



## 3M CDI Innovation Webinar Series

# Leveraging technology to capture HCCs across the continuum

*Colleen Deighan and Dan Engel,  
3M Health Information Systems*

May 27th and 28th, 2020

# Handouts, Recording and Certificates

A PDF handout that contains all of the presentation slides is available for you to download, and that's located in the 'Handouts' section of your web meeting controls.

Look out for an email within the next week that includes a link to the webinar recording and slides.

We will provide a certificate of attendance to webinar attendees, and that will be emailed to you later today upon the completion of this webinar.

# Speakers Introduction



*Colleen Deighan, RHIA, CCS, CCDS-O*

Colleen is a consultant with 3M Health Information Systems where she provides advisory services for outpatient CDI, clinical coding, and revenue cycle management services to 3M clients. She has 25 years of progressive technical and managerial experience in coding, clinical documentation, compliance and revenue cycle management. Prior to joining 3M Colleen served as Director of Professional coding, Director of CDI, Senior Director of Coding Compliance, and Senior Program Director for ICD-10 implementation at a large academic medical institution in Cleveland, Ohio. Colleen also served as adjunct faculty at Cuyahoga Community College in the Health Information Management program for twelve years instructing on courses for clinical coding, reimbursement methodologies and medical terminology. Colleen has a bachelor's degree in Health Information Management from the University of Cincinnati, she is a Registered Health Information Administrator (RHIA), a Certified Coding Specialist (CCS) and a Certified Clinical Documentation Specialist for outpatient CDI (CCDS-O).

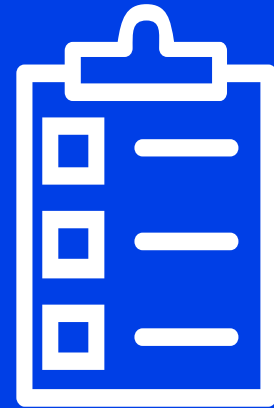


*Daniel Engel, MS*

Dan is a senior product manager responsible for 3M™ M\*Modal HCC Management, focusing on the challenges faced by clinicians and healthcare providers and working to implement 3M M\*Modal's strategic vision of delivering outcomes related to improvements in revenue integrity, patient care, and communication. Dan joined M\*Modal in 2011 after graduating with a master's degree in health information systems from the University of Pittsburgh. During his time with the company time Dan has supported efforts to bring computer assisted physician documentation (CAPD) and natural language understanding (NLU) solutions to market that help create time to care.

# Agenda

- Understanding Hierarchical Condition Categories (HCCs)
- 3M HCC Management Solution Overview
- Q&A Session



# Understanding Hierarchical Condition Categories (HCC)



# Background and History – HCC's Models Hierarchical Condition Categories (HCCs)



## CMS HCC

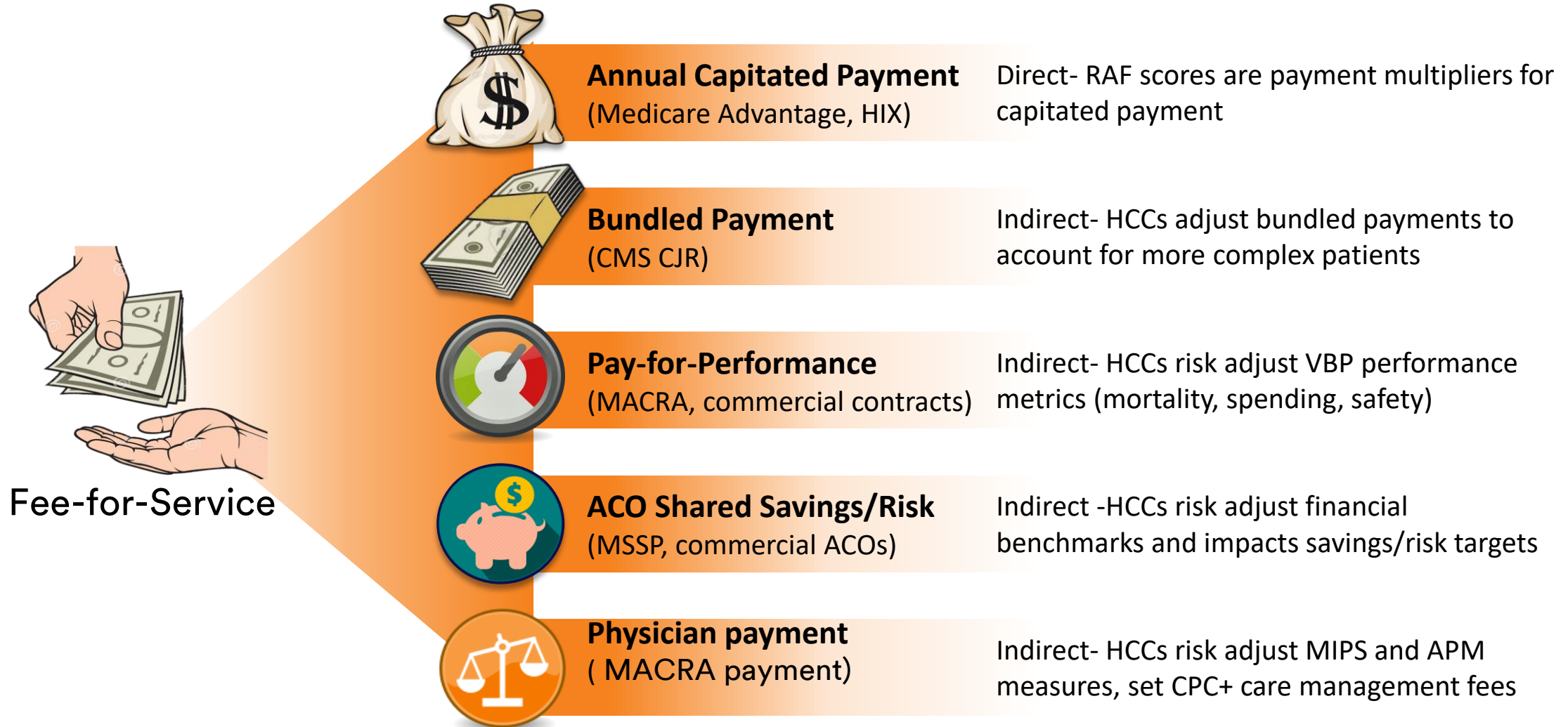
- Developed by CMS for risk adjustment of the Medicare Advantage Program (Medicare Part C)
- CMS also developed a CMS RX HCC model for risk adjustment of Medicare Part D population
- Based on aged population (over 65)
- Current year data predictive of future year risk



