

Reimagining Member Engagement ... It's Not About the IHA Anymore

Presented By:

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Today's Agenda

- Impact of Risk Adjustment V28 model changes
- Member and Provider Engagement Strategies
- Tactics from a Health Plan
- Closing Gaps at the Point of Care

Impact of Risk Adjustment V28 model changes

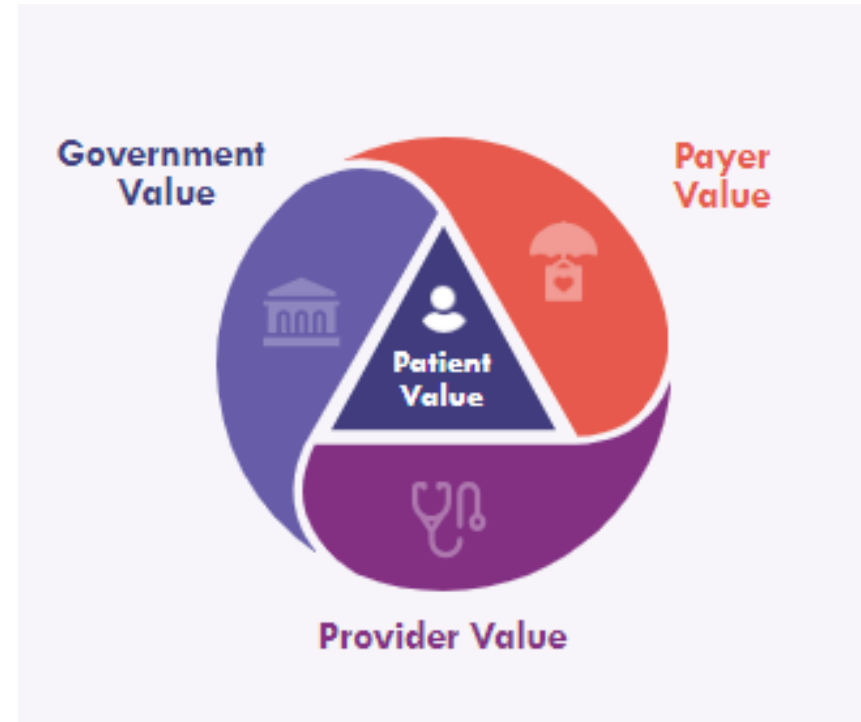


Aaron Winkel

Sr. Solutions Manager, Risk Adjustment
Veradigm

Responsibilities:

Risk Adjustment Analytics Product Owner,
Product Roadmap, Voice of the Customer,
Managing and Prioritizing the Product
Backlog



Recap of V24 and V28 model differences

V24

- Based on ICD-9 codes that were mapped to ICD-10
- 2014 diagnoses and 2015 expenditures
- 86 payment HCCs
- 9,797 ICD-10 diagnosis codes
- Coefficients with a disease hierarchy with higher RAF for more severity

