Presenters & Learning Objectives

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- Identify changes to risk scoring in CMS's HCC V28

- Explain why risk scoring matters in Medicare value-based care

- Describe why revenue/benchmark leakage is a risk to value-based care success

- Implement strategies to reduce revenue/benchmark leakage and enable providers to increase coding accuracy

- Understand analytics and workflow automations to reduce the administrative burden of HCC coding and model changes

HCC Background

Overview:

- CMS's risk-adjustment model created in 2004 was designed to estimate future health care costs for patients
- A sub-set of ICD10 codes map to an HCC Category
- Each HCC Category sits in an acuity hierarchy of similar categories
- Demographic data + HCC factors = a risk adjustment factor (RAF) score per patient

Why is HCC Coding important?

- HCC coding paints a complete picture of a patient's level of complexity. RAF scores help predict health care resource utilization while adjusting quality and costs for patients.

What's Routine from CMS?

- HCC categories can have factors increased or decreased
- HCC categories can be removed or added
- ICD10 codes can be added and removed from categories (or remapped)

Major Changes: HCC V28

- Removal of over 2,200 diagnosis codes that no longer map to a payment HCC

- Addition of over 200 codes that do map to a payment HCC

- Remapping of ICD10s between HCC categories

- Changes to HCC coefficient values

- HCC category changes

Changes	2020 CMS-HCC Model	2024 CMS-HCC Model
Data Years Utilized	2014, 2015	2018, 2019
FY22/23 ICD-10 Codes Total	73,926*	73,926*
FY22/23 ICD-10 codes mapped to payment HCCs	9,797 (13.3%)	7,770 (10.5%)
FY22/23 ICD-10 codes mapped to non-payment HCCs	64,129 (86.7%)	66,156 (89.5%)
Not in 2020 Model but added to 2024 Model		**209**
In 2020 Model but no longer mapped to payment in 2024 model		**2,236**
* No longer mapped ICD-10 clinical updates		2,161 (96.6%)
*No longer mapped – Principle-10 focused updates related to discretionary coding		75 (3.4%)
HCCs – Total	204	266
HCCs – Payment	86 (42.2%)	115 (43.2%)
HCCs – Non-Payment	118 (57.8%)	151 (56.8%)

Why do Risk Scores Matter and Impact in VBC?

Lightbeam Health Solutions

Physician Visit and Telehealth Visits

- Opportunity to identify and document a patient's clinical needs annually, via an annual wellness visit (AWV), physical, or office visit

- From allowable inpatient, outpatient or professional service and from a face-to-face encounter

Doctor Codes HCC Accurately

- Diagnosis codes **must** be recaptured on a yearly basis

- Medicare, VBC programs use the HCC model to predict the acuity and cost of a patient

- The HCC model gives a financial benchmark for payment allocation

Patient RAF Score

- Often and through contract negotiations, VBC arrangements use a practice's RAF scores and quality metrics to determine monthly revenue

- When RAF scores don't accurately reflect patient complexity, it may appear patients had higher costs or worse clinical outcomes than would be expected. The risk is that medical groups don't meet quality and cost targets and forfeit shared savings
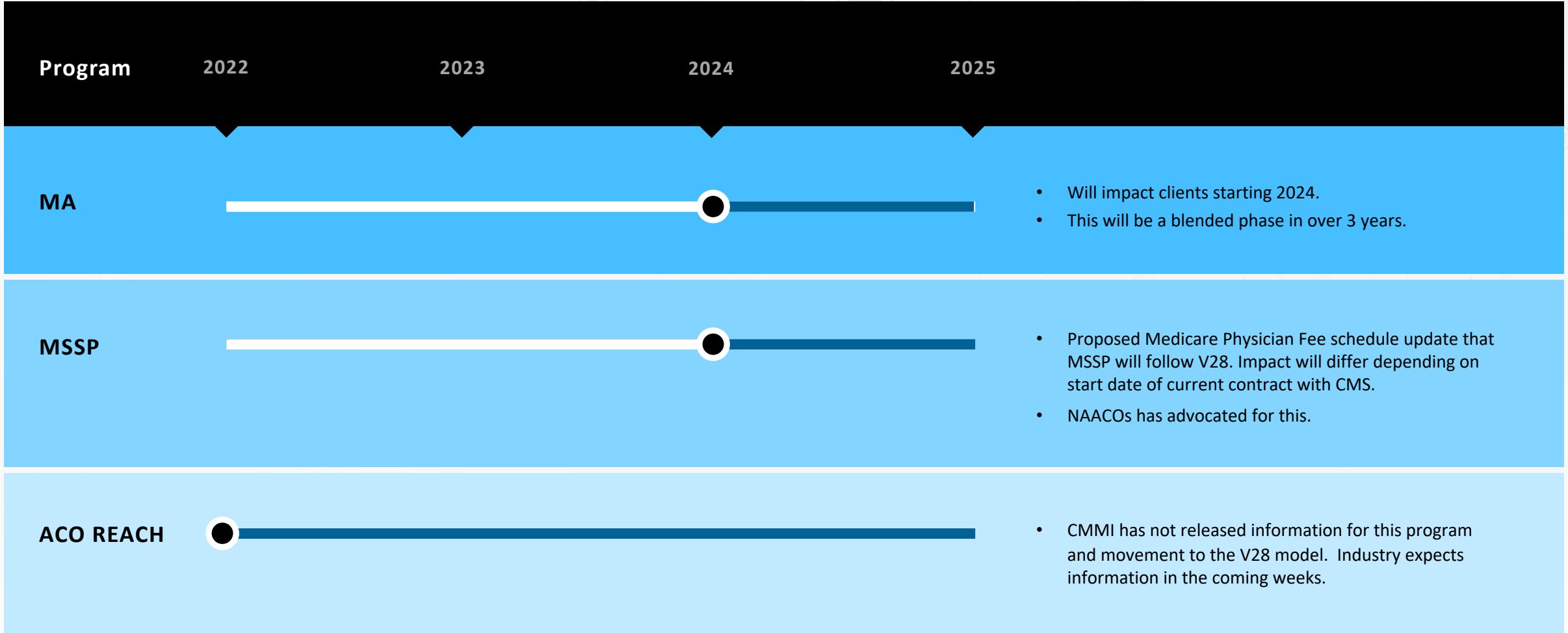
Capitation Payment