## HHS HCC (Commercial HCC)

- Developed by the Department of Health and Human Services (HHS)
- Designed for the commercial payer population
- HHS-HCCs predict the sum of medical and drug spending
- Includes all ages
- Current year data used to predict current year risk

# HCCs in multiple value-based payment programs



# COVID-19 Telehealth Services for Risk Adjustment

- The 2019 Coronavirus Disease (COVID-19) pandemic has resulted in an urgency to expand the use of virtual care to reduce the risk of spreading the virus
- CMS stated that Medicare Advantage (MA) organizations and other organizations that submit diagnoses for risk adjusted payment are able to submit diagnoses for risk adjustment that are from telehealth visits when those visits meet all criteria for risk adjustment eligibility
- Diagnoses resulting from telehealth services that meet the risk adjustment face-to-face requirement :
  - Real-time interactive audio and video telecommunication
    - Any technology with audio and video can be used
    - Will not face HIPAA penalties from HHS Office of Civil Rights
  - Allowable services: Office visits, hospital inpatient, nursing facility services, 80+ services

Source: <https://www.cms.gov/newsroom/press-releases/cms-news-alert-april-13-2020>

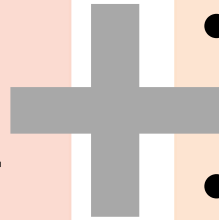


# HCC RAF calculation

Total score of all relative factors related to one patient for a year (Invisible to coder and provider until RAF score for next year is determined)

## Demographic Risk Score

- Age
- Residence (in community versus SNF or institution)
- Medicaid disability and interaction with age/gender



## Disease Risk Score

- Reported HCC diagnoses
- Interaction factors (for interactions between disease categories)
- Disability status



## Patient Risk Adjustment Factor (RAF)

- Reflects underlying health status and expected costs

# HCC Risk Adjustment Factor Methodology Example

Paul Smith, 78-year-old male, community based, managing chronic conditions

2019 Risk Adjustment Factor (RAF) Score Diagnoses documented/billed during visits in 2019	
Demographic score: 2019	0.466
HCC 18: Diabetes w/retinopathy	0.302
HCC 22: Morbid Obesity	0.263
HCC 40: Rheumatoid arthritis	0.421
HCC 85: Dilated cardiomyopathy	0.331
HCC 111: COPD	0.335
HCC Interaction Score: CHF—COPD	0.190
HCC Interaction Score: Diabetes—CHF	0.154
Total RAF Score	2.462

2020 Risk Adjustment Factor (RAF) Score Diagnoses documented/billed during visits in 2020	
Demographic score: 2020	0.466
HCC 18: Diabetes w/retinopathy	0.302
HCC 22: Morbid Obesity	0.263
Total RAF Score	1.031
2020 Missing RAF Score	1.431

