

# ***HCCs and Star-Ratings: An IPA's Successful Approach to Revenue Integrity***

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# Agenda

- Introduction
- HCCs (Hierarchical Condition Categories)
  - Diagnosis coding
  - Physician documentation
- Five Star Ratings
  - Award quality-based payments to Medicare Advantage plans
- St. Joseph Hospital Affiliated Physicians' (SJHAP) approach
  - Best practices for successful physician documentation and performance improvement
- Kaiser Permanente Colorado's approach

# Introduction

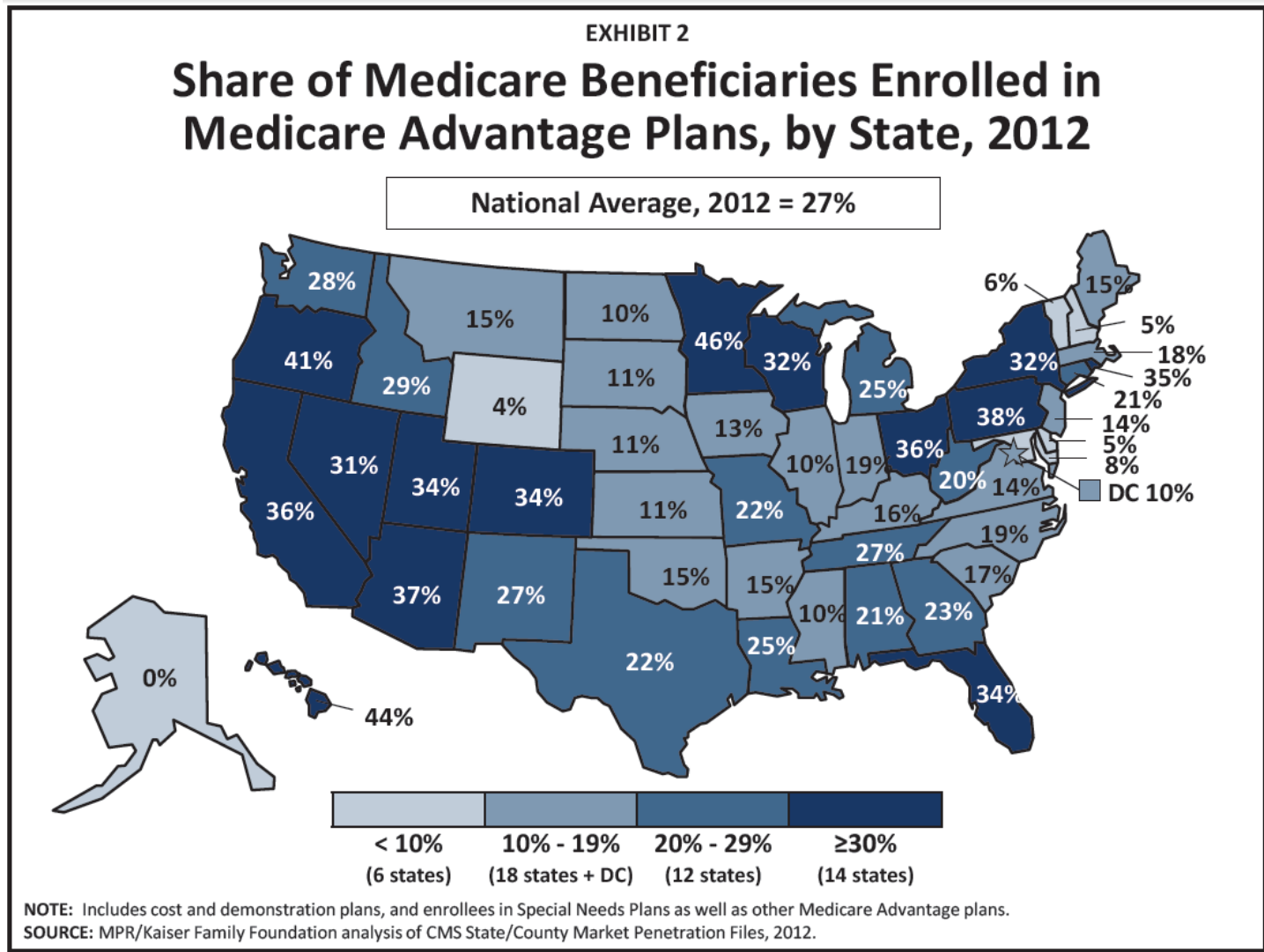
- Focus on measurements of evidence-based medicine outcomes
- Likely transition of fee-for-service payment model to reflect severity of illness and medical practice outcomes
- The impact of physician documentation and diagnosis coding practices will increase exponentially with the implementation of HCCs and Star-Ratings programs

**HCC's**

# Medicare Advantage- Risk Adjustment

- 13.1 million people, 27% of all Medicare beneficiaries are enrolled in Medicare Advantage - Risk Adjusted plans
- HCC model categorizes diagnosis codes into disease groups that are similar
  - Clinically
  - Financially
- Payments are higher for sicker members and lower for more healthy members