- Impacts PMPM payments to a primary care or specialist if risk adjusted

- It will impact the monthly PMPM revenue received by the health plan for MA

- Impact to monthly benchmark for MSSP and REACH

3 Year Shift from HCC V24 to V28

Payment Year	2023	2024	2025	2026
V24 Captured	100%	67%	33%	0%
V28 Captured	0%	33%	67%	100%
Dates of Service	Dates of Service from 2022	Dates of Service from 2023	Dates of Service from 2024	Dates of Service from 2025

Impact on Common VBC Programs

Program	2022	2023	2024	2025	
MA			●		• Will impact clients starting 2024. • This will be a blended phase in over 3 years.
MSSP			●		• Proposed Medicare Physician Fee schedule update that MSSP will follow V28. Impact will differ depending on start date of current contract with CMS. • NAACOs has advocated for this.
ACO REACH	●				• CMMI has not released information for this program and movement to the V28 model. Industry expects information in the coming weeks.

Overall Note   Clients and organizations should be aware that if they have multiple programs, there will be different models (the risk adjustment factors will be different, as well as the HCC category for the different models).

Challenges

Metrics to Monitor

Annual Wellness Visit (AWV) & Office Visit Completion Rates

- Percentage rate of in-person wellness visits to recapture existing and appropriate new codes

- Monitor Specialist visits and documentation from patients' chart

HCC Diagnosis Recapture Rate

- Percentage rate of HCC diagnoses not yet coded in the current year

- Monitor diagnosis codes that mapped to V24 and do not map in V28

- Monitor diagnosis codes mapped to V24 or V28 during the blended model phase in

- Set goal for recapture rate of codes that carry year over year. - 80%+

HCC Incremental New Codes

- Newly captured diagnoses codes that map to V28 that does not correspond to V24

- Newly captured diagnosis codes that map to V24 that does not correspond to V28

- **Critical during the blended model phase in**

Benchmark / Revenue Leakage

- Dollar value of dropped and incremental HCC codes not documented in patient's chart

- Projected revenue for PY24

Education for Practices & Providers

- Challenge of muscle memory for providers, coders, and office staff

- Updates to EMRs not happening until 2024 for risk adjustment or RAF modules

- Pre and post visit chart reviews are labor intensive for coders

- Limited provider time and capacity to document changes for the 2024 payment year if patient has already had their annual wellness visit or physical

- Leverage telehealth (video) and in home patient visits

Reduction in RAF

CMS-HCC V28 Coefficient Constraining

Table 2. HCC coefficient constraining example in the V28 model compared to the V24 model.

V28 Variable	Description Label	Community Non-Dual, Aged	Community Non-Dual, Disabled	Community FB Dual, Aged	Community FB Dual, Disabled	Community PB Dual, Aged	Community PB Dual, Disabled	Institutional
V28 HCC36	Diabetes with Severe Acute Complications	0.166	0.191	0.186	0.235	0.166	0.210	0.280
V28 HCC37	Diabetes with Chronic Complications	0.166	0.191	0.186	0.235	0.166	0.210	0.280
V28 HCC38	Diabetes with Glycemic, Unspecified, or No Complications	0.166	0.191	0.186	0.235	0.166	0.210	0.280
V24 HCC17	Diabetes with Acute Complications	0.302	0.351	0.340	0.423	0.326	0.373	0.440
V24 HCC18	Diabetes with Chronic Complications	0.302	0.351	0.340	0.423	0.326	0.373	0.440
V24 HCC19	Diabetes without Complications	0.105	0.124	0.107	0.145	0.087	0.122	0.178

Challenge of Managing Two Models

- ICD10s Map between v24 and v28 conditions:
  - One-to-many
  - Many-to-many
  - Many-to-one

- Valid ICD10s in v24 and v28 overlap only partially per-condition!

- EHR & billing workflows, problem lists *(can't just pull forward)*

Diabetic Example for Model Change

v24 Model <u>HCC 17</u> (Diabetes with Acute Complications):

- Five ICD10s removed entirely

- Remainder map to v28 Model HCC 36 (Diabetes with Severe Acute Complications)

v24 Model <u>HCC 18</u> (Diabetes with Chronic Complications)

- 80 ICD10s removed entirely

- Remainder map to one of six v28 HCC's; incl. Atherosclerosis, Ulcers, and Diabetes categories.

v24 Model <u>HCC 19</u> (Diabetes without Complication)

- One ICD10 removed entirely

- Remainder map to v28 HCC 38 (Diabetes with Glycemic, Unspecified, or No Complications)

- *Overlaps with mapping from HCC 18!*

Impact on RAF Score: Female, Non-Dual – v24

Female Patient, Aged 75. *Non-Dual.*

Presents with Diabetic Codes Z79.4 and E08.21

Total RAF Score:
0.753

Demographic Score:
0.451

HCC 18 Score:
0.302

Code	Maps to	Description
Z79.4	HCC 19	"Diabetes without Complication"
E08.21	HCC 18	"Diabetes with Chronic Complications"
	HCC 18	is more acute than HCC 19 in the diabetes hierarchy. Therefore, HCC 18 supersedes HCC 19.

