

# The Impact of Coronavirus on Risk Adjustment and Quality of Care

The coronavirus pandemic is a tragedy impacting all facets of our personal and professional lives. While the full extent of COVID-19's effects remain to be seen, Medicare Advantage plans will undoubtedly face challenges caring for beneficiaries who are older and have multiple chronic conditions, both of which are characteristics that make patients more susceptible to the virus's adverse outcomes. In fact, the Centers for Medicare & Medicaid Services (CMS) has asked Medicare Advantage plans to remove barriers to coronavirus testing or treatment for its more than 22 million beneficiaries.

Given the upcoming increase in claims and hospitalizations, health plans will understandably channel much of their focus and resources into emergency and acute care. As a result, preventive, routine care will decrease dramatically. Therefore, health plans will face a reduced ability to risk adjust their membership and close gaps in care at a time when the dollars for care are needed most.

This is a challenging situation, to say the least, with more questions than answers at this point. But as the virus continues to spread, our team of healthcare experts and clinicians developed a list of particular challenges that Medicare Advantage plans should be considering and short-term solutions that might alleviate these issues.

## Challenge: Decreased Emphasis on Preventative Care

Though it may not be top-of-mind, maintaining the routine and preventive health of seniors is critical to avoiding more serious and costly health conditions.

**Advised by the CDC to stay indoors and avoid crowds**, seniors may soon stop visiting their primary care providers for preventive services such as Annual Wellness Visits (AWVs), screenings, and health monitoring.

## Solution: More Covered Telehealth Services

Fortunately, this is one challenge that now has a concrete solution. **CMS announced** that it has expanded access to telehealth services that can be covered by Medicare. Before this ruling, covered telehealth services for Medicare beneficiaries were limited to certain circumstances. Now, CMS has significantly broadened access to telehealth so that beneficiaries can receive a wider range of services, including Annual Wellness Visits and other preventive services.

Given seniors' increased risk, health plans should encourage members to use COVID-19 as a catalyst to seek preventive care via telehealth, ideally in connection with PCPs. This virtual preventive care will help members and providers manage chronic conditions that may make them more vulnerable to coronavirus or hospitalizations. The new telehealth rules can also help plans and providers assess gaps in care and implement additional measures to help keep these members healthy.

## Challenge: Decreased Home Visits

In addition to not leaving their homes, seniors may be wary of allowing home assessment professionals to enter their homes. But without clinicians having access to seniors in their homes, prospective risk adjustment programs will likely suffer.

## Solution: Telehealth Coding

Health plans should encourage and incentivize providers to use telehealth to perform appropriate encounters and coding. When COVID-19 subsides, health plans should continue to emphasize a provider-centric approach to risk adjustment as it's the most effective long-term strategy to improve the accuracy of coding, enhance patient care and outcomes, and reduce the risks associated with RADV audits.

## **Challenge: Inconsistent Communication**

Given the speed at which this pandemic is evolving and the never-ending stream of conflicting information, health plans are struggling to efficiently communicate relevant and accurate information with providers on the front lines.

## **Solution: Tightened Communication Process**

Provider engagement groups within health plans have an opportunity to develop a coronavirus-specific communication strategy to disseminate information to PCPs about policies, procedures, covered benefits, and more. Health plans should employ multi-channel messaging (e.g. fax, phone, email, text) to ensure accurate and efficient communication.

## **Challenge: Negatively Impacted Star Ratings**

Unfortunately, with COVID-19, we are seeing an exponential spread that will continue to grow in the near-term. This means that in the coming weeks and months, there will be a surge in hospitalizations as seniors and others at high-risk are infected. From the health plan's perspective, hospitalizations are incredibly costly with a negative impact on quality of care that can be harmful to patients. High numbers of hospitalizations and readmissions also negatively impact CMS Star Ratings.

## **Solution: Adjusted CMS Star Ratings**

As health plans fight fires on multiple fronts, they are at risk of their Star Ratings declining, which can have a severe impact on the plan's financial performance. To mitigate this potential pitfall, health plans should regularly connect with seniors to help them manage chronic conditions and close gaps.

## **What Else Can We Do?**

There are many more challenges that health plans, providers, and patients alike will face as COVID-19 continues to spread. In times of crisis, the best course of action is to avoid panic and adopt a plan. At some point, the virus's curve will flatten, and we'll have survived another pandemic just as we have with swine flu, SARS, and others before them.

For now, health plans can empower their providers, serve their members, and even help themselves by remaining forward-looking, being proactive and remembering that this too shall pass.