Executive Summary

Using member-focused risk adjustment strategies

to help improve member health outcomes and optimize financial performance

Encouraging annual primary care visits, identifying at-risk populations and increasing use of in-network preventive services for your Medicare Advantage (MA) members can help improve member care and condition documentation, leading to increased revenue for you and better health outcomes for members.

We can help improve your risk scores by delivering more opportunities to identify member risk. When your scores improve, you can receive appropriate compensation based on the actual risk of your members.

There is substantial opportunity to improve member care	**92%** of Medicare beneficiaries have one or more chronic conditions[1]	**~20%** of chronic conditions are not recaptured each year[2]

The benefits of implementing our risk adjustment strategy are clear:

- ✔ Improving recapture of known chronic conditions
- ✔ Increasing preventive care visits among members who do not visit Primary Care Providers (PCPs)
- ✔ Identifying undocumented conditions through advanced machine learning analytics

4% increase in primary care visits among non-PCP users[3]

>2:1 return on investment[4]

❤ CVS Health®

Enhancing your current risk adjustment strategy with our comprehensive, member-centric approach

Having precise visibility into member conditions can translate to improved financial performance, leading to accurate compensation, improved cost of care and ultimately better health outcomes for members.

We can help optimize risk adjustment performance to identify risk and promote health screenings with:

Diagnostic analytics and risk insights that use:

- **Retrospective identification** of existing member-level health risks
- **Prospective identification** of suspected uncoded conditions/comorbidities
- **Social determinants of health** to identify at-risk populations
- **Risk score analysis** including condition recapture rate

Behavior change via multi-channel outreach that includes:

- **Proactive communications** to encourage members to complete annual health screenings
- **Individualized recommendations** to connect members with health plan resources and provider networks
- **Intelligent multi-channel outreach** based on member preferences
- **Additional outreach** for high-risk members

Identifying clinically-related conditions helps support improved member health and ensure proper compensation

Retrospective claims review captures previously diagnosed conditions and under-coded conditions to help guide care planning and help improve outcomes over the long term

Comprehensive member view from:

- Prescription claims
- Medical and lab claims
- Demographic data
- Social determinants of health

Data is continually updated to create the most current view of the member.

Prospective analytics identifies suspected conditions that have yet to be coded, and tracks performance with population insights and member-level reporting to identify your highest risk members

Robust reporting includes:*

- Baseline risk analysis
- Risk score monitoring
- Hierarchical Condition Categories recapture
- Top conditions
- Comprehensive member-level risk profiles

Plans can achieve up to a 2% increase in chronic conditions recaptured[5]

*Reporting features are subject to change.

Multi-channel engagement helps ensure that you can reach more members

CVS Health uses a multi-channel approach to engage with patients where, when and how they prefer to proactively promote health screenings and annual wellness visits.

Optimizing engagement using behavioral economics and proactive outreach through multiple channels

LOW

Postcards	Email	SMS/text	IVR

MEDIUM

Postcards	Email	SMS/text	IVR	+ Additional campaigns and tailored messaging

HIGH

Telephone	Letters	Postcards	Email	SMS/text	IVR

Communications connect members with existing health plan resources to aid in early detection of health risks.

Your members receive:*

- Reminders to visit in-network providers
- Links to in-network provider directories and services
- Scheduling support for health assessments including clinic and in-home services
- Connections with available transportation and other benefits

IVR: Interactive voice response.
*Communications are subject to change.

Focusing on provider outreach helps increase the accuracy of coding and documentation

Network providers get notifications of their patients' health risk coding gaps and opportunities
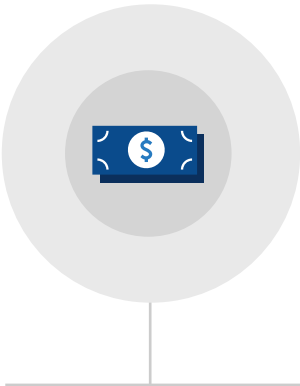
Improving condition diagnoses allows health plan clients to:
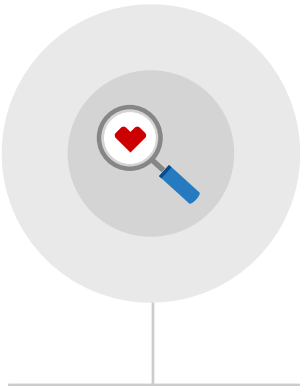
Identify high-risk members

Improve member care and utilization of preventive services

Receive appropriate compensation based on actual risk of your member population

Visiting in-network providers offers opportunities to comprehensively document conditions

Bill is 68 years old and enrolled in a Medicare Advantage plan.

