HCC Coding Impact

Not Recaptured, V28, Suspect and more (20 minutes)

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Agenda

HCC Coding

Challenges in HCC Coding

HCC Coding Strategy & Solution

What is HCC Coding?

HCC Coding is the capturing/coding and documentation in the medical record of HCC ICD10 diagnosis codes each calendar year.

HCC ICD10 diagnosis codes are used to calculate how sick or costly a patient is now or will be in the future using their numerical value.

Each HCC Diagnosis has a Numerical Value

Problem List Modified 03/26/18

Display: Active

- All Statuses
- ✓ Active
- Inactive
- Resolved

Status	Problem	Problem Note	
Active	Asthmatic bronchitis	breathing trouble	
Active	Decreased hearing	hearing loss since last year	
Active	Eczema	rough red skin on left leg	03/14/09
Active	Migraine aura without headache	onset evenings before dinner.	07/23/14

HCC Diagnosis Code Values

Patient #1

- **Dual Eligible:** Other Dual Eligibles (Non-QMB, SLMB, QWDI, or QI) w/Medicaid coverage including RX
- **Medicare Status Code:** Aged without ESRD
- **HCC159 Value =** 0.863

Benchmark (Spend Allowance) Value = $8,976.93

Patient #2

- **Dual Eligible:** Non-Medicaid
- **Medicare Status Code:** Disabled without ESRD
- **HCC111 Value =** 0.246

Benchmark (Spend Allowance) Value = $2,558.89

How are HCC Risk Scores Calculated?

Enrollment Type, Age, Gender

Patient Demographics Score

+

Coded in Calendar Year

Total Value of HCC Diagnosis Codes

→

HCC Risk Score

Why Do HCC Risk Scores Matter?

The HCC Risk Score is a determination of how sick or costly an individual patient is during the calendar year.

The HCC Risk Score is used to calculate the financial benchmark or spend allocation for a patient, clinic, or organization.

Impact of HCC Coding to HCC Benchmark – Example (Decreased Score)

Most commonly, HCC categories are not captured, resulting in decreases to the HCC score:

Risk Adjustment Factor	RAF Score	Expected Annual Expenditure
Base HCC Score (Male/76/DM/Morbid Obesity/CHF/Amputation)	1.973	$20,523
NOT CODED- HCC 189 (Amputation Status, Lower Limb)	0.588	$6,116
NOT CODED-HCC 22 (Morbid Obesity)	0.273	$2,839
HCC Benchmark (With Removed HCCs)	***1.112***	***$11,567***

Based on 2017 Coefficients for a Community Non-Dual Aged Beneficiary

Impact of HCC Coding to HCC Benchmark – Example (Increased Score)

Ensuring HCC codes are captured, results in adjustment to expected levels of spend per patient:

Risk Adjustment Factor	RAF Score	Expected Annual Expenditure
Base HCC Score (Male/76/DM/Morbid Obesity)	1.062	$11,046
CODED HCC 86 (Acute myocardial Infarction)	0.233	$2,423
CODED HCC 111 (Chronic Obstructive Pulmonary Disease)	0.328	$3,411
CODED HCC 137 (Chronic Kidney Disease, Severe Stage 4)	0.237	$2,465
HCC Benchmark (With Added HCCs)	***1.86***	***$19,347***

Based on 2017 Coefficients for a Community Non-Dual Aged Beneficiary

CMS HCC Diagnosis Model Package

CMS HCC Diagnosis Model Package

- CMS HCC calculation packages released annually
- A different package year may be selected other than the current year. Such as 2020 coefficients are in effect for 2022
- HCC category may have its value decreased or increased
- HCC category may be removed

Challenges in HCC Coding

Failure to recapture recurring chronic HCC diagnoses in each calendar year (Benchmark Leakage)

Failure to capture suspect or rule out diagnosis codes (Lab, DME)

V28 impact (removal of over 2,000 HCC Diagnosis Codes 2024)

Failure to conduct annual wellness visits

Recapture Rate or Benchmark Leakage

Benchmark leakage is the loss in benchmark caused by not capturing a diagnosis in the performance year that existed in your benchmark years. 7 out of 8 ACOs experience benchmark leakage.

