healthmine™

Transforming Risk & Quality Performance with Digital-First Engagement

March 2025

Agenda

1. Who is Healthmine?
2. Current industry drivers
3. Partnership strategy for better outcomes
4. A data-driven approach

Today’s presenters

Brett Rudisill

SVP, Marketing

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VP, Population Health & Equity

David Lynch

SVP, Growth & Business Development

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Director, Product & Experience Strategy

Meet Healthmine

The industry's leading member engagement solution

Markets we serve

Medicare | Medicaid | D-SNP | Commercial | FEP | ACA

Industry drivers

Transition from HCC model V24 to V28

CMS introduced V28 of the HCC risk adjustment model, with a phased implementation timeline:

- **2023-2024:** Start of transition from HCC V24 to V28.
- **Jan. 1, 2025:** CMS completed the phased transition, fully implementing V28 for risk adjustment calculations.

V28 brings significant changes to the risk adjustment methodology, including:

- **Increased number of HCC categories**: The number of categories expanded from 86 in V24 to 115 in V28, with corresponding renumbering.
- **Revised diagnosis code mapping**: Over 2,000 diagnosis codes were removed from the payment model, reducing the number of codes mapping to HCCs from approximately 9,800 to 7,700.
- **Impact on Risk Adjustment Factor (RAF) scores**: The changes in V28 are expected to decrease RAF scores by an estimated 3.10%, potentially affecting payments for MA plans.

Enhancing accuracy and compliance in risk adjustment

In-home assessments (IHAs)

There is a need for more accurate and compliant risk adjustment processes. Health plans should focus on improving care coordination and ensuring that diagnoses predict future healthcare costs.

Fraud and misuse: Some MA plans have been accused of inflating risk scores by submitting unsupported diagnoses, conducting biased chart reviews, and using IHAs to identify additional diagnoses that may not be medically necessary.

In 2024, the *Wall Street Journal* reported that insurers have pushed nurses to add diagnoses during IHAs, leading to inflated payments.

Quality of care concerns: There are concerns that IHAs, if used solely to identify diagnoses without subsequent care, may lead to fictitious diagnoses or neglect of necessary treatments, thus not improving patient outcomes.

CMS conducts Risk Adjustment Data Validation (RADV) audits to ensure diagnoses are supported by medical records. Overpayments found in audits may lead to penalties.

MA plans found to have overcharged may be required to repay the government, with penalties or exclusions imposed for fraudulent activities. This could significantly impact the financial stability of the plans.

Breaking Down Silos

Fostering collaboration between quality and risk management for improved outcomes

- Potential reduced revenue due to V28 and Star Rating changes.
- Digital quality transformation
- Member access to care concerns
- Interoperability
  - Moving from paper charts to exchanging real time information.
  - Integrate new technologies for data collection, analysis, and reporting while ensuring that quality measures and risk adjustment strategies remain effective amidst evolving digital tools.
- Prospective versus retrospective time frames

Overcoming these barriers demands alignment between the two teams to maintain financial stability, enhance care delivery, and improve overall performance

