



## **INCENTIVES ARE NOT ENOUGH**

Lessons in Improving Clinical Documentation Submission and Compliance  
from Primary Care Providers in Value Based Care





# EXECUTIVE SUMMARY

Documentation is critical for Value-Based Care, and in the case of Medicare Advantage Health Plans, it is key to CMS compliance, improving and maintaining STAR Ratings, and maximizing Risk Adjustment for increased capitation compensation. We examine the results of one client's implementation of an incentive-based primary care provider strategy, coupled with improved Clinical Documentation Integrity workflows using iCare's Provider Engagement Platform, which was equipped with Real-Time, Bi-Directional Communication for closing gaps in Care.

Early reporting immediately after the 2019 reporting season (ending January 31st, 2020) showed significant improvements in internal turnaround time from submission to review to feedback. This led to a dramatic increase in provider engagement, resulting in a 30%

increase in compliant HEDIS submissions and a 41% increase in compliant Risk Adjustment submissions.

These observations are leading to an expansion beyond Risk Adjustment and HEDIS™ measures as workflow improvements will be incorporated into Pharmacy and Medication Adherence as well. Additional lessons learned about provider incentives and workflow improvement are also shared.

**“iCare has helped us accelerate feedback times, increase submissions, and submit supplemental data for Risk Adjustment, and time is money.”**

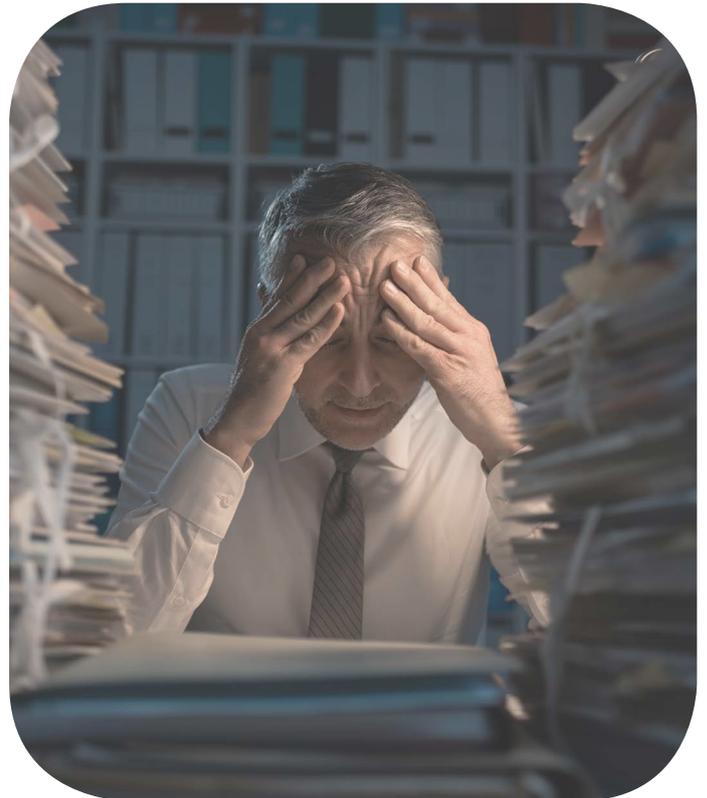
- Comprehensive Health Assessment Manager

## THE SITUATION

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“Health Plan X” (referred to here as HPX) is a regional health plan that is affiliated with a large, regional health care network in Florida. They serve approximately 50,000 Medicare Advantage members across a provider network made up of internal employed providers, internal independent providers, the affiliated health care network’s employed providers, and the affiliated network’s independent providers.

HPX had found that a key limiting factor to their success in CMS STAR Ratings, as well as increased revenue from Risk Adjustment, was a lack of provider engagement in the clinical documentation process. Feedback from providers revealed several key factors involving workflows and a lack of incentives were limiting efforts for engagement, even within the internally employed providers.