Impact on RAF Score: Female, Non-Dual – v28

Female Patient, Aged 75. *Non-Dual.*

Total RAF Score:
0.631

Demographic Score:
0.465

HCC 37 Score:
0.166

Presents with Diabetic Codes Z79.4 and E08.21

Code	Maps to	Description
Z79.4	HCC 38	"Diabetes with Glycemic, Unspecified, or No Complications"
E08.21	HCC 37	"Diabetes with Chronic Complications"
	HCC 37	is more acute than HCC 38 in the diabetes hierarchy. Therefore, HCC 37 supersedes HCC 38.

Impact on RAF Score: Male, Dual – v24

Male Patient, Aged 97. *Full Benefit, Dual.*

Presents with Diabetic Codes Z79.4 and E08.21

Total RAF Score:
1.607

Demographic Score:
1.267

HCC 18 Score:
0.340

Code	Maps to	Description
Z79.4	HCC 19	"Diabetes without Complication"
E08.21	HCC 18	"Diabetes with Chronic Complications"
	HCC 18	is more acute than HCC 19 in the diabetes hierarchy. Therefore, HCC 18 supersedes HCC 19.

Impact on RAF Score: Male, Dual – v28

Male Patient, Aged 97. *Full Benefit, Dual.*

Total RAF Score:
1.244

Demographic Score:
1.058

HCC 37 Score:
0.186

Presents with Diabetic Codes Z79.4 and E08.21

| Code	Maps to	Description
Z79.4	HCC 38	"Diabetes with Glycemic, Unspecified, or No Complications"
E08.21	HCC 37	"Diabetes with Chronic Complications"
	HCC 37	is more acute than HCC 38 in the diabetes hierarchy. Therefore, HCC 37 supersedes HCC 38.

Solutions

Strategies for 2023

| **1** Get a Crosswalk	**2** Patient Scenario	**3** Sort by Providers/Patients	**4** AWV, Physicals, Telehealth (Video/Audio), Office Visits and in Home Visits	**5** Post-Visit Reviews	**6** Supplemental Data Submissions
Understand mapping of common conditions (Diabetes, CHF, COPD, CAD, ESRD in an MA population).	Example of what it looks like under the new model for the next 3 years	Sort by providers to identify the largest opportunities Sort by patients with biggest revenue leakage risk on new mapping: PMPM in 24 and 28	Get patients in for AWVs, physical, and office visits is critical for documenting new conditions and recapturing existing conditions Leverage telehealth and in home provider visits	Complete record addendums within 30 days of the AWV or physical and file corrected claims if necessary	Submit EMR Dx codes to payers Capture everything in order to mitigate risk - capture codes in both models.