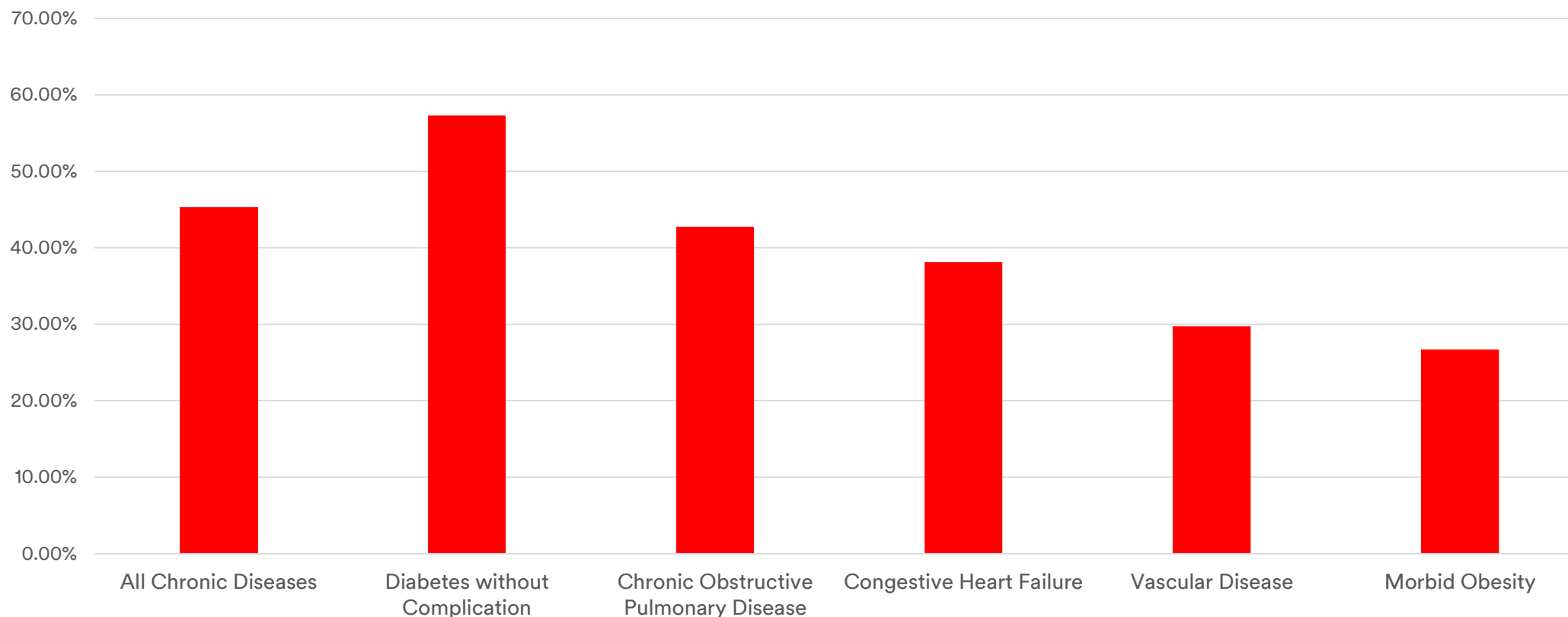
## Capitated Pay Per Member Per Month (PMPM):

- \$800 PMPM x 2.262 RAF = \$1810
- \$800 PMPM x 1.031 RAF = \$799

**\$12,132**  
Annual

# Chronic disease is reconfirmed only **45%** of the time

% of Chronic HCCs Reconfirmed Year-Over-Year  
Medicare Population



# Common HCC Clarification Opportunities

## Top 10 Most Under-Documented HCCs

- > Amputations
- > Artificial openings
- > Asthma and pulmonary disease
- > Chronic skin ulcer
- > Congestive heart failure
- > Drug dependence
- > Metastatic cancers
- > Morbid obesity
- > Rheumatoid arthritis
- > Specific type of major depressive disorder

Source: 3M aggregated claims data

## Top 10 Most Over-Documented HCCs

- > Conditions that have been surgically corrected (e.g., abdominal aortic aneurism)
- > Diabetes with complications
- > Malnutrition
- > Nephritis
- > Pathological fractures (e.g., old pathological fractures reported as current)
- > Pneumococcal pneumonia (e.g., unspecified pneumonia reported as pneumococcal)
- > Polyneuropathy (e.g., reported as current when no treatment, evaluation, or monitoring is documented)
- > Primary site cancers (e.g., indicating historical conditions as current)
- > Strokes (e.g., indicating acute stroke instead of late effect of stroke)
- > Vascular disease (e.g., reported as current when no treatment, evaluation or monitoring is documented)

Source: 3M aggregated claims data



# Polling question #1

Who within your organization is responsible for Hierarchical Condition Category (HCCs) review/capture/validation?

