Risk Adjustment

Fall Gather & Grow Conference
October 1, 2025

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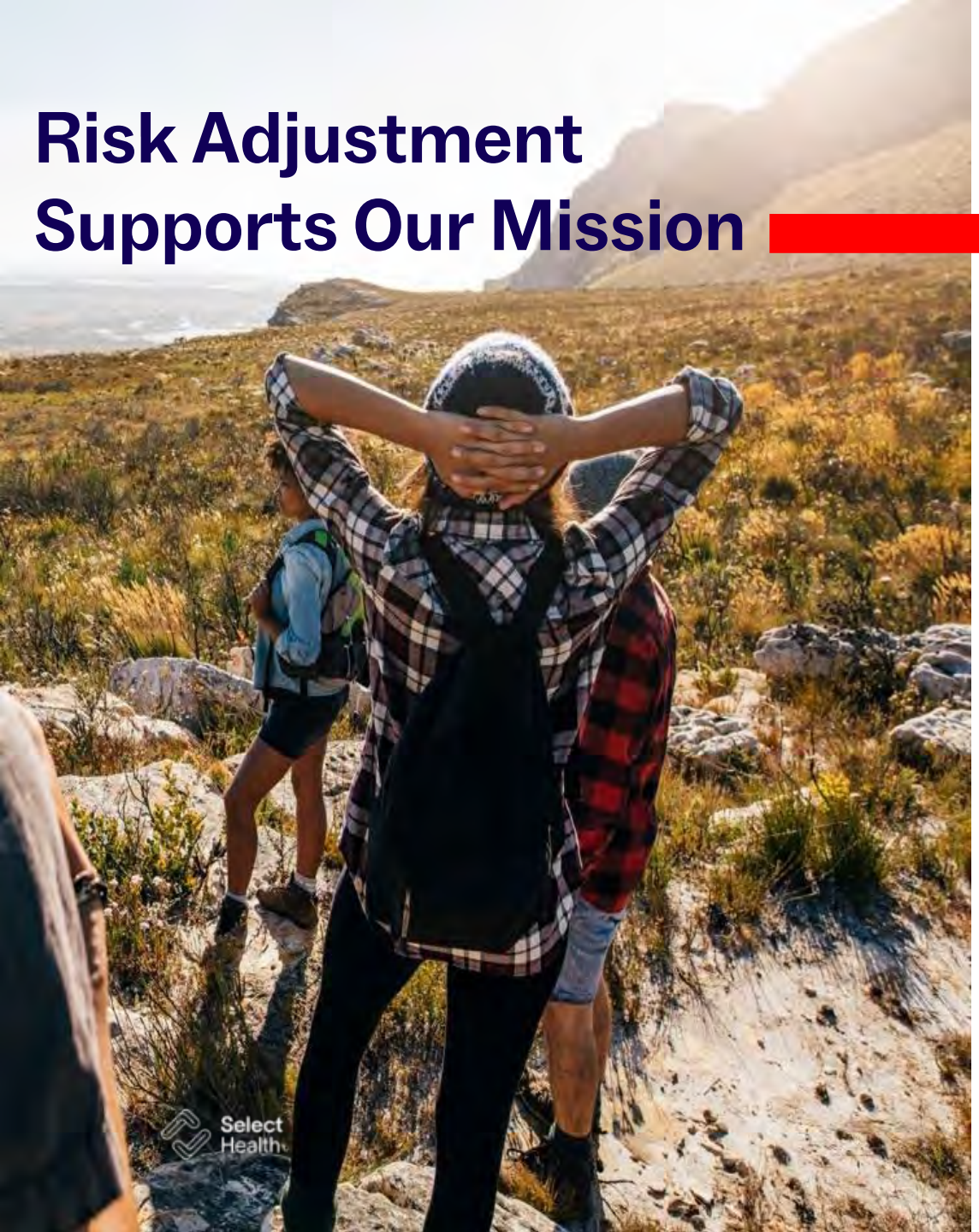
Director, Risk Adjustment

Select Health

Why Risk Adjustment?