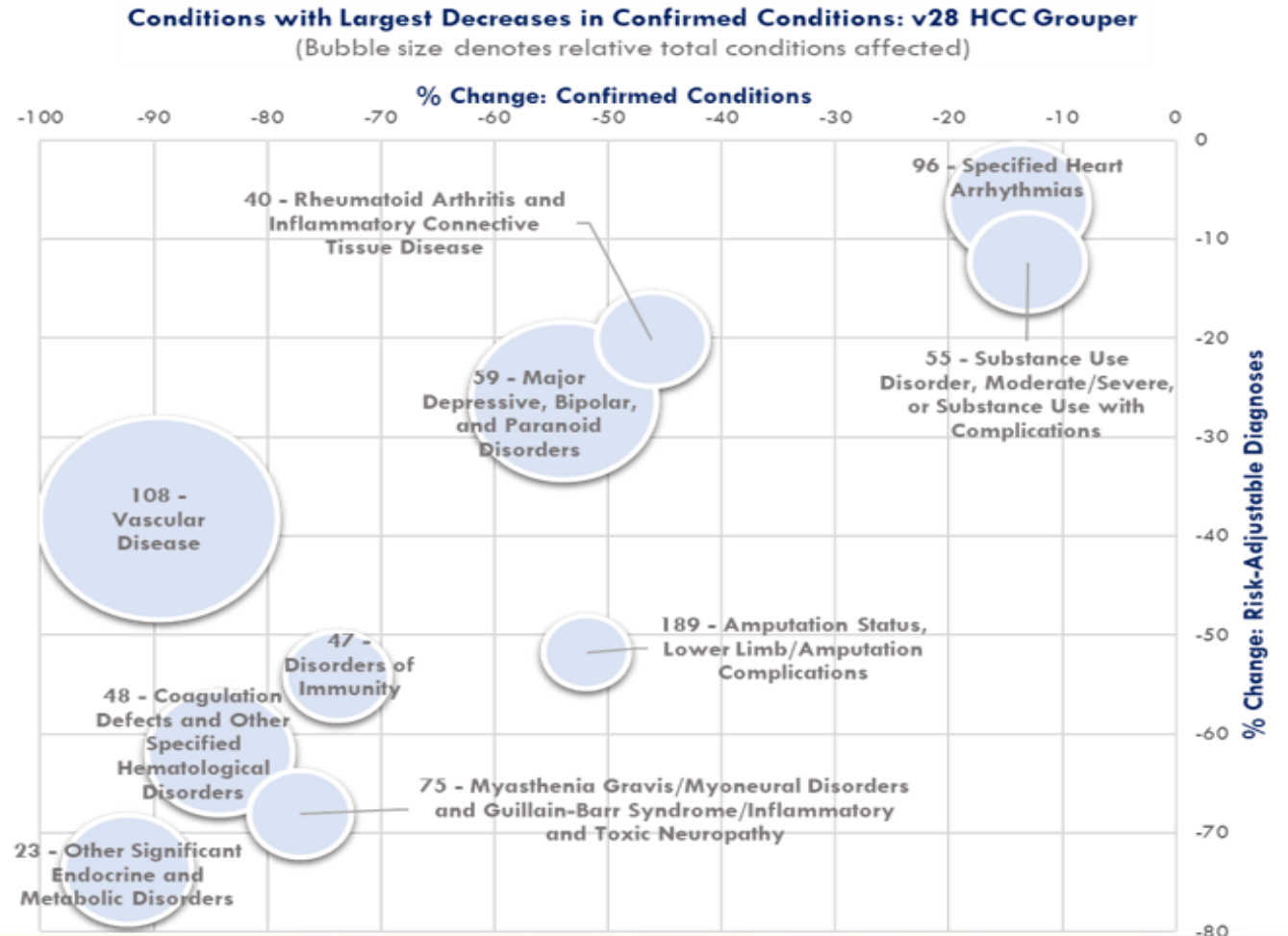
V28

- Based on ICD-10 codes
- 2018 diagnoses and 2019 expenditures
- 115 Payment HCCs:
 - 5 of the 86 HCCs from V24 are being removed
 - HCCs renumbered and/or split
 - New HCCs created
- 7,770 ICD-10 diagnosis codes (including over 200 newly added)
- Coefficients within a disease hierarchy with equal RAF (HCC Constraint)
- Incorporates Principle 10 Focused Clinical updates (discretionary diagnostic categories excluded)

Top V24 Confirmed conditions that will decrease in V28 due to Dx no longer being risk adjustable

Analysis Parameters

- Service Year 2021 (PY2022)
EDPS diagnosis codes
- Community and Institutional member cohort
- Total distinct member and HCC combinations
- Conditions not adjusted for hierarchy
- These conditions represent ~35% of the total confirmed conditions



