HCC Recapture Made Smarter, Not Harder

Data-Driven Insights of HCC Opportunities with Minimal Impact to Workflow

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Agenda

- Welcome & introductions
- What is an HCC? What is the problem? Why does it matter?
- HDAI overview & overcoming TP-ACO's hurdles
- Results & next steps
- Q&A

HCC Overview & HDAI's solution

HCCs in value-based care

A brief overview

- Hierarchical Condition Category (HCC) coding is a risk adjustment model that estimates the expected healthcare cost for a patient

- HCC codes, along with demographics such as gender and age, help determine a Risk Adjustment Factor (RAF) score

- RAF scores are used to represent the predicted cost of treating a patient each year

- Patients not properly coded to the highest appropriate specificity results in falsely low RAF scores
  - This results in the patient's health status being underrepresented and can lead to the predicted cost of care for the patient being less than what is actually needed

- CMS Benchmark is the expected cost to care for patients based on HCC coding

CMS Benchmark *minus*
actual cost for patient care *equals*
Medicare Shared Savings

HCCs in value-based care

TP-ACO's HCC initiative

- Need: prioritize each provider's top 10 patients with the most impactable HCC recapture opportunities

- Goal: educate the practices and providers to make appointments for the patients and reassess the identified HCC recapture opportunities

- There were no existing easy, reliable methodologies for rank-ordering and detecting patients with highest HCC recapture opportunities
  - We could have looked through each patient's claims to see which HCC needs to be recoded
  - Another option would have been searching through each EMR system
  - This would have been very time consuming and there would be no way to narrow down to a reasonable goal

Audience poll

How TP-ACO approached getting data to physicians

A realistic approach with minimal interruptions to workflows

- Create a reasonable goal with clear ownership of responsibilities
  - Each provider to focus on 10 patients, those with the biggest HCC gap
  - Two staff members were tasked to pull reports for every provider, creating a cohesive workflow to mitigate any confusion
- Clear direction via clinician and staff education
  - TP-ACO set up in person education on HCC coding and gaps
  - Paper reports given in person instead of cluttering inboxes with easily missed emails
  - Limiting to 10 patients each made it easier for providers and staff to schedule those patients for appointments to reassess HCC gaps
- Feedback
  - Physicians found this process to be easy to follow without limiting their clinical autonomy
  - Many stated they preferred reviewing reports with care coordinator in person
  - Practices were open to accomplishing HCC goals to close those open gaps

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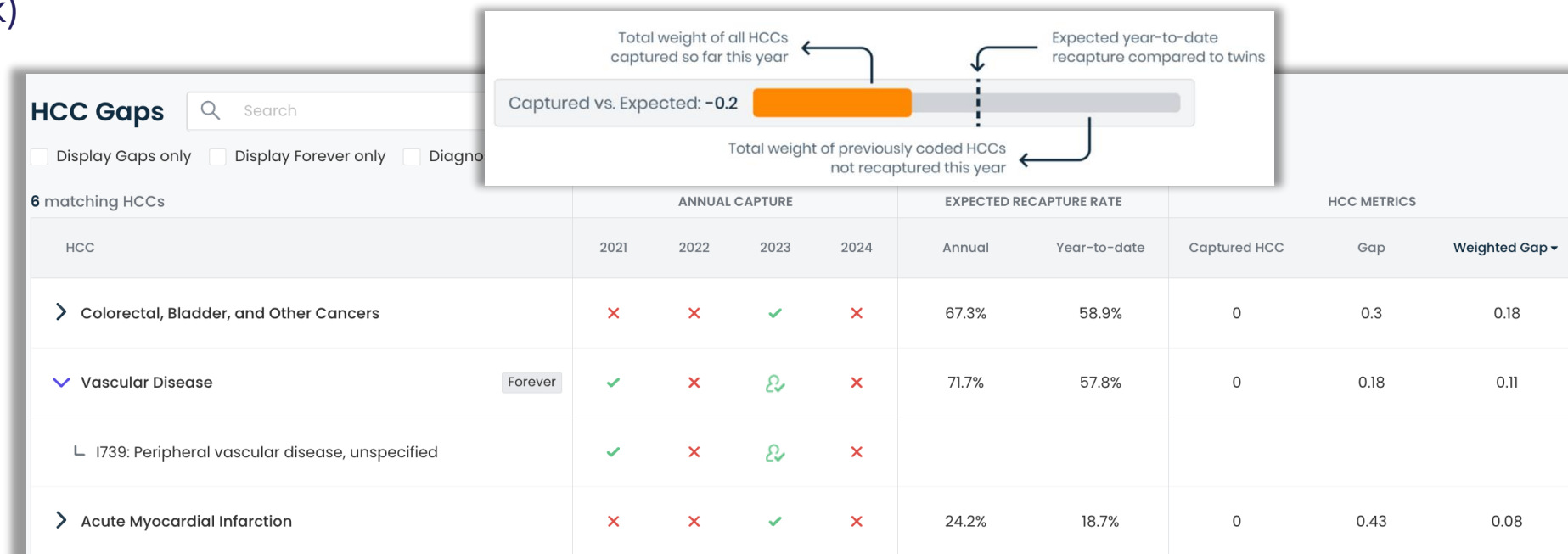
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How HealthVision's HCC Recapture Tool supports provider workflows