DIABETES DIAGNOSIS IN BENCHMARK YEAR

DIABETES DIAGNOSIS NOT IN PERFORMANCE YEAR

Diabetes Not Recoded

- Reasons for NOT coding diabetes diagnosis each year:
  - No encounter during the performance year so diagnosis not coded
  - Only one non-wellness visit encounter during the performance year results in diagnosis not being coded as focus is on the primary reason for the visit such as pain.
  - Annual wellness visit encounter is significantly correlated to increased HCC diagnosis recapture rate.

Importance of Annual Wellness Visit

- Best indicator of benchmark/risk score success is rate of AWV

Patient has annual wellness visit	Patient DOES NOT have annual wellness visit
85% of diagnoses coded	40% of diagnoses coded

- Good revenue for provider and patient
  - No copay for patient
  - Ability to add Advance Directives reimbursement to AWV visit to increase the compensation on average by $80 per encounter
  - Maintain a stable risk score/financial benchmark for the patient

V28 Model Changes – Adopted in 2024

Removal of 2,294 diagnosis codes that no longer map to a payment HCC

Addition of 268 codes that did not map to a payment HCC

Changes to HCC coefficient values

Description	2020 CMS-HCC Model Category (V24)	2024 Proposed CMS-HCC Model Category (V28)	2020 CMS-HCC Model Category (V24) for 2024 Payment Year	2024 Proposed CMS-HCC Mode Category (V28) for 2024 Payment Year
Mucopurulent chronic bronchitis	111	280	Yes	Yes
Mixed simple and mucopurulent chronic bronchitis	111	280	Yes	Yes
Unspecified chronic bronchitis	111	280	Yes	Yes
Unilateral pulmonary emphysema [MacLeod's syndrome]	111	280	Yes	Yes
Panlobular emphysema	111	280	Yes	Yes
Centrilobular emphysema	111	280	Yes	Yes
Other emphysema	111	280	Yes	Yes
Emphysema, unspecified	111	280	Yes	Yes
Chronic obstructive pulmonary disease with (acute) lower respiratory infection	111	280	Yes	Yes
Chronic obstructive pulmonary disease with (acute) exacerbation	111	280	Yes	Yes
Chronic obstructive pulmonary disease, unspecified	111	280	Yes	Yes

111 HCC Category mapped to 280 in V28 HCC Model

280 Chronic Obstructive Pulmonary Disease, Interstitial Lung Disorders, and Other Chronic Lung Disorders

Weight for community, non-dual, aged is **0.319** which is a value of **$3,318.34**

- **HCC111 Value =** 0.246
- Per Patient Benchmark Value = $2,558.89

Sampling of Removed HCC Value Impact

HCC115 Pneumococcal Pneumonia, Empyema, Lung Abscess $1,352.30

HCC48 Coagulation Defects and Other Specified Hematological Disorders $1,997.24

HCC112 Fibrosis of Lung and Other Chronic Lung Disorders $2,278.11

Suspect or Rule Out

Lab

Durable Medical Equipment

HCC Coding Strategy & Solution

Visuals: Monthly tracking of HCC Diagnosis Recapture Rate with goal of 85% by end of year.

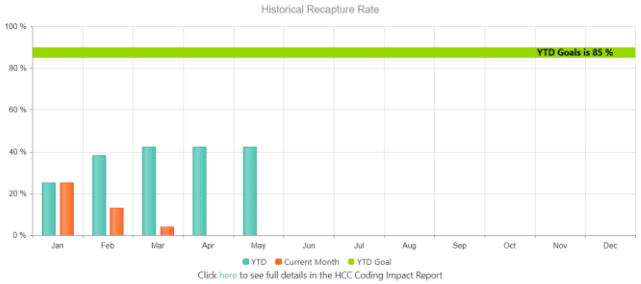
HCC Coding Impact Report: Recapture Rate, Benchmark Leakage, V28, and Suspect or Rule Out Diagnoses.

EHR Workflow Solution: Implement HCC Diagnosis recapture and V28 alerts at the point of care with values clearly displayed.

