

Get the Right Benchmark

What is the benchmark?

The dollar amount of annual expected spend for a patient.

Benchmark is like a quote (estimate) of what is expected to be spent on a patient based on how sick (risk score) they are.



The Formula

HCC categories (comprised of diagnoses)
calculated with assigned values

```
graph TD; A[HCC categories (comprised of diagnoses) calculated with assigned values] --> B[Patient's demographic characteristics]; B --> C[Risk Score]; C --> D[Financial Benchmark];
```

Patient's demographic
characteristics

Risk Score

Financial Benchmark

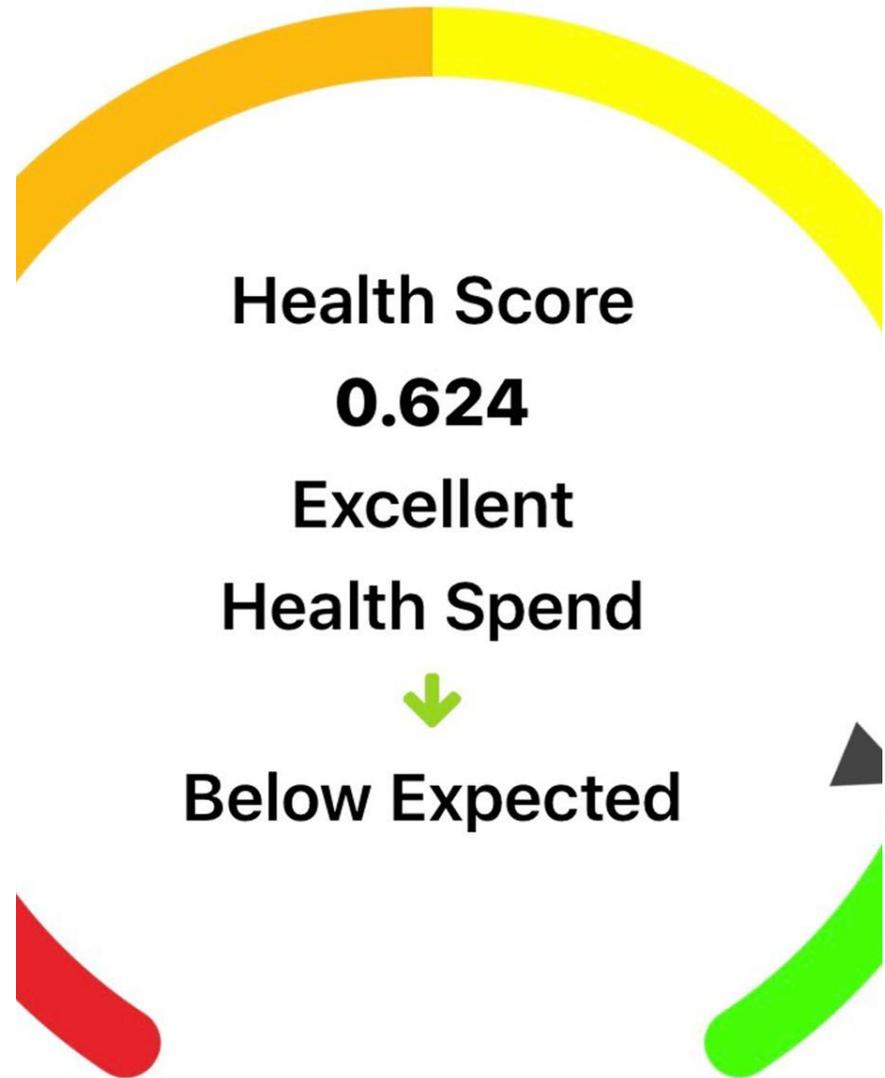
Why Risk Score Matters

Risk score is a measure of how sick and costly a patient is now or anticipated to be in the future.

Risk Score used to calculate financial benchmark for patient, provider, facility, and organization.

If Risk Score is NOT accurate then financial benchmark is NOT accurate.

Key factor in value-based programs



Every diagnosis has an estimated price tag.

