

# HCC V28 - Preparing for change: Actionable strategies from real-world analysis



# Presenters



**Eric Hedrick**

Vice President of Clinical Transformation

- ▶ 12 years in healthcare
- ▶ Actuarial work
- ▶ Provider engagement
- ▶ Risk adjustment leadership for vendors and health plans



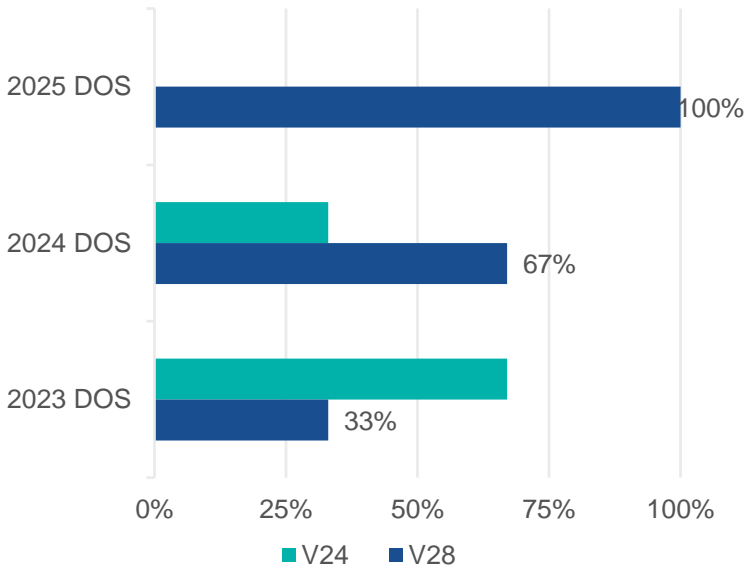
**Yasty Puig**

Value-Based Care Education Leader  
CPC, CRC, CPMA, CDEO, BBA, ISTQB

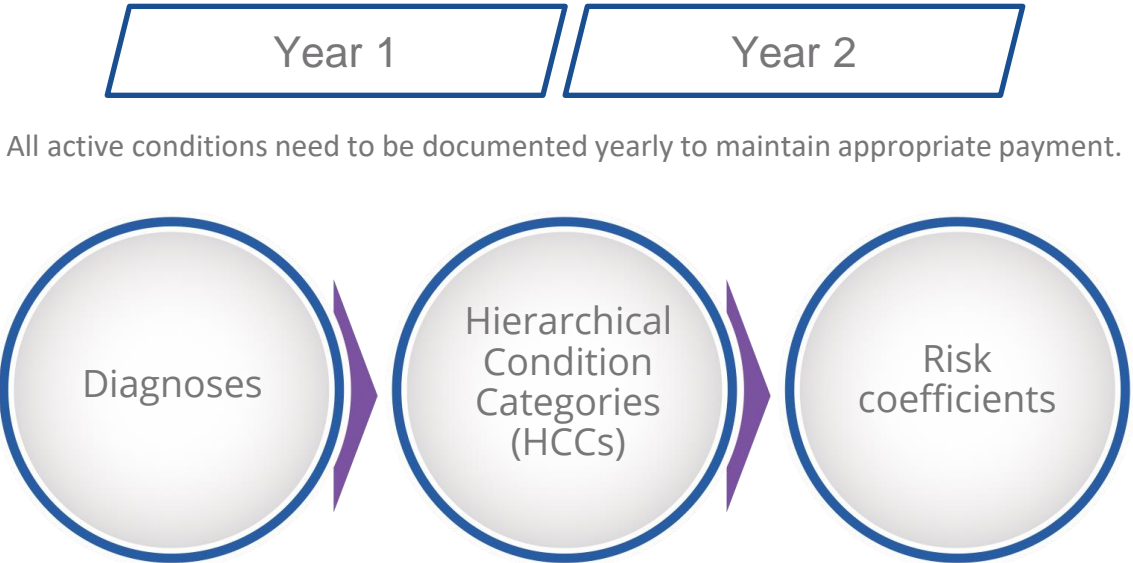
- ▶ 25 years in healthcare
- ▶ Risk adjustment coding
- ▶ HEDIS
- ▶ Best practice and performance improvement consultant trainer

# Medicare risk adjustment overview

The Centers for Medicare & Medicaid Services (CMS) uses risk adjustment to estimate cost of care for members.



Diagnoses in Year 1 establish a disease burden that predicts cost of care in Year 2.



The mapping of diagnoses to HCCs to coefficients is being overhauled in the V28 model being phased in starting with payment year 2024 (using 2023 dates of service).