Strategy & Solution

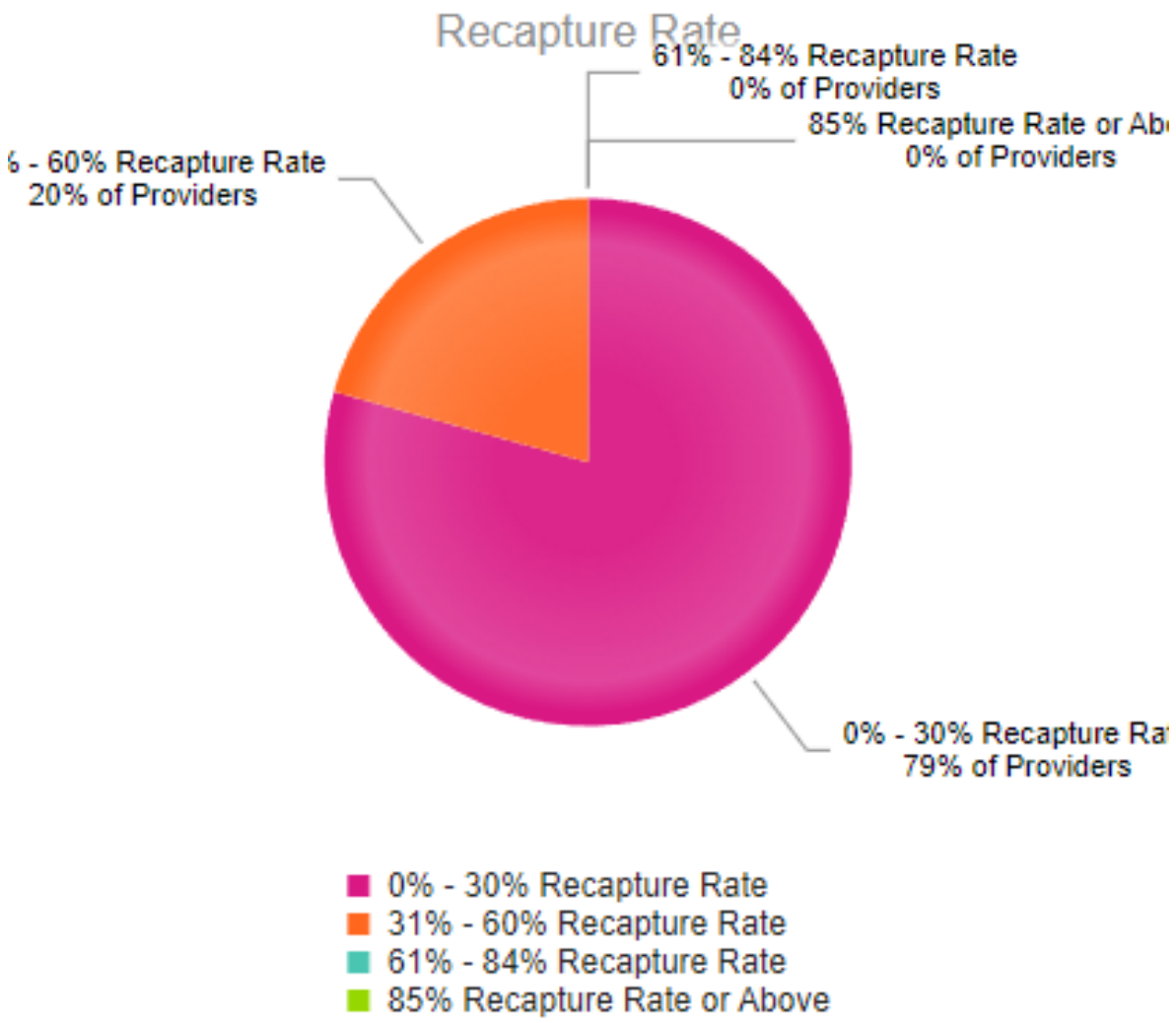
EHR Alerts

Visuals Track Progress



Aggregate Reports

HCC Diagnosis Recapture Rate Goal 85%



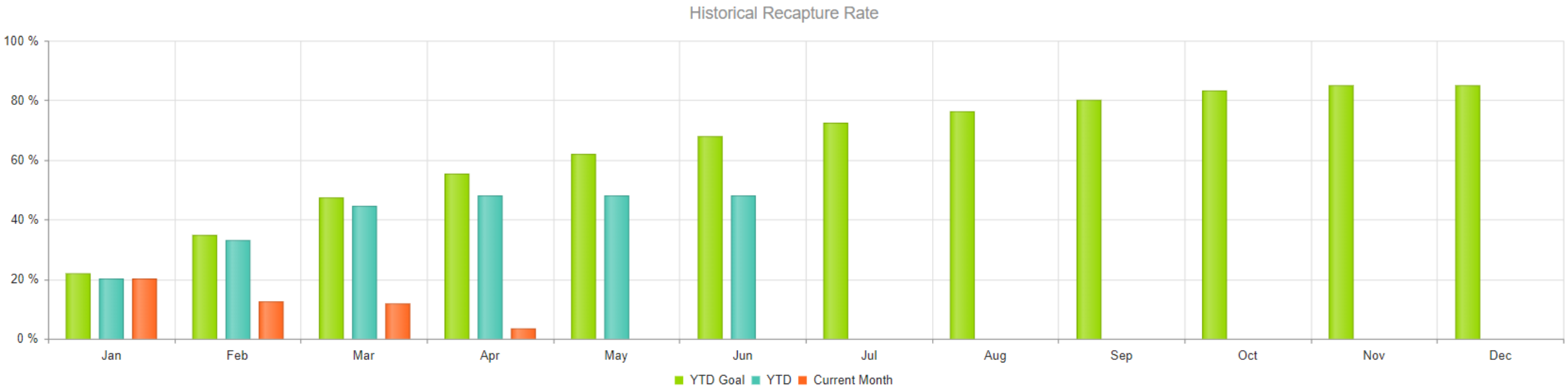
Recapture Rate Best Practices

Monitor each provider's recapture rate monthly. The goal by October should be to obtain a recapture rate of 85% (85% of HCC diagnoses re-coded from the prior year). Use Analytics Dashboard to determine each provider's recapture rate. Goal dates are indicated below:

