



# PraxisCare

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## Praxis Care Leadership Summit Risk Adjustment

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# Agenda

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- FFS vs VBC Environment Comparison
- What is a Risk Score?
- History of Risk Adjustment
- What Does this Impact?
- ACO Performance
- MA vs ACO Comparison
- What Should I be Doing?
- What if I don't have Time for all this?



# FFS vs VBC Comparison

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## Reimbursement Basis

Services Performed

Managing Cost/Quality of Care

## Coding System

Procedures

Diagnoses

## Health System Role

Employee

Owner



# What is a Risk Score?

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- Risk Score is a patients expected total cost of care relative to a population average
- Typical Inputs are Age, Sex, Diagnoses, and Enrollment Type
- Inputs can include Rx and SDoH but controversial
- Can be Concurrent or Prospective
- The ACO model includes diagnoses captured in the previous year so must be documented annually
- Can be recorded by a PCP, or most specialist and facilities. Lab / Rad generally do not count since include rule-out diagnoses
- Documentation based on MEAT criteria:  
Monitoring, Evaluation, Assessment, Treatment



# History of Risk Adjustment

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- Added to Medicare Advantage (then Part C) starting in the late 90s (e.g., to prevent cherry picking)
- Became part of state Medicaid programs as responsibility for cost of care has shifted to Managed Care Organizations
- Incorporated into the Individual Medical market since 2014 under the ACA
- Part of all ACO programs since inception



# What Does this Impact?

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- Benchmarks
- Quality Scores
- CCM eligibility



# ACO Performance

<b>Practice Name</b>	<b>Percent of HCC Gaps Closed During 2023 YTD (cumulative)*</b>					<b>% Closed thru Sept 2022</b>	<b>Percent Improved</b>
	<b><u>May</u></b>	<b><u>June</u></b>	<b><u>July</u></b>	<b><u>August</u></b>	<b><u>September</u></b>		
Redacted 1	50%	55%	58%	61%	63.3%	62.6%	0.6%
Redacted 2	45%	49%	52%	56%	58.9%	55.3%	3.6%
Redacted 3	43%	46%	49%	52%	53.8%	53.6%	0.2%
Redacted 4	42%	45%	48%	51%	52.5%	51.6%	0.9%
<u>Redacted 5</u>	<u>39%</u>	<u>42%</u>	<u>45%</u>	<u>47%</u>	<u>48.4%</u>	<u>47.5%</u>	<u>1.0%</u>
Aggregate	44%	48%	51%	54%	56.0%	54.1%	1.9%

\*Including months where HCC Gap list provided to practice  
Including all practices with at least 500 aligned beneficiaries



# MA vs ACO Comparison

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Medicare Advantage plans can also submit diagnoses outside claims with proper documentation, however it is a complex & expensive process:

- Suspecting models run to identify where diagnoses likely missed
- Use vendors to collect charts, potentially all around the country
- Pay clinics to provide records, etc.
- Have coders review charts, REMOVING any codes on a claim not supported
- Prepare submissions consistent with CMS file specifications
- Go thru RADV audits
- Potentially face legal liability if charts don't support submitted diagnoses





# What Should I be Doing?

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- Get patients in for preventive visits, especially those at high risk
- Use EHR problem lists and alerts
- Use new Health Endeavors tool or Face Sheets
- Monitor year-over-year chronic condition recapture
- Assure all claims use the most specific and accurate ICD10 codes (developing a new tool to help coder/biller with this)
- Potentially diagnosis suspecting



# What if I don't have Time for all this?

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- Risk adjustment is a foundational basis for most components of an ACO
- A lot of the work can be delegated to support roles
- Let's collaborate on how to work most efficiently