Partner with PCPs to maximize compliant risk adjustment yield

Presented By:

Brian Williams, MD, *Medical Director of Optimization,* **Northeast Medical Group**

Michael Rosenfeld, VP of Business Development, **Vatica Health**

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Webinar participant tips

- All participant lines are muted. To protect your privacy, you will only see your name and the presenters names in the participant box.
  - To submit a question to the presenters any time during the event;
  - In the Event window, in the Panels drop-down list, select Q & A.
  - Type your question in the Q & A box.
  - Click “Send”.

Polling Questions

What is the size of your health plan?

a) < 100,000 members
b) 100,000 – 500,000 members
c) 501,000 – 1 million members
d) >1 million members

What percentage of your primary care network is engaged in a value-based care payment model?

a. <25%
b. 26% - 75%
c. 76%+

What is the average annual % of total patients seen for a risk adjustable visit in a calendar year for your PCPs?

a. <25%
b. 26% - 50%
c. 51% - 75%
d. 76%+

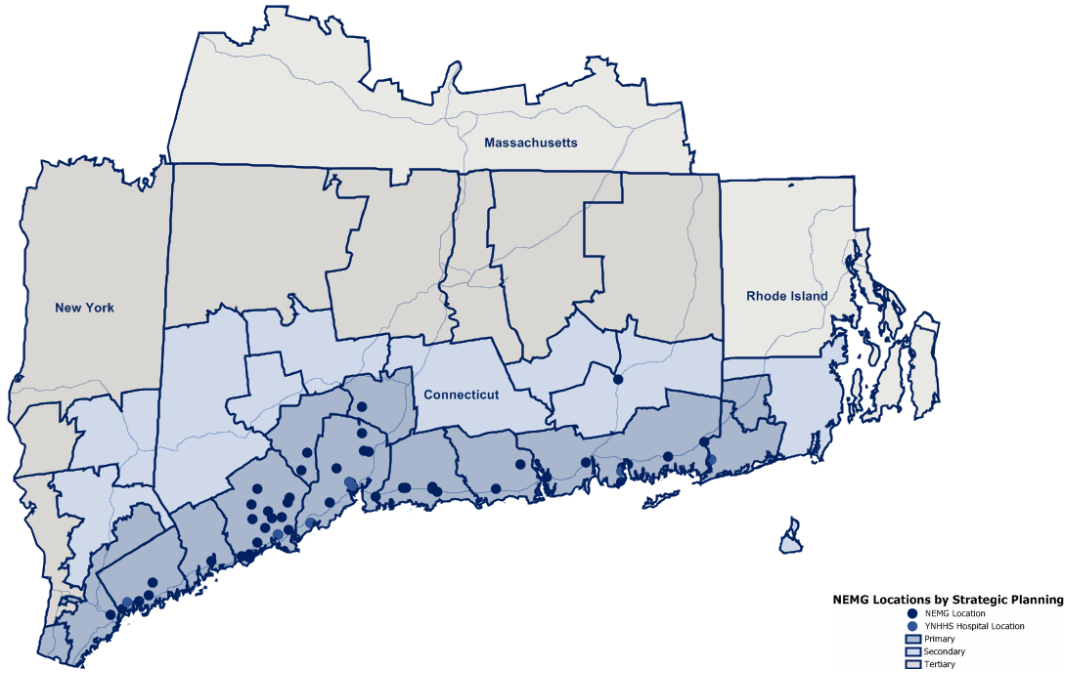
Agenda

- Company profiles: Northeast Medical Group (NEMG) and Vatica Health
- Current market dynamics
  - Role of technology
  - EMR integration
  - Solving for provider groups that use multiple solutions from multiple payers
  - Maximizing performance of community providers in your network
  - Effects of V28: supporting PCPs in the transition
- NEMG case study
- Vatica results