V24-V28 Bridge Report
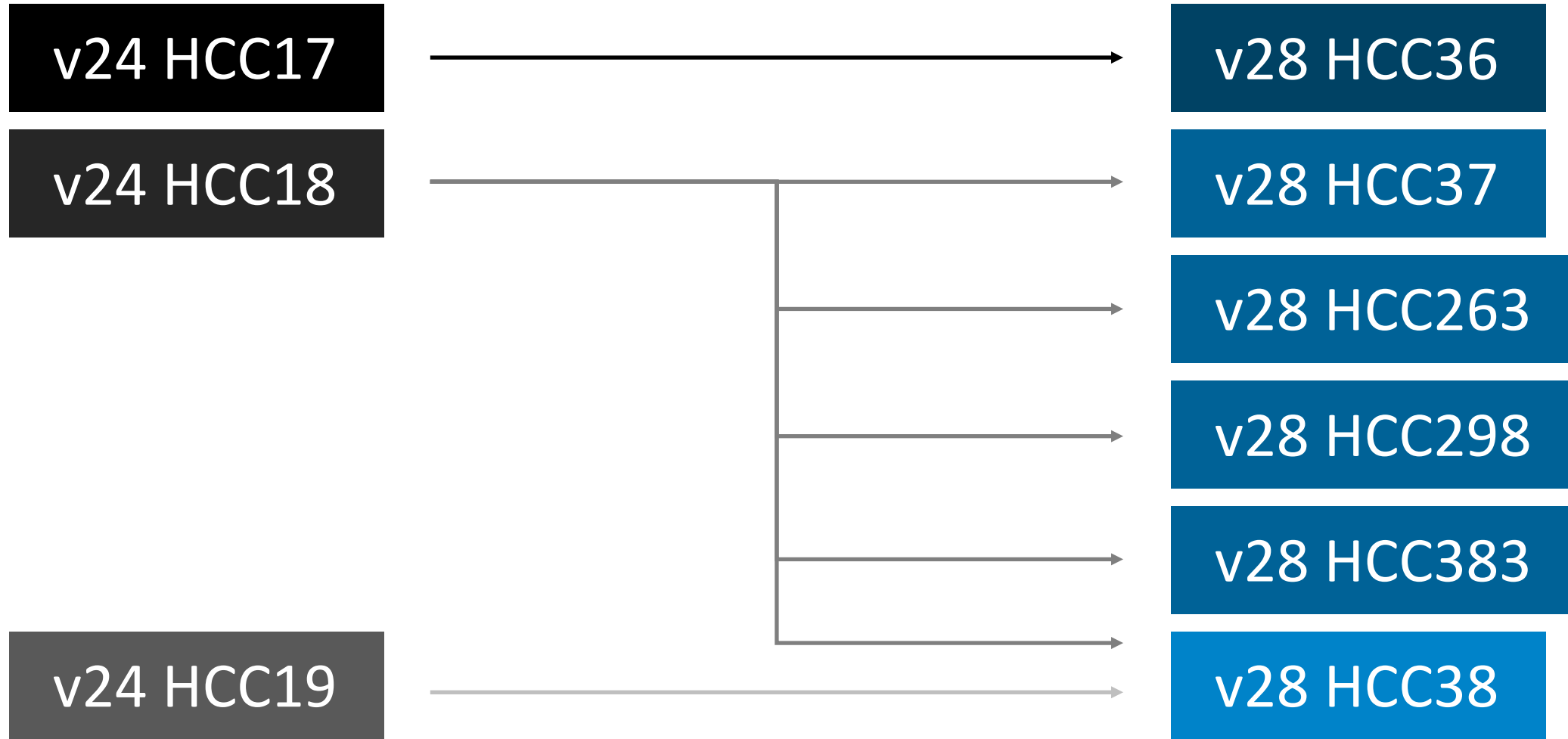
V24-V28 Bridge Report
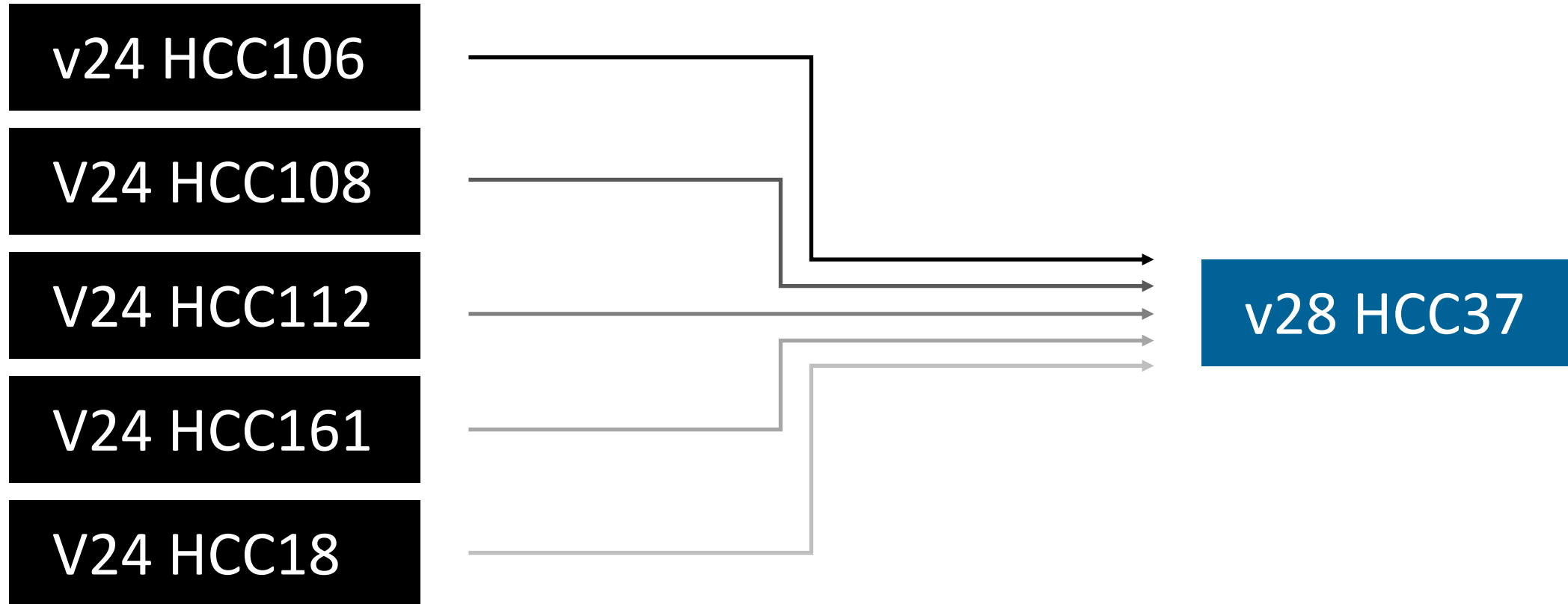
Did everyone map the way they *should*, given their *real, physical* state?

V24 HCC18
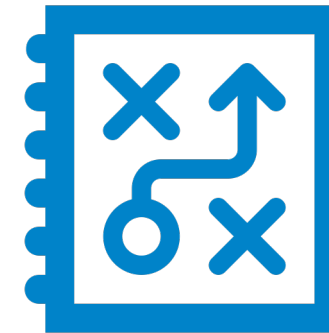
Reporting to Monitor HCC Impact Enterprise-wide

