How to Build Risk Adjustment into your Value-Based Care Strategy

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Moderated by:

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We are a network of health care professionals addressing the challenges posed by the emerging landscape of value-based care and government health care reform.

OUR MISSION

Our mission is to provide a community for like-minded professionals to come together for networking, education, and industry collaboration to stay ahead and advance their careers.

ONE ASSOCIATION THREE COMMUNITIES



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ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD

Today's presentation agenda



Health Plan Challenges to Integrating Risk Adjustment



Focus Areas for Your Value-Based Care Program



4

Strategies for Maturing VBC Programs & Risk Adjustment

Key takeaways and audience Q&A



Do Health Plans have the right analytic tools needed to manage their Risk Adjustment **Programs?**





In a recent study done by Cotiviti only 22% of the respondents indicated having all of the risk adjustment advanced analytics capabilities



Disparate programs are not aligned





INDUSTRY OBSTACLES

Member Fatigue

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA)



Multiple vendors complicate operations





INDUSTRY OBSTACLES

Intelligent member targeting

Evolving member preferences and behaviors



Dual Eligible



Key areas to focus





DATA ACQUISITION & PRECISION ANALYTICS

- Do you currently have a comprehensive data strategy
- Do you have data and insights to enable decision making?

UPFRONT PROVIDER COLLABORATION & SUPPORT

- Do you have alignment with providers and health systems
- How do you support providers early in the care journey to enable shared savings



PERSONALIZED MEMBER ENGAGEMENT

- Do you have a strategy to administer holistic member care?
- What tools do you have to provide your member with a superior experience?



Create Your Roadmap

RISE

	Baseline	Best Practice	Innovative
DATA	 Mostly claims data (medical, pharmacy, institutional) Regulatory data Structured data 	 Medical records from EHR Health Assessments Lab data Past interactions 	 SDoH and supplemental Behavioral data sets – personas Consumer data Provider contracting data Wearables/Digital Solutions Non-structured data
TECHNOLOGY	 Retrospective analytics Ad-hoc reports Basic prospective targeting Program data silos 	 Prospective analytics NLP-driven capture Advanced analytics and reporting Program data connections 	 Prescriptive next best action Interoperability Member-level risk/quality attributes library
PROCESSES	 Quarterly data refreshes Record Retrieval/Coding Manual processes Limited engagement through portals 	 Automated processes Monthly data refreshes Omnichannel engagement focused on digital 	 Real-time data feeds (PA automation/ADT trans) Strong governance Creative/personalized engagement strategies Propensity modeling Value-based care payments

Proceed Up the Maturity Curve

Reactionary & Repetitive

- Largely Retrospective with limited NLP or warehouse capabilities
- Fragmented processes
- Prospective limited to IHAs
- Multiple member touchpoints

Data Savvy

- Searchable EMRs, health data repository
- Availability of robust analytics and reporting
- Infrastructure to support data sharing between risk and quality programs

Insights driving Innovation

- Shared clinical insights through member-level data governance
- Predictive algorithms based on historical interactions
- Network contracting data for upside risk
- Business intelligence tools

Program Optimizers

- Value-based care strategy
- Contracts include downside risk
- Personalized and digital member interventions
- Health system Interoperability (push/pull)
- MI processes

RISK ADJUSTMENT EXCELLENCE



Key Takeaways

- Intelligent member targeting is critical with precision engagement tactics and behind-the-scenes management
- Improved provider collaboration through data and analytics will ultimately improve member care and outcomes
- Align processes and programs to enable provider success
- Streamline internal processes across multiple programs, LOBs, etc. to create synergies, greater efficiencies, improved effectiveness and better outcomes for patient, provider, payer



THANK YOU