2018 HCC Benchmark	2018 YTD AVG Per Patient Spend	Percent of Benchmark Used
\$13,634.68	\$15,210.93	111.56 %
\$8,118.19	\$6,843.03	84.29 %



demonstration purposes only.

Current Diagnosis List (ICD-10)

R938 Abnormal findings on diagnostic imaging of body structures

H1013 Acute atopic conjunctivitis, bilateral

H2513 Age-related nuclear cataract, bilateral

D649 Anemia, unspecified

I440 Atrioventricular block, first degree

T82510A Breakdown if surgically created AV fistula, init

Current Medication List

ATORVASTATIN CALCIUM

Auryxia

Azelastine Hydrochloride

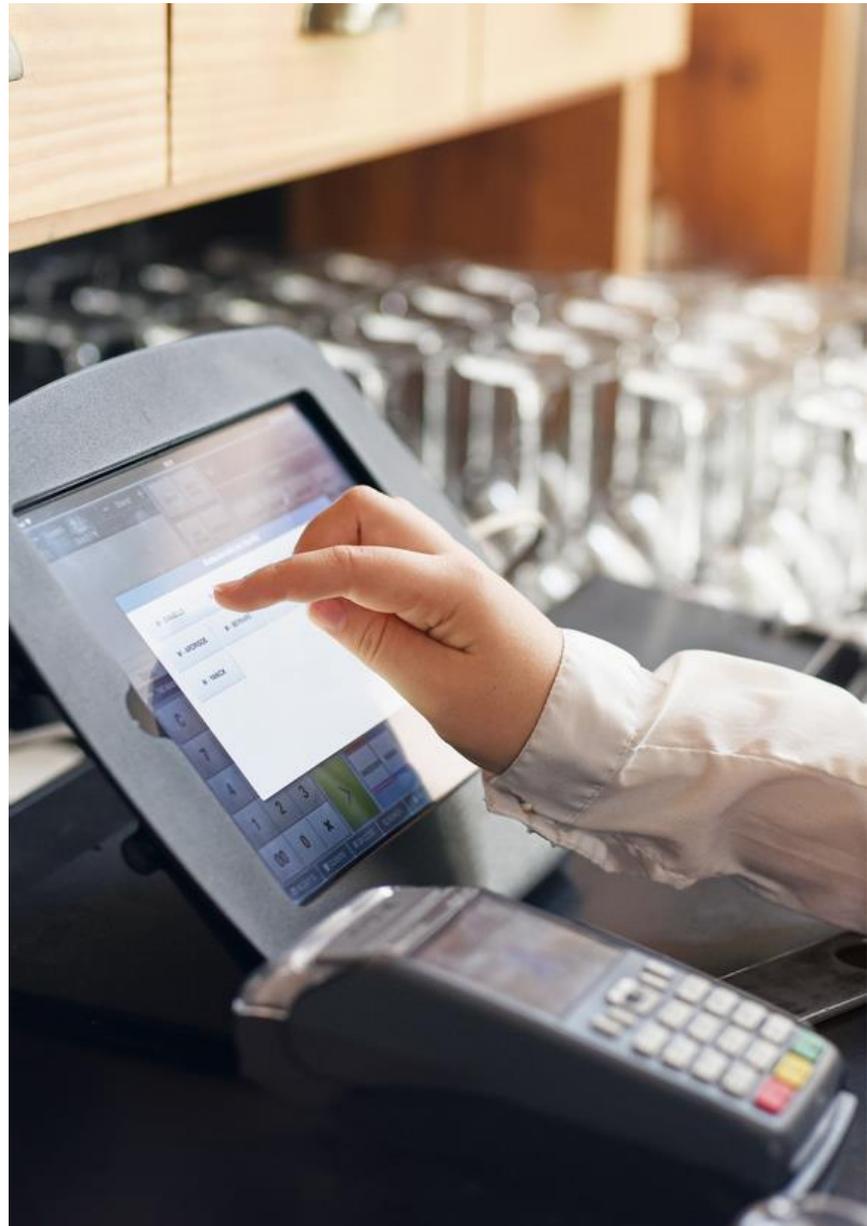
Azithromycin



Fill your cart with applicable diagnoses

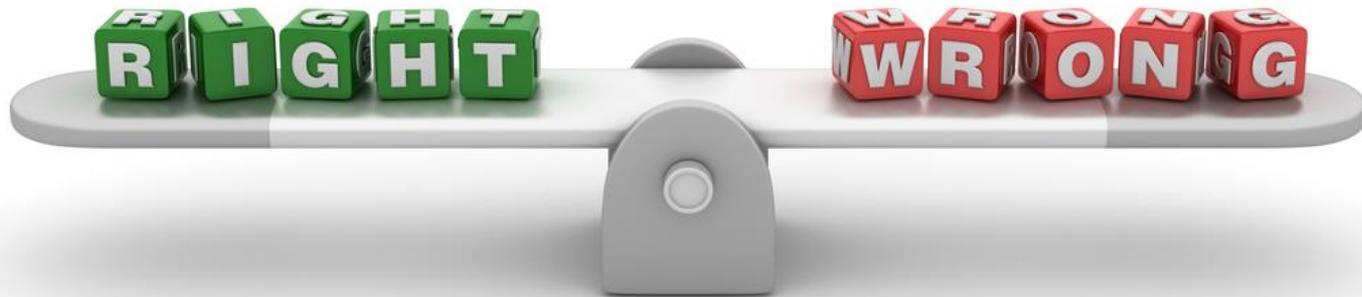
Ring up all
those
diagnoses

to calculate
risk score and
benchmark



What can make benchmark wrong?

- Risk Score is Wrong
 - Diagnoses not coded that the patient has (reduces benchmark)
 - Diagnoses coded that the patient doesn't have (increased benchmark)
 - Diagnoses not sent to payer for inclusion in benchmark calculation (reduces benchmark)
 - Diagnoses that are recurring not re-coded every 12 months. (reduces benchmark)
 - Diagnoses specificity



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

*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	\$17,856
NOT CODED- HCC 189 (Amputation Status, Lower Limb)	0.588	\$5,321
NOT CODED- HCC 22 (Morbid Obesity)	0.273	\$2,471
HCC Benchmark (With Removed HCCs)	1.112	\$10,064

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