- Since HDAI has access to the Medicare Research Database (VRDC), HDAI is able to see HCC trends for all Medicare Fee for Service patients
- For each HCC, HDAI calculates expected year-to-date recapture rates and expected full-year recapture rates
  - Utilizing the VRDC, HDAI tracks and predicts HCC recapture patterns for all Medicare patients
- This is reflected in the "**weighted gap**" - the raw HCC weight against its year-to-date capture rate
  - This gives clinicians and coders a sense of which HCCs to prioritize in terms of both clinical significance and potential reimbursement
- HDAI updates data weekly with all fully adjudicated claims (regardless of if it was diagnosed in or out of network)

HCC Gaps			ANNUAL CAPTURE				EXPECTED RECAPTURE RATE		HCC METRICS		
Total weight of all HCCs captured so far this year							Expected year-to-date recapture compared to twins				
Captured vs. Expected: -0.2											
Total weight of previously coded HCCs not recaptured this year											
6 matching HCCs											
HCC		2021	2022	2023	2024	Annual	Year-to-date	Captured HCC	Gap	Weighted Gap ▾
❯ Colorectal, Bladder, and Other Cancers		✗	✗	✔	✗	67.3%	58.9%	0	0.3	0.18
▾ Vascular Disease	Forever	✔	✗	&✔	✗	71.7%	57.8%	0	0.18	0.11
└ I739: Peripheral vascular disease, unspecified		✔	✗	&✔	✗					
❯ Acute Myocardial Infarction		✗	✗	✔	✗	24.2%	18.7%	0	0.43	0.08

How HealthVision's HCC Recapture Tool supports provider workflows

Finding impactable patients - HDAI provides lists of patients by provider and provider group, helping user's focus their attention on patients with the biggest area of opportunity based on weight and likelihood of recapture

65 matching provider groups			PATIENT AVERAGE			TOTAL PATIENT PANEL		
Provider Group ▲	Patients	Capture Performance	HCC Captured	Gap	Captured vs. Expected	HCC Captured	Gap	Captured vs. Expected
▓▓▓ ▓▓ ▓	9	Low	0.29	1.25	−0.36	2.58	11.28	−3.20
▓▓ ▓ ▓	959	Average	0.66	0.63	0.11	628.62		
▓ ▓	644	Average	0.71	0.74	0.08	459.44		
▓▓ ▓	3	Low	0.00	0.61	−0.30	0.00		
▓ ▓ ▓	11	Low	0.01	0.72	−0.32	0.12		
▓ ▓ ▓ ▓	1	High	2.00	0.91	1.05	2.00		

255 matching patients		TOTAL PATIENT PANEL		
Patient ▲	Capture Performance	HCC Captured	Gap	Captured vs. Expected
▓ ▓ ▓ ▓	High	2.00	1.43	0.58
▓ ▓ ▓ ▓	Average	0.19	0.42	−0.06
▓ ▓ ▓	Average	0.19	0.03	−0.03
▓ ▓ ▓	Low	0.57	2.63	−0.74

