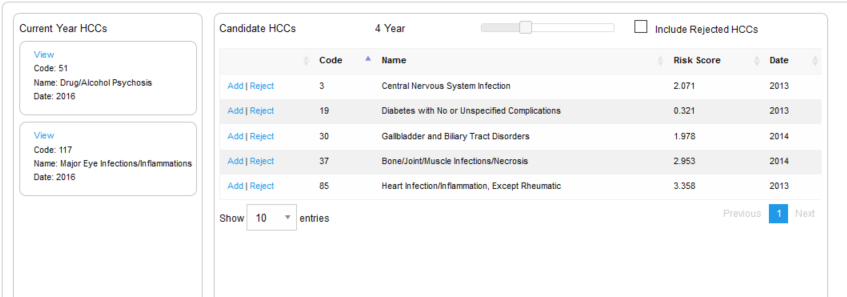


Figure 9

in *Figure 9*the left panel containsfrommedical Additional information including the date, SNOMED code(s) and doctor’s notes are accessible via the “View” link next to each HCC.

T panel contains a list of(*or* )that were applied to the patient in but not applied during the current year. These candidate HCCs include the applicable and year in which it was last applied to the patient Links to “Add” or “Reject” a candidate HCC are included.

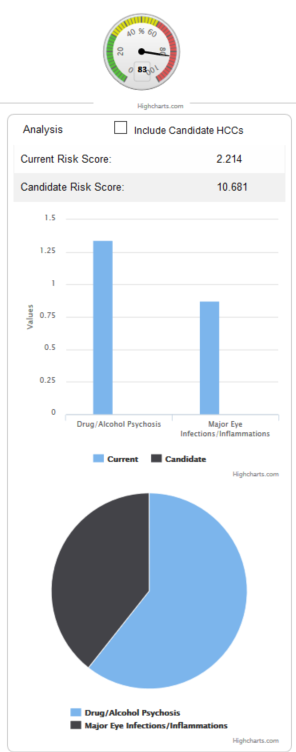


Figure 10 Figure 11

The right panel displays graphical information (*Figures 10 & 11)* regarding the patient’s risk score. Figure 10 shows just the current year HCCs, while Figure 11 (*with the “Include Candidate HCCs” option selected*) shows both the current and candidate HCCs.

## Candidate Risk Score Meter

The candidate risk score meter (or gauge) (*Figure 12*) indicates the severity of the patient’s candidate risk score relative to their current risk score. It is used to quickly identify if a patient’s candidate HCCs would make a significant impact to their current risk score if they were added to the patient.

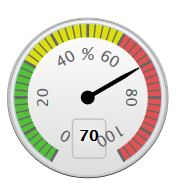


Figure 12

Candidate Risk Score Meter

The formula for calculating this metric is:

*Example:*

If a patient has a Current Risk Score of 0.723 and the sum of their Candidate Risk Scores is 1.687, the candidate risk score meter would register 70, indicating the patient’s current risk score is 70% less then what it would be if candidate HCCs where included.

## Viewing Current Year HCCs

To view information on a current year HCC, click on the View link for a particular condition (*Figure 13*).

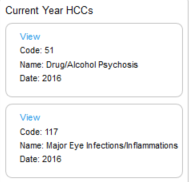


Figure 13

A new window will open (*Figure 14*) displaying the Code’s verification status for that patient, the related SNOMED codes which were entered and translated to that HCC, and any notes entered by the doctor.

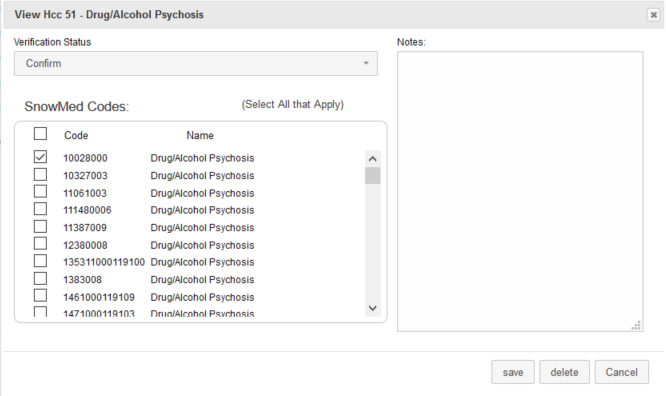


Figure 14

A user may delete this entry, but we advise that in a real-world implementation, only a doctor may perform this action while making supporting documentation.