Northeast Medical group profile

YaleNewHavenHealth
Northeast Medical Group

- Not-for-profit multi-specialty medical group established in 2010.
- 130+ community practices in Connecticut, Rhode Island and Westchester County, N.Y.
- 300 ambulatory clinicians (175 employed), 230k covered lives
- Payers: 7 MA and 4 commercial
- Shared savings: Upside risk
- CDI : 6 payers in 4 programs
- Vatica: 104 clinicians in 28 sites



Vatica Health profile

- Founded in 2011
- Solution combines unique technology with clinicians to prospectively present the PCP with a curated pre-visit overview of active chronic conditions, unreconciled medications and quality measures. The PCP reviews a post-visit chart to ensure highly compliant, accurate coding and documentation.
- Serves payer clients in 26 states, including five national partners
- Awarded 2023 “Best in KLAS” for risk adjustment
- Growth: 2020-2022
  - Approved membership: 250%+ increase
  - Vatica provider network: 200%+ increase

Current market dynamics

A successful solution must holistically address these hurdles

PCP reimbursement alignment: rewarding behaviors that improve outcomes and flow to front-line providers and staff

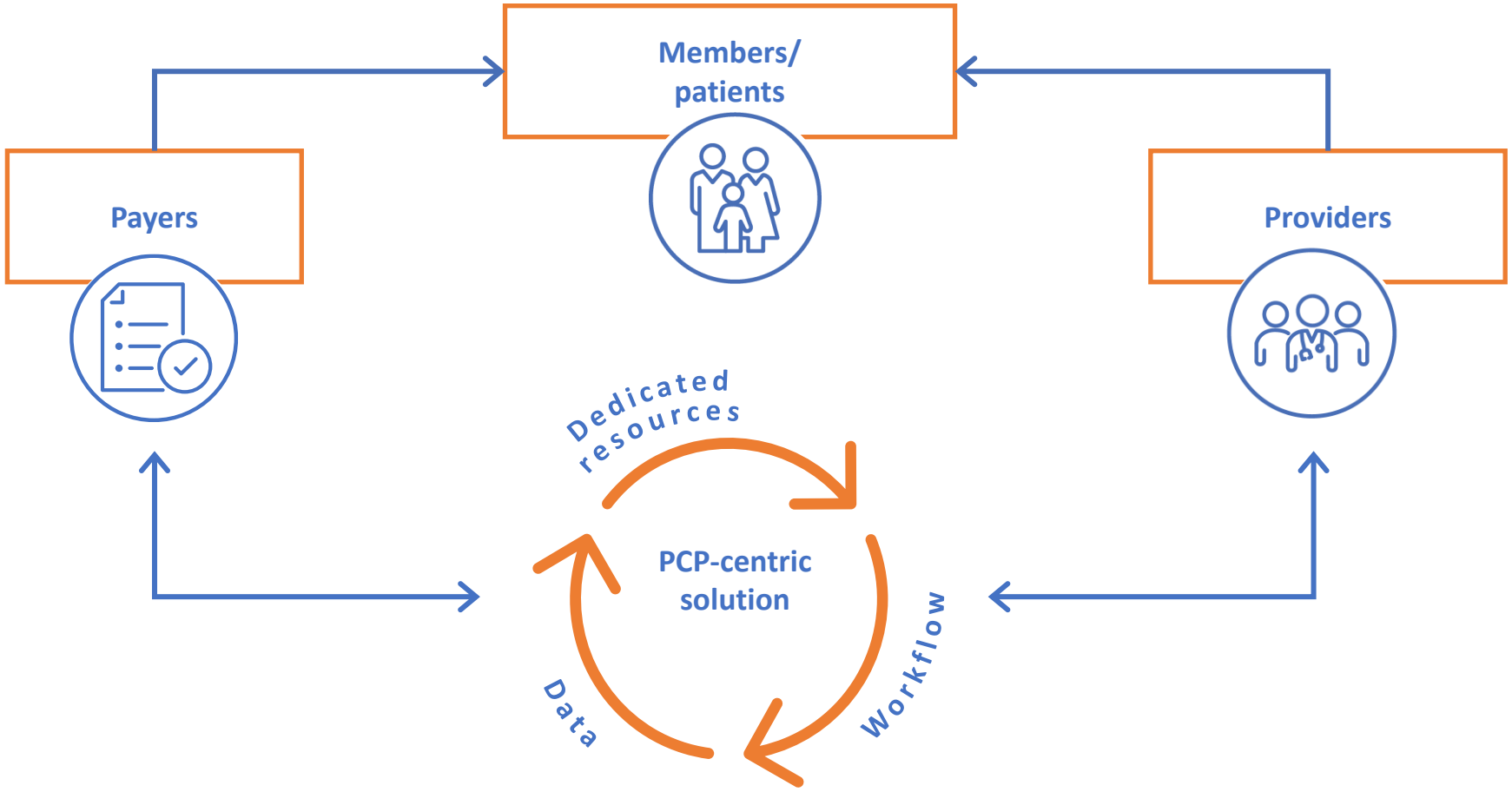
Value-based care: new, complex initiatives