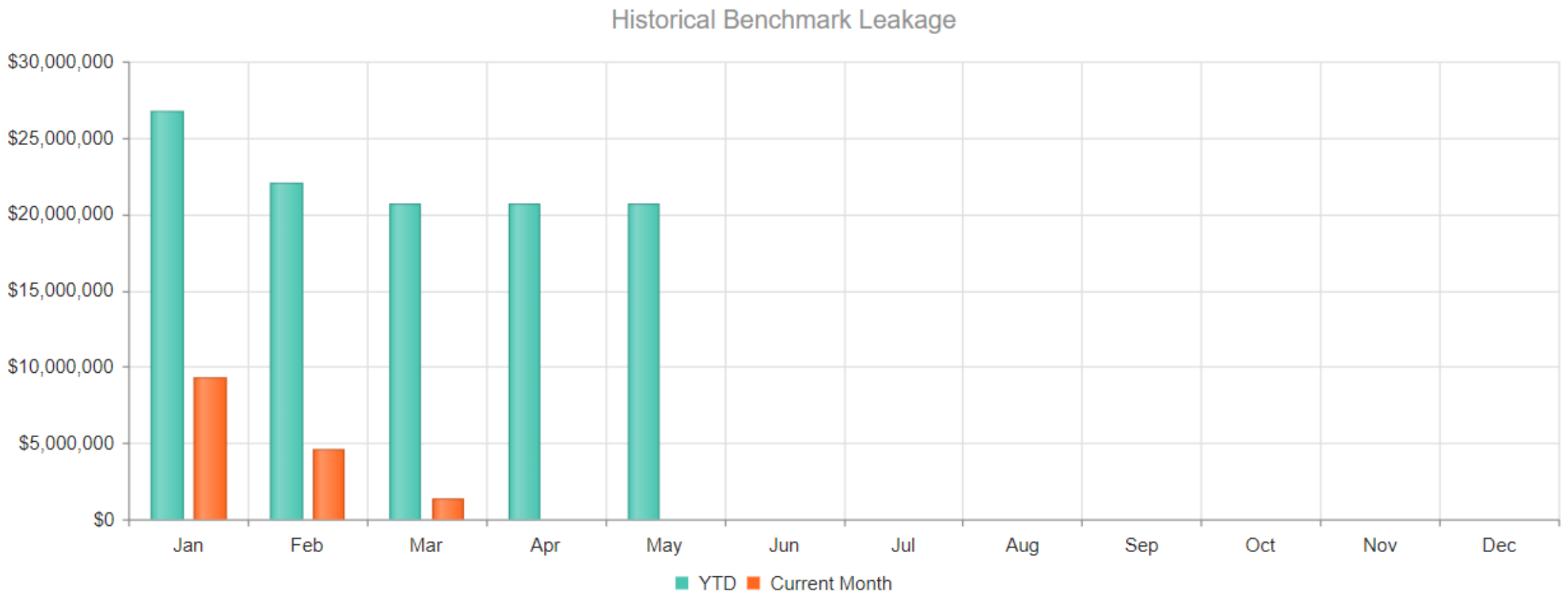
April 30% Recapture Rate

July 60% Recapture Rate

October 85% Recapture Rate



Click here to see full details in the HCC Coding Impact Report