Risk Adjustment Supports Our Mission

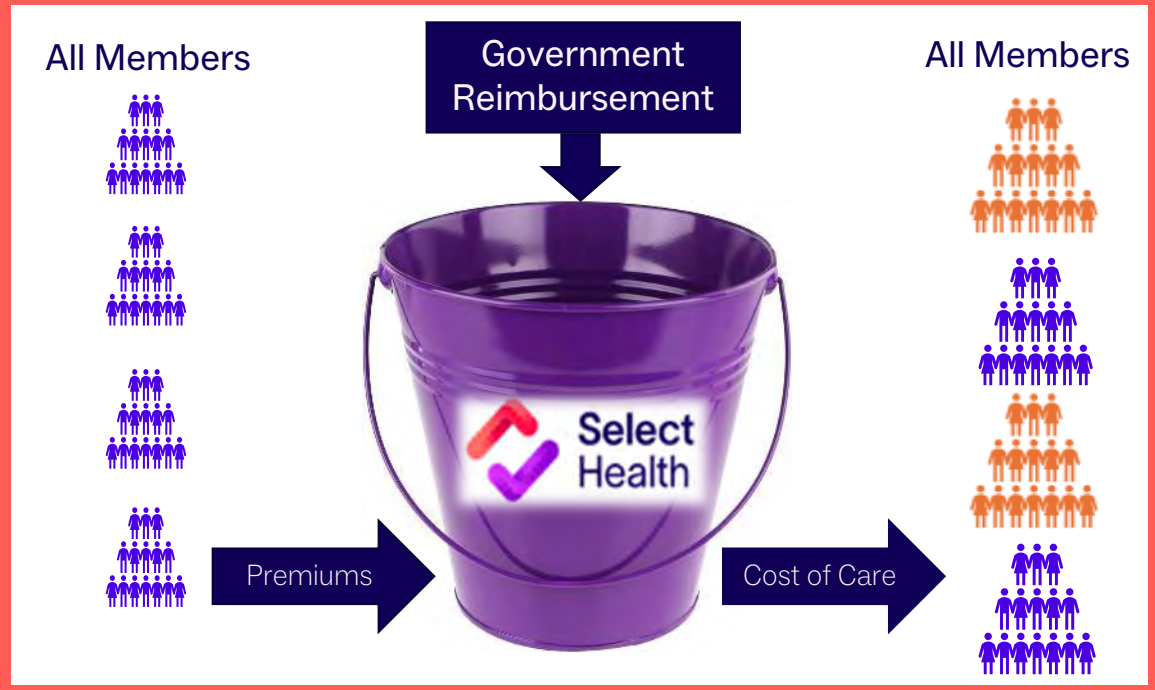
Helping People Live The Healthiest Lives Possible

1. Quality of Care
2. Benefits Creation
3. Accurate Public Health Data
4. Market Stabilization

Why Risk Adjustment?

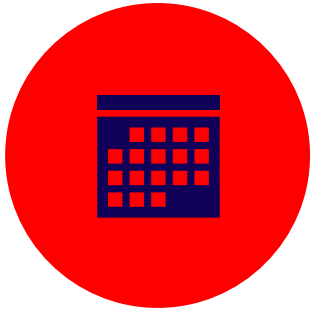
Pre-Risk Adjustment: Member premiums were used to pay for the high-cost members. You could be denied coverage due to pre-existing conditions because premium dollars failed to cover all members' cost of care.

Post-Risk Adjustment: Member premiums reflect differences in scope of coverage and other plan factors instead of differences in members' health status.



Basic Requirements

Risk Adjustment Basic Requirements



All active conditions should be coded **each year.**

Members must be seen in a face-to-face visit by an approved provider (MD, DO, NP, PA).

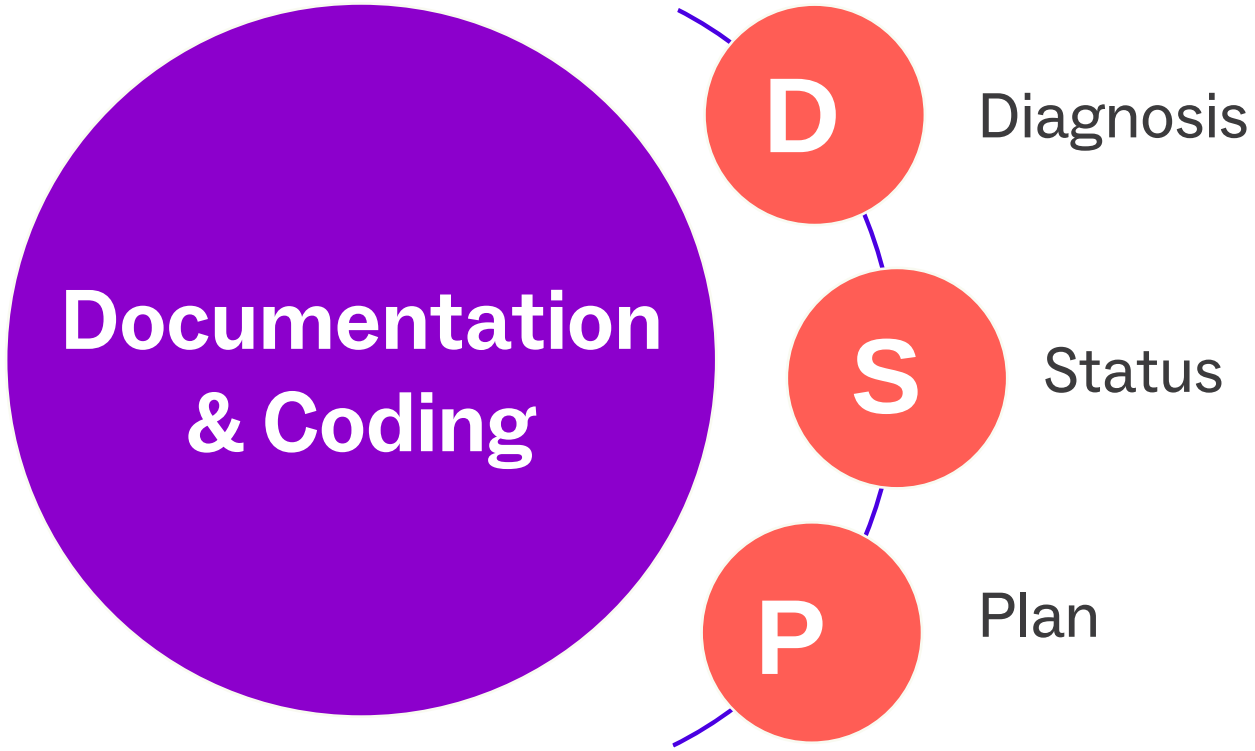
Document and code medical records accurately and completely.

