



Maximizing Returns with HCC Coding

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What is Risk Adjustment?


- A method used to adjust bidding and payment based on the health status and demographic characteristics of an enrollee
- Pay appropriate and accurate reimbursement for subpopulations with significant cost differences
- Purpose: to groups/pay plans accurately for the risk of the beneficiaries they enroll
- Why: access, quality, protect beneficiaries, reduce adverse selection, etc.



Purpose of Risk Adjustment




Allows health plans to be paid for the actual risk of the beneficiaries they enroll



Accounts for differences in expected costs due to burden of illness (usually chronic conditions)



Adjusts annual contract bidding to CMS and CMS payment based on health status and demographics



Risk scores measure individual beneficiary's relative risk, and risk scores adjust payments for expected expenditures



Allows CMS to use standardized bids as base payments to plans



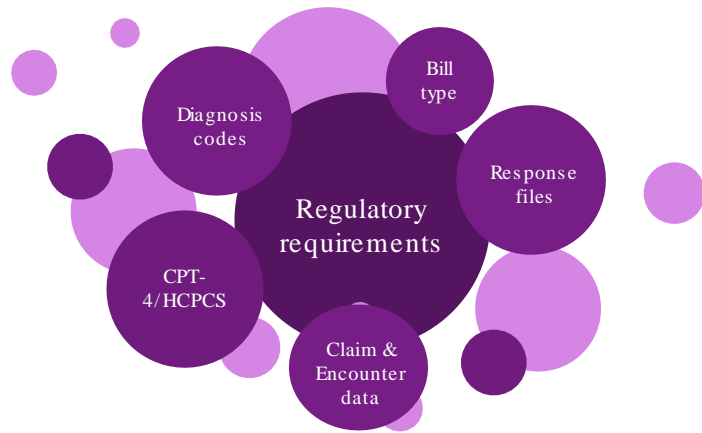


Risk Adjustment Program Update

Current Market State



What do ALL Risk clients have in common?



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Risk Adjustment Program Update



The CMS Annual New Years Eve “Miracle Cure”

Member on December 31st



Same Member on January 1st



1. CMS requires all HCC diagnoses to be submitted each and every year the condition is present.
2. It is of critical importance that plans ensure that members with HCC diagnoses be **seen** by a qualified provider and all current HCC diagnoses be **evaluated** and **reported** annually.





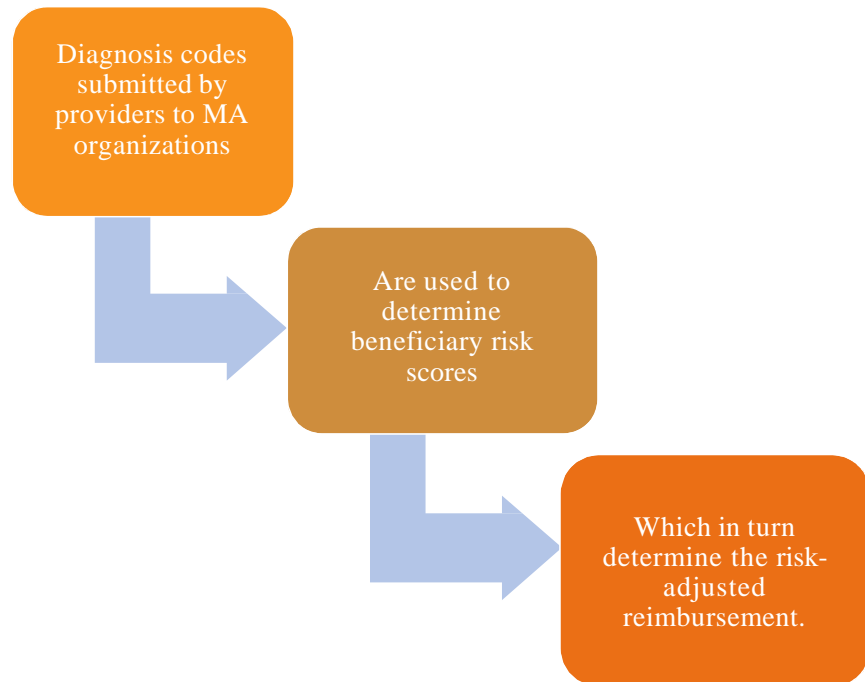
Risk Adjustment Program Update

Heavy Financial Impact



General Methodology of Reimbursement

Risk adjustment methodology relies on enrollee diagnoses, as specified by the ICD-10-CM* guidelines to prospectively adjust capitation payments for a given enrollee based on the health status of the enrollee.