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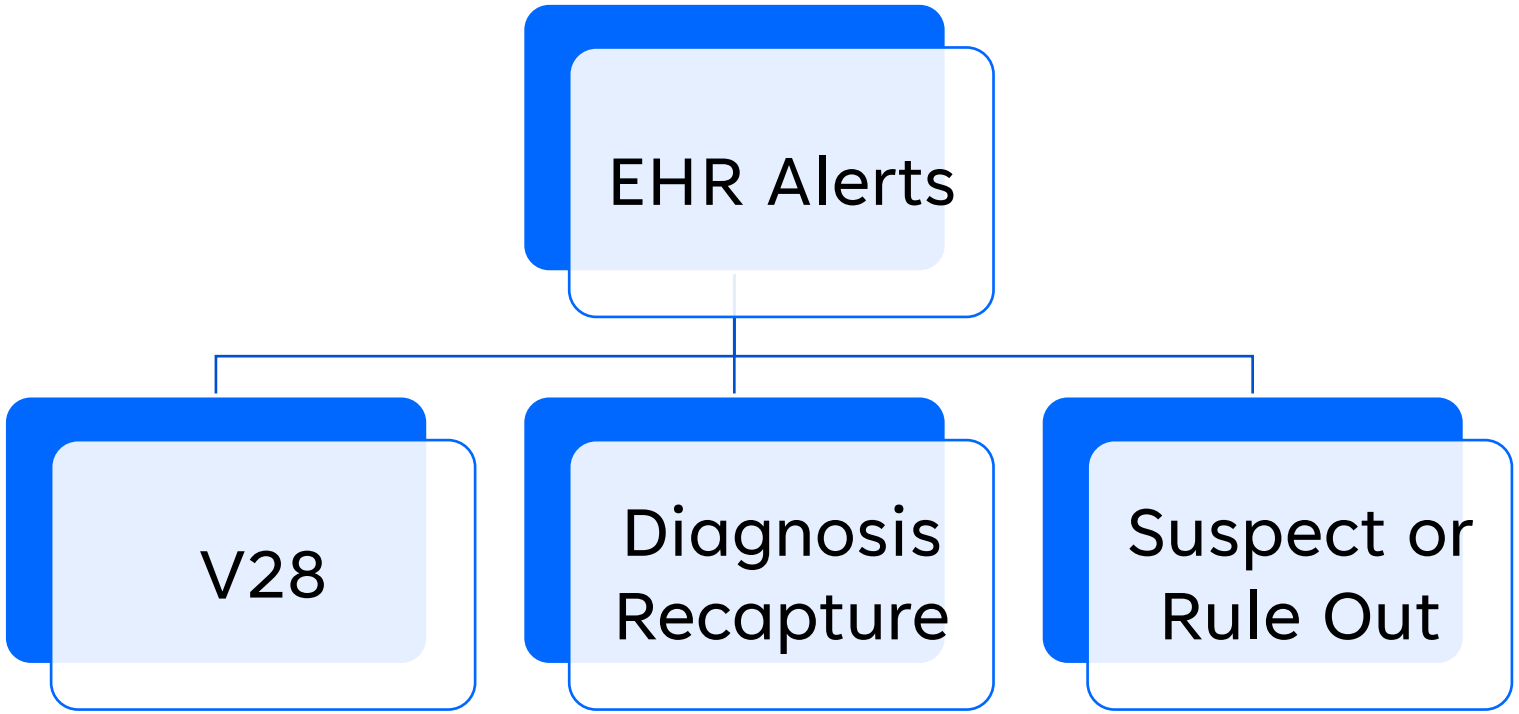
Biggest Impact to Improving HCC Coding EHR Alerts 💥