- Assess impact at the enterprise level

Name is the lowest granularity of BU that the Provider is associated with	HCC V24			HCC V28			HCC Financial V24			HCC Financial V28			HCC Financial Difference		
BU	Recaptured Conditions	Not Recaptured	Recapture Rate	Recaptured Conditions	Not Recaptured	Recapture Rate	HCC Financial Recaptured	HCC Financial Not Recaptured	HCC Financial Total	HCC Financial Recaptured	HCC Financial Not Recaptured	HCC Financial Total	HCC Financial Difference	Average Change Per Provider	Average Change Per Patient
DHJC*	154	527	22.61%	119	198	37.54%	$82,250.33	$170,118.66	$208,275.24	$74,465.01	$98,719.00	$134,479.75	$73,795.49	$73,795.49	$585.68
Conshohocken Medical Association	58	148	28.16%	50	45	52.63%	$29,630.82	$48,600.51	$60,800.78	$26,477.30	$28,469.99	$39,622.91	$21,177.87	$10,588.94	$470.62
Conshohocken Occupational Health & Family Medicine	374	950	28.25%	280	235	54.37%	$176,328.25	$323,053.14	$404,401.36	$151,124.33	$150,773.07	$222,933.01	$181,468.35	$60,489.45	$659.88
Conshohocken Sports and Family Medicine, PC	321	883	26.66%	233	245	48.74%	$178,870.09	$307,986.04	$389,967.88	$159,578.17	$155,752.50	$238,807.90	$151,159.98	$37,790.00	$543.74
Key State Physicians, PA	212	636	25.00%	166	264	38.60%	$106,533.15	$199,844.73	$247,924.32	$100,759.33	$145,924.76	$191,876.67	$56,047.65	$28,023.83	$320.27
kkkTOP*	6	17	26.09%	4	3	57.14%	$2,922.35	$6,195.99	$8,127.75	$2,844.01	$1,795.03	$3,538.39	$4,589.36	$4,589.36	$1,529.79
Lambertville Healthcare, LLC	54	184	22.69%	47	56	45.63%	$30,899.53	$65,430.31	$83,744.27	$33,370.10	$36,001.19	$57,676.83	$26,067.44	$26,067.44	$1,042.70
MANA*	50	146	25.51%	37	39	48.68%	$24,672.84	$48,672.70	$58,082.24	$22,041.91	$27,322.21	$35,398.93	$22,683.31	$22,683.31	$581.62
MANA*	6064	17972	25.23%	4544	5953	43.29%	$3,261,842.20	$5,972,243.04	$7,385,934.34	$2,922,723.88	$3,363,434.70	$4,718,780.46	$2,667,153.88	$34,638.36	$539.25
West Chester Community Health Center	2	5	28.57%	1	0	100.00%	$706.37	$1,172.03	$1,568.59	$582.57	$354.68	$582.57	$986.02	$986.02	$986.02
HiDRA*	211	697	23.24%	174	226	43.50%	$120,818.61	$240,886.15	$286,528.69	$109,799.90	$138,898.19	$188,748.94	$97,779.75	$24,444.94	$470.09
sdsdf Test u7	10	33	23.26%	9	5	64.29%	$5,930.86	$9,497.40	$13,978.81	$6,508.98	$2,721.95	$8,314.86	$5,663.95	$5,663.95	$1,132.79

Reporting to Monitor HCC Impact: Provider Focus
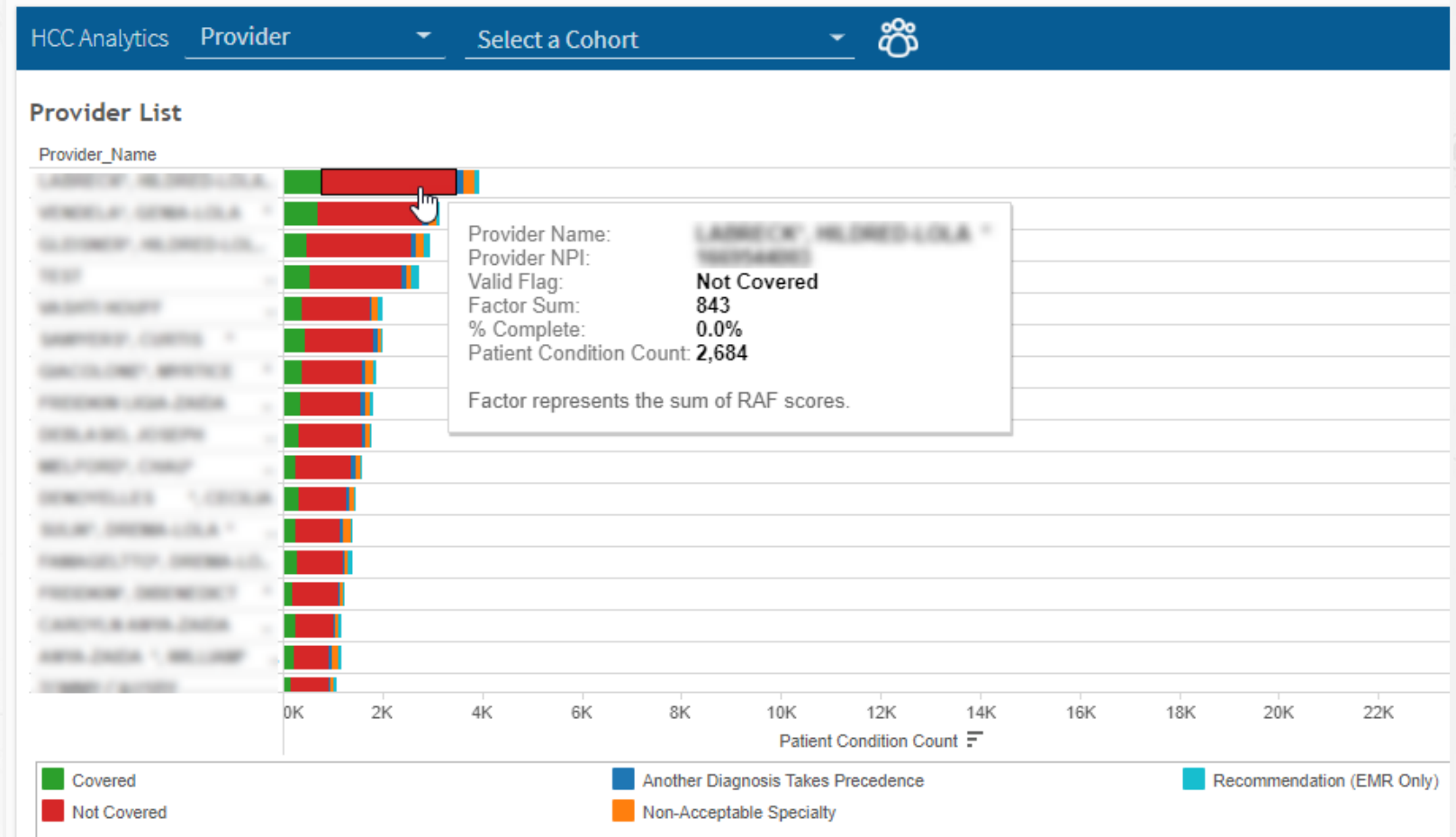
- Assess impact at the provider level