CONDITIONS

Existing:
- Diabetes
- Congestive heart failure
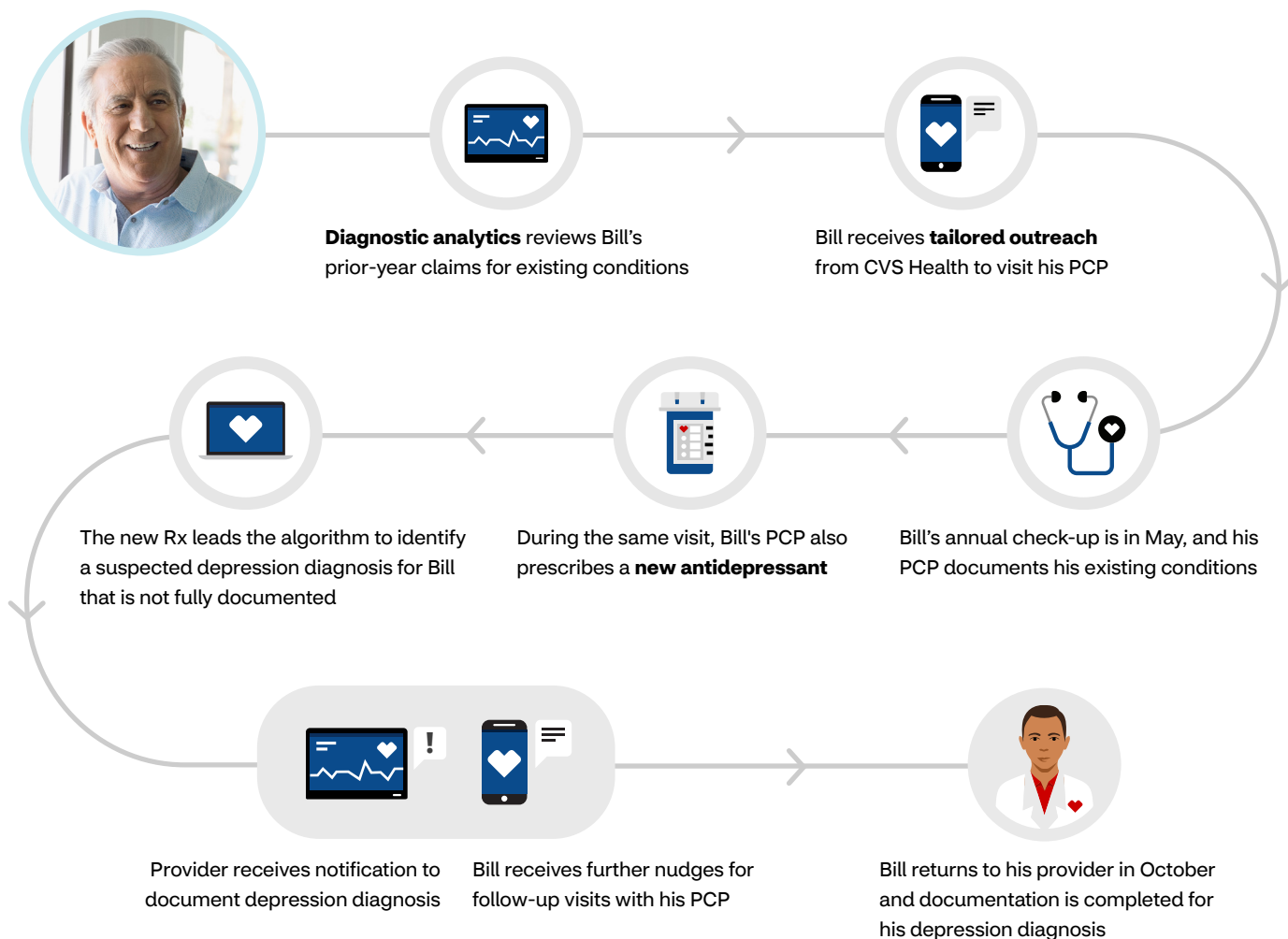- CKD Stage 3

New condition:
- Depression

PRESCRIPTIONS

Existing:
- Metformin
- ACEI

New prescription:
- Antidepressant

Bill's care journey supported by CVS Health:

Diagnostic analytics reviews Bill's prior-year claims for existing conditions

Bill receives **tailored outreach** from CVS Health to visit his PCP

Bill's annual check-up is in May, and his PCP documents his existing conditions

During the same visit, Bill's PCP also prescribes a **new antidepressant**

The new Rx leads the algorithm to identify a suspected depression diagnosis for Bill that is not fully documented

Provider receives notification to document depression diagnosis

Bill receives further nudges for follow-up visits with his PCP

Bill returns to his provider in October and documentation is completed for his depression diagnosis

Implementing enhanced risk adjustment strategies helps improve member health outcomes – and your financial results

To get started, contact your CVS Health team today.

1. https://www.commonwealthfund.org/sites/default/files/2020-05/Teigland_Medicare_Advantage_beneficiary_trends_ib.pdf

2. CVS Health analysis.

3. Based on results from pilot with a large payer encouraging members who had not visited a PCP to have an annual exam.

4. CVS Health estimate based on product price and expected incremental revenue. Guarantee will vary by client according to plan demographics, other programs implemented by the client and other factors.

5. CVS Health estimate based on assumed 70% current recapture rate. Improvement on recapture rate is dependent on current recapture rates.

♥ CVS
Health.