



INTRODUCTION TO QUALIFIED HEALTH PLAN RISK ADJUSTMENT

2025



An Independent Licensee of the Blue Cross and Blue Shield Association.

AGENDA



Population served by QHP Risk Adjustment



What is Qualified Health Plan (QHP) Risk Adjustment?



The importance of complete documentation and coding



The benefits of QHP Risk Adjustment programs



Building collaborative partnerships

QHP RISK ADJUSTMENT POPULATION

- Qualified Health Plans originated from the Affordable Care Act (ACA)
- Individuals and small groups who have purchased a QHP through:
 - Vermont Health Connect aka Vermont Marketplace OR
 - Directly from Blue Cross and Blue Shield of Vermont (Blue Cross VT)
- Provides essential health benefits associated with a metal level (platinum, gold, silver, bronze or catastrophic)
- Individuals must select a Primary Care Provider when selecting a QHP
- Covers individuals from birth to age 65

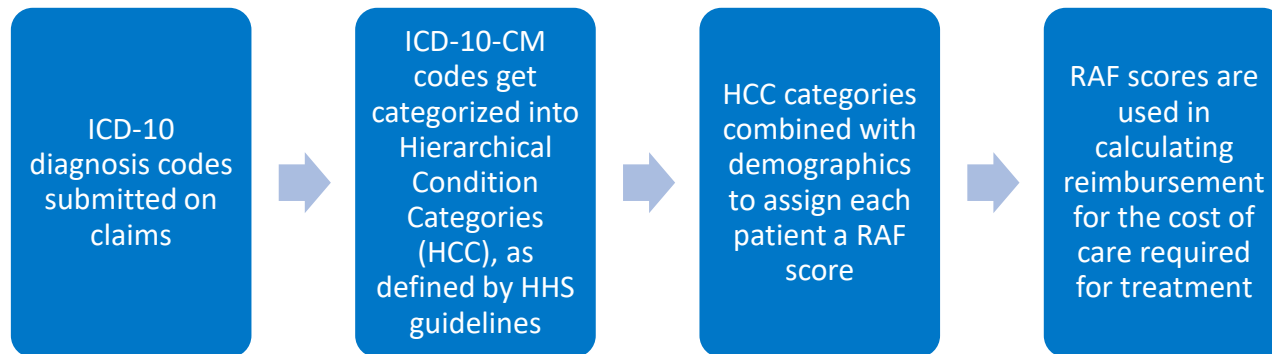


WHAT IS RISK ADJUSTMENT?

Risk adjustment is a methodology designed to determine the overall health status of certain populations. QHP risk adjustment is required and regulated by the Department of Health and Human Services (HHS) using the Centers for Medicare and Medicaid Services (CMS) guidelines and standards.

This approach helps ensure that Qualified Health Plans and providers are paid appropriately for the level of care they provide, considering the health status of their patients. It is regulated by the Department of Health and Human Services (HHS) using the Centers for Medicare and Medicaid Services (CMS) guidelines and standards.

A patients' health status is measured by assigning a Risk Adjustment Factor (RAF) score based on the demographics and diagnosis¹ codes submitted by healthcare providers.



1 – Some CPT and HCPCSII codes are also used

CALCULATING THE RAF SCORE



Demographic Characteristics

Factors such as age, sex, disability status, original entitlement reason, Medicaid eligibility, plan metal level



Health Status

Diagnoses/conditions, included in the appropriate risk adjustment model

= RAF Score



Higher RAF scores represent individuals with a greater than average burden of illness.



Lower RAF scores reveal a healthier population, but may falsely represent a group due to:

- Inadequate or incomplete documentation
- Incomplete or inaccurate coding
- Patient not seen annually by provider

RISK ADJUSTMENT SUPPORTS THE DELIVERY OF HIGH-QUALITY CARE

Providers

- Establishes the workload and complexity of patient panels
- Promotes continuity of care between providers toward overall improved patient outcomes
- Enables collaborative partnerships between payor and providers

Patients

- Reinforces self-care strategies and treatment plans
- Identifies individuals for referral to Case and Disease Management
- Encourages comprehensive preventive visits
- Promotes patient safety and continuity of care
- Enables early detection and treatment by addressing suspected conditions
- Potential opportunity for enhanced benefits

Blue Cross VT

- Accurately reflects the health status of individuals enrolled in the health plan
- Ensures appropriate funding to cover medical costs and resources needed for each individual
- Enables collaborative partnerships between payor and providers

Quadruple Aim



CLINICAL DOCUMENTATION IS ESSENTIAL FOR CODING, BILLING, AND AUDITING

- Each year, on January 1st, the RAF scores of patients are reset, reflecting only demographic factors at that point. It is crucial to assess, document, code and bill for all chronic/complex conditions annually.
- Provider documentation is used to capture the overall health status of a patient and calculate the healthcare costs.
 - The more complete and accurate the documentation, the better view we have as to what health challenges our members are facing.
- A review of the medical record, either by remote EMR access or viewing a copy of the chart sent, allows for capturing diagnosis codes not billed on a claim.
- Specific information is also used to refer patients to our Case and Disease Management Programs to better support members navigating complex health and/or chronic conditions.

