How and why providers should **scale** their HCC risk capture

Providers are embracing and experimenting with value-based risk adjustment payment models. Accurately defining, documenting and managing population complexity is more critical than ever. Hierarchical condition categories (HCC) codes are used to determine care funding under value-based payment programs within CMS, HHS and Medicaid risk adjustment models. But without the right support, HCCs are difficult for providers to document.

Most providers have invested some infrastructure to facilitate complete and accurate documentation that supports HCCs. Yet to realize care and financial goals, they must consistently improve performance year over year.

PROVIDERS MUST DOCUMENT HCCs EVERY YEAR

Along with cost-reduction strategies, **HCC supportive documentation is an important part of a value-based care program.** HCCs must be documented annually to determine the complexity of a patient's care.

Harnessing the power of the EHR to deliver critical information directly at the point of care can **help ensure providers accurately record patients' complexity.**

IMPROVE CARE QUALITY

By improving documentation of HCC-related diagnoses, **providers can identify patients with the highest levels of clinical risk** and **deploy the right care management services** to meet their treatment needs. Specifically, providers can use HCC markers to **identify** unmanaged chronic conditions, **create** (and document) appropriate patient interventions and **implement** care plans to close chronic care gaps.
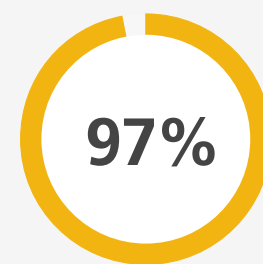
Chronic care gaps, an opportunity for improvement
HCC capture is a highly effective tool
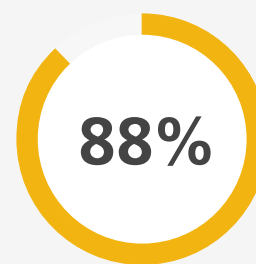
88% Median chronic RAF gap closure with EHR-embedded best-practice solution

97% Highest percentage of chronic RAF gap closed with EHR-embedded best-practice solution

Source: Based on performance of Clinovations' HCC capture solution client cohort.

IMPROVE PROVIDER SATISFACTION

HCC capture can positively affect care funding in risk-adjusted payment programs (e.g., Medicare ACOs or Medicare Advantage risk contracts). It ensures care funding corresponds to the complex and chronic care needs of the covered patient population.

Providers who practice and commit to complete and accurate risk documentation are also **better positioned to negotiate favorable risk contract terms** going forward.

IMPROVE PROVIDER EFFECTIVENESS

By capturing and documenting HCC codes, providers ensure that they get credit for care they are already providing. But the wrong approach can quickly limit progress. Most providers find paper-based processes and bolt-on technologies to be cumbersome and disruptive to their clinical workflow. The most progressive health systems present real-time HCC decision support to providers at the point of care through EHR optimization — allowing providers to more efficiently and effectively address clinical gaps.

Source: Percentage of survey respondents selecting item as among "greatest challenges to improving HCC/RAF capture at your organization."

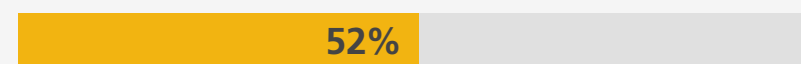**Top three physician challenges to improving HCC capture**

Challenges to workflow modification
70%

Lack of provider visibility into opportunities at point of care
57%

Lack of provider visibility into own performance
52%

IMPROVE POPULATION HEALTH MANAGEMENT

Provider organizations that excel at documenting the complexity of their population **have a better sense of the overall health of their population** and the chronic conditions their health system should be prepared to treat.

Through **enhanced accuracy** in risk adjustment documentation, health systems can better plan for their futures, enabling them to make strategic investments to treat their populations' most prevalent conditions.

Learn more about EHR-enabled HCC support from Optum.

optum.com/advisoryservices

Learn more

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