

# SCO Program Optimization

**ANALYTICS TO IMPROVE STARS AND RISK ADJUSTMENT PROGRAMS FOR SCO AND PACE PLANS WITH A FOCUS ON QUALITY PROGRAMS, REVENUE OPTIMIZATION AND PROJECTION, OPERATIONAL INTEGRATION AND UNDOCUMENTED RISK**

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## **COMPLIANCE**

Medicare Advantage plans must have the infrastructure and staff knowledge to meet all regulatory requirements, reconcile internal data against CMS reports, and proactively respond to rule changes. Risk optimization requires a foundation built on compliance to succeed.

- Can your plan track changes in enrollment and understand the impact on risk scores?
- Can added risk weight from documenting diagnosis codes be traced to their source?
- Are RAPS/EDPS corrections or unlinked chart review records being submitted?
- Is the risk adjustment process understood by compliance, provider networks, or member engagement teams?
- Are you able to evaluate the impact of CMS regulatory changes on your risk scores and strategically implement changes?

## **RETROSPECTIVE**

CMS assumes plans document more conditions than in a FFS claims. Plans need to identify missing documentation, verify past submissions, and track down the best source of documentation.

- Does your plan identify all chronic conditions associated with a member that are not in the current payment; including conditions from another plan, associated with specific procedures or drugs, and current year diagnoses?
- Can you identify the provider offices with the greatest discrepancies between claim and chart diagnosis codes?
- Are Status changes during the payment year being verified, such as members losing Medicaid or under dialysis without ESRD flag?
- Can diagnoses on claims be compared with chart review results by provider?



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## OPTIMIZE RISK REVENUE BY ASKING THE RIGHT QUESTIONS

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### PROSPECTIVE

The information collected from retrospective review provides the foundation to ensure all conditions are addressed each year. Member engagement to encourage wellness supports quality initiatives and aligns with provider guidance.

- Does your plan track wellness/ annual physicals to verify all members are seeing a general practitioner?
- Can your plan verify the PCP of record is the member's primary care physician?
- Does your plan follow-up on lab results and prescription changes to support members in getting care?
- Are member engagements for other projects coordinated with the Risk Adjustment program?

### INTEGRATION

A best in SCO program leverages the condition tracking and documentation process to provide support for all plan activities. The coordination of outreach and feedback enables proactive responses to compliance and supports quality reporting, Stars, risk, member satisfaction, medical expense trends and utilization management.

- Does your plan share documented results with Quality, Case Management, member engagement or provider relations?
- Are members identified as potentially high cost at the start of the payment year?
- Are outreach programs supporting supplemental benefits monitoring member response and sharing results with risk teams?
- Does benefit design, provider contracting, and case management enable easier risk and utilization review?
- Are you prepared for a RADV audit?

**IF YOU CAN'T ANSWER,  
HEALTH DATA DECISIONS CAN HELP**



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