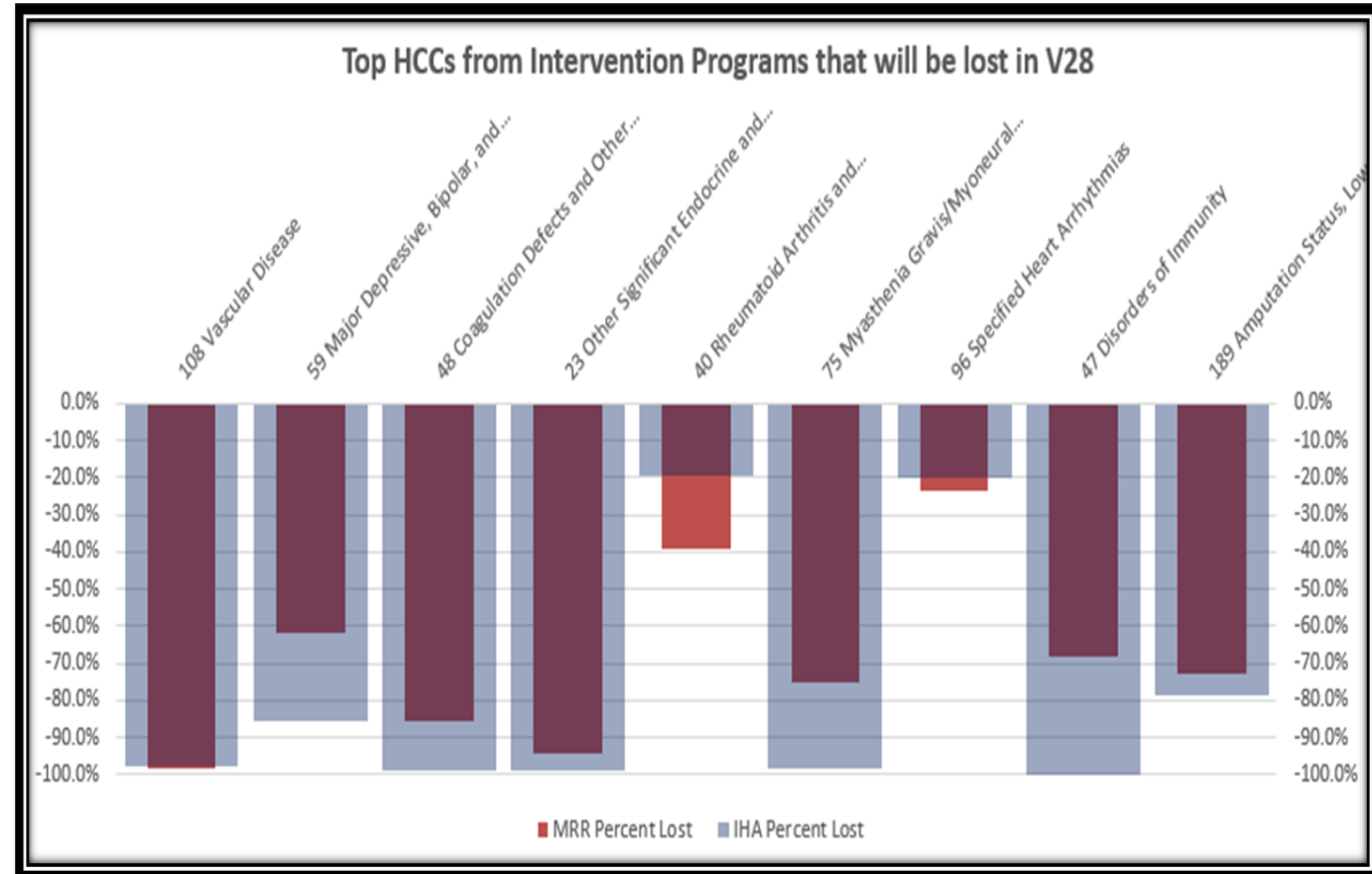
Intervention Program Impact of moving from V24 to V28

Analysis Parameters

- 2021 DOS (PY2022)
- HCCs not found in claims that were found in IHAs or MRRs
- Hierarchy not applied

Analysis Results

- Net New HCCs generated from IHAs could decrease >45%
- Net New HCCs generated from MRRs could decrease >25%
- These 9 HCCs reflect ~35% of intervention HCCs