Staff resources: provider engagement, time and administrative burden

Compliance: risk adjustment programs are under fire

The ideal process

PCP-centric program that delivers superior financial results, improves performance and compliance

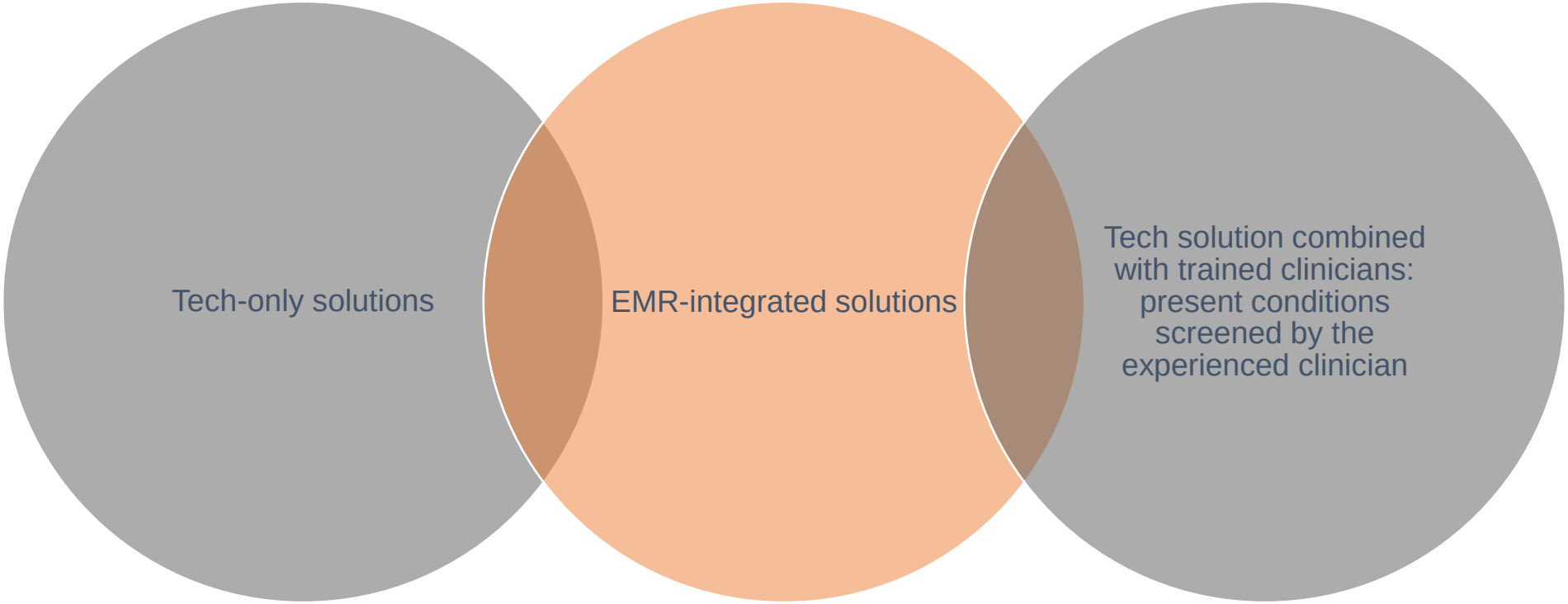


Effective ways to engage providers

- Dedicated provider engagement staff
- Flexible workflow and provider services
- Provider education regarding clinical documentation
- Aligned incentives