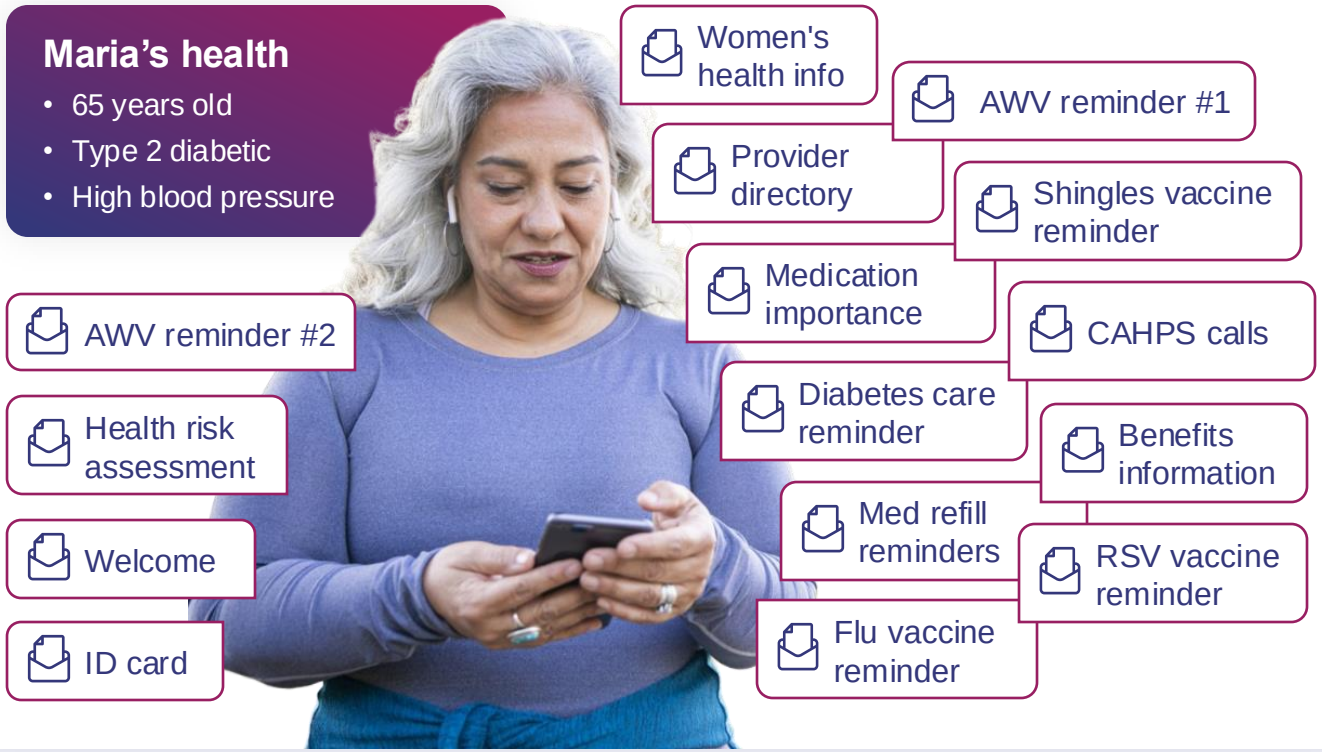
Fragmented outreach creates abrasion

Negatively impacting trust in the plan and health outcomes

Operational challenges

- Disparate point solutions
- Siloed and incomplete data
- Uncoordinated, duplicative outreach
- Expensive, limited personalization
- Staff burnout
- Conflicting demands
- Limited budgets
- Shifting regulations

Maria's outreach



So, what should you do?

