



BDA

HCC ReClaim™

BDA HCC ReClaim™

A Success Story

Success Story

Sample Organization



Top 3 Challenges of Organization:

1. Limited knowledge of HCC Risk Adjustment to provide training/education
2. Limited resources to provide HCC documentation and coding training/education across organization
3. No ability to identify areas of HCC opportunity and improvement (recapture, capture, undervalued, and other trends)

Low Recapture Rate

2021 Baseline HCC Recapture Rate: 42%

- Full calendar year of claims data
- Prior to BDA training and education/initiatives implemented

Action Taken:

- **BDA Remote/Virtual Training and Education Provided To:**
 - Coding Department Leadership Team
 - Coding Team (over 50 coding professionals)
 - CIN Leadership Team
- **Training/Education Provided:**
 - HCC RA Overview Presentation
 - ✓ Defined HCC RA including how RAF scores build based on diagnoses coded/reported
 - ✓ Reviewed how RAF scores impact payment
 - ✓ Discussed documentation requirements for coding/reporting diagnoses
 - ✓ Reviewed ICD-10-CM guidelines and AHA Coding Clinic rules that impact RA
 - ✓ Reviewed common documentation and coding errors that impact RAF score.
- **Documentation and Coding for HCC Risk Adjustment Presentation**
 - ✓ Common documentation insufficiencies and coding errors impacting patient RAF scores
 - ✓ Guidelines and rules for documentation and HCC diagnosis codes
 - ✓ OIG information on HCCs not validated by documentation based on chart reviews.
- **Provided information on 3 HCC opportunities identified in analysis**
 - ✓ Assisted with internal initiatives for accurate capture

Results:

2022 Mid-Year HCC Recapture Rate: 43%

- 6-7 months of claims data

**Morbid Obesity - HCC 22
Value .250**

2021 Baseline

Morbid Obesity Capture Rate: 1.83% of total membership

- Full calendar year of claims data
- Prior to BDA training and education/initiatives implemented

Action Taken:

- **BDA analysis of HCC 22 using data in ReClaim™ identified:**
 - Low percentage of recapture
 - Low percentage of membership
- **Training/education with coding department leadership regarding documentation requirements.**
- **BDA recommendations:**
 - Education for providers and coding professionals on documentation requirements for coding morbid obesity and BMI codes.
 - Pre-bill coding department review of visits for which BMI would indicate morbid obesity diagnosis, however morbid obesity not coded/reported.

Results:

2022 Mid-Year

Morbid Obesity Capture Rate: 3.67% of total membership

6-7 months of claims data

Expected Annual Expenditure

Using CMS Published Denominator: \$9,367

Year	HCC	Descriptor	HCC Value	# Members Captured	Expected Annual Expenditure
Baseline (2021)	22	Morbid Obesity	.250	100	\$234,175
Program Year (2022)	22	Morbid Obesity	.250	284	\$665,057
Increase in expected annual expenditures from baseline to program year					\$430,882

Medicare Advantage Example: 184 additional members with HCC 22:

Example of Potential Financial Impact
10,000 MA Members
+ 184 with HCC 22 (mid-year)
Potential Financial Impact for CY = \$441,600
*\$800 PMPM X .250 value X 184 members
X 12 months*

DM with Complications - HCC 18
Value .302

Similar initiatives put in place for DM with Complications.

Results:

2021 Baseline

DM with Complications HCC 18: **11.33%** of total membership

2022 Mid-Year

DM with Complications: **12.21%** of total membership

6-7 months of claims data