What is in your
control?

This is NOT patient data. This is for demonstration purposes only.

Diagnoses

Since the provider team cannot influence the age and gender of the patient, the real impact that a provider team can have on risk score is the accurate documentation of the patient's Health Status by billing the proper ICD10 codes.

Current Diagnosis List (ICD-10)

938 Abnormal findings on diagnostic imaging of body ructures

1013 Acute atopic conjunctivitis, bilateral

513 Age-related nuclear cataract, bilateral

9 Anemia, unspecified

Atrioventricular block, first degree

0A Breakdown if surgically created AV fistula, init

Current Medication List

TATIN CALCIUM

rochloride

RIDE

Get the Right Benchmark Strategy

Patient History - Point of Care Workflow

- HCC Coding Point of Care – Care Plan
- Recapture Rate 85%

Clinic Encounter

- HCC Coding Point of Care
- Annual Wellness Visit Rate 85%

Capture the HCC diagnosis code with payer

- Verify EHR and Billing system sending ALL diagnoses

Actionable Intelligence

- Risk Scores and Benchmarks
- Recapture Rate 85%
- Predictive Checkmark

Patient History – Point of Care Workflow

All diagnoses from all providers
Current Year and Last Year

2019 vs 2018 HCC DX

~~Cirrhosis of Liver~~

~~Coagulation Defects and Other Specified Hematological Disorders~~

Major Depressive, Bipolar, and Paranoid Disorders

~~Morbid Obesity~~

~~Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock~~

Vascular Disease

What is HCC Coding at Point of Care?