Quality and risk must work together

Siloed teams create ineffective engagement

Quality teams

Focused on gap closure and member experience

Risk teams

Focused on HCC capture for revenue

The problem

Missed risk adjustment revenue and poorer outcomes from open care gaps

Poor member experiences from fragmented outreach

Increased costs trying to get members engaged and on track

A partnership for better outcomes

Continuous engagement with all members

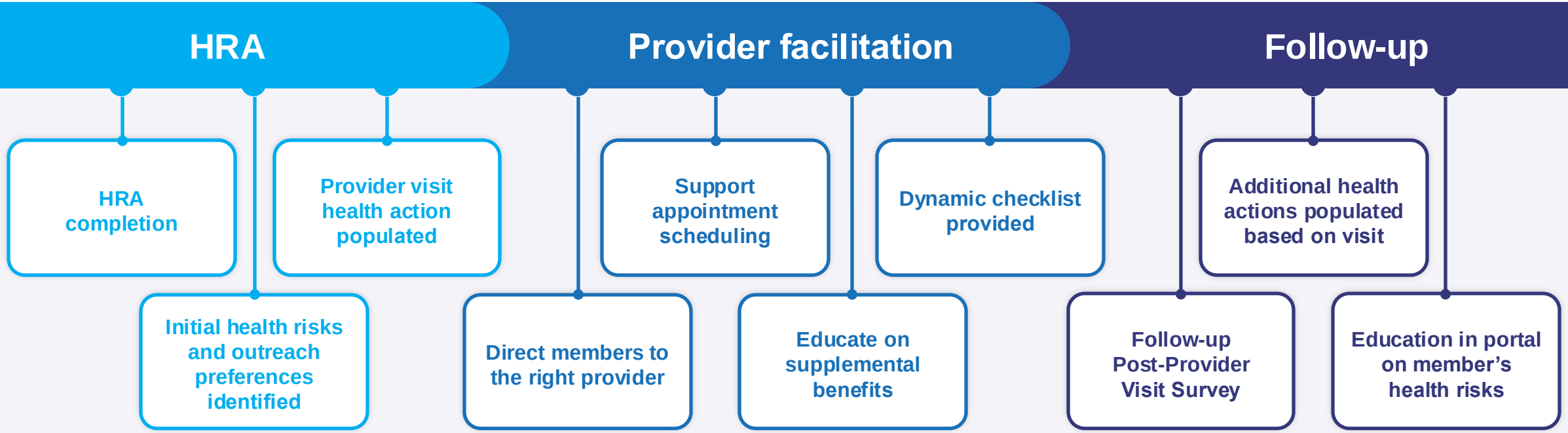
Identify and remove barriers to care

Optimized visit experiences

Guide members to care

The right care at the right time

Eliminate abrasion and missed care gaps



Communicated in the member's preferred language and outreach method.

A data-driven approach

Key benefits

Improved member experience

A programmatic experience for members that allow for consistent communications.

- Clear and simple calls to action
- Prioritized health actions, starting with the PCP visit
- Eliminates abrasion with multiple communications

End-to-end compliant solution

The solution is designed to change behavior by applying behavioral science principals to overcome barriers and motivated action.

- Starting with informing members of their PCP visit, along with reminders.
  - Once complete, members will receive a Post-Provider Visit Survey.
- Offering an In-Home Assessment ONLY if members do not complete their PCP visit.
  - Followed by a Post-IHA survey and a reminder to visit their provider to discuss the outcomes

Our full circle solution allows plans to document their efforts and navigate complaints.

Integrated approach example

All members are not the same. Integrating the programs allows different members to receive different communications based on their needs and the plan's needs.

Target	Member	Disparate programs outreach and member ask		Integrated program outreach and member ask
		Quality	Risk	
New member, unidentified risk	Maria	Annual Wellness Visit, Breast Cancer Screening	Primary Care Physician Visit/In-Home Visit (EOY)	Primary Care Physician Visit/In-Home Visit (EOY)
Unidentified risk in 2025	Steve	Annual Wellness Visit	Primary Care Physician Visit	Primary Care Visit/In-Home Visit (EOY)
Identified risk	Ruth	Annual Wellness Visit	N/A	Annual Wellness Visit

Cost savings due to digital first approach, targeted non-compliant member actions, engagement driven content, automatic translations and accurate reporting

Comms plan: The happy path

All communication stops when the activity is complete

Communication	Audience	Months Jan – June per month				Months July– Nov per month			
		Print	Email	Text	IVR	Print	Email	Text	IVR
Registration – direct mail and reminders	All eligible members	1	1	2	1				
PCP visit health action and reminders	Registered but have not completed PCP All non-registered members without email	1	1	2	1				
Q2 AWV health action	Registered but have not completed AWV All non-registered members	1	1	2	1				
Q3 Quality health action and reminders	Registered members only					1	2	4	2
Post-Provider Visit Survey	Members who have completed the PCP visit		1	2	1				
Thank you/EOY – Q4 direct mail	All registered members					1			

Q1-Q2

- Weekly texts
- Monthly emails and IVR announcements
- If no email or mobile number, 1 direct mail piece
- Post-provider assessment survey immediately follow completion of PCP visit

Q3-Q4

- Weekly texts
- 2 emails and 2 IVR announcements calls per month
- If no email or mobile number, 2 direct mail piece
- Post-provider assessment survey immediately follow completion of PCP visit