# PROBLEMS

HPX faced several challenges when it came to improving their Provider Engagement with reporting and compliance. And they're not alone. These problems are a near-universal struggle in Value-Based Care:

1. Competing for Provider Attention and Prioritization Against Other Plans
2. An Abundance of Data... but Difficulty in Making it Actionable
3. Timely, Accurate Delivery of Data
4. Disruptions to Provider Workflows
5. Breaking Down Silos Between Departments
6. Improving Compliance
7. Simplifying Submissions Across Networks
8. Providing Meaningful, Helpful Education and Feedback
9. Making Provider Incentives More Effective
10. Having Providers Utilize Systems and Tools

It is challenging to encourage providers to take the time to complete documentation, especially when they are already faced with limited office resources and have multiple health plans requesting the same information, but in different formats, through different channels, at different times, with different incentives, and different reporting cycles.

## Lag in Review and Feedback for Clinical Documentation at HPX - Prior to iCare

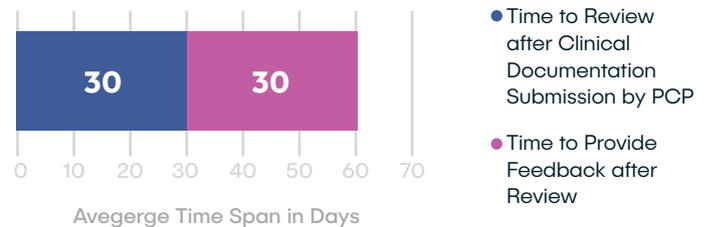


Figure 1. When HPX ran a largely paper and portal based system for delivering care gaps, they would still receive emailed, faxed, and mailed records. It generally took 30 days for a record to be reviewed, and then because of the reporting cycle, an additional 30 days for PCPs to receive feedback on the submission. This caused a lack of trust in report validity and demotivated PCPs to prioritize HPX record requests.

## PROBLEMS

In the case of HPX, earlier attempts at recapturing clinical documentation was heavily paper-based. These forms added yet another cumbersome layer to the clinical workflow. It would take on average 30 days after submission for Primary Care Provider (PCP) documentation to be reviewed, and if there were any errors, it would take an additional 30 days for providers to receive feedback and requests for correction.

Even when reports were made available through an internal SFTP portal the lag did not significantly decrease. This was because PCPs and their staff did not regularly use the portal, and when they did, they were still printing paper

reports, then scanning, faxing, or mailing the documentation back to HPX.

The resulting lag in reporting from the paper-laden process also made the providers wary of the report's accuracy. That concern was compounded by the fact that the multiple data entry points in the paper process left too many opportunities for error and compliance issues.

In many instances, provider abrasion was also a significant concern because the HPX Risk Adjustment and Quality teams were siloed and operating independently. This led to a very unappreciated duplication of efforts both for HPX and the provider's office staff.



# A PREVIOUS ATTEMPT

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A major initiative during the 2018 reporting year was to offer financial incentives tied to the number of care gaps in clinical measures that were closed with compliant documentation. This was essential to HPX because feedback from their network indicated that clinical documentation for HPX was generally a low priority.

Other health plans were providing those types of incentives, and the providers were naturally prioritizing records for those plans. This often resulted in submissions to HPX that were too late, rendering them useless.

As a tool to facilitate incentive calculation and reporting, HPX utilized the Incentives Module of iCare Intelligence's Provider Engagement Platform. Risk Adjustment coding opportunities, along with key hybrid and administrative quality measures that providers could influence, were selected by HPX. Then iCare was utilized to enable customized incentives across the provider network segments, visualize monthly progress to goal for each PCP, aggregate and deliver care gap and financial information from

multiple data sources, and calculate quarterly incentive payments.

**“Unfortunately, incentives alone were not enough to significantly increase compliant submission rates.”**

The intent was that the incentives, along with easier access to actionable member care gap and financial data, would provide enough motivation to overcome the resistance to the additional work involved in the reporting process.

Unfortunately, incentives alone were not enough to significantly increase compliant submission rates.

While improvements to the incentive structure itself were needed, the entire clinical documentation reporting process needed to be improved and simplified if providers were going to be engaged.