- Leveraging the PCP-payer relationship and clinical data
- Computer-assisted coding
- 100% QA review of diagnosis codes to reduce risks associated with audit
- Easy-to-use technology

Types of risk adjustment technology solutions



Role of risk adjustment technology

Support the patient-PCP relationship to empower compliant code capture, improved utilization management, patient adherence and holistic care.

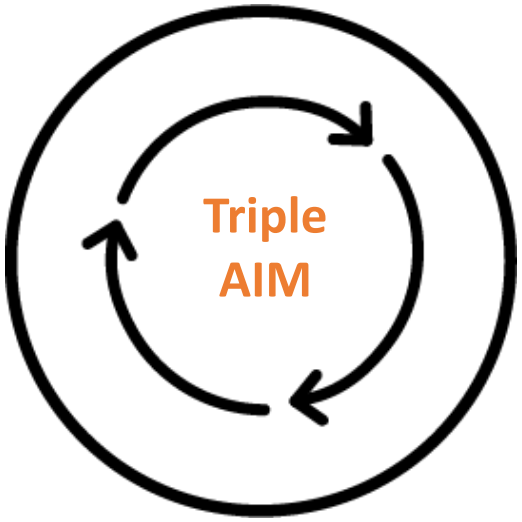
Should:

- ✓ Provide solutions that do not disrupt workflow
- ✓ Present high-confidence conditions sourced from EMR/claims
- ✓ Deliver timely and actionable data
- ✓ Facilitate a complete and accurate coding exercise

Should not:

- ✗ Require the provider to go back to their EMR to verify information
- ✗ Contribute to alert fatigue

Should the solution integrate with the EMR?



- There are hundreds of EMRs in the market
- The largest EMRs - including Epic, Cerner and athena - integrate with technology solutions where discrete data can be populated from outside technologies
- Depending on the line of business, not all risk adjustment work needs to be completed at the time of the visit. (e.g., Medicare Advantage and ACA allow for supplemental submissions)
- Regardless of timing, all providers want the output of their risk adjustment documentation to end up back in their EMR to achieve the Triple AIM

Goals of EMR integration

Streamline the in-EMR provider experience

- CDS 5 Rights: right information, right time, right person, right format, right channel
- Improve ease-of-use: simplified and intuitive in-EMR user experience
- Improve efficiency: faster and accessible at the point of care

Support data integration leading to comprehensive EMR records

- Problem list updates: automatically send new ICD codes for reconciliation into the EMR
- Summary documentation: automatically attach document to the supported EMR visit record

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Managing unique solutions from each payer

- Each payer may have a different risk adjustment solution for providers
- Learning multiple technologies and workflows for each payer is a huge challenge
- Providers recognize the value of accurate documentation but want to focus on care for their patients
- Many provider organizations are seeking their own payer-agnostic solutions to simplify the process

CMS V28 changes and strategy

V28 will be phased in over the next three years and applicable for dates of service starting 1/1/2023.

Calendar Year	2020 CMS-HCC Model (V24)	2024 CMS-HCC Model (V28)
CY 2024 (2023 Dates of Service)	67%	33%
CY 2025 (2024 Dates of Service)	33%	67%
CY 2026 (2025 Dates of Service)	-	100%

V28 has approximately 2,000 fewer ICD codes eligible for risk adjustment.