EHR Alerts



Diagnosis Recapture Alert

Sally Smart **DOB: 11/15/1972** **AGE: 51**

ICD-10 Code	Description
I495	Sick sinus syndrome

HCC96 Specified Heart Arrhythmias HCC Value $2,454.15

Dismiss Take Action

V28 Alert

Sally Smart **DOB: 11/15/1972** **AGE: 51**

ICD-10 Code	Description
D559	Anemia due to enzyme disorder, unspecified

V28 Retired Value $1,997.24

HCC48 Coagulation Defects and Other Specified Hematological Disorders

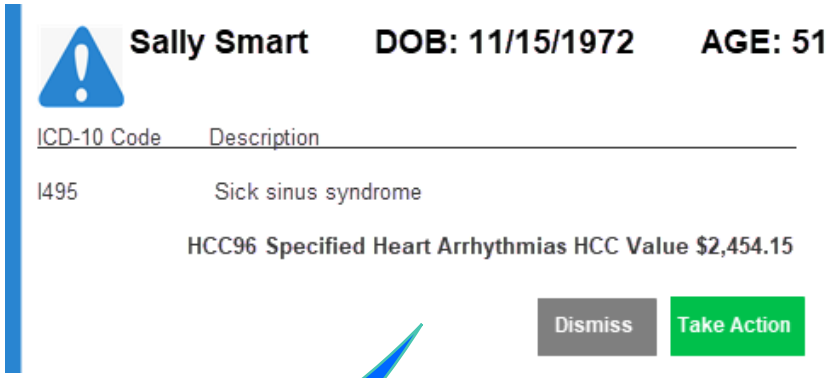
Dismiss | Take Action

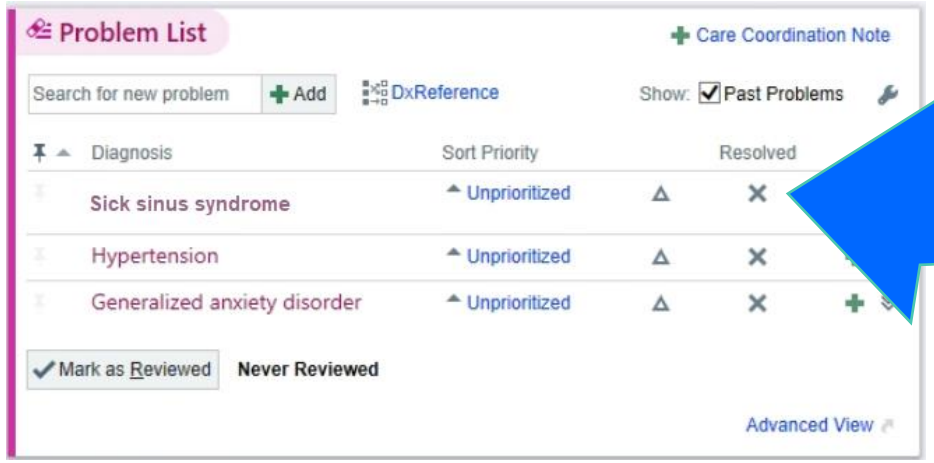
CDS Hook + Smart on FHIR (Read/Write) (HCC Value Example)