Provider (individual or group) performance view → **Patient list view**

How HealthVision's HCC Recapture Tool supports provider workflows

Captured vs. Expected: -0.2

- Total weight of all HCCs captured so far this year
- Expected year-to-date recapture compared to twins
- Total weight of previously coded HCCs not recaptured this year
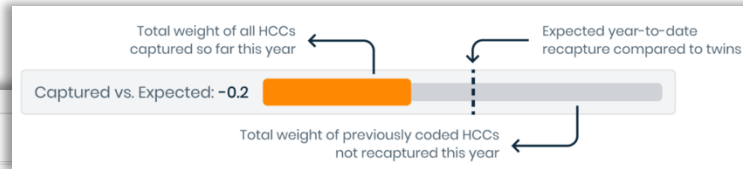
HCC Gaps

Search

☐ Display Gaps only ☐ Display Forever only ☐ Diagnosed by other providers only

6 matching HCCs

HCC	ANNUAL CAPTURE				HCC METRICS		
	2021	2022	2023	2024	Captured HCC	Gap	Weighted Gap ▾
› Colorectal, Bladder, and Other Cancers	✗	✗	✓	✗	0	0.3	0.18
⌄ Vascular Disease `Forever`	✓	✗	✓	✗	0	0.18	0.11
∟ I739: Peripheral vascular disease, unspecified	✓	✗	✓	✗			
› Acute Myocardial Infarction	✗	✗	✓	✗	0	0.43	0.08

I73.9: Peripheral vascular disease, unspecified

2024

Date	Provider	Specialty
05/24/24	▪▪ ▪▪ ▪ ▪▪ ▪▪	Family Medicine Physician
05/24/24	▪▪ ▪ ▪▪ ▪▪	Family Medicine Physician
05/03/24	▪▪ ▪ ▪ ▪▪ ▪ ▪▪ ▪ ▪	Primary Care Nurse Practitioner
03/01/24	▪ ▪▪ ▪▪ ▪	Family Medicine Physician
03/01/24	▪ ▪ ▪	Family Medicine Physician

Preliminary Case Study Results

Overall HCC Gaps for TP-ACO decreased by 9% August to mid-September

TP-ACO focused on three primary provider groups for outreach

Reports delivered & educational sessions completed between 7/9 - 8/22

Provider	7/9/2024 week 1			8/22/2024 week 7			9/17/2024 week 11		
	# of Patients	Captured	Gap	# of Patients	Captured	Gap	# of Patients	Captured	Gap
Provider Group A	117	55.57	77.55	128	68.63	66.43	129	71.84	63.65
Provider Group B	33	15.8	33.42	37	25.60	28.33	36	26.80	25.31
Provider Group C	245	102.21	159.71	264	127.68	136.39	261	126.84	127.94

*Captured units are measured per 1000 beneficiaries.

Provider Group A, N=130

Captured HCCs increased by **13%** from July to September

July 9, 2024

September 13, 2024

55.57

77.55

65.94

71.32
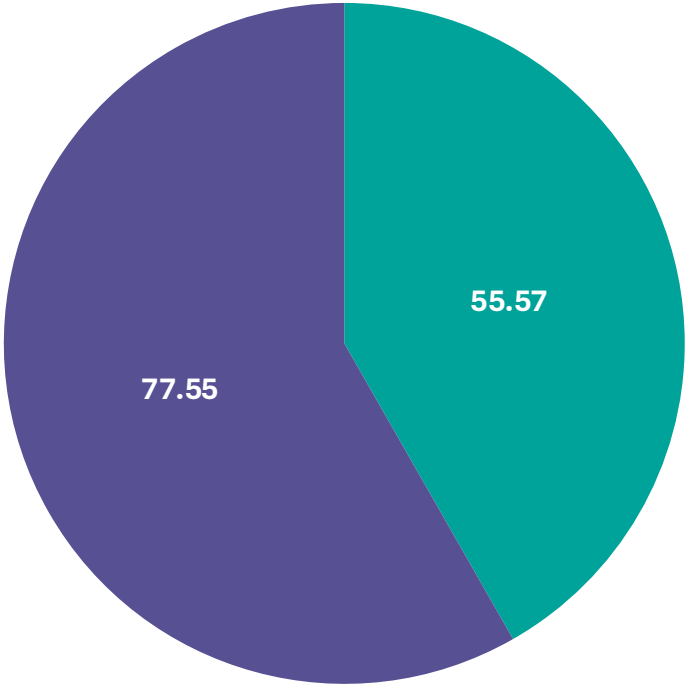
■ HCC Captured ■ HCC Gap
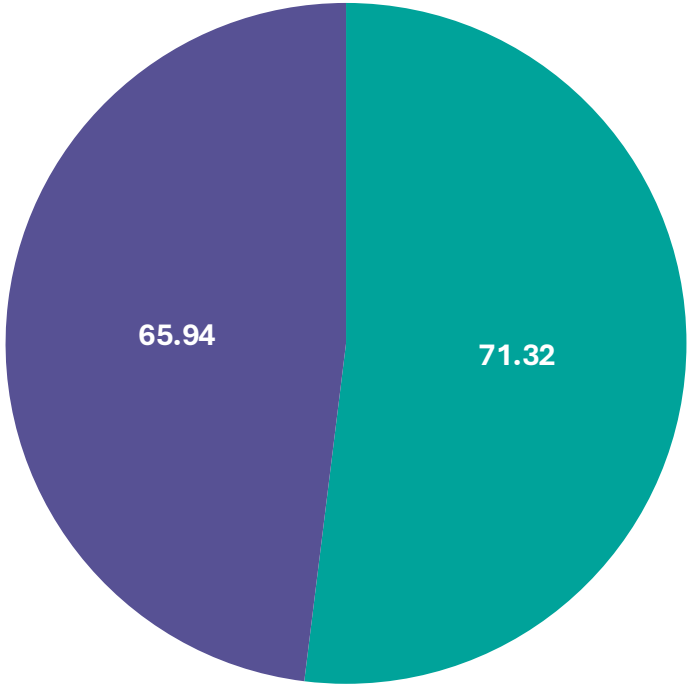
■ HCC Captured ■ HCC Gap