# ADDRESSING THE REPORTING CHALLENGE

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For the 2019 reporting year, updates were made to the incentive structure based on plan goals and physician feedback. However, a major Clinical Documentation Integrity initiative was needed to simplify workflows for both HPX and the PCP network.

Additionally, in order to breakdown silos between the Risk Adjustment and Quality Departments, avoid provider abrasion, minimize duplication of efforts, and remove barriers to program use for providers, several requirements were identified:

- Record requests for both Risk Adjustment and HEDIS™ measures need to be centralized at the health plan level.
- Member HCC and HEDIS™ code data needed to be readily accessible at any time (including code origination and claim history)
- Submissions of documentation had to be simple and efficient, ideally reducing steps
- Barriers to internal review processes (e.g. paper report transcription) needed to be eliminated.
- Compliance feedback after review by HPX

had to be accelerated

- Communication between the health plan coders and PCP office staff needed to be streamlined to prevent missed calls, lost faxes, and emails
- And most of all, PCPs needed to actually use any solution provided

In the traditional parlance of incentivization, the program not only had to provide the “carrot,” but simultaneously “lighten the load.”

“**Our provider’s staff love using iCare. They say it makes documentation submission almost like a game. The love seeing open gaps literally disappear from their screen.**”

- Provider Engagement Rep

# IMPLEMENTING iCare's CLINICAL DOCUMENTATION INTEGRITY MODULE

While HPX's initial incentive program results were less than desired, the positive feedback and internal improvements provided by iCare Intelligence's Provider Engagement Platform, along with its ability to provide a high level of custom development, gave HPX the confidence to expand iCare's service with the Clinical Documentation Integrity (CDI) Module.

In addition to enhanced reporting features, the CDI Module met all the identified requirements needed to improve documentation workflows.

- Risk Adjustment and HEDIS™ care gaps (as well as key medication adherence and Comprehensive Health Assessment data) were delivered in intuitive dashboards that instantly displayed progress to incentive goals.
- Inside the "Provider Approval Queue", PCPs or their staff could see specific members that had open care gaps, access their individual codes and related claim data, upload any required documentation and notes, and instantly submit the record to HPX.

- For those providers that were still using paper-based charts at the point of care, the ability to print reporting documents specific to each member allowed support staff to provide the PCPs with all of the open care gaps for the patients being seen in a given day, then transfer the documentation into the system.

**“With iCare all the back and forth communication between our staff and the providers is done in real time with interactive, live conversation.”**  
- Director of Revenue Operations

**“All the back and forth is now done in Real Time.”**

“The iCare platform allows us to communicate with our providers in Real Time... We can give them real time feedback and they can communicate with us whether we have EMR access or not.”

- Director of Revenue Operations

This is where the power of the CDI Module made a huge impact. By incorporating **Real-Time, Bi-Directional Communication**, the PCP's submission was instantly displayed in the queue of an HPX coder. Once reviewed in the iCare Platform, the coder could close the gap, removing it from everyone's queue. If there was a compliance issue, the coder could send the record back to the PCP with feedback.

This communication log showed in the patient-member's record like a common messaging app, providing instant access to notes and uploaded documentation. When "send-backs" occurred and were resubmitted, those records would be highlighted in the system, allowing for immediate responses.



**Figure 2.** iCare's Provider Engagement Platform provides intuitive, easy to use dashboards for incentives and goal tracking, and a real-time, bi-directional communication channel for submitting records and receiving feedback.

# RESULTS OF COMBINING INCENTIVES AND CLINICAL DOCUMENTATION INTEGRITY

At the time of publication in Q1 2020, HPX has recently finished the reporting season for Risk Adjustment and STAR quality submissions. The consensus at HPX was that providers were significantly more engaged year-over-year from 2018 to 2019, and key to this was addressing provider engagement with both an effective incentive program and an improvement in reporting workflows.

In addition to providing more actionable data and simplifying the submission process, implementing the Incentives and CDI Modules within iCare's Provider Engagement Platform significantly improved the internal review and feedback processes at HPX.