Code to the highest applicable degree of specificity.

Official Coding Guidelines

Code **all documented conditions that coexist** at the time of the encounter/visit **and affect patient care** treatment or management.

Do **NOT** code conditions that were previously treated and no longer exist.



Select Health & Risk Adjustment

Select Health's Proactive Approach

- QPP+ Program
- Data Analytics for Identifying High-Risk Members
- Secondwave Implementation (UT only)
- Provider Engagement Tools
- Member Engagement
- In-Home Visits

Risk Adjustment Strategic Partners

Risk Adjustment Strategic Partners act as a bridge between Select Health and our contracted providers by:

- Overseeing and reporting on key initiatives
- Using data tools & vendors
- Identifying care gaps and high-risk populations
- Analyzing health trends
- Developing and implementing risk adjustment strategies

Quality Provider Performance Plus (QPP+)

QPP+ Program Overview

Requirements

- Contracting with a Select Health network and seeing Select Health members
- Completing RA 101 training each year
- Providing medical records
- Attending strategy meetings
- Providing ASM file
- Keeping provider roster up to date

Key Performance Indicators

2025 Rewards: Chronic Disease Management

- Historic and new chronic condition assessment
- ≥ 75% chronic condition assessment rate
- $100 per category*
- $50 bonus per member once threshold met (depending on quality coding review)*

*Terms and Conditions apply

Chronic Disease Management Report

Data Updated 6/30/2024

2024 Chronic Condition Assessment Report Internal

Demographics and Current Trending RAF

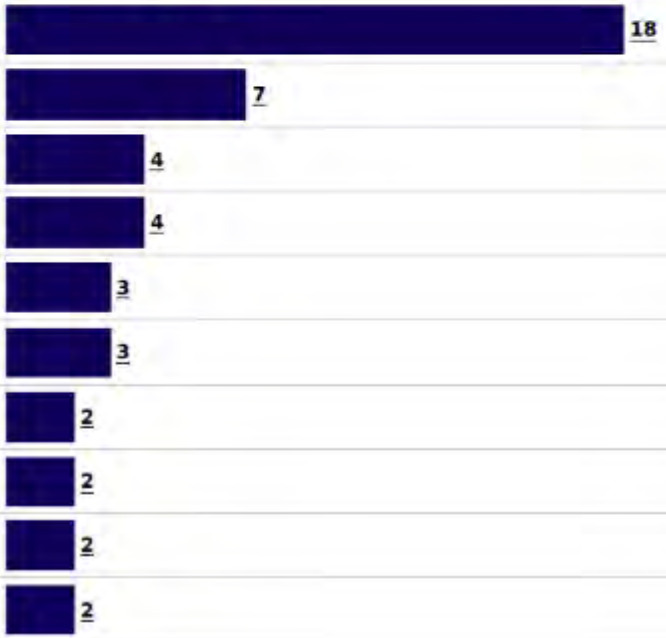
Total Membership	415	
Gender Distribution	M 41.4%	
	F 58.6%	
Average Age	38	
Members w Completed AWV/Preventative Visit	126	30.4%
Current Assessment / Verification Rate		49.3%
Assessed HCCs per Member		0.42
Current Trending RAF		1.085