Provider team searches in **EHR** for patient

MATCH to patient occurs using SMART on FHIR which triggers the CDS Hook

CDS Hook pops up a card in the EHR workflow





If confirmed, the diagnosis is added to the EHR problem list

EHR API Read Only Capabilities (HCC Value Example)

Provider team searches in **EHR** for patient

MATCH to patient occurs using EHR API

Tab in EHR displays the actionable data

SALLY SMART

Quick Learn

DOB: 11-15-1972 **Gender:** F **HICN:** 991053854X **MBI:** **Deceased:** NO

Benchmark Leakage: Confirm or Dismiss the Diagnoses Below:

ICD-10 Code	Description	
I495	Sick sinus syndrome	
	HCC96 Specified Heart Arrhythmias Value	**$2,454.15**
F0150	Vascular dementia, unsp severity, without beh/psych/mood/anx	
F0280	Dem in oth dis classd elswhr,unsp sev,w/o beh/psych/mood/anx	
F0390	Unsp dementia, unsp severity, without beh/psych/mood/anx	
G309	Alzheimer's disease, unspecified	
G301	Alzheimer's disease with late onset	
	HCC52 Dementia Without Complications Value	**$2,098.21**
E1151	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	
I7389	Other specified peripheral vascular diseases	
I739	Peripheral vascular disease, unspecified	
	HCC108 Vascular Disease Value	**$2,819.47**

Value-Based Care Goals

EHR Alerts

Value-Based Care Goal	Value-Based Care EHR Alert

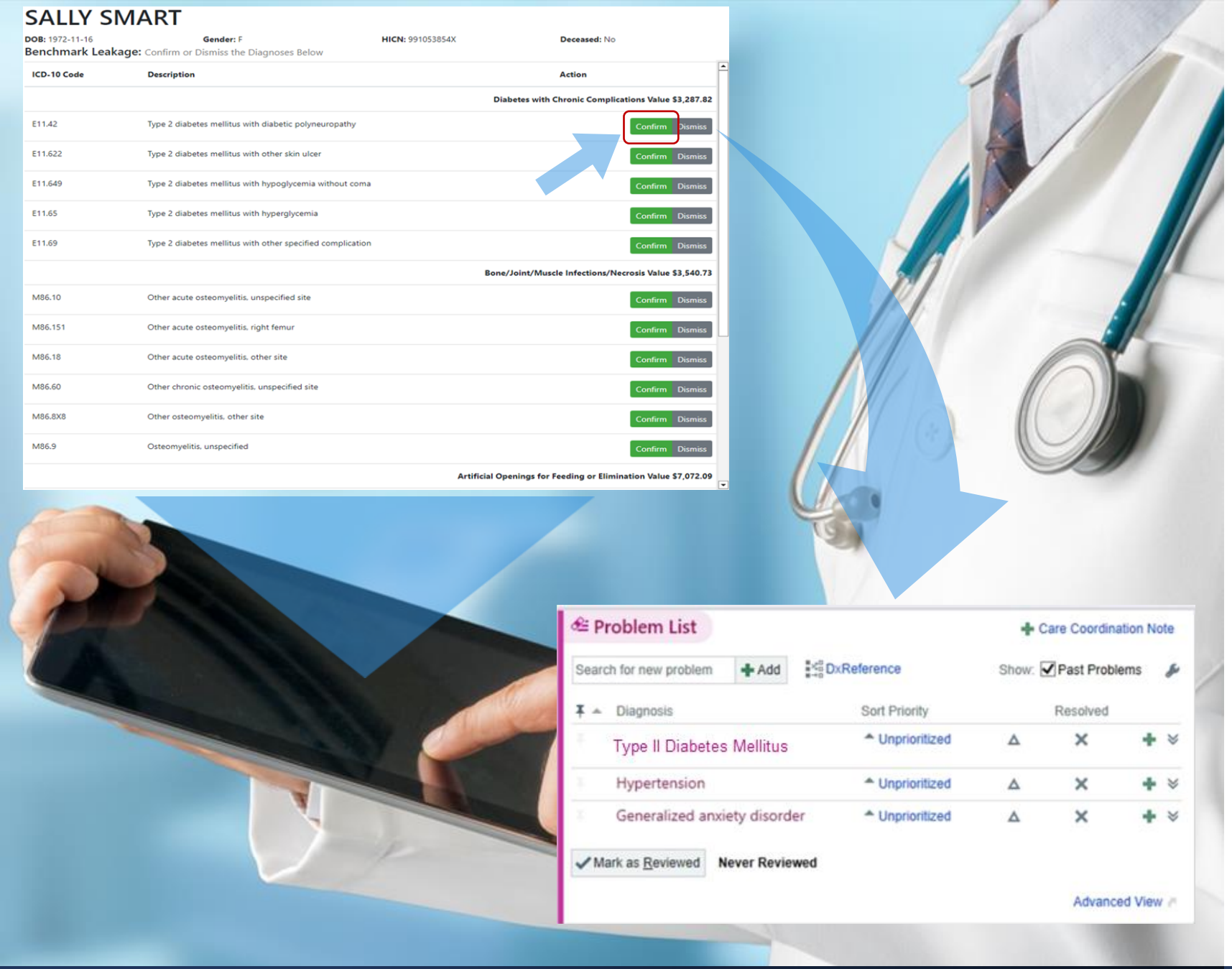
HCC Coding Impact	• HCC Diagnosis Value (V28)
	  • Diagnosis Retired (Loss of HCC Value)
	  • Reduction in HCC Value
	• Not Recaptured in Current Year
	• Suspect (Lab)