Common chronic conditions that are not captured annually:

Asthma

COPD

Major Depressive Disorder

Bipolar Disorder

Heart Failure

Arthritis

Amputation

Major Organ Transplant

Hemiplegia/Hemiparesis

DOCUMENTATION AND CODING BEST PRACTICES

- Assess chronic/complex conditions at least annually during a face-to-face encounter or video telehealth visit
- Keep the problem list up to date
 - Ensure the status of each condition is accurate (such as acute, chronic, resolved or history of)
- Document and code all diagnoses that impact the decision-making, care and treatment of each encounter
- Document and code to the highest level of specificity – avoid default or unspecified ICD-10-CM codes

Medical Record Documentation



“If it isn’t documented, it doesn’t exist”

DIAGNOSIS, STATUS, PLAN

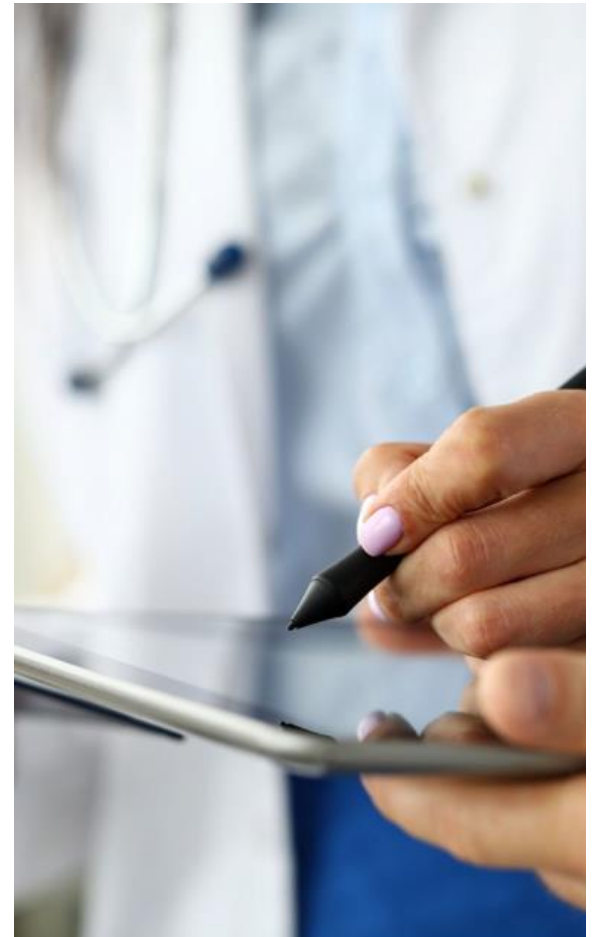
Complete and accurate coding of chronic conditions can have a significant impact on the overall picture of the patient.

DSP

Diagnosis – Document all conditions to the highest level of specificity

Status – Stable, worsening, improving, (un)controlled

Plan – Treatment, referral, follow-up



BUILDING COLLABORATIVE PARTNERSHIPS

At Blue Cross VT:

Provider Engagement Consultants are assigned to most primary care physician (PCP) provider offices, and available to all practices for support with QHP Risk Adjustment related questions.

We are available for personalized education for you and your staff either onsite, or via webinar.

As a provider:

Establishing a point of contact in the practice to work with health plans will enhance communication.

Creating a workflow that benefits your practice to address open HCC gaps can help improve overall patient outcomes.

Allowing Blue Cross VT remote electronic medical record (EMR) access will reduce some of the burden on your valuable office resources.



KEY TAKEAWAYS

- Risk adjustment is required by the federal government for health plans participating in the Qualified Health Plan (QHP) Insurance Exchange
- Blue Cross VT is tasked with ensuring that health care funding follows those with the most complex and chronic conditions to cover the cost of needed care
- Blue Cross VT must account for and report the accurate health status for each individual, every calendar year by:
 - Encouraging providers to see patients for comprehensive preventive visits
 - Ensuring provider documentation in the medical record accurately reflects and supports the coding billed on claims

Building a partnership is essential for our members/your patients to receive the highest quality care



THANK YOU!

Your Trusted Risk Adjustment Partners
“Dedicated – Hardworking – Passionate – Professionals”
Blue Cross® and Blue Shield® of Vermont

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<https://www.bluecrossvt.org/providers/qualified-health-plan-risk-adjustment-program>