***Select all that apply.***

- ☐ Inpatient / Ambulatory CDI
- ☐ Professional Coding
- ☐ Quality / Population health
- ☐ We don't have an HCC program at our organization
- ☐ We're looking to establish an HCC program

# 3M HCC Management Solution Overview



# Leveraging AI and Speech Technologies

- Conversational Speech and Natural Language Understanding
  - Deep clinical intelligence based on M\*Modal AI and 3M clinical classifications
  - Computer-assisted physician documentation (CAPD)
  - Virtual assistant and ambient intelligence
  - Information-enabled workflow management platform for clinical documentation, coding, CDI, quality, audit
- + **Proactive, actionable insights from clinical data directly at the point of care**

**300,000+**

Clinicians using 3M  
M\*Modal speech  
understanding

**250+**

EHRs certified for  
3M/M\*Modal clinical  
intelligence (CAPD)



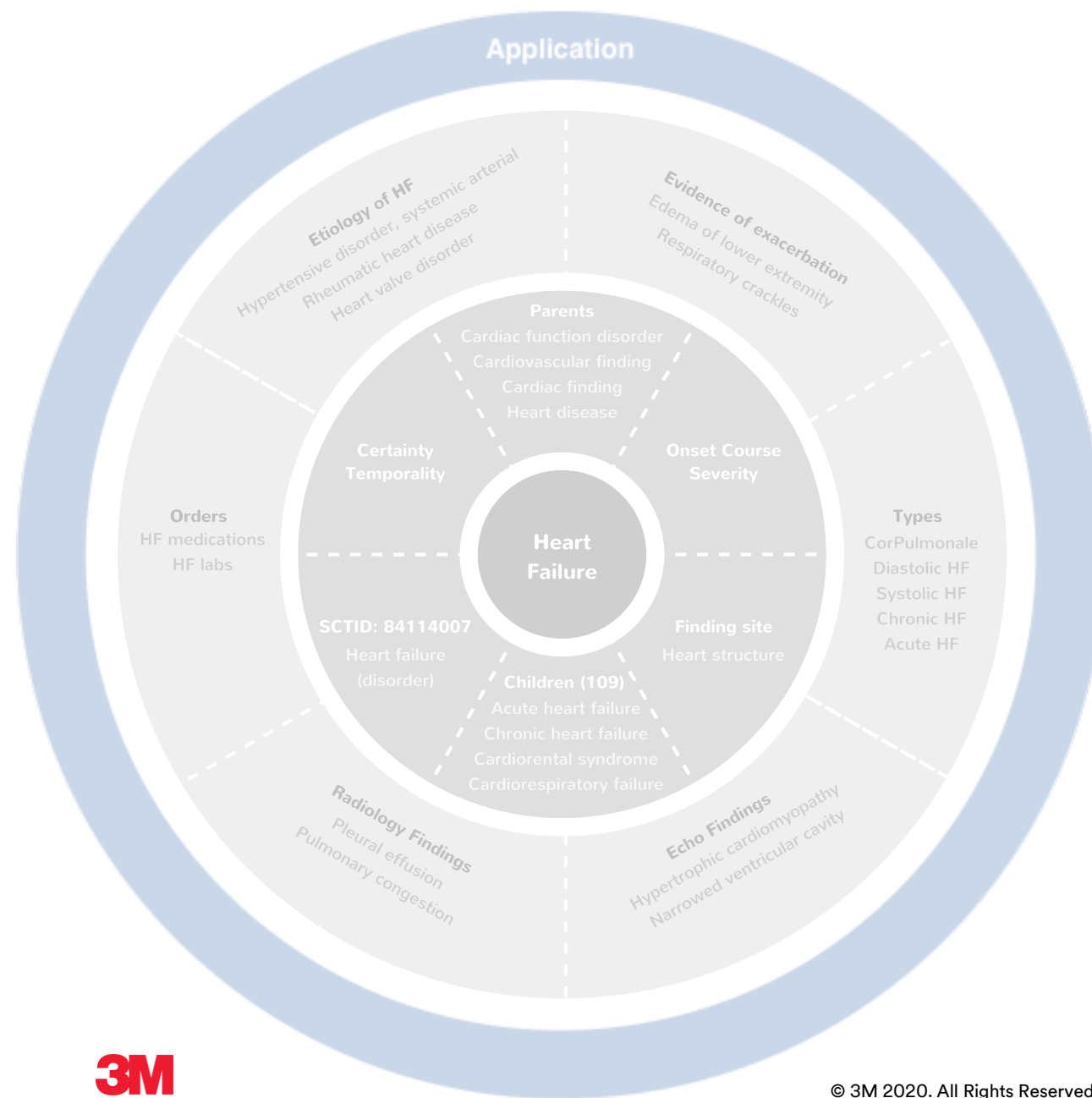
# Clinical Intelligence: *Platform*

**Aggregates and reasons over clinical information** from various sources, such as narrative documents and discrete data.