**This was particularly impressive as the improved CDI Module was not rolled out to PCPs until April of 2019.**

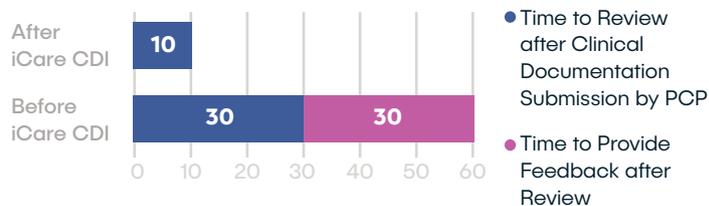
## Turnaround Times

As previously noted, turnaround time for reviewing records after submission was on average 30 days, and it took approximately another 30 days for the PCPs to receive feedback. After adding the CDI Module, average review time dropped from 30 days to less than 10, and often as low as 2 days. More significantly, the time required for PCPs to receive feedback dropped from 30 days to 0 –

feedback and updates were provided instantly at the time of review.

While these improvements are in and of themselves impressive and beneficial to reducing provider abrasion and internal administrative costs, the ultimate goal was to increase compliant submissions for HEDIS™ and Risk Adjustment.

## Lag in Review and Feedback for Clinical Documentation at HPX - Before and After iCare



**Figure 3.** After HPX implemented the iCare Clinical Documentation Integrity Module, lag time between submission of clinical documentation and review by HPX staff dropped from 30 days to 10 or less in the 2019 reporting year, and lag in feedback dropped from 30 day to 0 as feedback was sent instantly in the platform at the time of review. This represents an overall 83% reduction in lag time from submission to feedback.

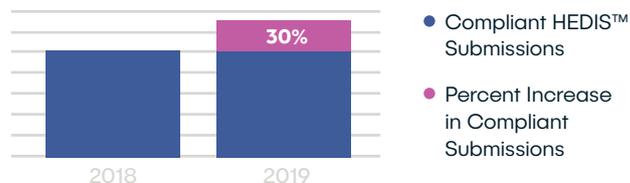
## HEDIS™

For HEDIS™ measures specifically, there was a slight 1% increase in the quantity of submissions; however, the quality of those submissions increased significantly resulting in a 30% increase in compliant submissions. (Fig.4)

“We deal with several insurance companies and the tools they provide for communicating data and submitting documentation, and iCare is by far the best. It’s just easier to use and makes our job easier.” “It’s just easier to use...”

- Medical Practice Manager

### Increase in Compliant HEDIS™ Submissions at HPX After Implementing the iCare CDI Module



**Figure 4.** Compliant HEDIS™ submissions increased by 30% from the 2018 to the 2019 reporting year at HPX.

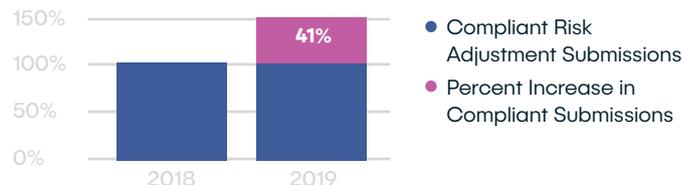
### Risk Adjustment

Risk Adjustment results also proved positive. Throughout the course of the incentive program, there was an increase of 14 percent in the overall quantity of Risk Adjustment submissions and an increase of 24 percent in regard to compliance of submissions. This resulted in an overall 41% increase in compliant submissions from the 2018 to 2019 program year. (Figure 5)

### Halo Effects and Utilization

There were other key observations made during the program year. One of the key concerns of HPX was whether PCPs and support staff would actually use the system, as iCare’s Provider Engagement Platform is not directly integrated with the PCPs’ EMR/HER systems. (Fig 5)

### Increase in Compliant Risk Adjustment Submissions at HPX After Implementing the iCare CDI Module



**Figure 5.** Compliant Risk Adjustment submissions increased by 41% from the 2018 to the 2019 reporting year at HPX.

However, on review it was found that 60% of PCP and staff accounts were being utilized, even during weekend hours, which surpassed first year expectations. Additionally, higher utilization was observed among the independent providers where each office had staff working the system rather than a centralized medical group completing the submissions, which was the opposite of what was predicted.