## Viewing Candidate HCCs

The center panel (*Figure 15*) displays candidate HCCs that were entered on the patient’s EHR in previous years but not yet added or rejected during the current year. By default, the application will display candidate HCCs from the past four years, and a user may adjust the time by sliding the bar at the top of the panel.



Figure 15

## Adding an HCC

To add an HCC to a patient’s EHR, select the add link to the left of the specific HCC (*Figure 16*).



Figure 16

A new window will open (*Figure 17*) allowing the user to select corresponding SNOMED codes, the verification status (which should be “Confirm” by default), and enter any supporting reasons.

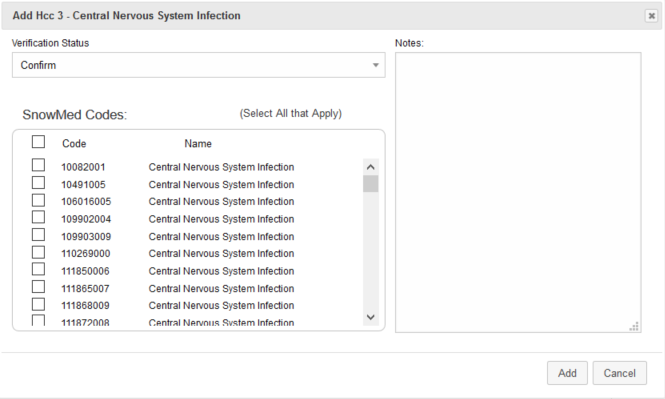


Figure 17

Once a candidate HCC has been added, the graphical display on the right panel will automatically update showing the current HCCs in blue and candidate HCCs in black (*Figures 18 & 19*). The pie chart displays the percentage each HCC contributes to the total. To display the percentage, hover over the pie slice.

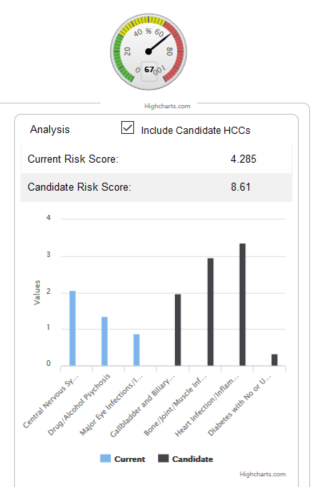


Figure 18 Figure 19

## Rejecting HCCs

A user may also reject HCCs which are not accurate or no longer affect the patient although they appear in their EHR for previous years. The user has the option of displaying HCCs which have already been rejected that year in case there was an error.

To reject, a user clicks on the reject link to the left of the HCC (*Figure 20*).

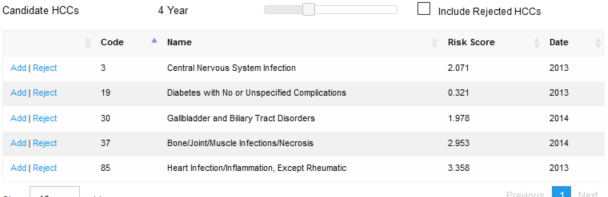


Figure 20

A new window opens with showing corresponding SNOMED codes, a default verification status of “Refuted”, and a free text field for notes (*Figure 21*).

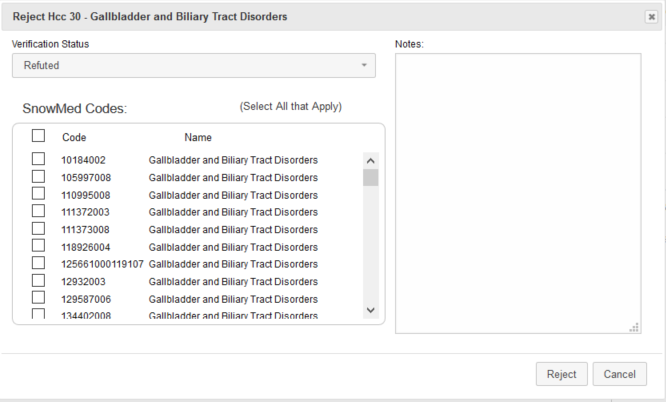


Figure 21

To complete rejection, enter notes and select reject (*Figure 22*).