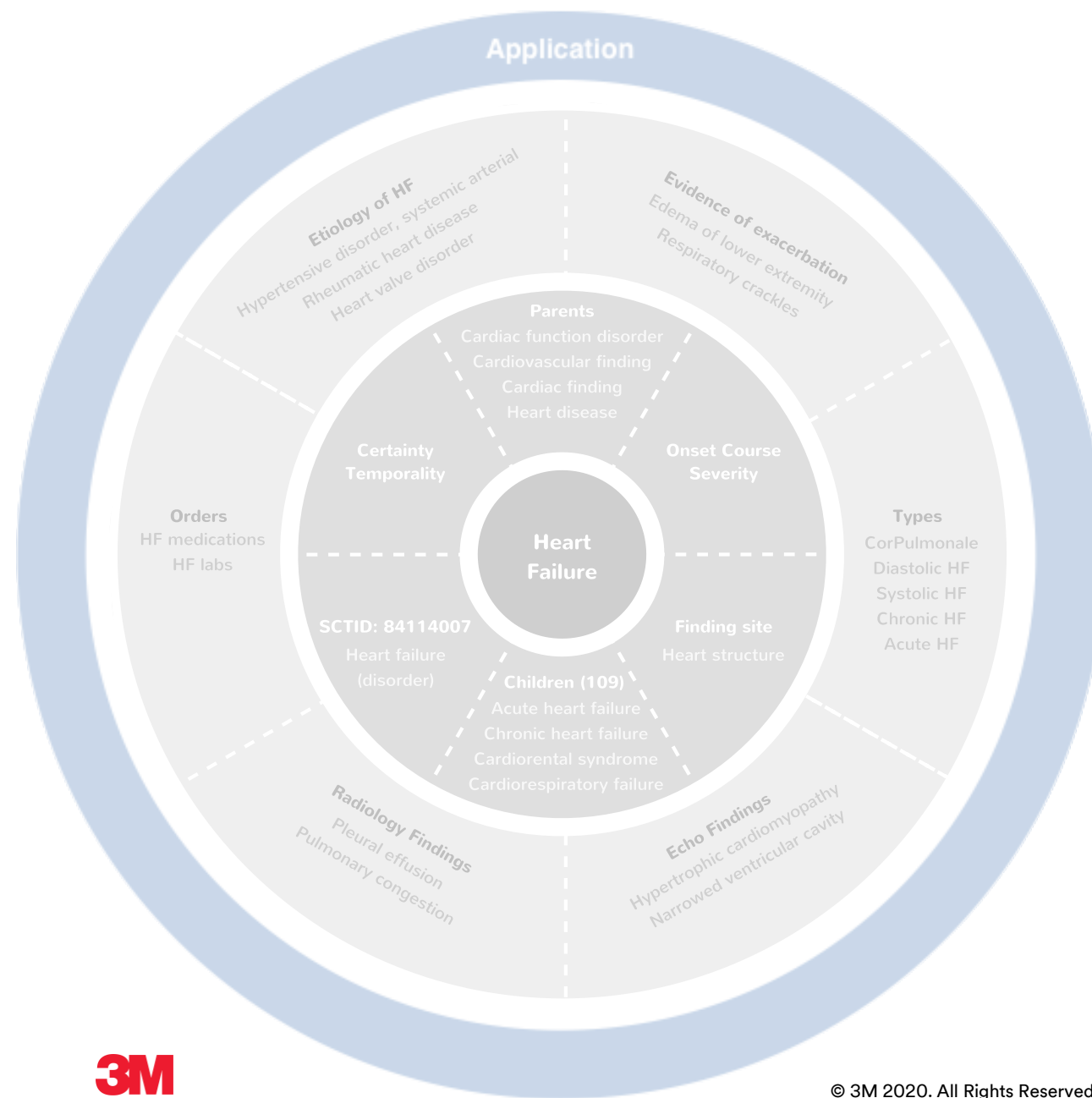
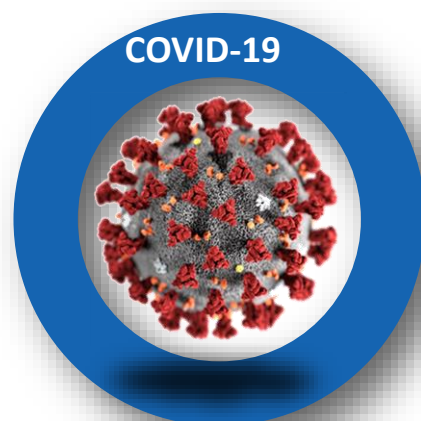
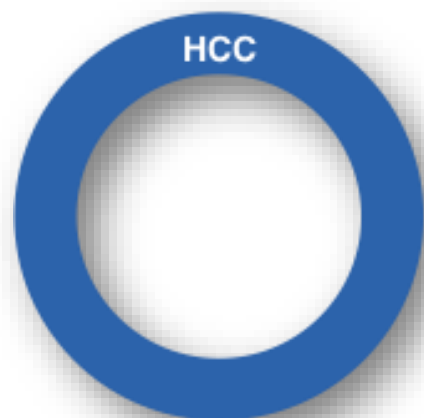
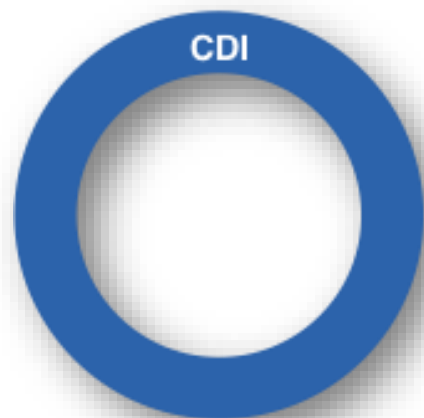
**Relies on standard ontologies**, such as SNOMED, to establish relationships between medical terms.