As was expected, HPX’s Provider Account Executives did see a significant shift in their role, spending more time educating and working with PCP staff on utilizing the system rather than delivering and educating on paper reports. However, the trackability of PCP performance and submissions provided by iCare also allowed for more precise efforts to be applied to PCPs that needed more support.

# KEY LESSONS

The progress in HPX health plan's Provider Engagement initiative provided several insightful takeaways for those in the health care industry looking to improve outcomes, compliance, and drive performance improvement. For health plans, providers, and patients alike, improving quality reporting can lead to reduced costs and improved care.

## Utilization of PCP and Support Staff iCare Accounts Provided by HPX



**Figure 6.** A major concern was if the iCare Platform would be utilized since it was not integrated with the EMR. However, although it was only the first year of implementation, and implementation did not start until April of 2019, HPX saw a 60% utilization rate among PCPs and their support Staff. When adjusted for redundant accounts in the same practice, the utilization rates are greater than 90% of practices.

Here are a few key lessons learned from implementing both the Incentives and Clinical Documentation Integrity program that will continue to drive improvements in provider engagement at HPX:

- In order to maximize compliant submissions, it is best to leverage a two-pronged approach: offer incentives and simplify workflows.

“iCare helps us to more quickly identify members with open gaps so that we can communicate with them in an effective and meaningful way to get in for the screenings they need.”

- Risk Adjustment Manager

- The timing of incentives is critical to improving results and compliance. Incentives must be rolled out regularly to stay top-of-mind for providers, or else they lose their effect. Providers already feel overloaded; it makes sense that they will prioritize the work they are being incentivized to do at that very moment. If incentives or bonuses get pushed to the end of the year, their submissions will also get pushed to the end of the year.
- A technology solution such as the iCare Intelligence Provider Engagement Platform does not have to integrate with other medical systems if it proves useful. HPX found that PCPs and staff used the system regularly even without it being integrated with their EMR/EHRs because it was useful and reduced their overall workload.
- The CDI Module implementation was considered a success and the real-time,

bi-directional communication feature will be expanded across new care gap measures for the 2020 reporting year and beyond, including medication adherence.