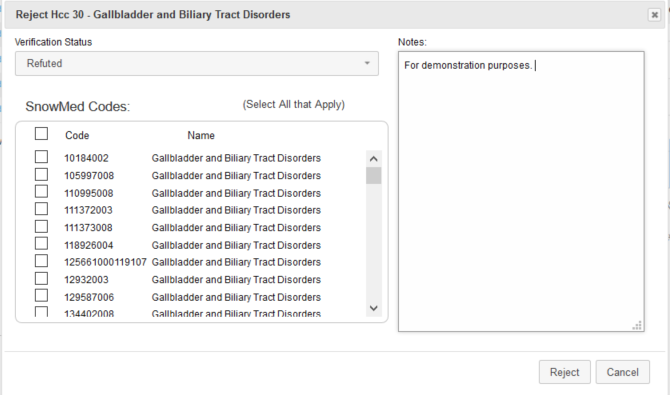
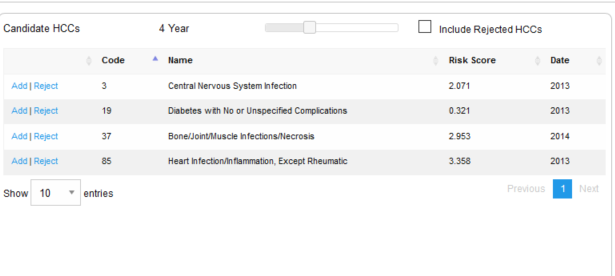


Figure 22

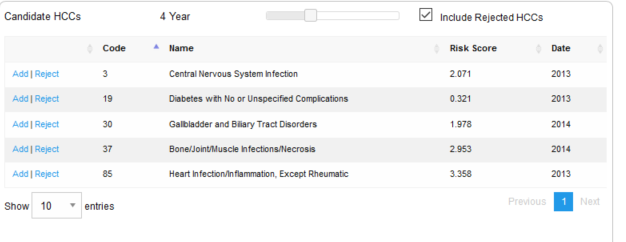
The HCC no longer appears in the candidate HCC list unless “Include Rejected HCCs” is selected.

The graphs at the right are updated a well.



The images show the graphical display after rejecting an HCC.

Figure 23 Figure 24



The images show the graphical display after rejecting an HCC and selecting include rejected HCCs.

Figure 25 Figure 26

## Look up another patient

To look up another patient click the blue hyperlink in the top left of the window labelled “Patient Lookup”. This will return the user to the patient lookup screen.

## Logout

To logout, click the blue “logout” hyperlink in the top right of the screen.

## Data Recording

All data entries are recorded via a persistence API without additional steps from the user. As stated in constraints, a real world implementation would make changes on the FHIR server under the current encounter and be recorded in the FHIR server’s audit trail.

# Future Improvements

Some candidate features identified for the RADV tool include:

1. A reporting tool listing patients with a high “candidate” HCC risk score. This would help providers identify high risk patients with past medical conditions not yet recorded for the current calendar year.
2. Allowing the selection of individual Candidate HCCs (instead of “all” Candidate HCCs listed) to review the net impact this subset would have on the patient’s calculated risk score.
3. Role-based access to control to determine which users can view, add, update and reject HCCs.
4. Integration with other medical systems.

# References

**Information from:**

<http://www.hl7.org/>

<https://www.bcbsal.org/providers/pdfs/riskAdjustment.pdf>

<https://www.healthlawyers.org/Events/Programs/Materials/Documents/MM12/papers/EE_haley_sillman_slides.pdf>

<http://www.modernhealthcare.com/article/20150701/NEWS/150709989>

<http://kff.org/health-reform/issue-brief/explaining-health-care-reform-risk-adjustment-reinsurance-and-risk-corridors/>

**Images from:**

<http://decompressionprosmarketing.com/blogs/decompression-pros/16891112-how-to-ask-for-referrals-from-medical-doctors>

<http://www.libertynursingagency.com/>

<http://allhealthcare.monster.com/training/articles/1822-5-steps-to-becoming-a-medical-assistant>

<http://greenfieldcc.3dcartstores.com/Medical-Coding-and-Billing_p_1058.html>

**Graphing Tools:**

Highcharts (<http://www.highcharts.com/>)