



## The More You Know, The More You Can Row (quickly toward goals)

by [Rachel Hall](#) in [Risk Adjustment](#)

Paul and Gary O'Donovan are brothers who have won Olympic, European and World rowing medals. Part to their success could be attributed to the fact that the two siblings – who grew up together in County Cork, Ireland – have the distinct advantage of knowing each other so well that they are able to seamlessly work together to quickly propel the boat forward.

Health plan and healthcare provider organizations that want to expediently move toward their risk adjustment and quality goals in a similarly synchronized fashion need to find a way to breed such familiarity. Because plans and providers don't have the distinct advantage of growing up in the same household, they need to make a concerted effort to understand each other – a topic that I recently addressed during the Webinar entitled "[Rowing Together: Fostering Payer-Provider Collaboration to Improve Risk Adjustment & Quality Programs.](#)"

To start to gain this understanding, these organizations should look at each other in terms of three factors:

**1. Risk adjustment sophistication.** Organizations on the low end of the sophistication scale typically view risk adjustment as a retrospective activity, while more sophisticated organizations look at risk adjustment prospectively. These more advanced organizations are apt to have a better understanding of various member, provider and global issues that could have an impact on reimbursement.

**2. Human capital.** The number of staff dedicated to coding activities could have an impact on how well partner organizations can move forward. With a large number of qualified coders, organizations are likely to have the ability to cull information from medical charts and assign the correct diagnosis codes for a wide variety of clinical cases and services under various risk adjustment models. As such, it is important to ask: Does the organization have a team of coders on staff at each location or is the same person who opens the mail the one who submits the data? Indeed, some organizations will have a staff of 20 coders, while at other organizations, the medical director's teenage son handles the coding.

**3. Technology.** With more sophisticated technology, organizations can more expediently access and analyze patient data, making the coding process more efficient and accurate. That's why it is important to discover if partner organizations are performing all coding tasks manually or using an Excel spreadsheet or leveraging a sophisticated risk adjustment data solution.

While health plans and providers need to get to know each other, it's also important to build consensus surrounding risk adjustment and quality goals. Tom Peterson, Senior Vice President at SCIO Health Analytics, has provided his expert perspective on how to build this all important consensus in [his blog](#).

Tag Words : [Health Plans](#), [Healthcare Reimbursement](#), [Payer-Provider Collaboration](#), [Risk Adjustment](#)