

**MA Plans HCC Blended Model Continued For  
Premium Year 2015 – (2014 Dates of Service)**

- Highlights
- 67/33 blended risk score
- Example of blended risk score
- Next steps
- Questions

- Medicare Enrollee Prospective Health Risk Assessment-CMS is delaying the collection of flags & potential provider follow-up until calendar year 2015. This is expected to be addressed in the 2016 Advance Notice.
- Clinically Revised CMS-HCC Model- Model 12 currently has 70 HCCs. Model 22 has 79 HCCs. There is no change from PY2014.
- CMS will blend 67% of the 2013 model risk score with 33% of the 2014 model risk score. There is still uncertainty when Model 22 will be completely phased in.

# Highlights Continued

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- The Coding Intensity Adjustment for Payment Year 2014 is 4.91%. The PY2015 Coding Intensity Adjustment has increased to 5.16%.
- Normalization Factor- Because CMS will continue to blend the Model Risk Scores, 67% from Model 12 and 33% from Model 22, there will be 2 Normalization Factors being combined in Payment Year 2015.

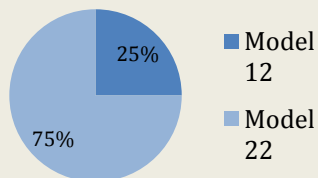
Factor	Current	New	Impact
MA Coding Adjustment	-4.91%	-5.16%	No change: Negative
Normalization 2013 (Model 12)	-1.041	-0.992	Change: Still Positive
2014 (Model 22)	-1.026	-0.978	Change: Still Positive
ESRD Dialysis	1.039	1.001	Change: Still Positive
Functioning Graft	1.085	1.028	Change: Still Positive

# 67/33 Blended Risk Score

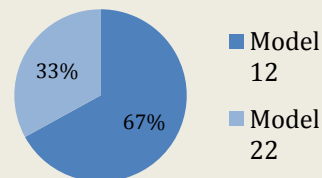
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- In an effort to “Ease the Pain” faced by MA plans with the new HCC Model 22, CMS blended the risk scores for Payment Year 2014. They used 25% from Model 12 and 75% from Model 22.
- For Payment Year 2015 CMS will continue to use the blended model. A member’s risk score will be calculated two ways, using both PY2013 Model 12 and by using PY2014 Model 22 each appropriately normalized.
- The normalized risk scores will then be blended using 67% of PY2013 Model 12 risk score and 33% of PY2014 Model 22 risk score. In the next 2 slides you will see an actual example of this blended model.

**PY2014**



**PY2015**



**CMS has not announced when the new Model 22 will be fully phased-in.**

# Example of Blended Risk Score

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ICD-9 codes that map to an HCC accepted by CMS in 2014		Model 12 Factor Code	Model 22 Factor Code
Diabetes II w/o complications	25000	19	19
Diabetes w/ neurological manifestations	25060	16	18
Major depressive disorder, single episode	29620	55	58
Polyneuropathy in diabetes	3572	71	
Diabetic Retinopathy	36201		18
Peripheral vascular disease, unspecified	4439	105	108

# Example of Blended Risk Score-Continued

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Model 12 Factor Type	Model 12 Factor Code	Model 12 HCC Description	Model 12 Weight	Model 22 Factor Type	Model 22 Factor Code	Model 22 HCC Description	Model 22 Weight
HCC	16	Diabetes with Neurologic or Other Specified Manifestation	0.371	HCC	18	Diabetes with Chronic Complications	0.368
HCC	55	Major Depressive, Bipolar, and Paranoid Disorders	0.36	HCC	58	Major Depressive, Bipolar, and Paranoid Disorders	0.33
HCC	71	Polyneuropathy	0.321				
HCC	105	Vascular Disease	0.302	HCC	108	Vascular Disease	0.299
		<b>Total</b>	<b>1.354</b>			<b>Total</b>	<b>0.997</b>
		Normalization Factor	.992			Normalization Factor	.978
		<b>Normalized Risk Score</b>	<b>1.365</b>			<b>Normalized Risk Score</b>	<b>1.019</b>
		67% of Normalized Risk Score	0.914			33% of Normalized Risk Score	0.336
				<b>Total 2015 HCC Based Risk Score</b>	<b>1.251</b>		

## Next Steps

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- When preparing your PY2015 Bid Rates please take the 67/33 Blended Model changes into consideration.
- When coding for 2014 encounters, if you cannot code to a higher specificity such as CKD, using Model 22, remember you will be receiving 67% of your risk scores from Model 12. Continue to code with that in mind.
- Work with your providers-MA requires all diagnoses that affect treatment in the review year be submitted once within each calendar year. (This is especially important when there is a condition that may not necessarily be treated actively, however the condition exists and does impact the treatment planning of other conditions).



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Thank you!