Risk Adjustment Program Update

Inherency: Perspective vs Reality



Trusting software to
code correctly

Expecting non-Risk
coders to code for
HCC

Delayed/Fragmented
CDI program

Underestimating
coding guideline
importance

Overlooked coding
audits

Coding diseases
without support

Assuming provider
collaboration exists

Believing education is
being done effectively





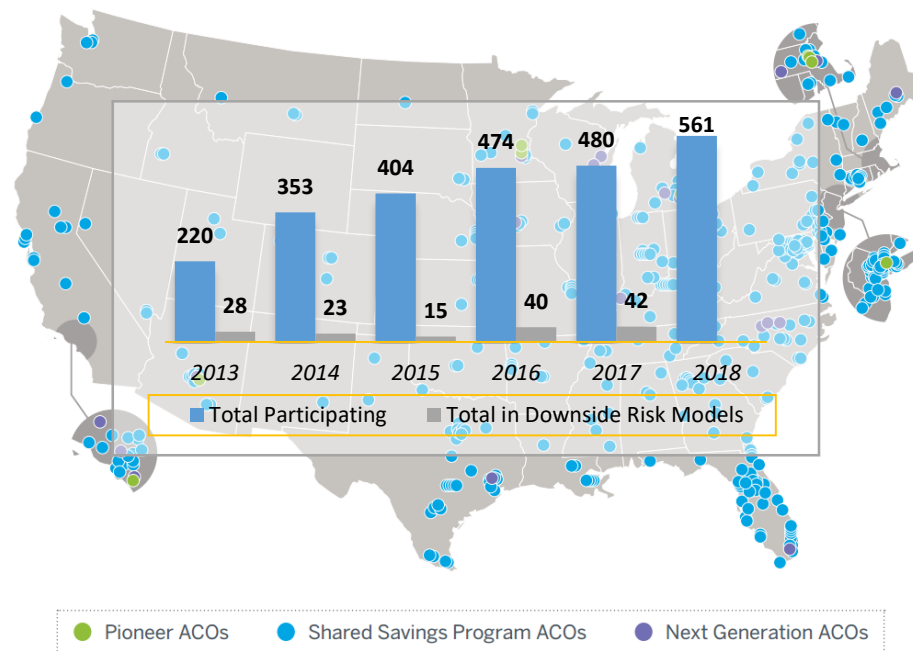
Risk Adjustment Program Update

Market Expansion



Overall Participation Continues to Grow

Total ACO Participants at End of Each Performance Year



Risk Adjustment Program Optimization

Fading Out RAPS - CMS Proposed Schedule



Year	RAPS	EDS
2019	75%	25%
2020	50%	50%
2021	25%	75%
2022	0	100%





Risk Adjustment Program Optimization

Risk Annual Timeline: Payment Year and Submission



1. Initial
2. Mid-Year
3. Final





Risk Adjustment Program Optimization



Standard

Price: \$/year

Frequency: Annually

Initial Duration: 30 days

Includes:

- Provider Audit
- HCC Gap Analysis
- Summary Report

Expanded

Price: \$/year

Frequency: Annually

Initial Duration: 45 days

Includes:

- Provider Audit
- HCC Gap Analysis
- Guideline Review
- Benchmarking Report
- Onsite Assessment Review

Strategic

Price: \$/year

Frequency: Annually

Initial Duration: 60 days

Includes:

- Onsite Kick Off
- Provider Audit
- Clinical Abstraction Audit
- Guideline Review
- Vee Benchmarking Report
- CDI Analysis
- Provider Risk Education Plan
- Onsite Assessment Review

Executive

Price: \$/year

Frequency: Quarterly

Initial Duration: 60 days

Includes:

- Onsite Kick Off
- Provider Audit
- Clinical Abstraction Audit
- Guideline Review
- Vee Benchmarking Report
- Quarterly HCC Gap Analysis
- Quarterly Onsite Provider Risk Education
- ProFee and ICD Analysis
- Prospective Risk Plan
- Quarterly Onsite Assessment Review





Questions

What is top of mind for you?

Are you doing 1st and 2nd level reviews?

Who's checking ancillary documentation?

Do you have a Risk Based CDI Program?

Are you identifying your high risk, rising risk and priority beneficiaries/patients?

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