Improving HCC Coding Capture

Blue Cross Medicare Advantage plan drives increased HCC code capture using a new, highly targeted engagement and outreach strategy.

Innovative outreach and enagement solution increases Medicare Advantage HCC coding capture in targeted member populations

The Challenge: Ensure reimbursement accurately reflects Medicare Advantage population risk.

Medicare Advantage (MA) plans rely on risk adjustments within their member population to accurately reflect reimbursements. Members with one or more improperly coded or missing hierarchical condition categories (HCC) means less reimbursement revenue for that patient population.

In this case a Blue Cross plan came to NextHealth to ensure their reimbursement properly reflected their MA population risk. The number of patients with HCC codes that would affect risk adjustment did not align with the predictive analysis of the population—the disconnect was attributed to lack of a Centers for Medicare and Medicaid Services (CMS) qualifying visit for risk adjustment based on CMS standards. The inaccuracy was due to one of three factors:

1. Members were not visiting their physician.

2. The member visit type coded precluded any qualified diagnosis from being properly captured as risk adjustable—this is often referred to as a "face-to-face" visit.

3. Member visits were not coded correctly by the physician's office.

The NextHealth Solution

The health plan chose NextHealth to help them determine which members should be targeted for engagement to ensure members were visiting their physicians and that those visits were accurately recorded. NextHealth quickly identified three core steps to address this health plan's challenge:

1. Target members with predicted HCC codes and schedule them for a CMS-qualified (face-to-face) visit

2. Conduct descriptive analyses to identify likely factors contributing to reduced face-to-face visits (urban versus rural, utilization pre versus post-pandemic, et al)

3. Recommend outreach strategies for groups that had been regular users pre-pandemic and for those who demonstrated consistently low utilization even prior to the pandemic

Using advanced analytics, NextHealth created a multiple-cluster segmentation of the population to understand which member types responded best to different outreach methodologies. NextHealth then developed targeted messaging for member outreach and helped develop concierge appointment scheduling.

Three categories of outcomes were established to measure the impact and result of outreach efforts. They were as follows:

Successful Outreach	Member Will Schedule	Unsuccessful Outreach
Annual Wellness Visit (AWV) scheduled via concierge appointment scheduling system.	Member was successfully contacted but chose to schedule their own appointment outside of the concierge appointment scheduling service.	Member was either not contacted or the member was contacted and declined.

With member targets set, clarity on likely responses identified, outreach and intervention strategies in place, and outcomes established, the health plan was now in a position to launch a program to more accurately reflect member risk profiles and create the appropriate reimbursement based on proper member behavior and corresponding HCC coding accuracy.

Step One: Determine which members should be targeted for engagement and how to best reach those members

Step Two: Craft a sustained member activation strategy that also ensured visits were properly classified per CMS standards

Step Three: Quantify the increase in annual wellness visits with proper HCC coding and further refine the process based upon findings

Results

Health plan members where outreach efforts were successful saw a fivefold increase in annual wellness visits (AWV). The AWVs uncovered numerous missing HCC codes for conditions, with the largest increases found in Cancer, COPD, CHF, Specified Health Arrhythmias, and Acute Ischemic Heart Disease.

Key findings from this initial program included:

1. There was a significant variance in successful outreach based on cohort profile
2. Many members were visiting their PCP but were not getting AWVs, which are more likely to capture new/ historical HCCs
3. There was in increase in new and/or previously missed HCC codes for members where successful outreach occurred and an AWV was conducted
4. Members choosing to schedule their own AWV showed little to no increase in face-to-face visits or HCC codes

Next Steps

The next steps in further advancing HCC coding accuracy includes:

1. Deploy a test and learn approach to amplify successful outreach to member segments with low response rates
2. Test combinations of messaging to members with a particular focus on low cost channels such as SMS combined with automated appointment scheduling
3. Increase PCP outreach to those who are seeing members, but not scheduling AWVs
4. Work with providers to act as the outreach channel for select member segments with a historically high number of HCCs, an average number of AWVs, but have low response to direct health plan outreach

Having reimbursement properly reflect the risk of a MA population is an important objective for health plans. Using a systematic process powered by advanced analytics is an important strategy health plans can deploy to achieve such objectives.