Medication Maintenance	Prescriptions Not Picked Up Prescription No Diagnosis
Reduce Costs	Avoidable Emergency Room Visits Palliative Care Assessment
Address Health Equity	Address Social Determinants of Health (SDOH)
Spend Below Benchmark	Percent of Benchmark Used
Care Coordination	Redirect Patients going Out-of-Network

How do EHR Alerts Work?

The solution capabilities are determined by your EHR service provider. Two solutions in one workflow.

1. **vPOP card** (CDS Hook) is an EHR Alert. Upon opening a patient chart, the alert will “pop-up” to notify your clinical team when a data point needs attention or **action**.



How do EHR Alerts work?

The solution capabilities are determined by your EHR service provider. Two solutions in one workflow.

2. **vPOP Tab** will display all the data points (configured by you upon sign on) that the patient qualifies for that requires attention or **action**.

   Confirm your data point to push it to the patients EHR chart.

EHR Capabilities

CDS Hooks | SMART on FHIR | Application Program Interface (API)

CDS Hooks (HL7) Card (pop up) in EHR Workflow	EHR API Tab on Patient Chart in EHR	SMART on FHIR
Decision support in the form of cards may display as part of the provider workflow. Cards may be informational or allow the user to accept or reject the prompted action. Cards or CDS Hooks may be customizable if installed as distinct products or the practice is identifiable by an id number. An event, such as the loading of a patient's chart triggers the CDS service logic to serve up a card or cards in the EHR workflow with actionable information for the provider team.	Proprietary EHR Application Program Interface (API) facilitates selected data elements to render on a tab on the patient chart. If your EHR has an API then a tab on the patient chart in the EHR renders with the actionable data. Depending on the EHR API without SMART on FHIR it may have either: Read capabilities Read/Write capabilities Most EHR APIs only have the ability to read and not write. Tabs can be customized as the Practice ID of the EHR is identifiable and is passed back to Health Endeavors in the API process.	SMART on FHIR capabilities means data has read or write. capabilities SMART on FHIR defines a workflow that an application can use to securely request access to data, and then receive and use that data. Read means the ability to pull or extract EHR data or claims data and display on the card. Write means the ability to push or import EHR data from the card to the EHR or another repository.

Data Sources

CDS Hooks + SMART on FHIR Card in EHR workflow	API Tab on patient chart in the EHR
Claims Data Medicare Medicaid Medicare Advantage Commercial Self-Insured Employer TPA Clinical QRDA FHIR	Claims Data Medicare Medicaid Medicare Advantage Commercial Self-Insured Employer TPA Clinical QRDA

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