**Establishes clinical value sets** for related treatment, findings, procedures, manifestations, etc.

Uses a combination of **artificial intelligence**, machine learning (*core*) and rules engines (*application*).



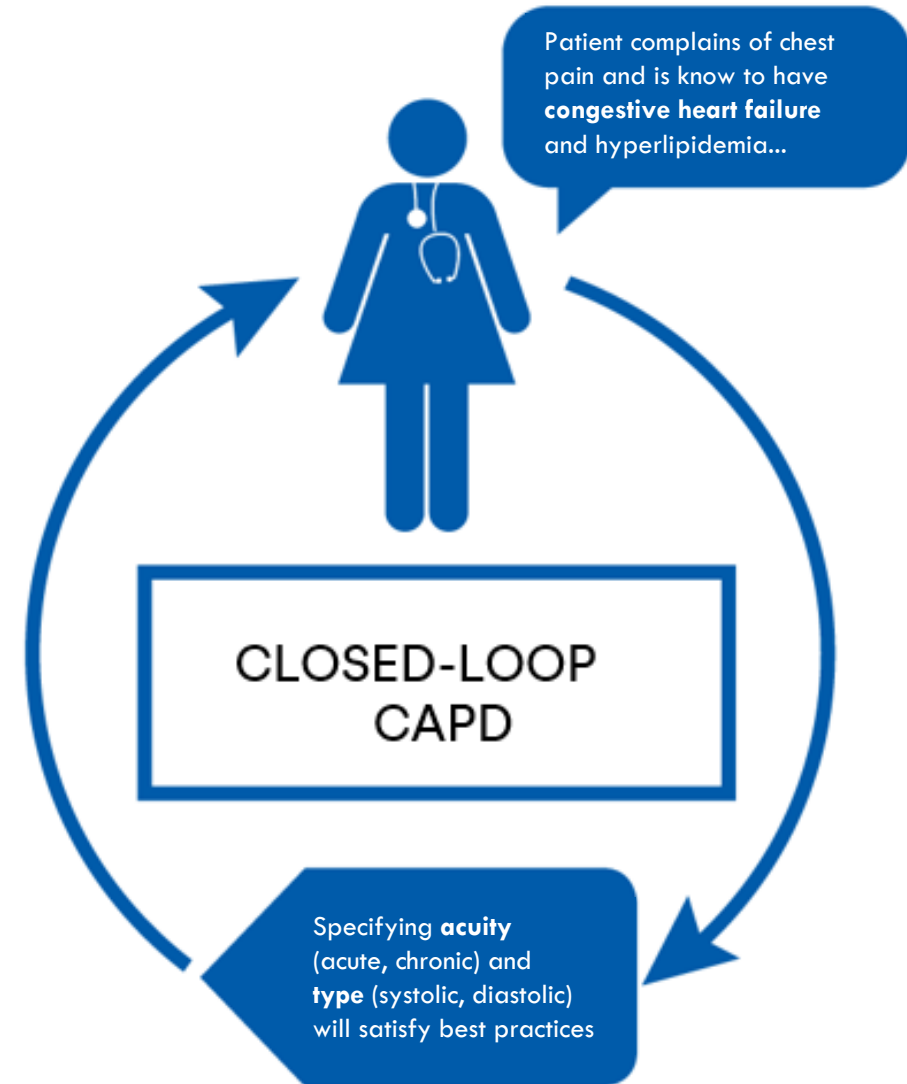
# Clinical Intelligence: *Solutions*



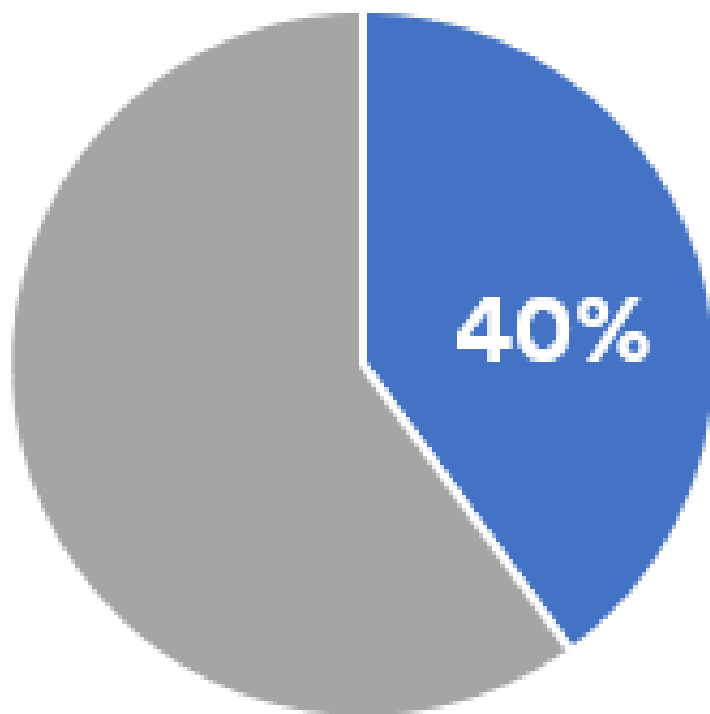
# Real-Time Clinical Intelligence at the Point of Care