# Significant changes

More HCCs along with renumbering

~2,200 dx removed; ~200 dx added

## Diabetes Disease Group: 3 HCCS

- ▶ HCC 17 (Diabetes with Acute Complications)
- ▶ HCC 18 (Diabetes with Chronic Complications)
- ▶ HCC 19 (Diabetes without Complication)

## Diabetes Disease Group: 4 HCCS

- ▶ HCC 35 (Pancreas Transplant Status)
- ▶ HCC 36 (Diabetes with Severe Acute Complications)
- ▶ HCC 37 (Diabetes with Chronic Complications)
- ▶ HCC 38 (Diabetes with Glycemic, Unspecified, or No Complications)

## Heart Disease Group: 5 HCCS

- ▶ HCC 85 (Congestive Heart Failure)
- ▶ HCC 86 (Acute Myocardial Infarction)
- ▶ HCC 87 (Unstable Angina and Other Acute Ischemic Heart Disease)
- ▶ HCC 88 (Angina Pectoris)
- ▶ HCC 96 (Specified Heart Arrhythmias)

## Heart Disease Group: 10 HCCs

- ▶ HCC 221 (Heart Transplant Status/Complications)
- ▶ HCC 222 (End Stage Heart Failure)
- ▶ HCC 223 (Heart Assist Device/ Artificial Heart)
- ▶ HCC 224 (Acute on Chronic Heart Failure)
- ▶ HCC 225 (Acute Heart Failure (Excludes Acute on Chronic))
- ▶ HCC 226 (Heart Failure, Except End Stage and Acute)
- ▶ HCC 227 (Cardiomyopathy/Myocarditis)
- ▶ HCC 228 (Acute Myocardial Infarction)
- ▶ HCC 229 (Unstable Angina and Other Acute Ischemic Heart Disease)



Finance



Risk adjustment



Providers and  
coders

# Finance

## Know the overall impact of the transition for your plan.

- ▶ Use a complete payment year (2021 DOS).
- ▶ Ensure you properly normalize each model.
- ▶ Understand the drivers to project into the future.

## Know the impact on your program ROI.

- ▶ ROI impact won't be the same as overall impact.
- ▶ Conditions likely to be found in risk adjustment interventions are disproportionately impacted.

Overall change in risk

**-1.4%**

## Retrospective program

V24 impact  
**\$13.5M**

V28 impact  
**\$9.4M**

# Risk adjustment

Revenue associated with your program will decrease.

- ▶ ROI could drop as much as 40%.
- ▶ Conditions typically captured with MRRs and in-home assessments are being disproportionately impacted.

Build efficiencies into your program.

- ▶ Work with providers to close gaps at point of care.
- ▶ Look for ways to be more targeted in your chart reviews and in-home assessments.

Clinical Group	V24 HCC Prevalence	V28 HCC Prevalence	Change in Prevalence	Change in Member Risk
Complications	184		-100.0%	-14.6%
Amputation	57	21	-63.2%	-9.0%
Vascular	5,262	605	-88.5%	-8.4%
Psychiatric	2,725	1,036	-62.0%	-8.0%
Musculoskeletal	2,060	1,070	-48.1%	-7.6%
Blood	2,510	282	-88.8%	-7.1%
Metabolic	3,202	1,759	-45.1%	-6.8%
Diabetes	4,567	4,567	0.0%	-4.3%
Cognitive	1,034	820	-20.7%	-4.1%
Heart	4,560	3,819	-16.3%	-2.8%
Neurological	1,216	696	-42.8%	-2.4%
Lung	2,659	2,629	-1.1%	-1.6%
Kidney	3,559	3,352	-5.8%	-1.6%
Substance Use Disorder	1,748	1,731	-1.0%	-1.5%

# Providers

Benchmark their impact against peers

Clinical Group	V24 HCC Prevalence	V28 HCC Prevalence	Change in Prevalence	Change in Member Risk
Vascular	5,855	634	-89.2%	-8.9%
Heart	5,111	4,299	-15.9%	-2.6%
Diabetes	4,909	4,907	-0.0%	-4.7%
Kidney	4,092	3,841	-6.1%	-1.9%
Metabolic	3,597	1,913	-46.8%	-6.4%
Psychiatric	3,126	1,214	-61.2%	-7.7%
Neoplasm	3,045	3,256	6.9%	2.7%

Dig into clinical details

DxCode	DxDescription	V24_HCC	V28_HCC	Patient Count
M069	Rheumatoid arthritis, unspecified	40	93	690
M461	Sacroiliitis, not elsewhere classified	40		642
M064	Inflammatory polyarthropathy	40	94	310
M4606	Spinal enthesopathy, lumbar region	40		221
M3500	Sjogren syndrome, unspecified	40		195
M329	Systemic lupus erythematosus, unspecified	40	94	193
M0579	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	40	93	173
M4696	Unspecified inflammatory spondylopathy, lumbar region	40		159
M353	Polymyalgia rheumatica	40		155