Recode

Recode all **removed** diagnoses that are still applicable

Verify

Verify all **new** applicable diagnoses are **coded** at that visit

Care

Care plan put in place for patient to manage applicable diagnoses

Patient History - Point of Care Workflow



EHR INTELLIGENCE
TOOL



PATIENT DATABASE
SEARCH



EHR Intelligence Tool

After 12 months Diagnosis is removed unless recoded

Michelle TestPatient878F8

2018 vs 2017 HCC DX

Chronic Kidney Disease (Stage 5)
Chronic Kidney Disease - Severe (Stage 4)
Diabetes without Complication
Other Significant Endocrine and Metabolic Disorders
Protein-Calorie Malnutrition
Specified Heart Arrhythmias
Vascular Disease

2018 vs 2017 Medications

Calcitriol
Clopidogrel
Hydrocortisone Acetate
Lovastatin
Metoprolol tartrate
Midodrine Hydrochloride
Nitrofurantoin (monohydrate/macrocrystals)
Synthroid
Tobramycin

Point of Care HCC Coding

2019 vs 2018 HCC DX

~~Cirrhosis of Liver~~

~~Coagulation Defects and Other Specified Hematological Disorders~~

Major Depressive, Bipolar, and Paranoid Disorders

~~Morbid Obesity~~

~~Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock~~

Vascular Disease

Risk Score, Benchmarks and Spend

Patient Requires Attention (Spend is Greater Than Expected)

Provider team instantly knows if patient is above their financial benchmark.



Patient Database Search

[Admin ▾](#)[Logout](#)

Alternative to
EHR Intelligence

Patient search allows
users to access the HCC
Coding Point of Care

2019 vs 2018 HCC DX

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~~Coagulation Defects and Other Specified Hematological Disorders~~

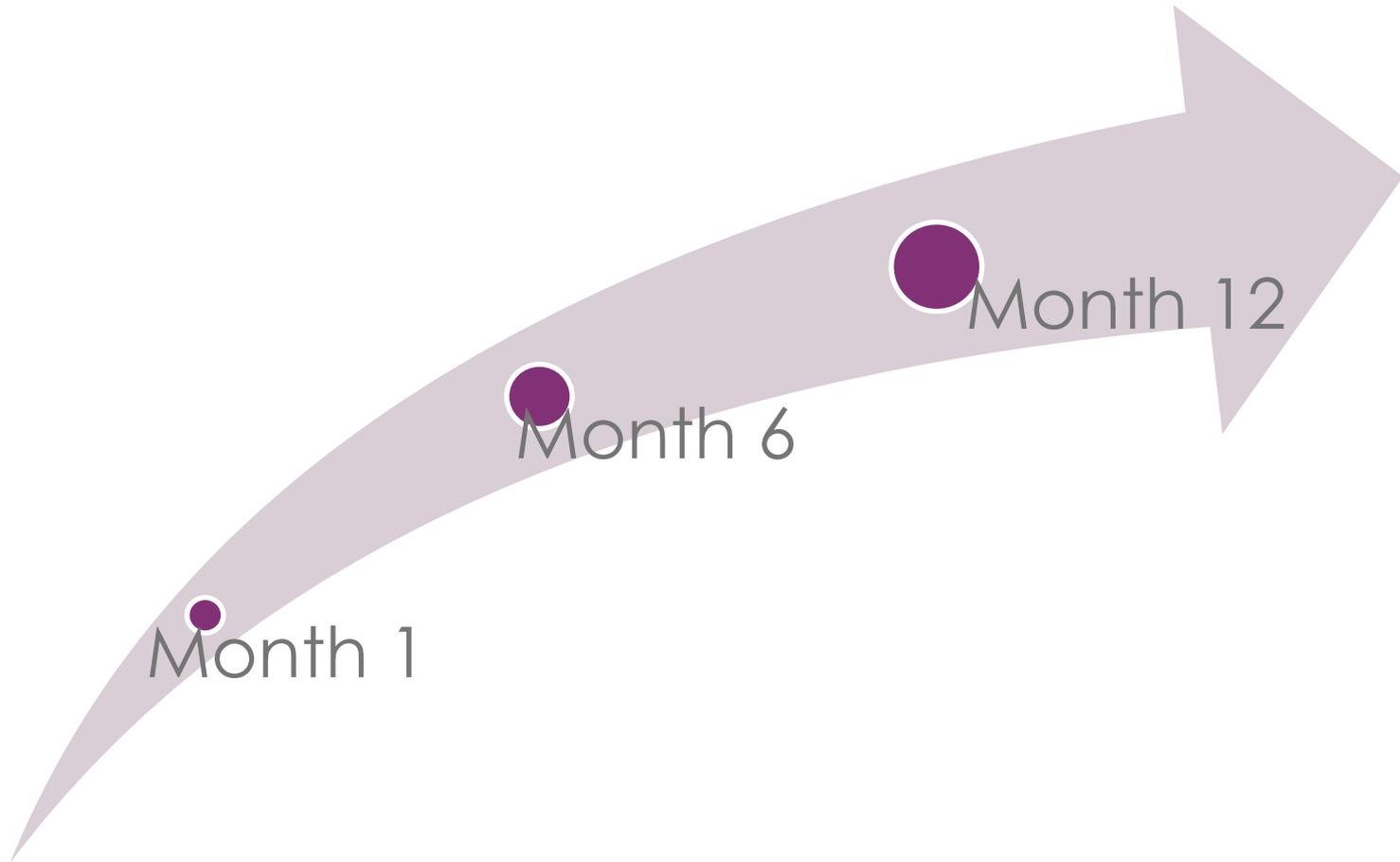
Major Depressive, Bipolar, and Paranoid Disorders