Provider Group A's attributable patient population increased 11% in this time period as well

Provider Group B, N=36

Captured HCCs increased by **31%** from July to September
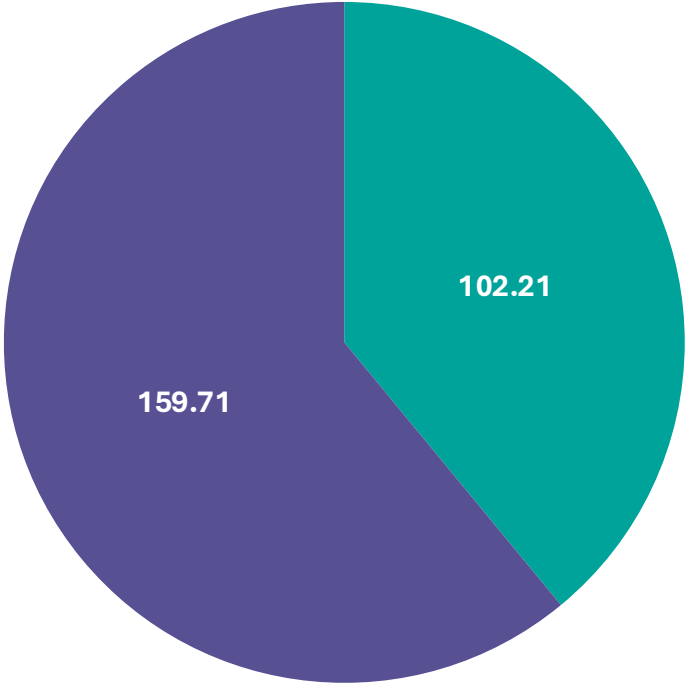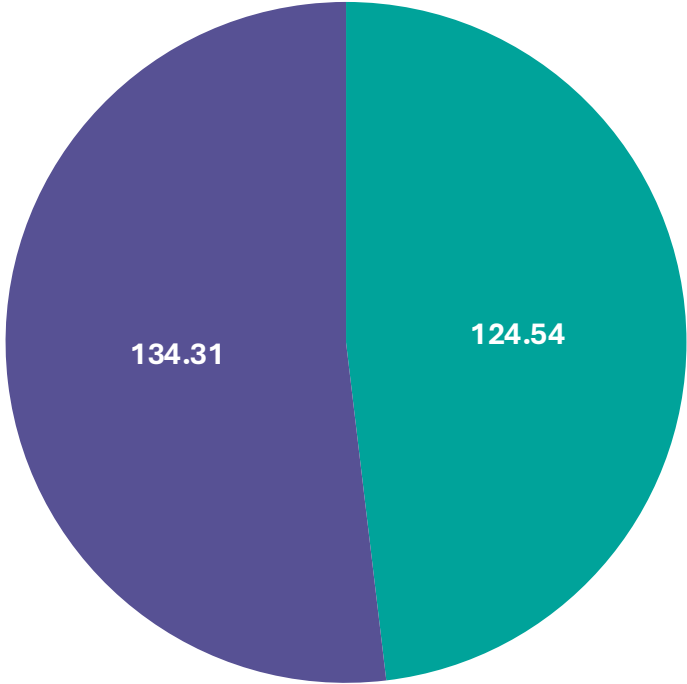
July 9, 2024

