Owing work group name:
Clinical Quality Information

Committee Approval Date:
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Publishing Lead:
Yan Heras (yan.heras@optimumehealth.com)

Contributing or Reviewing Work Groups:
N/A

FHIR Development Project Insight ID:
1705

Scope of coverage:
This implementation guide is intended to define exchange methods that support communication of risk based coding gaps among different stakeholders such as payers, providers, and government managed care programs. The focus of this IG is to drive accurate and complete documentation of health conditions for members/patients that would lead to improved quality of care, follow up and outcomes, in addition to more accurate risk-adjusted payment calculations and reduced administrative burdens.

Content location:
https://github.com/hl7/davinci-ra

Proposed IG Title:
Da Vinci Risk Adjustment Implementation Guide

Proposed IG realm and code:
us/davinci-ra
FHIR Core version(s):

FHIR R4.0.1

Maintenance Plan:

Da Vinci project and the CQI WG intend to provide ongoing support of this implementation guide

Short Description:

Enable standard exchange of risk-based coding gaps among stakeholders such as payers, providers, and government care programs in support of driving towards accurate and complete documentation of health conditions that would lead to more accurate risk-adjustment payment calculations, reduced administrative burden, and improved quality of care.

Long Description:

The Da Vinci risk adjustment use case acknowledges the importance of risk-adjusted premium calculations to government managed care and seeks to

- better inform clinicians of opportunities to address risk adjusted conditions,
- better enable payers to communicate risk adjustment information, and
- enhance government sponsors’ ability to allocate funding accurately.

To accomplish this:

- Payers need a standard protocol to share and receive clinical data related to risk adjustment with responsible providers.
- Providers need a standard protocol to share and receive clinical data related to risk adjustment with responsible payers.
- Payers and providers need a standard methodology to communicate risk based coding, documentation and submission status of chronic illnesses.

The Risk Adjustment Implementation Guide provides guidance to implementers who wish to request and report risk coding gaps, as well as clinical and administrative data related to risk adjustment, using FHIR resources and operations in support of accurate and complete documentation of health conditions and risk-based payment calculations.

This implementation guide will provide profiled FHIR resources and operation for specifying standard methodology/formats to communicate risk coding gaps between payers and providers. The resulting bi-directional, real-time, FHIR-based communication will connect payer intelligence with EHR data at the point of care, facilitating providers documentation of relevant health conditions. This implementation guide help ensure accurate and complete patient assessment to support Value-Based Care programs.

Involved parties:

Da Vinci Project and CQI Work Group.

This implementation guide will be developed by U.S. Payer organizations as part of the Da Vinci project.

Expected implementations:

United Healthcare
BCBS Alabama
Cigna
Providence
EPIC
Novillus
Centene

Content sources:

Requirements are drawn from payor and provider organizations as part of the Da Vinci initiative.
Example Scenarios:

Enable standard exchange of risk coding reports between payers and providers to ensure a mutual understanding of conditions which may impact risk adjustment.

The risk coding report lists Hierarchical Condition Categories (HCCs) not yet included in claims for a specific year but suspected for a member/patient so that the provider can submit claims or other documentation to the payer at the next patient encounter.

IG Relationships:

This implementation guide will use US Core where possible.

Timelines:

The initial balloting of the IG is targeted at the 2022 January Ballot Cycle

FMG Notes