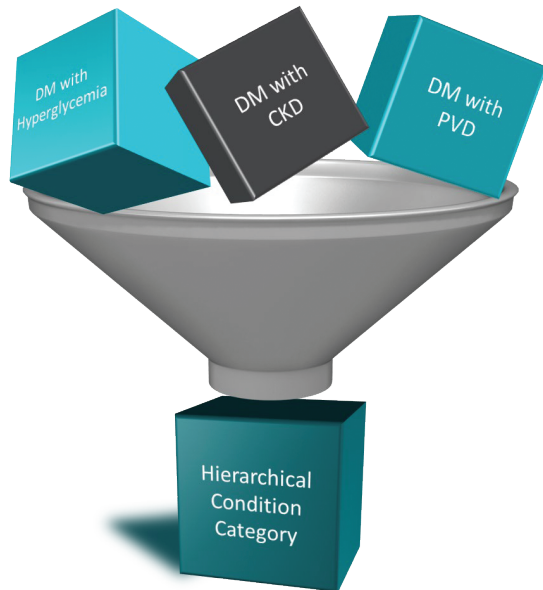
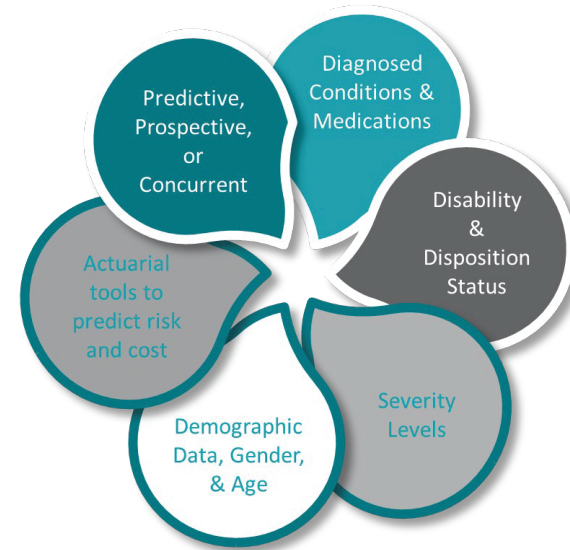


Risk Adjustment Quick Facts

What is Risk Adjustment?

- Reimbursement models for Marketplace, Medicaid, and Medicare, based on a patient's health status, demographics, and predicted expenditures
- RAF scores are applied to each member and are the combination of a patient's disease burden and their demographic information
- Accurate and comprehensive documentation of the patient's acuity of illness drives risk score accuracy



What is HCC (Hierarchical Condition Category) Coding?

- HCCs are typically grouped by categories of related diagnoses, often by expected cost of care
- A hierarchy may be applied based on severity
- Each category has a corresponding coefficient, integrated into RAF scores
- Categories are additive
- Health status resets every January 1st; every appropriate HCC needs to be recaptured each year, utilizing MEAT documentation. (Monitor, Evaluation, Assessment, Treatment)
- Medical record documentation must support the diagnoses reported to the highest level of specificity that represent the patient's true health status (specificity affects mapping)

CDI Scope

Why Does it Matter?

- ❑ Accurate risk stratification of members
- ❑ Proactive approach for targeting patients for referrals to disease management programs and appropriate interventions
- ❑ Population health data of utilization patterns and trends based on health conditions
- ❑ Driving accurate SDoH data to ensure healthcare equity and positive patient outcomes



CDI Scope in Risk Adjustment

- ❑ Medical record documentation translates the health status and associated treatments of the patient into diagnosis and procedural code sets.
- ❑ The diagnoses (acute, chronic, and/or status) potentially map to an HCC, Hierarchical Condition Category, which then impacts the patient's risk score.
- ❑ Comprehensive documentation is the key to accurate and complete coding, which drives accurate risk scores.



Benefits of CDI

- **Patient**
 - Medical record integrity
 - Continuity of care
 - Improved outcomes
- **Provider**
 - Risk stratification of patient populations
 - Targeted care management interventions
 - Documentation of the quality care provided
- **Plan**
 - Risk Score Accuracy
 - Appropriate reimbursement