September 17, 2024

15.8

33.42

■ HCC Captured ■ HCC Gap

25.31

26.80
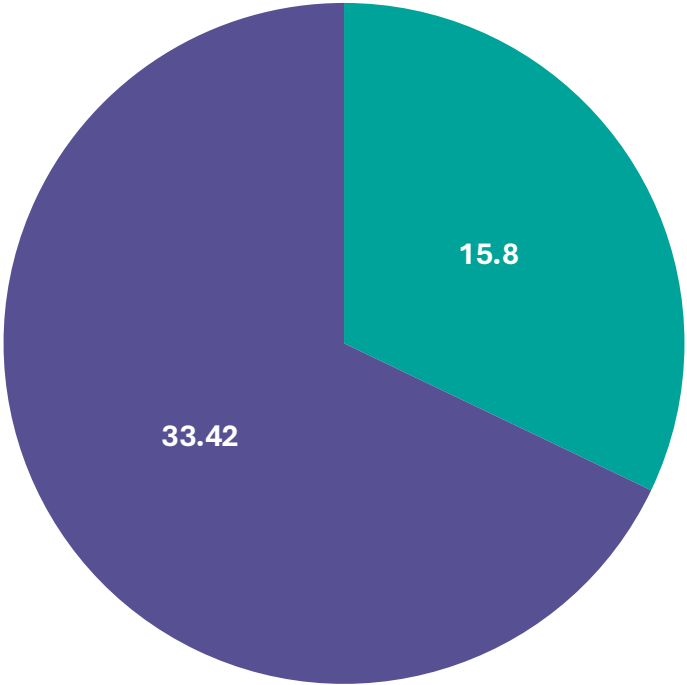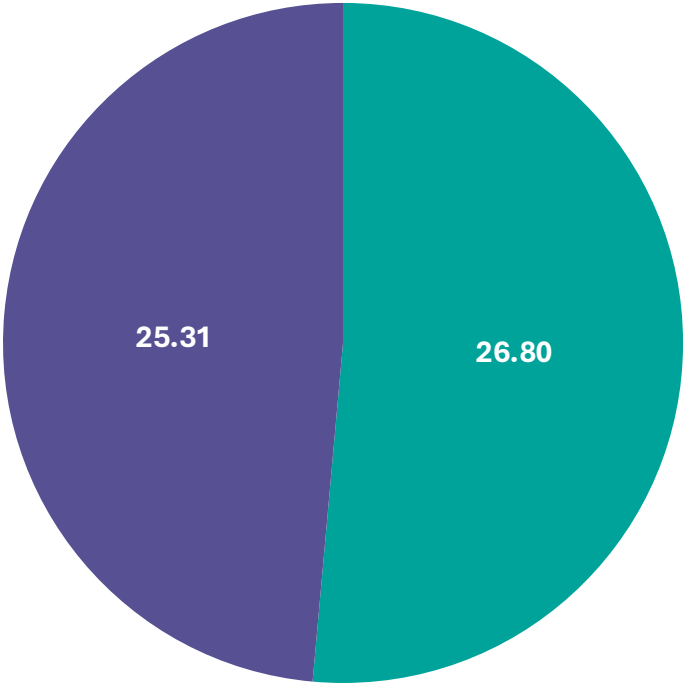
■ HCC Captured ■ HCC Gap

Provider Group B's attributable population increased 9% in this time period as well

Provider Group C, N=264

Captured HCCs increased by **11%** from July to September

July 9, 2024

September 13, 2024

102.21

159.71

134.31

124.54

■ HCC Captured ■ HCC Gap

■ HCC Captured ■ HCC Gap

Provider Group C's attributable population increased 8% in this time period as well

Audience poll

What questions can we answer?

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Stop by our VBCExhibitHall.com Virtual Booth

Thank you!

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