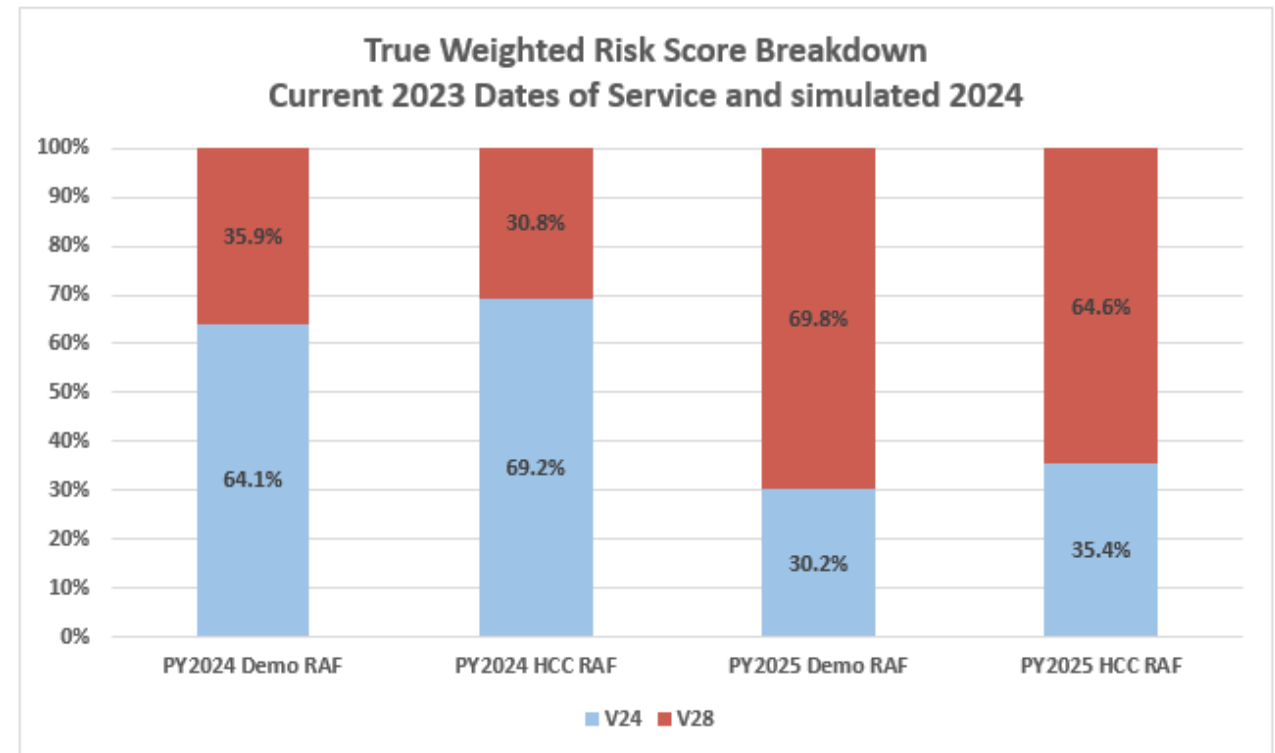


Veradigm Benchmark data

Early Returns of Model Blending

Veradigm provides outputs from both models to fully assess disease burden and risk scores at the member and plan level

- For 2023 DOS (PY2024), nearly 70% of the disease portion of the risk score is coming from V24
- We are projecting that approximately 64% of the demographic RAF will come from V24 in PY2024
- The volume of V28 HCCs is about 75% of the volume of V24 HCCs



Poll Question 1:

Are you adjusting your member engagement strategy in light of the v28 changes?

- Yes
- No

Poll Question 2:

Please select the top 2 actions you/your plan is taking related to your Member Engagement strategy.

Multiple choice:

- Stop IHA
- Reduce IHA volume / Modify member criteria for IHAs
- Promote wellness visits (AWV)
- Promote other Provider encounters

Redefining Member Engagement for Risk Adjustment



Kwame Appiah-Yeboah

Director, Risk Adjustment and Revenue Management
Sentara Health Plans

Responsibilities: ACA, Medicare & Medicaid

Risk Adjustment Operations, Encounter Data Integrity, Member Engagement, Provider Engagement, Prospective and Retrospective Reviews, Coding and Compliance



Sentara Health Plan (SHP)

Membership: ~1.2 million ACA, Medicare, Medicaid members in Virginia and Florida

Sentara Health System with 12 hospitals, rehab and therapy centers, urgent care, home health, and hospice facilities serving patients in Virginia and North Carolina

Sentara Medical Groups

More than 1,300 quality physicians and advanced practice clinicians

Redefining Member Engagement for Risk Adjustment

- CMS Intent and Impact of V28
- MA Risk Adjustments overpayments ~ \$20 Billion. MEDPAC – 11%, Health Affairs – 14.4%
- OIG reports have been critical of IHA role in RA
- V28 has 2,000 fewer ICD-10 codes that map to an HCC compared to V24.
- Internal SHP estimates of ~15 - 25% negative financial impact on IHA and MRR. National estimates of 25-45% impact.

