

3MSM Risk Optimization Services

- Capture the true risk of your member population so that you receive full, appropriate reimbursement under the Affordable Care Act
- Show a provider group's performance with respect to its HCC activity
- Identify the potential impact improved coding can have on overall population risk score

What are 3M Risk Optimization Services?

3M Risk Optimization Services can help plans receive their full potential reimbursement under the payment transfer reconciliation as part of the Affordable Care Act (ACA).

Through a member-level grouping process that simulates the risk adjustment methodology mandated by Health and Human Services (HHS), 3M analytics and reports enable exchange-eligible plans to understand and capture the true risk of their member population.

The problem: Plans on the exchanges need accurate reimbursement

Under the Affordable Care Act (ACA), the payment transfer process calls for funds to be transferred from plans with lower-risk enrollees to plans with higher-risk enrollees to protect against adverse selection. This process applies to non-grandfathered individual and small group plans inside and outside the health insurance exchanges.

As a result, plans must ensure that the risk of their exchange-eligible population is accurately captured under the hierarchical condition categories (HCC) model, HHS's required risk-adjustment methodology, so they can minimize the possibility of leaving money on the table at the year-end payment transfer reconciliation.

This process can be problematic because providers may not be coding diagnoses as accurately as possible, and certain cases may not trigger a condition under the HCC model. For example, patients with chronic conditions who do not visit their doctors would not have sufficient experience to trigger an HCC assignment. Thus, it falls to the plans to make sure their members' risk is accurately reflected under the HCC model.

The solution: 3M Risk Optimization Services

3M Risk Optimization Services give plans the analytics to perform ongoing identification and management of both network and member opportunities. This allows them to be accurately and completely reimbursed at the time of the payment transfer reconciliation.

Through the 3M member-level grouping process, which simulates the HCC model, the analytics and reports show:

- Year-over-year HCC trend for the group's members, split by demographic and diagnosis components
- Members who had an HCC in the prior year, but who do not have one in the current period
- What the HCC score would be if members who previously had HCC assignments were coded to maintain them year over year; this shows the potential impact improved coding could have on overall population risk score, which ultimately affects year-end payment transfer amounts
- The average missing score for each member segment, which also shows the potential impact of improved coding

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Who should use 3M Risk Optimization Services?

- **Health plan executives** who need to understand the true illness burden of their member population to inform strategic decisions, such as which markets they want to be in, and to determine whether they are reimbursed accurately under the ACA
- **Network managers** who need access to information about provider diagnosis and coding practices to inform decisions regarding programs that educate and incentivize providers
- **Provider relations staff** who need reports and data to inform

providers of their opportunities to improve their diagnosis coding practices

- **Care managers** who need lists of patients—with either known or unknown diagnoses—who are likely to have chronic conditions and need to see their primary care provider (PCP)

Features and benefits

Member-level reports inform provider and patient outreach efforts; identify members who have had gaps in coding; and pinpoint patients who appear to have an underlying illness burden not captured by the HCCs.

Network-level reports identify coding variation and deficiencies from a network perspective; highlight network performance trends over time and comparisons across the network; and examine coding variations at the individual physician, practice or ACO levels.

Call today

For more information on how 3M products and services can assist your organization, contact your 3M sales representative, call us toll-free at **800-367-2447**, or visit us online at www.3m.com/his.

A look inside a 3M Risk Optimization Services report

The image below shows a section from a sample report* available through the 3M Risk Optimization Services. The report represents a profile of a provider group's performance with respect to its HCC activity.

HCC Trend	Previous Period	Current Period	Score Changes	Members	Current Score
Attributed Members	899	996	Existing Members	896	1.34117188
Total	1,234	1,335	Increasing Score	120,000	5.249
Demographic	0.325	0.332	Constant Score	682,000	0.575
Diagnosis	0.909	1.003	Decreasing Score	94,000	1.912
Diagnostic HCC Utilization	Members	Current Score	New Members	100,000	1.276
Members with Diagnostic HCC	283	3.992	Total	996,000	1.335
Members without Diagnostic HCC	713	0.280	Missing HCC Potential Decile	Members	Average Missing Score
Total	996	1.335	10	5	19.969
% of Members with Diagnostic HCC	28.4%		9	11	8.849
Members HCC Consistency	Members	Current Score	8	6	5.454
Not Missing HCCs	905	1.216	7	6	4.361
Missing HCCs	91	2.515	6	16	3.201
Total	996	1.335	5	6	2.512
Potential Change in Score	Members	Score	4	15	1.342
Not Missing HCCs	905	1.216	3	8	0.904
Potential Score for Missing HCC Members	91	6.432	2	1	0.686
Potential Score for Physician Group	996	1.692	1	17	0.354
Current Score	996	1.335	Total	91	3.917
Potential Change		26.81%			

*This sample report uses only demonstration data.



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