



Risk Adjustment Overview

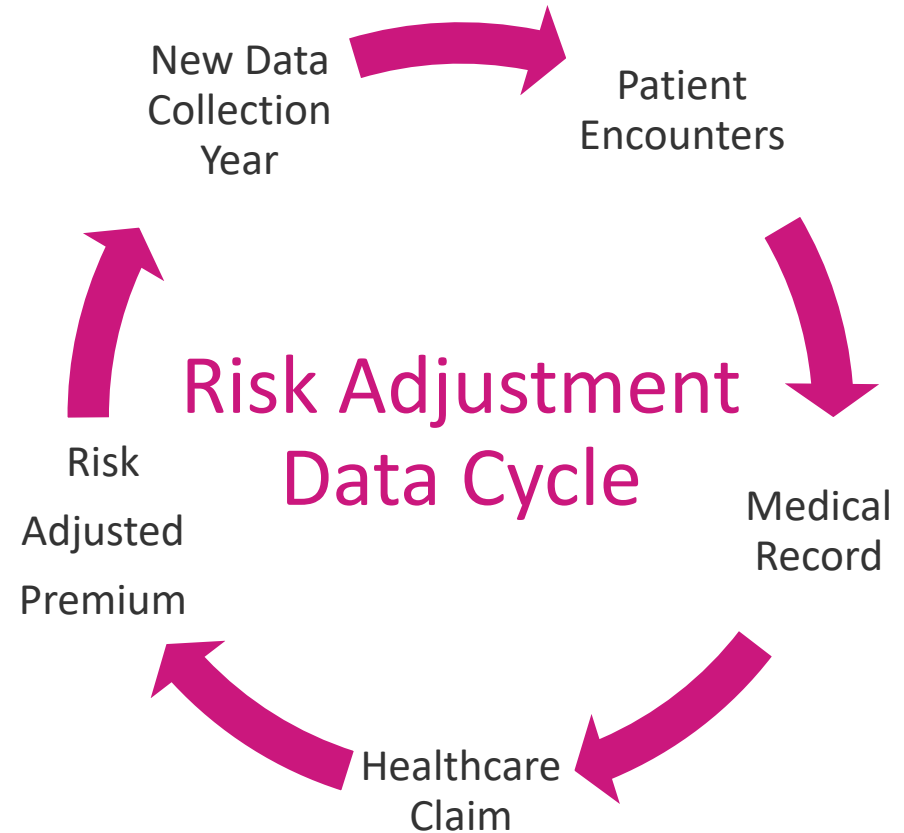
Carolina Complete Health
Risk Adjustment

Updated March 2024

Risk Adjustment in Healthcare

Risk Adjustment

- A mechanism used in health insurance to account for the overall health and expected medical costs of each individual enrolled in a health plan.
- Found in Medicare Advantage, Medicaid managed care, Marketplace, and commercial insurance.



How Does Risk Adjustment Impact Members and Providers?

- Directs resources to sicker members whose care is more costly.
 - Risk adjustment is critical to ensure members have access to adequate resources and quality care
 - Members with multiple conditions will cost more to manage than the member with fewer medical problems
 - It is important that clinicians document clinical diagnoses accurately to ensure that members receive the appropriate care management for ALL their conditions
 - Accurately identifying illness is key to a comprehensive approach to medical care.
 - Our mission is to encourage early identification of illness, coordinate proper care and improve health outcomes

How Does Risk Adjustment Impact Members and Providers?

- Encourages physicians to accurately document their patients' conditions.
 - We offer education and feedback for documentation and coding improvement
- Helps to identify gaps in clinical documentation.
 - We partner with our provider entities to collaborate on risk adjustment related initiatives (i.e., chart review for missed diagnosis with documentation support, provider incentive programs for member assessment in-office visits and In-Home Assessments at no cost to the member).
- Creates opportunity for those high-risk individuals to be identified for care management or disease intervention programs.

Thank You

- To learn more about Carolina Complete Health's Risk Adjustment program or need assistance with your Risk Adjustment questions, please contact your [Provider Engagement Administrator](#).
- Thank you for your partnership and participation.