SHP Top 10 Impacted HCCs	
MRR	IHA
Diabetes	Interaction
Limbs	Diabetes
Vascular	Vascular
Obesity	Malnutrition
Chronic Ulcer	Embolism
Embolism	Psychiatric
Immune	Obesity
Renal	Limbs
Amputation	Hematology
Openings	Ulcer

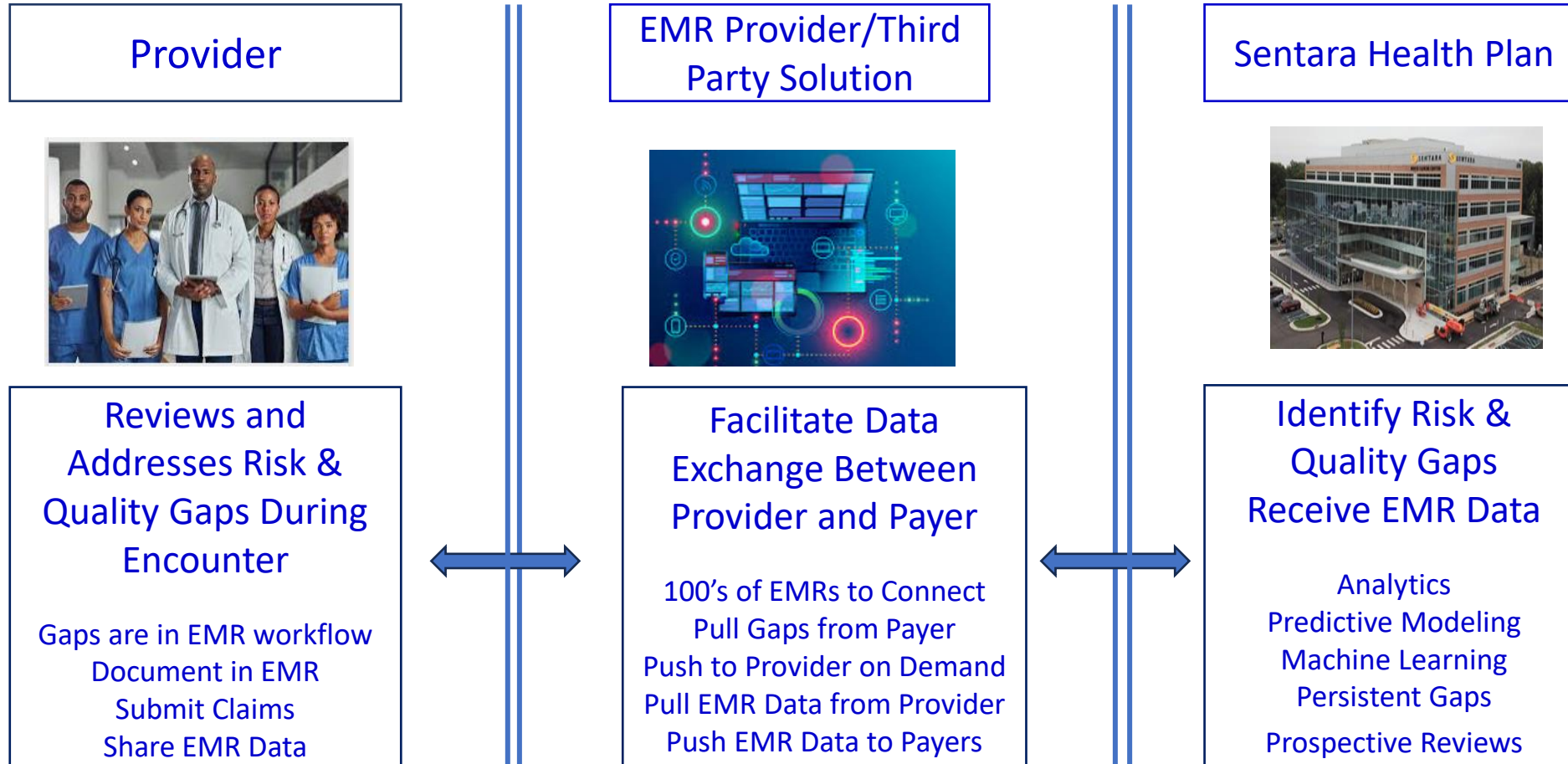
SHP Response – Focus on the Member

- Encourage/incentivize members to complete AWW
- Structure incentives for early completion. January – June vs July – December
- Facilitate encounter with PCP through
 - Outreach
 - Appointment help & reminders
 - Transportation
 - Imbedded support staff

SHP Response – Focus on Provider

- VBC contracts that recognize Risk and Quality gaps closure
- VBC contracts including EMR access
- Bi-directional data exchange with providers
 - Sending Risk and Quality gaps to providers
 - Point-of-Care (POC) Gap closure with provider action feedback
 - POC gap closure with Prospective chart review and provider action response
 - POC gap closure with Concurrent chart review and provider action response

Point-of-Care Integration



Poll Question 3:

What % reflects your access to your provider network's EHR data?

Multiple choice:

- Less than 10%
- Between 10-25%
- Between 25-50%
- Greater than 50%

Poll Question 4:

Can you push data (e.g., open gaps) to your providers' EHRs today?

- Yes
- No

Point of Care Gap Closure



Megan Zakrewsky

Vice President, Solutions Management
Veradigm

Responsibilities:

Set Strategy for portfolio of solutions facilitating data exchange between providers and payers, primarily supporting payer risk adjustment and quality initiatives.



Veradigm is a healthcare technology and analytics company spanning across the **three pillars of healthcare**