	2020 CMS-HCC Model (V24)	2024 CMS-HCC Model (V28)
FY22/23 ICD-10 codes - Total	73,926*	73,926*
FY22/23 ICD-10 codes - mapped to payment HCCs	9,797 (13.3%)	7,770 (10.5%)
HCCs - Total	204	266
HCCs – payment	86 (42.2%)	115 (43.2%)
HCCs – non-payment	118 (57.8%)	151 (56.8%)

Keys to success:

- Do not expect your providers to be expert coders
- Keep it simple for them to do their documentation accurately

Maximizing performance of community providers

- **Challenges**
  - Multiple EMRs, including paper
  - Limited staff and infrastructure
  - Competing priorities with running their practices

- **Solutions**
  - Provide tools that are easy to use
  - Educate on the positives: gap closure, revenue generation, reduced admin burden
  - Offer a uniform approach that provides consistent value

How you can help busy PCPs

Directly engaging the treating PCP is difficult; we are already overworked

Helpful:

- ✓ Do the work you can do
- ✓ Allow every contributor to operate at the top of their license
- ✓ Reimburse for additional time, effort and expertise
- ✓ Support providers with clinical and administrative resources

Not helpful:

- ✗ Interrupt our clinical day
- ✗ Interfere with time spent with our patient
- ✗ Interrupt our revenue cycle
- ✗ Overburden our staff

Make PCPs feel valued

Our healthcare system is asking PCPs to take on more administrative responsibilities unrelated to why we chose this profession.

Helpful:

- ✓ Pay us fairly
- ✓ Pay us quickly
- ✓ Level playing field for house-call visits
- ✓ Stay in your lane

Not helpful:

- ✗ Ask PCPs to stretch credibility
- ✗ Carve us out of care decisions
- ✗ Ask PCPs in VBC to fill potential erosion of HCC RAF score in shift from v24 to v28

NEMG's experience

YaleNewHavenHealth
Northeast Medical Group

- Payer solution: first real "toe in the water" toward value-based care.
- A top priority: sharing savings with physicians.
- Physicians now motivated to change; assessing risk, understanding where the high-risk population is and directing services to those patients.
- Physicians armed with useful, accurate data helped lower admission rates.
- Several payer programs in place; Vatica has highest participation.
- For Vatica patients, we can identify conditions not on the radar or buried in chart. Have reduced overall risk of morbidity and mortality.

Solve your risk adjustment and quality challenges with Vatica

1. Clinical staff + coding expertise + technology @ point of care
2. Prospective solution
3. PCP-centric
4. Compliance driven

75%+
completed Vatica visits

25%+
accuracy and specificity improvement

100%
of Vatica encounters reviewed

37%
higher gap closure rate

Statistics represent an overview of Vatica payer clients and providers with 1 full year under contract.

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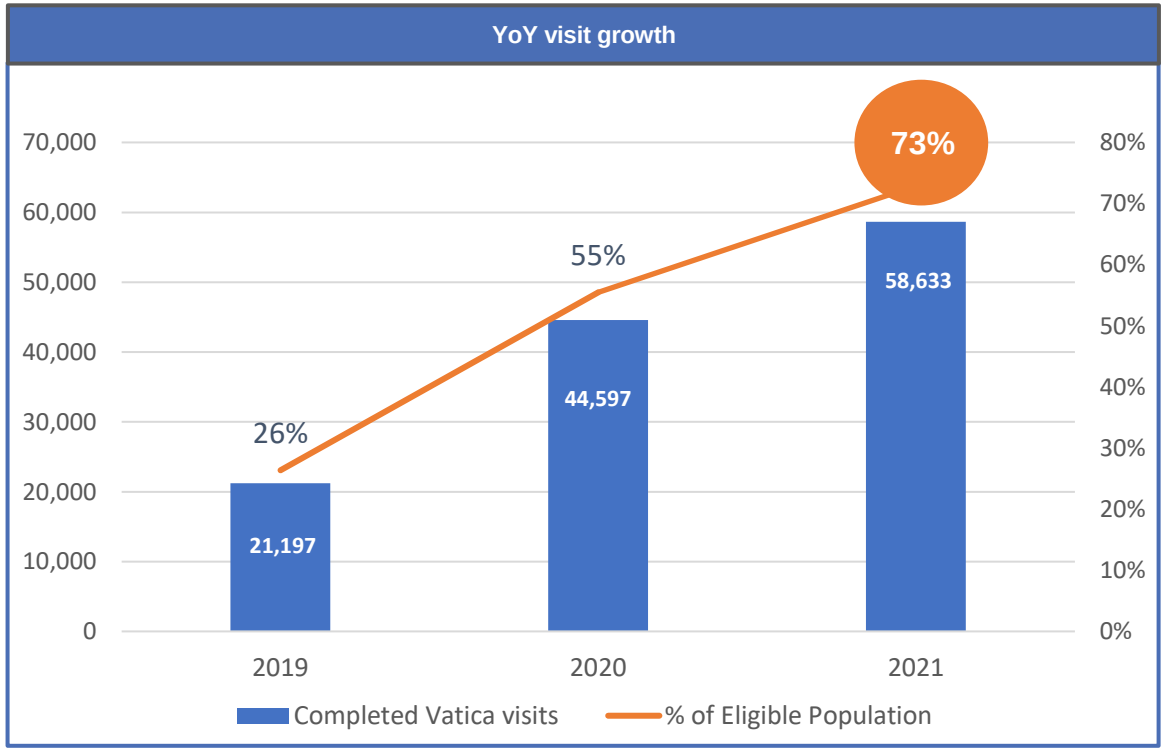
Case study: regional Blues plan