## Computer-Assisted Physician Documentation (CAPD)

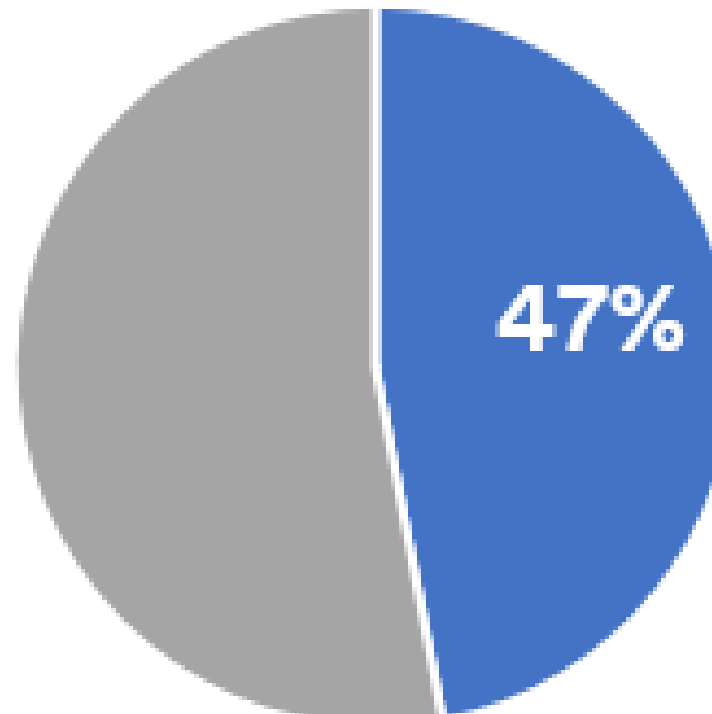
- Real time feedback from clinical understanding platform
- Proactively encourages consistency and accuracy
- Closes care gaps, improves communication and compliance



# 2020 ACDIS CDI Week – Industry Survey



of respondents review  
outpatient records



of respondents focus their  
reviews on HCC capture

# Managing HCCs

During the year, all patient hierarchical condition category (HCC) diagnoses must be treated or evaluated, as well as documented, coded and billed in any care setting to accurately represent patient health risk.

## How hospitals use HCCs (or need to)



**1/3**

monitor HCCs for  
value-based programs



**2/3**

look for HCCs  
solutions to identify  
patients with diagnosis  
and risk score gaps



**Only 1/7**

know how well their  
physicians actually  
capture HCC diagnoses

## Biggest HCC hurdles

Implementing HCCs  
into current processes

**62.2%**





Documenting highest  
disease categories

**55.9%**

Coding accurately  
based on patient data

**54.1%**

## Top 4 HCC needs from healthcare organizations

-  **1** Identify patients with gaps in diagnoses and risk scores
-  **2** An easy way to prioritize patients with missing diagnoses
-  **3** The capability to review a patient's health history quickly and efficiently
-  **4** Physician workflows that identify gaps in DX documentation at point of care



## Polling question #2

If you have or are looking to establish an HCC management program, what key problem(s) are you trying to solve?

***Select all that apply.***

- ☐ Risk-based patient identification and prioritization
- ☐ Reconfirmation of prior year HCC diagnoses
- ☐ Identify and address missed HCC opportunities
- ☐ Physician engagement and education
- ☐ Visibility into performance throughout the year



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# HCC Management



**M\*Modal** SOAP Note Clinical Note

**Name:** Demarurd, Drunah (F) **DOB:** 10/29/1946 (67) **MRN:** 12546712 **Encounter:** 2014-7

**Clinical Note**

The patient is a 67-year-old female here today for failure and CKD. Her history is also significant for COPD.

Recent labs show potassium 2.7 and sodium 129

**1 Dan H Engel**

Your messages are up to date.

**HCC Summary**

- Suspected diagnoses**
  - Major depressive disorder... F32.9
- Missing supported evidence**
  - Chronic atrial fibrillation I48.2
  - Type 2 diabetes mellitus... E11.42
- Suggested billing diagnoses**
  - Body mass index (BMI)... Z68.41

## Engage

Comprehensive solution for improving  
risk-adjusted documentation and coding,  
patient care, and reimbursement  
across the care continuum



**Patient Worklist**

HCC High Risk Upcoming Visits 32 patients [Add/remove columns](#) [Refresh \(Updated a minute ago\)](#)

RAF Gap	MRN	Patient Name	DOB	Age	Sex	Payer	Risk Managed	Last Updated
								11:33 by margaret.smith
								11:07 AM by me
								10:30 AM by me
								9:12 AM by courtney.moore
								8:47 AM by helen.anderson
								03/25/20 by helen.anderson
								03/25/20 by me
								03/25/20 by courtney.moore
								03/25/20 by margaret.smith
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## Collaborate



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# HCC Management

*Proactive Physician Engagement*



CAPD solution providing automatic, proactive patient-specific real time feedback

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## Engage

Identifies and summarizes the most appropriate ICD-10 codes based on patient history and current documentation

Ensure documentation compliance, billing accuracy, and appropriate patient severity of illness scores – the first time!