PAYER

PROVIDER

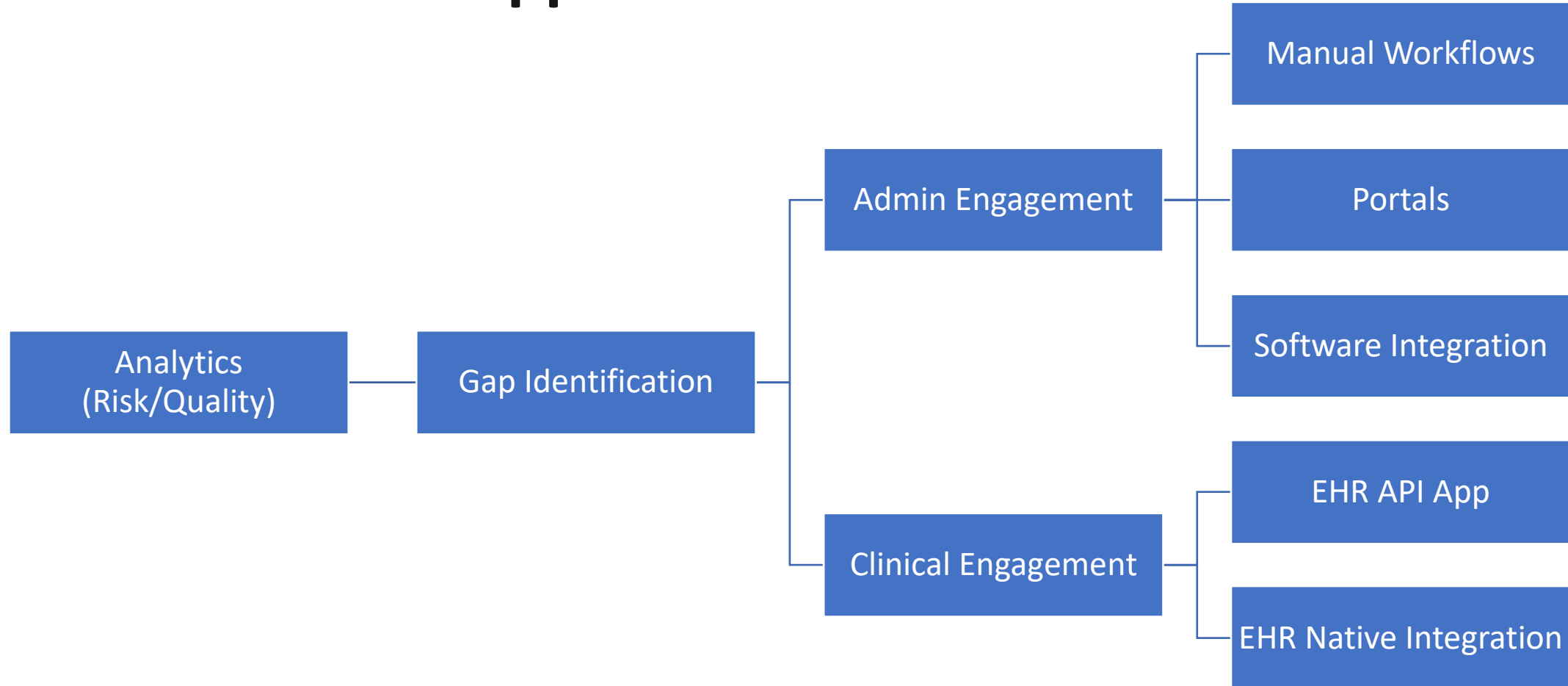
BIOPHARMA

Expanding on Point of Care Integration

- Provider engagement strategies are evolving
- Incorporation of tech-backed approaches
- EHRs are creating native pathways

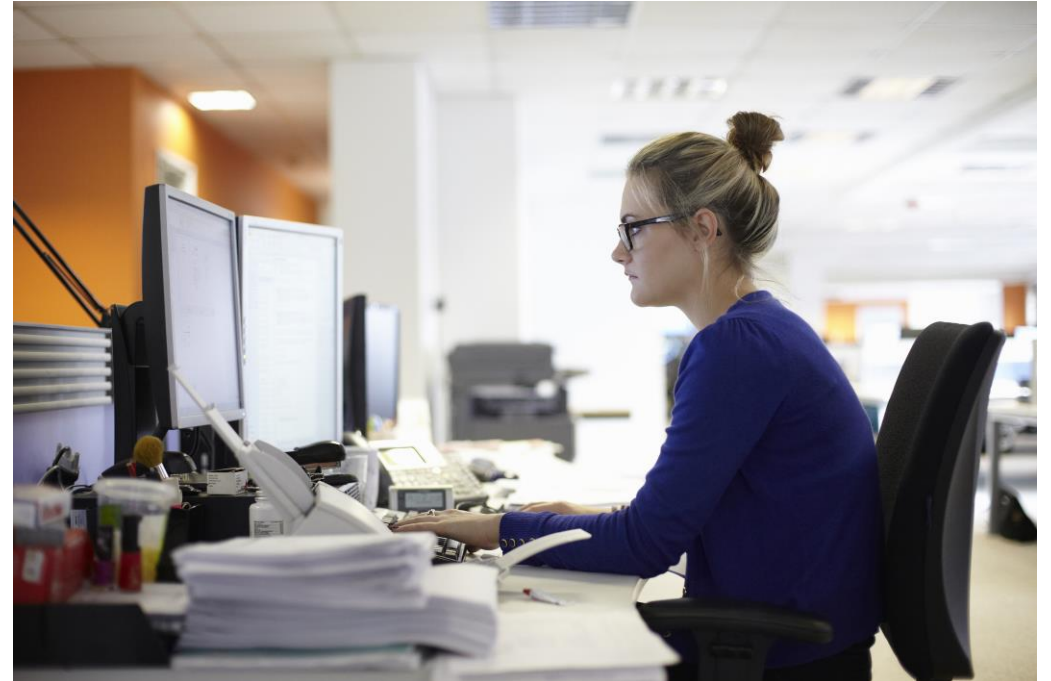


Multi-Channel Approach



Native EHR Integration

- Reduces multiple workflows
- Organic, seamless integration
- Engages admin and clinical staff
- For example, Veradigm Payer Insights (*TouchWorks, Veradigm EHR, Practice Fusion*)



THANK YOU