Attributed lives	Number
Total eligible attributed lives	99,805
Total contracted attributed lives	80,414
% providers penetrated	**81%**



2020 full year actual yield of incremental revenue	
Vatica executed encounters	44,597
Vatica incremental HCC risk score per encounter	0.199
Vatica incremental HCC revenue per encounter	**$2,264**
Total incremental estimated HCC revenue	**$100,973,071***

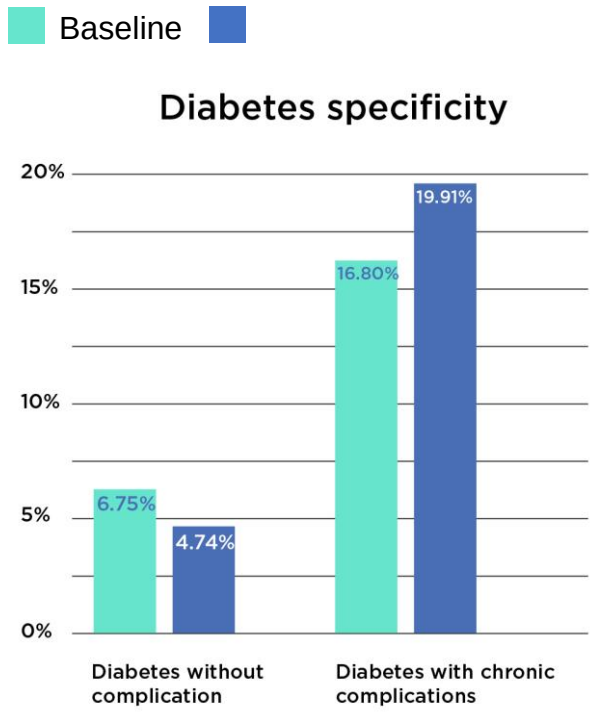
*Due to more accurate and complete coding and documentation.

Assumes $1,025 geographic base rate and 11.1 avg. member months in payment year

Incremental revenue calculated using conservative “Vatica last” methodology, where Vatica receives credit only for HCCs and interactions not identified on any other date of service in the available RAPs/EDS-return data.

Case study: Catholic Medical Partners

Catholic Medical Partners is an IPA with 900 providers and 65 primary care practices.



Penetration

Vatica visits completed for **73% of 47,059 eligible patients**

Quality of care

Vatica escalated **73,456 open care gaps** for physician review

Catholic Medical Partners®
INDEPENDENT PRACTICE ASSOCIATION

Margaret Paroski, MD, CEO

“My favorite part about working with Vatica is the team is always with me. Lots of times you hire people to help you, they’re there in the beginning, and then they become vaporware. Vatica is always so responsive. It’s been incredibly important to us.”

Q&A