Provider			HCC V24			HCC V28			HCC Financial V24			HCC Financial V28			HCC Financial Difference		
Attributed Provider	NPI	Practice	Recaptured Conditions	Not Recapture	Recapture Rate	Recaptured	Not Recapture	Recapture Rate	HCC Financial Recaptured	HCC Financial Not Recaptured	HCC Financial Total	HCC Financial Recaptured	HCC Financial Not Recaptured	HCC Financial Total	HCC Financial Difference	Average Change Per Patient	Number of Patients
ANGELIC-LOLA-BACOLONE	1033370820	MRKTA*	10	27	27.03%	7	9	43.75%	$6,662.83	$8,500.00	$11,872.37	$5,563.64	$4,935.89	$7,940.50	$3,931.87	$357.44	11
ANYA-DADA*, CHARITA-LOLA*	1346232204	MRKTA*	5	15	25.00%	2	5	28.57%	$3,133.51	$5,412.48	$6,288.67	$1,708.73	$2,670.50	$2,923.90	$3,364.77	$560.80	6
ANYA-DADA*, WILLIAM*	1487731972	MRKTA*	173	552	23.86%	130	189	40.75%	$100,813.90	$186,194.38	$225,559.53	$89,521.61	$101,307.23	$139,390.53	$86,169.00	$563.20	153
ASPEN*, MERYL*	1124457322	MRKTA*	5	15	25.00%	5	10	33.33%	$1,848.07	$4,370.56	$5,541.31	$2,527.16	$5,606.64	$7,450.38	($1,909.07)	($1,909.07)	1
BAD BUNNY	9999999999	KNTOP*	6	17	26.09%	4	3	57.14%	$2,922.35	$6,195.99	$8,127.75	$2,844.01	$1,795.03	$3,538.39	$4,589.36	$1,529.79	3
BANQUETEST	1060584267	UUMT Test UT	10	33	23.26%	9	5	64.29%	$5,930.86	$9,497.40	$13,978.81	$6,508.98	$2,721.95	$8,314.86	$5,663.95	$1,132.79	5
BOLLIG*, WILLIAM*	1235165833	MRKTA*	50	121	29.24%	45	45	50.00%	$35,108.79	$45,461.22	$70,129.17	$38,837.16	$32,830.41	$60,402.54	$9,726.63	$324.22	30
BROMLEY*, CHINA*	1689630193	MRKTA*	83	263	23.99%	61	92	39.87%	$59,639.91	$99,352.29	$117,840.65	$48,914.28	$56,656.12	$73,855.30	$43,985.35	$392.73	112
BURROWS FAMILY CLINIC	1295167827	MRKTA*	33	60	35.48%	24	25	48.98%	$12,793.28	$16,817.25	$25,476.50	$12,757.09	$10,540.64	$18,807.45	$6,669.05	$666.91	10
CAROLLA-ANYA-DADA	1902867139	Comprehensive Occupational Health & Family Medicine	179	465	27.80%	140	118	54.26%	$88,484.54	$165,138.36	$204,752.79	$77,492.55	$78,099.78	$114,136.13	$90,616.66	$651.92	139
CASSEY COMHER	1689714255	INDRA*	15	62	19.48%	12	12	50.00%	$10,094.29	$21,367.31	$24,315.99	$8,093.91	$8,358.01	$11,114.96	$13,201.03	$776.53	17
CULTICE*, CORALIE*	1881015659	MRKTA*	0	9	0.00%	0	4	0.00%	$309.81	$3,231.33	$3,231.33	$354.68	$2,084.88	$2,084.88	$1,146.45	$1,146.45	1
DEBLASIO, JOSEPH	1871854864	MRKTA*	165	515	24.26%	117	171	40.63%	$90,148.02	$160,239.71	$204,277.13	$79,298.44	$85,649.88	$125,856.71	$78,420.42	$622.38	126
DENCHIELD*, CECILA*	1922077034	MRKTA*	119	313	27.55%	88	85	50.87%	$59,448.78	$105,549.62	$134,280.18	$52,199.42	$48,706.10	$74,997.27	$59,282.91	$823.37	72
DENCHIELD*, ELISHA*	1124455698	MRKTA*	1	7	12.50%	0	1	0.00%	$962.12	$1,891.80	$2,181.41	$354.68	$847.49	$847.49	$1,333.92	$666.96	2
DRU*, HING*	1932120287	MRKTA*	91	257	26.15%	69	101	40.59%	$43,452.90	$85,629.34	$104,239.47	$38,278.43	$48,991.97	$63,972.24	$40,267.23	$575.25	70
EURA-DADA-MELFORD	1972649487	DKUC*	154	527	22.61%	119	198	37.54%	$82,250.33	$170,118.66	$208,275.24	$74,465.01	$98,719.00	$134,479.75	$73,795.49	$585.68	126
FAMAGELTTO*, DRENA-LOLA*	1255539041	MRKTA*	199	522	27.60%	156	151	50.81%	$99,392.92	$178,218.54	$216,852.33	$88,555.36	$98,898.69	$135,446.02	$81,406.31	$473.29	172