Comms plan: The non-compliant path

All communication stops when the activity is complete

Communication	Audience	Months Jan – June per month				Months July– Nov per month			
		Print	Email	Text	IVR	Print	Email	Text	IVR
Registration – Q1 and reminders	All eligible members	1	1	2	1				
PCP visit health action and reminders	Registered but have not completed PCP All non-registered members without email	1	1	2	1	1	2	4	2
Q2 AWV health action	Registered but have not completed AWV All non-registered members	1	1	2	1	1	2	4	2
Q3 Quality health actions and reminders	Registered members only		1	2	1	1	2	4	2
IHA – Health action and reminders	Members who have not completed a PCP visit within the 1st 90 days.	1	1	2	1	1	2	4	2
Post-Provider Visit Survey	Members who have completed the PCP visit		1	2	1		2	4	2
Thank you/EOY – Q4 direct mail	All registered members					1			

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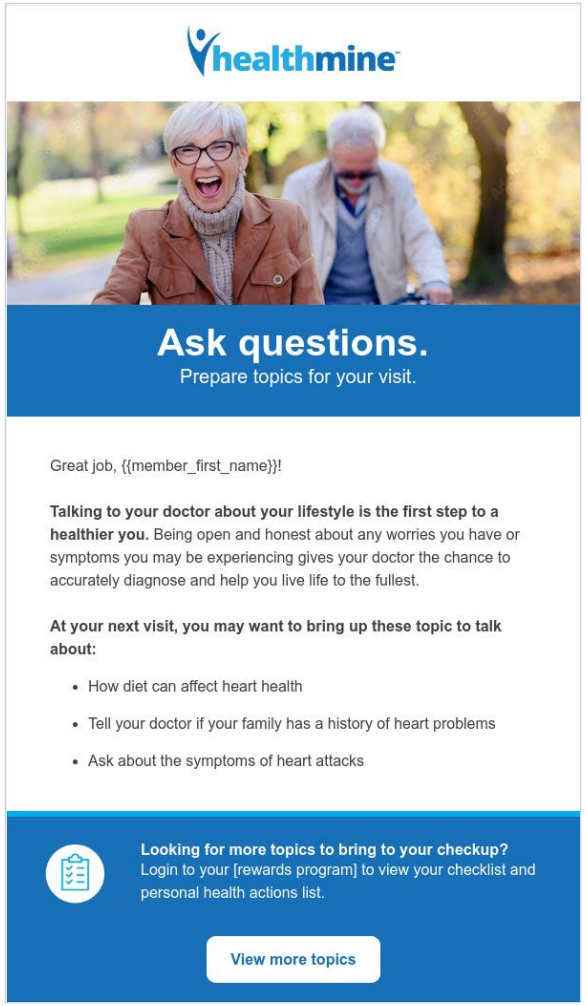
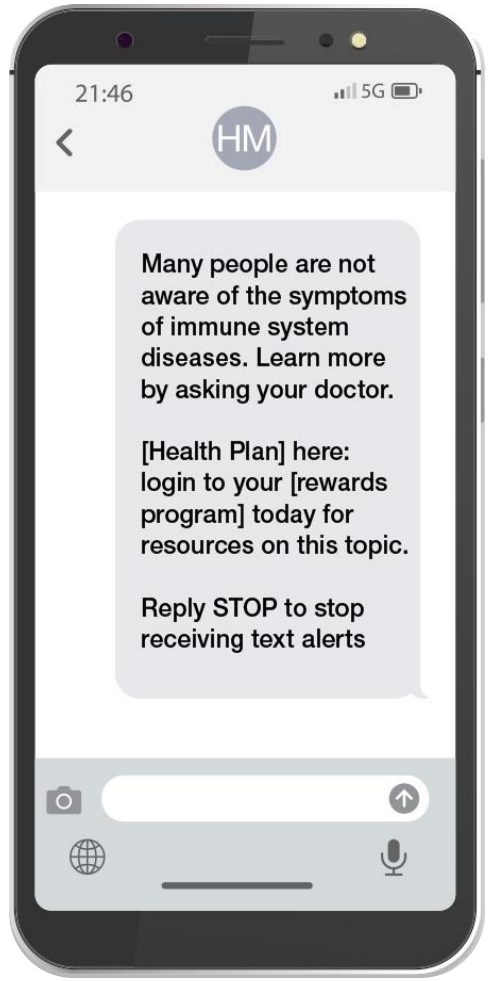
Examples of channel communications





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