Drill to the individual member-diagnosis level

DxCode	DxDescription	V24_HCC	V28_HCC
C50912	Malignant neoplasm of unspecified site of left female breast	12	23
C50919	Malignant neoplasm of unspecified site of unspecified female breast	12	23
D8989	Other specified disorders involving the immune mechanism, not elsewhere classified	47	
M4686	Other specified inflammatory spondylopathies, lumbar region	40	

Impact to your score

**-1.9%** ▼

versus overall plan impact of 1.4%



# Polling Question

*How is your organization feeling about the change  
from V24 to V28?*

# Diagnoses categories impacted the most

## Removed

- ▶ Acute kidney injury
- ▶ Alcoholic liver disease
- ▶ Angina pectoris
- ▶ Atherosclerosis of the aorta, renal artery
- ▶ Atherosclerosis of arteries of the extremities with Intermittent claudication
- ▶ Senile degeneration..., “cortical atrophy”
- ▶ Complications of specified implanted device or graft
- ▶ Common hematological disorders
- ▶ Disorders of immunity (D84.81, D84.821, D84.822, D84.89, D84.9)
- ▶ MDD (unspecified, mild, partial remission, full remission)
- ▶ Protein-calorie malnutrition and cachexia
- ▶ Sacroiliitis, spinal enthesopathy, and inflammatory spondylopathy
- ▶ Secondary polyneuropathy (inflammatory, alcoholic, drug-induced)
- ▶ Acquired absence of toes

## Added

- ▶ Benign carcinoid tumor (multiple sites)
- ▶ Other benign neuroendocrine tumors
- ▶ Sarcoidosis of skin
- ▶ Anorexia nervosa / bulimia nervosa
- ▶ Post-polio syndrome
- ▶ Severe persistent asthma
- ▶ Obstruction of bile duct
- ▶ Birth trauma, maternal use of drugs, newborn problems, and disorders specific to the perinatal period

[Announcement of Calendar Year \(CY\) 2024 Medicare Advantage \(MA\) Capitation Rates and Part C and Part D Payment Policies \(cms.gov\)](https://www.cms.gov)

# Polling Question

*Do you think the change from V24 to V28 will positively or negatively impact patient care?*

# Supporting your providers

## Analyze the data

- ▶ Mitigate the impact
- ▶ Impact on recapture rates
- ▶ Impact on their specific contract

## Action plan

- ▶ Communicate
- ▶ Ensure engagement with the right patients
- ▶ Complete prospective chart reviews
- ▶ Build on provider education activities

## Clinical care gaps

Patient Name	Quality Gap Closure %	Disease Category	HCC Description	V28 HCC	V24 HCC	Status	Recent ICD10
Lname, Fname  COL	83%	Vascular Disease	Vascular Disease	-	108	Open	I739 - Peripheral vascular disease, unspecified
	5 of 6	Metabolic Disease	Morbid Obesity	48	22	Open	E6601 - Morbid (severe) obesity due to excess calories
	COL	Heart Disease	Cardiomyopathy/Myocarditis	227	85	Closed	I421 - Obstructive hypertrophic cardiomyopathy

The core principles haven't changed: Take care of the patients, document their disease burden

# Support for coding teams



## Best practices:

- ▶ Allow personal development time
- ▶ Take advantage of free coder training
- ▶ Provider-payer/partner educations
- ▶ Develop resources
- ▶ Provide suspecting education
- ▶ Create an action plan:
  - ▶ Schedule time
  - ▶ Develop cheat sheets
  - ▶ Make it accessible

# Resources

- ▶ [Risk Adjustment | CMS](#)
- ▶ [ICD-10-CM Guidelines April 1 2023 FY23 \(cms.gov\)](#)
- ▶ [Risk Adjustment and Stars Corporate CEU \(humana.com\)](#)
- ▶ [Advance Notice of Methodological Changes for Calendar Year \(CY\) 2024 for Medicare Advantage \(MA\) Capitation Rates and Part C and Part D Payment Policies \(cms.gov\)](#)
- ▶ <https://acdis.org/articles/note-acdis-interim-director-breakdown-cms%E2%80%99s-2024-hcc-proposed-changes>
- ▶ [MRA Alerts and Updates: 10 Guiding Principles of HCC Coding](#)
- ▶ <https://www.floridablue.com/binaries/content/assets/floridablue/en/forms-and-documents/providers/programs/qrpm-hcc.pdf>
- ▶ [Announcement of Calendar Year \(CY\) 2024 Medicare Advantage \(MA\) Capitation Rates and Part C and Part D Payment Policies \(cms.gov\)](#)

# Q&A





VBCExhibitHall.com

[Visit us in the VBC Exhibit Hall](#)



# Thank you for joining us

**Contact us**

[info@datalinksoftware.com](mailto:info@datalinksoftware.com)

**Visit us**

[www.datalinksoftware.com](http://www.datalinksoftware.com)

