Risk Adjustment and the Optum IOA Tool 2025 FAQ

Does a clinic need to use the Optum In-Office Assessment (IOA) tool to be successful with risk adjustment?

Optum is a great way to begin risk adjustment work and start to understand the importance of hierarchical condition category (HCC) recapture and coding to specificity. However, a clinic can choose not to use the Optum IOA tool and make full use of any internal EHR tools like Best Practice Advisory (BPAs) or software that pushes information from PacificSource into their Electronic Medical Record (EMR).

What are some best practices for risk adjustment work?

- Implementing pre-visit planning and post-visit review to identify HCC gaps
- Scheduling patients who do not have upcoming appointments
- Designating a provider champion who understands the value of HCC recapture
- Facilitating leadership buy-in and provider accountability
- Facilitating contract alignment and considering financial incentives for providers
- Tracking BPA use (if available in your EMR) and providing feedback
- Offering HCC coder staff training and coder feedback to providers prior to billing

Can clinics amend notes and resubmit claims for recent visits to capture HCC diagnoses? If so, what is the process?

The Centers for Medicare and Medicaid Services (CMS) allows amendments to a chart note within a reasonable amount of time after the original date of service. **Industry standard to amend a chart is 30 days after the visit date.** Claims may be resubmitted after the original submission. Defer to your billing office to submit a corrected claim.

When reviewing a suggested HCC diagnosis that does not apply to the member (either because the condition has resolved or the diagnosis is incorrect), what is the process for notifying PacificSource to request the removal of this gap from the list?

Clinics can email this information to RiskAdjustmentAnalytics@PacificSource.com in one of the following ways:

A. Send the Member ID, HCC, or diagnosis code along with an explanation

B. Send the HCC gap list Excel file back to us with the addition of a column that explains why the diagnosis is resolved or incorrect

Send the information in either format to RiskAdjustmentAnalytics@PacificSource.com.

Optum: We are working with Optum to remove HCCs that providers submit to us as not applicable or resolved. In the meantime, your providers can assess—**but not diagnose**—those conditions to get CGAP credit for the program to help meet the closure rate.

PacificSource's software seems to only allow a certain number of ICD codes, and ghost claims have to be submitted for additional diagnoses. Is there a way to change the number of codes your software accepts?

Your EMR or your claims clearinghouse may be limiting the number of codes. Please contact PopulationHealth@PacificSource.com for more help.

Are the Hierarchical Condition Category (HCC) gaps in the Optum IOA tool the same as the HCC Medicare gap list sent to clinics?

The gaps are essentially the same, but there are slightly different calculations used to determine which gaps are listed. You can use either or both tools to capture HCCs. Optum provides a way to organize and document the work and capture additional HCCs.

PacificSource includes diagnoses that are captured, submitted, and accepted by CMS. Optum casts a wider net to include captured and submitted diagnoses from CMS where PacificSource was not the payor.

Optum payments and quality gap information for 2025

- Optum has made changes to thresholds across all *health plans* for 2025. This includes 100% HCC recapture for both Medicare and Commercial (ACA) as well as 80% for Medicare quality gap closure.

- Optum payments are made weekly via ACH within 45 days of submission

- **Medicare**

  - For 2025, PacificSource has set the following performance expectations that will continue in 2026:
    - ° 75% IOA return rate
    - ° 50% Comprehensive Gap Assessment Program (CGAP) criteria met (chart documentation supports recaptured HCCs)

  - Changes to the payment model have been made for 2025 to encourage improved quality documentation

  - Administrative fee (timely filing within 60 days of the visit): $25 ($10 late)

  - HCC recapture threshold of 100% met: $75

  - Quality gaps closure rate of 80% met: $50

- **Commercial (ACA)**

  - Administrative fee (timely filing within 60 days of the visit): $25 ($10 late)

  - HCC recapture threshold of 100% met: $75

Medicare quality gaps for 2025

- Advance care planning

- Breast cancer screening

- Colorectal cancer screening

- Controlling high blood pressure—any reading

- Glycemic status assessment for patients with diabetes (≤9.0%)—any reading (revised—formerly A1C control)

- Eye exam for patients for diabetes

- Kidney health evaluation for patients with diabetes

- Care of older adults—functional status assessment, pain assessment

- Osteoporosis management for women who have had a fracture

- Medication adherence for patients with hypertension, diabetes, and cholesterol

- Statin therapy for patients with cardiovascular disease

- Statin use in persons with diabetes

Commercial (ACA) quality gaps for 2025

- Breast cancer screening

- Colorectal cancer screening

- Cervical cancer screening

- Controlling high blood pressure—any reading

- Glycemic status assessment for patients with diabetes (≤8.0%)—any reading (revised—formerly A1C control)

- Eye exam for patients for diabetes

- Kidney health evaluation for patients with diabetes

- Statin therapy for patients with diabetes

- BMI percentile documentation

- Nutrition counseling

- Physical activity counseling

Questions?

Contact the Population Health team at:
PopulationHealth@PacificSource.com