

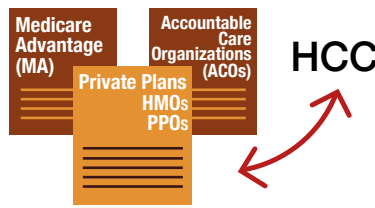
HCC: Critical Element of Risk Management

Implement an HCC Best Practice – PYA's HCC Checkup



Since 2004, Hierarchical Condition Categories (HCC) have been a foundational element of the Centers for Medicare & Medicaid's (CMS) capitated payments, value-based reimbursement methodology.

HCC risk-adjusted framework is used through private and public plan contracts to better manage and modulate payments.



Risk Adjustment Factors (RAFs)

HCCs use RAFs to

- **Capture** complex health conditions
- **Determine** capitated payments with reimbursement rates based on 12-month retrospective patient diagnostic record
- **Renew** HCC scores every year

“Our second goal is for virtually all Medicare fee-for-service payments to be tied to quality and value; at least 85% in 2016 and 90% in 2018.”
- Sylvia Burwell, the Secretary of HHS

Precise HCC Coding

The core of reimbursement

Seismic financial implications are associated with inaccurate HCC coding.

Coding needs to accurately reflect the patient conditions and those conditions must be documented in the patient's record. Example below shows the variability when coding is not accurate.



78-year-old male patient presents for follow-up of labs and chronic conditions.

Patient notices decreased vision in left eye lately, and will contact eye doctor today. Patient is taking medications as prescribed. Patient has follow-up in two days with specialist, will send lab results.

Past Medical History:

hyperlipidemia, hypertension, and type 2 diabetes

Physical Exam:

Normal

Provider Assessment:

- Chronic diastolic heart failure
- Hyperlipidemia
- Hypertension
- Chronic kidney disease 4
- Diabetes w/renal complications and peripheral angiopathy
- Diabetes w/polyneuropathy

Coding Example 1

Condition	ICD-10-CM Code	HCC	CMS Risk Score
78-year-old male			0.442
Diabetes	E11.9	19	0.118
Hypertension	I10	N/A	0.0
CKD Stage 4	N18.4	137	0.224
Hyperlipidemia	E78.5	N/A	0.0
Diastolic heart failure	I50.30	85	0.368

Total RAF Score 1.152

More accurate coding of actual diabetes condition has effect on RAF score.

*HCC 18 is ONLY counted once per patient per year

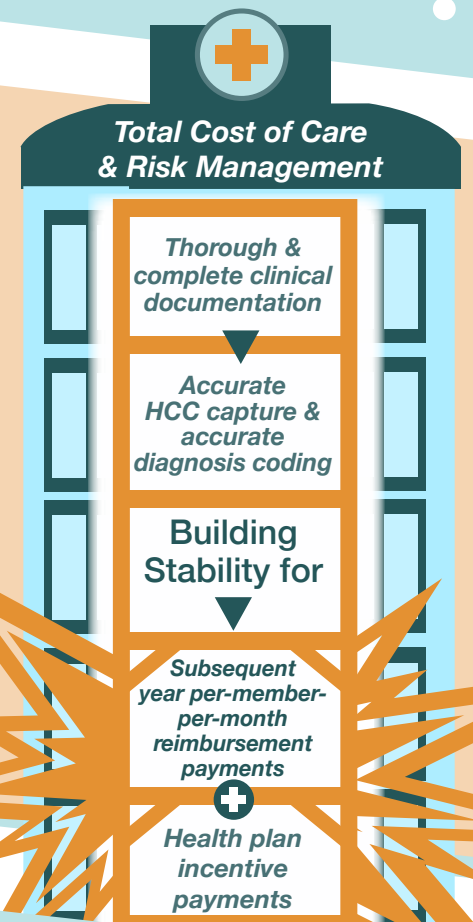
Coding Example 2

Condition	ICD-10-CM Code	HCC	CMS Risk Score
78-year-old male			0.442
Type 2 diabetes w/ diabetetic chronic kidney disease	E11.22	18	0.368
CKD stage 4	N18.4	137	0.224
Hypertensive CKD	I12.9	N/A	0.0
Type 2 diabetes w/diabetic polyneuropathy	E11.42	18	0.368
Type 2 diabetes w/ diabetetic peripheral angiopathy w/o gangrene	E11.51	18, 108	0.368 & 0.299
Chronic diastolic heart failure	I50.32	85	0.368
Hyperlipidemia	E78.5	N/A	0.0

Total RAF Score 1.701

The Inevitable Drift Arising from Expedience

People gradually streamline highly repetitive tasks. Unfortunately, less-than-thorough HCC patient coding is often undetected and can negatively impact clinical outcome measures and fiscal resources.



The Epicenter of the SOLUTION

HCC Periodic Checkup

Implement a **Best Practice** to Ensure Thorough & Accurate Coding

► PYA's HCC Checkup utilizes computational data analytics for retrospective chart assessments to determine the level of accuracy of HCCs captured.

► Access experts who provide education and training of physicians and office staff plus operational assessments including EHR analysis.

Non-Intrusive Expertise

Our professional multidisciplinary team has extensive clinical backgrounds to adapt to large or small care environments and seamlessly integrate without disrupting workflow.

Objectivity

PYA's established examination processes are designed to provide neutral, unbiased assessments of HCC accuracy while aiming to help you achieve positive, sustainable outcomes.

Efficiency

A modest investment delivers peace-of-mind regarding the accuracy of HCC coding and reimbursements.

Let PYA's HCC Periodic Checkup help improve your HCC capture accuracy.

