



Optimizing Risk Adjusted Reimbursement

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Seeing the big picture to solve the biggest problems in health care.

Panel

- Kirk Twiss, FSA, MAAA—Ingenix Consulting
- Pam Klugman, COO – CV Infosys
- Kenneth Persaud, Director Risk Adjustment-Physicians United Plan
- Glenn Singer MD, CPC, Medical Director, GEMCare Medical Group

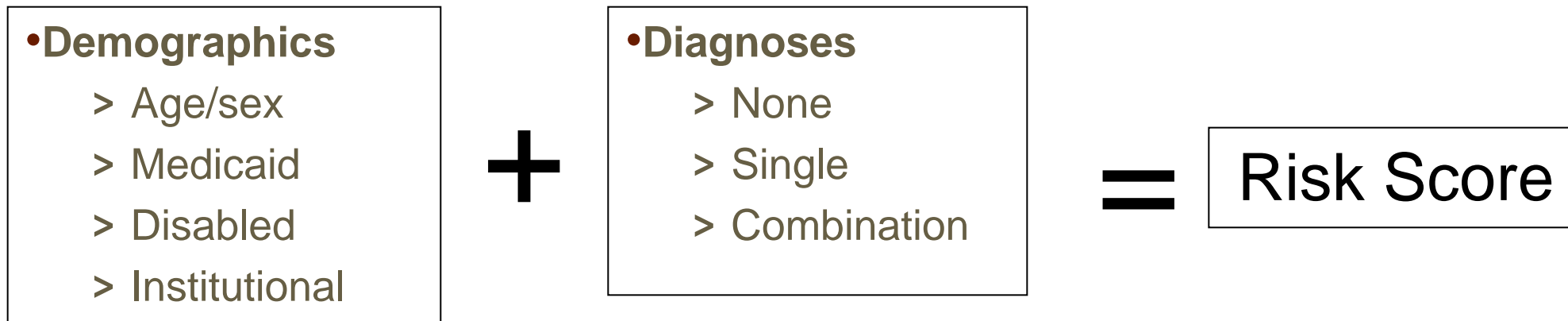


Risk Adjustment Overview

- CMS-HCC model incorporates health status into payment for Medicare Advantage plans
- Payment contingent on CMS receiving and accepting reported diagnosis
- Initial goal of risk adjustment was to better align revenues to projected health care consumption: underwriting Impact
- Economic model promotes the early detection, on-going assessment and accurate reporting of chronic disease: quality Impact

CMS-HCC Model -- Structure

- Additive model: factors for demographic characteristics + factors for diagnoses



Problem Statements

- Many to most Seniors have a chronic disease that has not been diagnosed
- Many stable conditions are not reported during each calendar year
- Many conditions assessed are not correctly documented and coded.

Discussion Topics for Panel

- What are plans doing to assess new members' chronic conditions, to avoid a year time lag in reporting diagnoses.
- Are plans offering “real-time” intelligence to their risk-sharing providers so they can know what diagnoses CMS actually has accepted at any given point in time.
- How can plans and providers work together to effectively assess, document, and report conditions successfully to CMS.
- What are plans doing to follow-up on rejected RAPS submissions so revenue can be accurately projected.
- What have plans done to efficiently manage the risk adjustment data flow across functions and departments.
- Should revenue optimization efforts be targeted towards high revenue members (fewer members but larger potential increase per member) or low revenue members (more members but smaller potential increase per member).

Audience Q&A



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