Ability customize additional HCC and CDI actionable messages and EHR integrations



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# HCC Management

*Pre- and Post-Visit CDI Workflow*

Prioritized worklist based on RAF gaps and outpatient visit schedule

NLU evidence sheet to summarize clinical documentation and claims diagnosis findings

Workflow for sending automated provider notifications pre-visit and reviewing compliance post-visit

Comprehensive utilization and outcomes reporting to track RAF and improvement opportunities



The screenshot shows a web application window titled "Patient Worklist". It displays a table of "HCC High Risk Upcoming Visits" for 32 patients. The table has columns for RAF Gap, MRN, Patient Name, DOB, Age, Sex, Payer, Risk Managed, and Last Updated. The "Last Updated" column shows various timestamps and the names of the users who updated the records.

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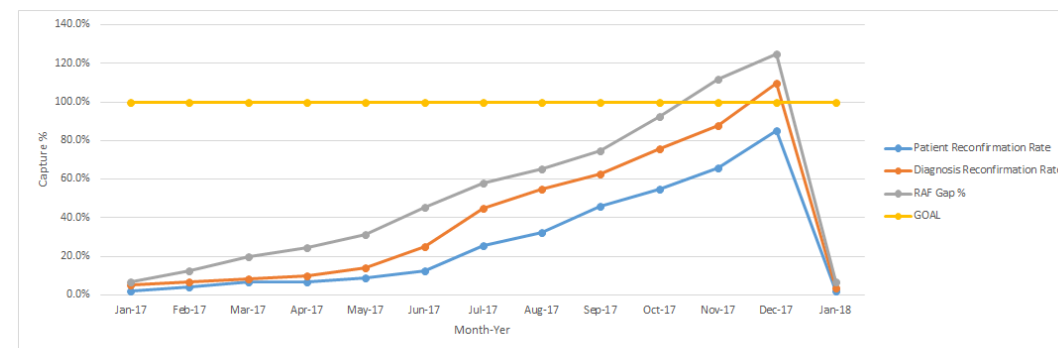
3M | mModal

# HCC Management

Outcomes

- ✓ Save physicians and CDI time
- ✓ Prioritize patients, streamline scheduling and risk-based-patient review workflow
- ✓ Ensure accurate patient RAF score and appropriate reimbursement
- ✓ Lead improvements in healthcare supporting the shift from volume to value
- ✓ Drive higher quality data capture that enables improved patient care and communication

The screenshot shows a software interface titled "Patient Worklist" with a sub-header "HCC High Risk Upcoming Visits" and "32 patients". It includes a table with columns: RAF Gap, MRN, Patient Name, DOB, Age, Sex, Payer, Risk Managed, and Last Updated. The "Last Updated" column contains a list of timestamps and user names, such as "11:33 by margaret.smith", "11:07 AM by me", "10:30 AM by me", "9:12 AM by courtney.moore", "8:47 AM by helen.anderson", "03/25/20 by helen.anderson", "03/25/20 by me", "03/25/20 by courtney.moore", "03/25/20 by margaret.smith", "03/01/20 by me", "03/01/20 by helen.anderson", "03/01/20 by margaret.smith", "03/01/20 by me", "02/29/20 by courtney.moore", "02/29/20 by helen.anderson", "02/29/20 by me", "02/29/20 by margaret.smith", and "02/28/20 by courtney.moore".







**If you would like more information about topics in this webinar, please select your top interest.**

- ☐ 3M™ M\*Modal HCC Management – AI-powered HCC solutions
- ☐ 3M™ M\*Modal CDI Engage One™ – Closing the loop on CDI
- ☐ 3M™ Advanced CDI Services – Taking CDI to the next level
- ☐ COVID-19 Webinars for HIM and CDI teams
- ☐ 3M™ Outsourced Coding and CDI – Flexible, expert staffing

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# 3M Upcoming Webinar

## CDI Innovation Webinar Series



**August 5<sup>th</sup>, 2020 1-2pm EDT:**

### **Redefine Your KPIs and Prioritize Your Team's Work**

Addressing new KPIs (related to quality) and prioritizing CDI team's work accordingly.

Our presenters:

- Julie Salomon, BSN, RN is a 360 Encompass Chief Product Owner at 3M Health Information Systems
- Cheryl Manchenton, RN, BSN, CCDS, CPHM, is a senior inpatient consultant/ project manager/ 3M quality services at 3M Health Information Systems

[Register for this event here](#)

# Thank you