Reporting to Monitor HCC Impact: Patient Focus & RAF

- Assess impact at the patient level

	HCC V24				HCC V28				RAF Difference	HCC Financial V24			HCC Financial V28			HCC Financial Difference
Not Recaptured Conditions	No Recaptured RAF	Recaptured Conditions	Recaptured RAF	Not Recaptured Conditions	No Recaptured RAF	Recaptured Conditions	Recaptured RAF	Recaptured RAF Difference	HCC Financial Recapture	HCC Financial Not Recaptured	HCC Financial Total	HCC Financial Recapture	HCC Financial Not Recaptured	HCC Financial Total	Difference
1	0.35	0	0	0	0	0	0	0	362.71	652.31	652.31	0	0	0	652.31
4	0.81	1	0.24	1	0.3	0	0	0.24	668.7	1134.37	1331.82	506.46	749.99	749.99	581.83
2	0.68	0	0	0	0	0	0	0	324.93	882.74	882.74	0	0	0	882.74
9	1.31	2	0.59	2	0.39	2	0.65	-0.05	764.85	1352.28	1840.99	843.39	636.88	1167.54	673.44
											05		953.65	953.65	572.49
											14		914.98	1142.88	704.13
													0	0	642.44

HCC					HCC Financial	Diagnosis					
Valid Flag	HCC NO	HCC Disease Group	Acute Condition	HCC Value	HCC Financial Amt Associated to	Diagnosis Date	Diagnosis Code	Diagnosis Discription	Rendering Provider	Rendering Provider Specialty	Valid Provider
Not Covered	40	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	Non-Acute	0.352	$346.37	5/9/2017 12:00:00 AM	M461	Sacroiliitis, not elsewhere classified		Physician/Physical Medicine and Rehabilitation	Y
Covered	108	Vascular Disease	Non-Acute	0.24	$236.95	2/19/2023 12:00:00 AM	I70203	Unspecified atherosclerosis of native arteries of extrem		Podiatry	Y
Not Covered	111	Chronic Obstructive Pulmonary Disease	Non-Acute	0.28	$275.61	11/6/2021 12:00:00 AM	J432	Centrilobular emphysema		Physician/Diagnostic Radiology	Y
Not Covered	19	Diabetes without Complication	Non-Acute	0.088	$86.39	6/26/2017 12:00:00 AM	E119	Type 2 diabetes mellitus without complications		Hospital-General	Y
Not Covered	23	Other Significant Endocrine and Metabolic	Non-Acute	0.162	$159.61	2/5/2018 12:00:00 AM	E236	Other disorders of pituitary gland		Hospital-General	Y
Not Covered	280	Chronic Obstructive Pulmonary Disease,	Non-Acute	0.296	$262.45	11/6/2021 12:00:00 AM	J432	Centrilobular emphysema		Physician/Diagnostic	Y

Analytics to Monitor HCC Impact Enterprise-wide

- **HCC Analytics Chart**
  - HCC performance filtered by provider
  - Assess RAF and financial impact
  - Measure the impact of point of care solutions (e.g., face sheets) on recapture rates

Simplify Coding at the Point of Care

- **Patient Facesheets**

  - Provides individual patient RAF score
  - HCC codes not assessed in the current year
  - Hospital and provider utilization

Simplify Coding at the Point of Care

- **Action Overview Facesheets**
  - Describes what providers need to do at the point of care to accurately code open HCCs

Conditions as Care Gaps

Summary

| Challenge	Lightbeam Solutions	Audience
Lost Conditions	• Bridge Report • Impact Analysis Report • Face Sheets	• Healthcare executives • Scheduling care managers • Providers
Multiple HCC Models	• Bridge Report • Impact Analysis Report • Face Sheets	• Provider practices • Admin staff • Providers
Revenue/Benchmark Leakage	• HCC Analytics Chart • Impact Analysis Report	• Healthcare executives
Provider Education	• Integration with partners who do pre & post chart visits and use tools such as the bridge report above to identify missed codes (provider reinforcement).	• Providers

Client Results

Medical Group: Increased HCC Recapture Rates by 24%

- Based in Idaho

- **Practices using HCC facesheets had a 24% higher HCC recapture rate (75%)** *than* **practices not using facesheets (51%)**

- Lightbeam is integrated into the EMR, enabling auto-printing facesheets at the point of care

- Providers leveraged facesheets to reference a patient's HCCs and care gaps
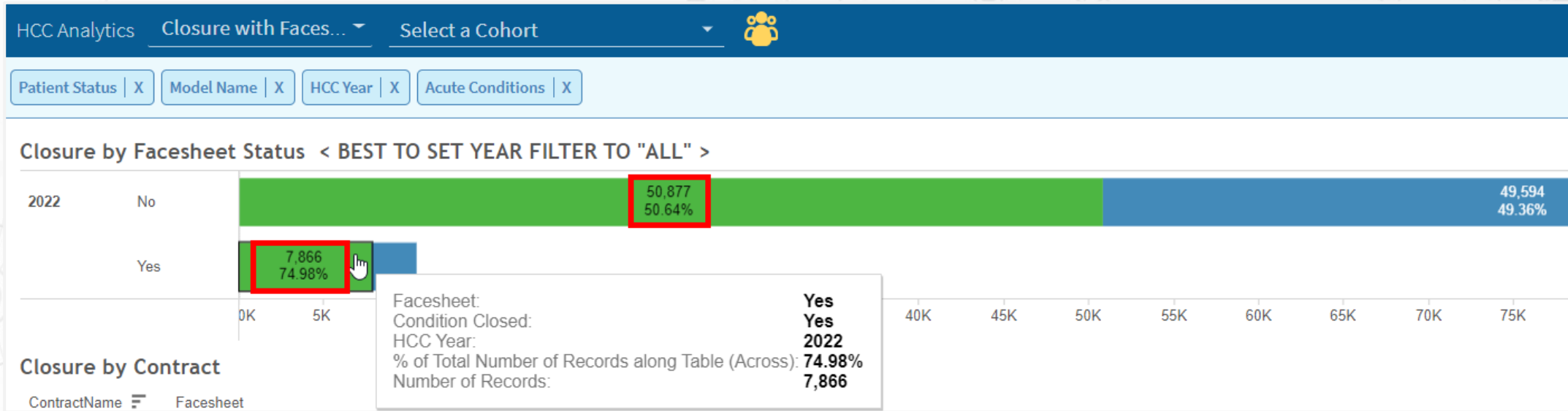
Health System Client Results

- Based in Minnesota

- Leveraged Lightbeam's HCC Analytics and the HCC Summary Report to identify coding opportunities, monitor performance, engage providers to increase compliance, and obtain patient-level data for population health management and outreach.