~~Morbid Obesity~~

~~Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock~~

Vascular Disease

Changes will Take 12 months DO NOT WAIT TO GET STARTED



What is HCC Recapture Rate?

The rate of applicable diagnoses recaptured each year from the prior year

Goal is 85%

Diagnosis



Recapture Rate

2018 to 2019

6.67 %

4.65 %

10.69 %

85%
Recapture
Rate Goal

Clinic Encounter Strategy

Annual Wellness Visit Rate 85%

- Text Alert Notification
- Conduct HCC Coding Point of Care

[Home](#) **Things to Complete**

Wellness Visit
Complete Change Stat

HbA1C
Action Required Change Stat

Foot Exam
Action Required Change Stat

Blood Pressure
Action Required Change Stat

Tobacco Use
Action Required Change Stat

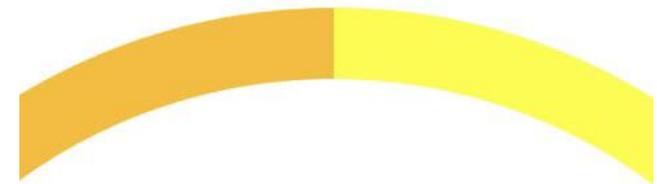
LDL-C
Action Required Change Stat

Save Activity Statuses

Why does patient exceed the right benchmark?

The dollar amount of annual expected spend (benchmark) for a patient based on the patient's demographics and diagnoses is exceeded due to:

- Unmanaged conditions
- ED visits
- Hospital Re-admissions
- PAC Performance
- Unexpected
 - Trauma



Health Score

4.344

Poor

Health Spend



Above Expected



MEAT – All Chronic and Relevant Diagnoses

Monitor-signs and symptoms, disease process

Evaluate-test results, meds, patient response to treatment

Assess/Address-ordering tests, patient education, review records, counseling patient and family members

Treat-meds, therapies, procedures, modality..

Consumer Interactive Health History Form

MANAGE MEDICATIONS AND DIAGNOSES

Use your data to create a health history form that you can have with you on the go or print a PDF to share with family or providers

Unaware of Diagnosis

D631 Anemia in chronic kidney disease
Z23 Encounter for immunization

Not Managing

W5641XA Bitten by shark, initial encounter

Managing

R42 Dizziness and giddiness

Management Not Required

D509 Iron deficiency anemia, unspecified
Testing diagnosis details

Add Diagnosis +

W5641XA Bitten by shark, initial encounter

Diagnosis Management Status

Unaware of Diagnosis Not Managing

Managing Management Not Required

Details

Cancel Save

Yes, taking

Vitamin C Liquid
Prednisone
Pentoxifylline
Pantoprazole Sodium
Metoclopramide Hydrochloride
Calcium Acetate

No, not taking

Ibuprofen
Sometimes I take this for swelling

Add Medication +

Prednisone

Are you currently taking this medication?

