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)

<table>
<thead>
<tr>
<th>Low Recapture Rate</th>
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</table>

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

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