Demographic
Interaction
New Condition
Persistent
RX

High Risk Member Engagement Opportunity

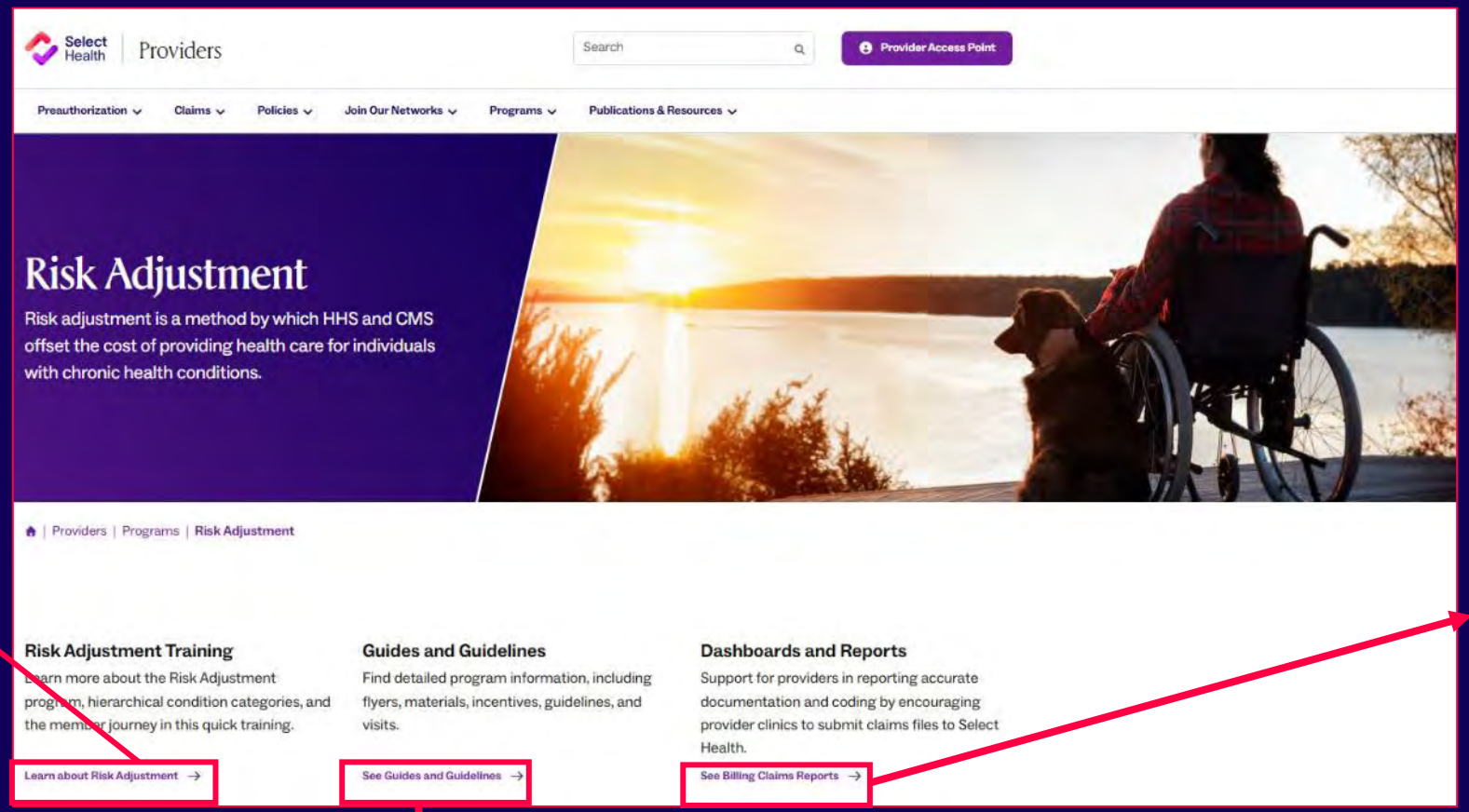
Highest Opportunity Membership	38

Suspected Conditions Top 10



Select Health's Risk Adjustment Online Resources

- Learn what risk adjustment is and how it is calculated.
- Download training on the program, hierarchical condition categories, and the member journey.



- Access Billing Claims reports.
- Get answers to frequently asked questions.

- Access the Quality Provider Program materials.
- Learn about the Chronic Condition Incentive program.
- Get specific coding guidelines.
- Discover the House Calls program for Medicare members.
- Tap into Referwell Provider Scheduling to help members in need connect with in-network providers.

2026 QPP+ Updates: CME Credit for Risk Adjustment Educational Webinars