Yes, taking No, not taking

Notes

Cancel Save

Care Gap Text Alerts

- Disease
- Wellness
- Quality
- Medication

[Home](#) **Things to Complete**

Wellness Visit Change Stat
Complete

HbA1C Change Stat
Action Required

Foot Exam Change Stat
Action Required

Blood Pressure Change Stat
Action Required

Tobacco Use Change Stat
Action Required

LDL-C Change Stat
Action Required

Save Activity Statuses

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Actionable Intelligence

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- Predictive Checkmark

CAPTURE THE HCC DIAGNOSIS CODE WITH PAYER



Capture the HCC Diagnosis Code with Payor

Patient Superbill Diagnosis Codes

ICD10-1

ICD10-2

ICD10-3

ICD10-4

Billing Company Submission of Diagnosis Codes

ICD10-1

ICD10-2

Missing Code

Missing Code

Webinar FAQ

Not capturing the codes results in lower HCC score for patient and lower benchmark for ACO.

Takes minimum of 12 months for this to create impact on your benchmark.

Compare your EHR records to Patient Profile for 10 Charts.

Over 50% of ACOs have encountered this issue.

Q. Is Medicare limited on the number of ICD10 codes?

A. You can list up to **four diagnosis** per service line. While you can include up to **12 diagnosis codes** on a single claim form, only **four** of those diagnosis codes can map to a specific CPT code

Analysis

- Risk Scores and Benchmarks
- Recapture Rate 85%
- Predictive Checkmark



Executive Dash

Recapture Rate and Benchmark Prediction

#No. Costly Patients	#No. CPC+ Patients	2018 AVG HCC Score	2019 AVG HCC Score	Diagnosis Recapture Rate 2018 to 2019	Change in HCC Score 2018 to 2019	2019 HCC Benchmark	2019 YTD AVG Per Patient Spend	Percent of Benchmark Used	Benchmark Prediction	Ch Sp vs
5	0	0.794	0.401	12.50 %	-49.50 %	\$3,629.79	\$56.86	1.57 %		23
1	0	0.931	0.403	25.00 %	-56.73 %	\$3,647.15	\$2,330.64	63.90 %		52
11	0	0.882	0.427	17.82 %	-51.60 %	\$3,864.45	\$427.20	11.05 %		53
0	0	0.95	0.395	10.00 %	-58.39 %	\$3,577.77	\$1.14	0.03 %		0.0
3	0	0.725	0.361	10.00 %	-50.24 %	\$3,265.92	\$236.87	7.25 %		-5.
1	0	0.747	0.452	9.09 %	-39.51 %	\$4,091.54	\$63.34	1.55 %		-9.

Action Items	% Benchmar... 	2018 Patient HCC Benc... 	2018 Patient Act... 	Potentially Costly 	Exceeded Predi.
TestPatient01AEB, Willie▼	121.43 %	\$16,778.70	\$20,374.98	YES	

TestPatient01AEB, Willie

MRN	HCC 2015	HCC 2016	HCC 2017	HCC 2018
	.432	1.265	.699	2.162

Patient Master Dash

2019 Medicare ACO Strategy

Patient History - Point of Care Workflow

- HCC Coding Point of Care – Care Plan
- Recapture Rate 85%

Clinic Encounter

- HCC Coding Point of Care
- Annual Wellness Visit Rate 85%

Capture the HCC diagnosis code with payer

- Verify EHR and Billing system sending ALL diagnoses

Actionable Intelligence

- Risk Scores and Benchmarks
- Quality, Disease, Wellness, Medication Care Gaps
 - Quality Completion Rate 85%
 - Quality Score Rate 90%
- Cost, Utilization
- Recapture Rate 85%
- Predictive Checkmark
- Text Alerts
- Interactive Health History Form

Expand and Diversify

- Revenue Models, Direct contracting self-insured employers, virtual groups, payers, Medicare Blue Button



Questions?

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