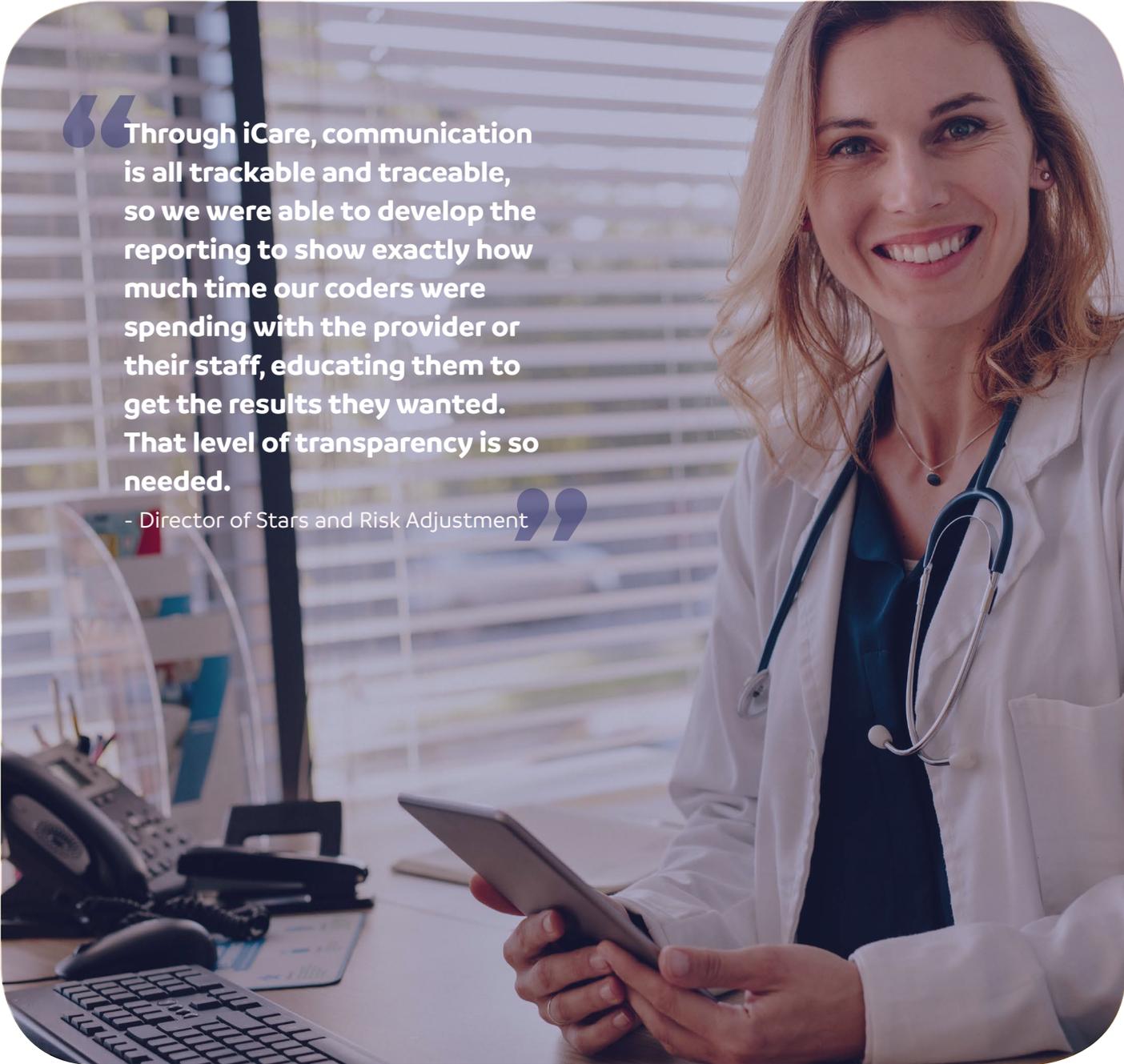
- Special incentives can and should be used to drive certain behavior at different points in the year, though they should be used sparingly to not dilute their effect.
- Combining incentives (e.g. hitting performance levels in multiple measures to qualify for the incentive) can effectively disincentivize a desired behavior, as it creates an all-or-nothing attitude toward the measure. Providers must perceive fairness in the process if they are going to make the effort to participate.
- Gaining access to data-driven results is a key motivator for providers. They want to see their STAR data and how it compares to their peers' data to better understand their performance.
- Increased revenue from STAR bonuses and improved Risk Adjustment can create a flywheel for improving quality of care. HPX has used that revenue to directly increase member benefits, e.g. offering no-copay eye exams.

**“HPX found that PCPs and staff used the system regularly even without it being integrated with their EMR/EHRs because it was useful and reduced their overall workload.”**

**“iCare facilitates feedback with providers and their staff on their time, without interrupting their workflows...Facilitates feedback without interrupting workflows.”**

- Quality Manager





“Through iCare, communication is all trackable and traceable, so we were able to develop the reporting to show exactly how much time our coders were spending with the provider or their staff, educating them to get the results they wanted. That level of transparency is so needed.

- Director of Stars and Risk Adjustment”

# CONCLUSION

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The goal of the Incentivization and CDI Programs at HPX health plan was to improve provider engagement in the compliant reporting required for its Medicare Advantage plan, ultimately leading to improvements in member experience and health, and the reduction of costs for everyone.

iCare Intelligence's Provider Engagement Platform provided the ability to deliver actionable data, calculate and visualize incentives, and provide simplified workflows across the Primary Care Provider network with impressive results.

Offering incentives paired with a lightened workload for providers in Value Based Care plans truly can deliver positive results for patients, providers, and health plans alike.

Contact us to set up a live  
demostration for you and your team.

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