Improving Risk-Adjustment Documentation with a Comprehensive Hierarchical Condition Category (HCC) Management Solution

The Hierarchical Condition Category (HCC) risk-adjustment model is becoming both increasingly more important and challenging to healthcare organizations as it is progressively being applied to not just Medicare Advantage (MA) plans but also Accountable Care Organizations (ACOs) and Hospital Value-Based Purchasing (HVBP) Programs. With the HCC framework, providers assume greater accountability and risk, and while HCCs are irretrievably tied to revenue, they also provide an opportunity for better patient care management by rewarding higher-quality clinical information.

THE CHALLENGE

For accurate HCC coding, providers need to capture the complete diagnostic profile of every patient, including all information that impacts a patient's evaluation, care and treatment to ensure appropriate payment. HCCs use a risk-adjustment factor (RAF) score that includes patient diagnoses and demographic information. In this model, chart documentation is the key to risk-adjustment payment integrity and accuracy as well as a holistic understanding of the patient to drive better care quality and outcomes.

HCC capture poses some unique challenges including:

- Providers must document that the patient's conditions were monitored, evaluated, assessed and treated.
- The highest disease categories for each patient's condition/s must be documented by the provider.
- The severity and stage of clinical conditions (e.g., stage IV chronic kidney disease) must be captured because such diagnoses could serve as predictors for future healthcare needs.
- HCCs must be captured every 12 months for each patient to get MA plan reimbursement.
- It is difficult for providers to know or even identify which HCCs they are missing before claims are submitted, by which time it is usually too late.
- A problem list that includes information from narrative documentation needs to be kept updated.

THE SOLUTION

Maintaining quality documentation and coding for HCCs is complex, requiring organizations to take a multi-pronged approach to clinical documentation that continually evaluates, educates, monitors, and improves documentation quality. To successfully adapt to the new risk-adjustment environment, M*Modal is the only company that provides a comprehensive, technology-driven solution that delivers frontline assistance to physicians so that HCC opportunities are not missed while documenting the patient encounter as well as a back-end, concurrent audit solution to catch any HCC gaps before claims submission.

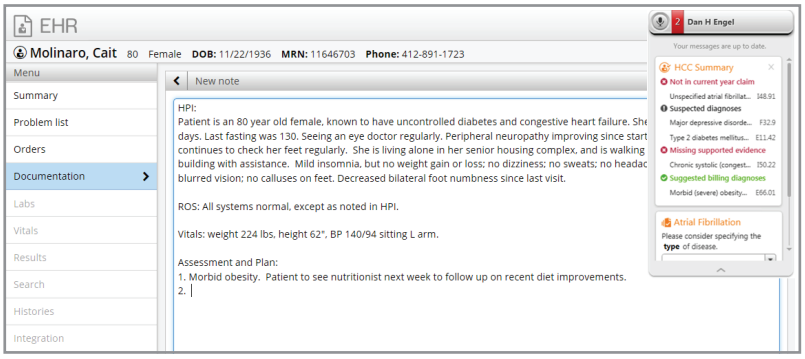
M*Modal HCC Management™ solutions are designed for hospital inpatient and outpatient facilities to ensure their documentation accurately reflects the HCC risk scores for their patient population based on reported diagnoses. The M*Modal HCC solution is built on M*Modal's single, EHR-integrated, cloud-based platform that utilizes artificial intelligence (AI) and natural language understanding (NLU) technologies to embed clinical intelligence into existing documentation workflows. The NLU technology does the heavy lifting of combing through both EHR and narrative documents to find underspecified, deficient documentation and HCC opportunities.

M*Modal HCC Management, designed to help risk-bearing healthcare organizations improve care quality and financial outcomes, includes:

Proactive Front-End Physician Aide: M*Modal HCC Engage™ delivers real-time, automated and high-value HCC-related information to physicians so they can be well prepared for the patient visit. By providing the physician with proactive information on patients, M*Modal delivers sustainable support to physicians in creating fully-specified notes and ensures documentation on chronic conditions such as diabetes, hypertension, stroke, etc. is complete and compliant – all in true real time and within the normal EHR documentation workflow. To do this, M*Modal continuously analyzes the patient chart to:

- Help providers ensure all diagnoses are captured each calendar year
- Minimize retrospective queries while optimizing revenue
- Streamline physician workflows while improving documentation and care quality
- Leverage existing systems

Back-End Auditing Workflow: M*Modal HCC Collaborate™ provides support to auditors to prioritize patients to be scheduled based on gaps in their risk score. Gaps are identified based on diagnoses not yet captured in claims in the current year as well as by leveraging industry-leading NLU to identify HCC opportunities that would otherwise be missed due to incomplete documentation. By continuously analyzing all patient charts, M*Modal provides ongoing monitoring to ascertain optimal documentation for HCC coding and reporting, and delivers a single-access web interface for multiple stakeholders to collaborate on the chart. This unique solution also:



M*Modal HCC Management informs providers of HCC opportunities, makes corrective suggestions and delivers appropriate ICD-10 codes for patient risk-adjusted conditions.

- Provides game-changing summarized evidence sheets on the patient's entire history
- Delivers real-time prioritized worklists based on gaps in patient risk scores to drive scheduling and audits
- Supports a post-visit validation workflow to ensure physician documentation is complete

RAF Score Management: M*Modal has collaborated with SAS to calculate a RAF score for all patients in a facility's patient population. Armed with this information, auditors can immediately identify gaps in the capture of chronic conditions from year to year, as well as find additional HCC opportunities. Revenue cycle managers gain transparency into population RAF scores and gaps that are otherwise cumbersome to find and identify. This unique solution also enables you to:

- Get a true and accurate risk score based on the same data models used by CMS (Centers for Medicare & Medicaid Services)
- Directly impact reimbursement by improving your RAF scores for a very targeted approach
- Truly understand each patient's complexity to improve clinical outcomes