- 2022 internal goal of 75% for the MSSP contract, achieved a 71% recapture rate

- Improvement in the number of outstanding HCCs in 2022, which in turn, allowed for a potential decrease in money left on the table

HCC EOY Recapture 2022

MSSP	71.1% 28.9%

■ % HCCs Captured ■ % HCCs Not Captured
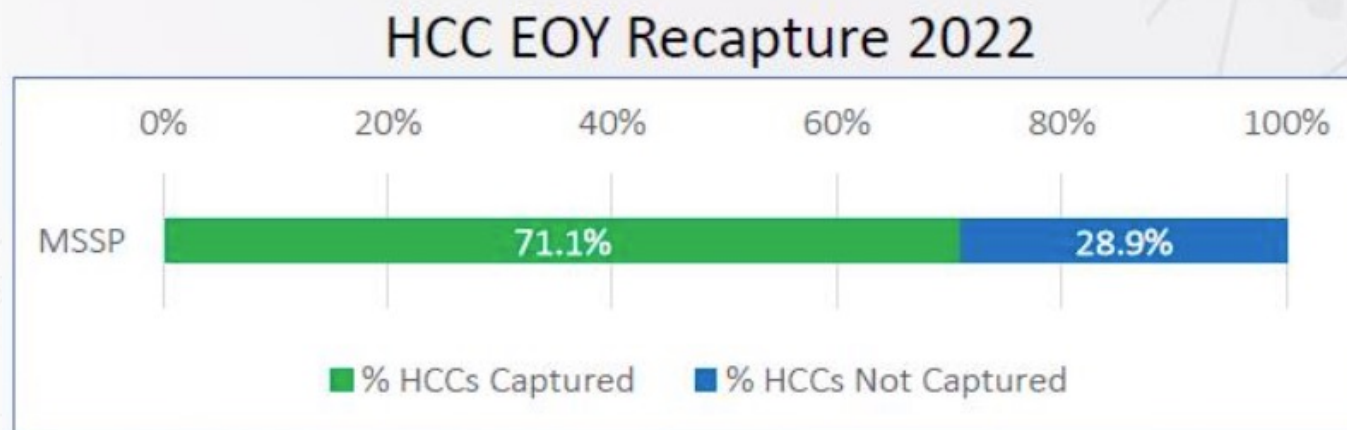
Health Plan Client Results

- Robust provider incentivization program in place

- Empowering providers to improve performance by offering Lightbeam's HCC Analytics and face sheets for providers to employ at the point of care

- HCC recapture rate as a quality measure *(condition level)* in dashboard

82%

HCC Recapture Rate in 2022
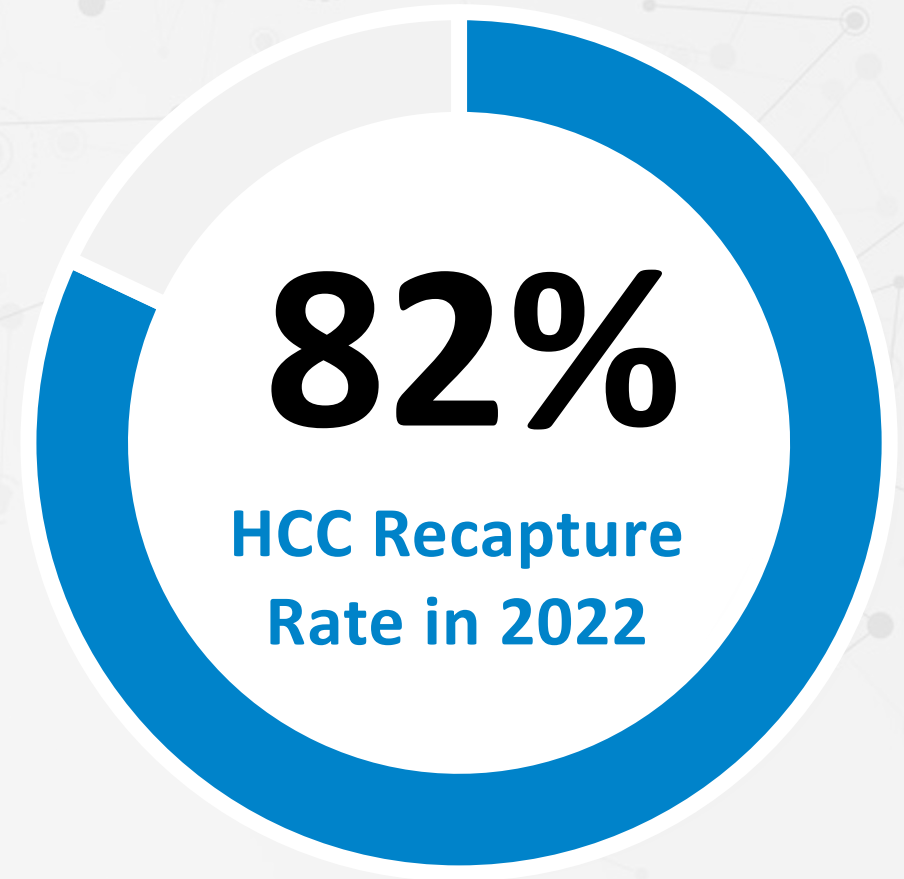
"The plan is both incentivizing performance and enabling better performance through better data."

Q & A

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