

# 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, risk-adjusted conditions can be 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.

Harness the power of the EHR to deliver critical information directly at the point of care. This 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.

### HCC capture is a highly effective tool for improving chronic care gaps

**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

Complete and accurate 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 more accurately and completely diagnosing and documenting risk-adjusting conditions, 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. This allows providers to more efficiently and effectively address clinical gaps.

### Top 3 physician challenges to improving HCC capture

**70%**

Challenges to workflow modification

**57%**

Lack of provider visibility into opportunities at point of care

**52%**

Lack of provider visibility into own performance

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



## 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.



Reach out to your Optum representative to learn more about EHR-enabled HCC support for your organization.