# This really doesn't impact me...



# HCC's

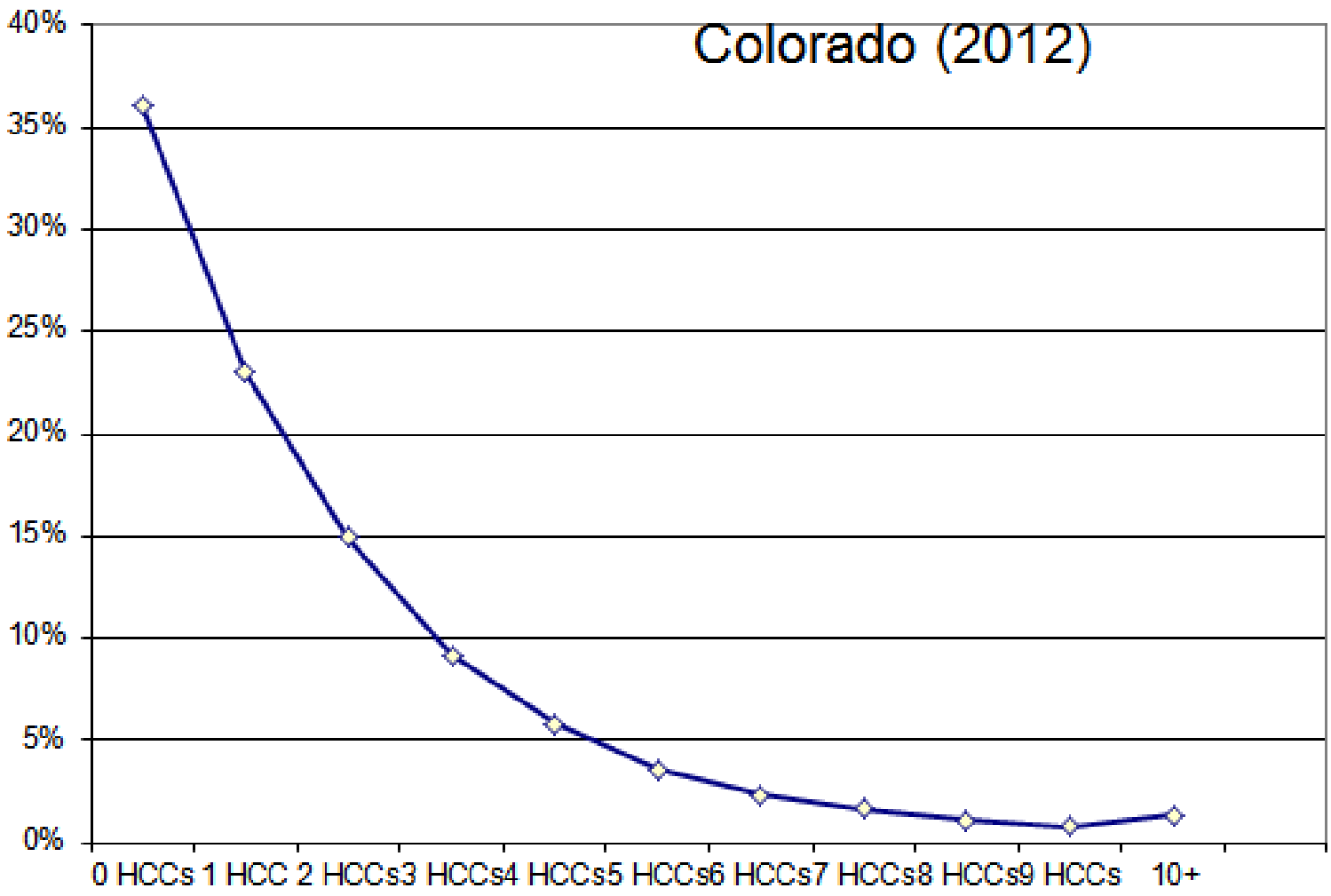
- Certain ICD-9-CM diagnosis codes are used as to determine severity of illness, risk, and resource utilization
- HCCs classify
  - Disease processes
    - Infections
    - Cancers
  - Specific body systems e.g.,
    - Endocrine
    - Cardiac/Circulatory
    - Pulmonary
    - Renal

# HCC's

- Each HCC possesses a risk adjusted factor (RAF) that is used to determine payment
- One Medicare Advantage enrollee may have multiple HCCs; some of which have compounded payment value
- HCC model heavily influenced by costs associated with chronic disease



# HCC distribution: 72,000 Patients



# HCC's - Examples

Diagnosis	I-9 code	HCC	RAF
<b>COPD</b>	496	096	0.399
<b>CHF</b>	428.0	080	0.41
Rheumatoid arthritis	714.0	038	0.346
<b>Diabetes mellitus</b>	250.00	019	0.162
Neuropathy	356.9	0.71	0.327
CVA	436	096	0.265
Hemiplegia	438.21	100	0.437
CA breast	174.9	010	0.208
CA colon	153.9	010	0.208
Colostomy	V44.3	176	0.662

# HCC's – Physician Documentation

- HCC RAF scores are tabulated yearly
  - The physician must examine the patient each year and compliantly document the status of all chronic and acute conditions
  - Compliant documentation requirements include:
    - Signature
    - Date
    - Patient name
    - Legibility

# HCC's – Physician Documentation

- The physician must show evidence that the patient's condition(s) were
  - **Monitored**
  - **Evaluated**
  - **Assessed**
  - **Treated**

# HCC's

- Sites of patient encounter
  - Physician office visits
  - Emergency Department encounters
  - Hospital Outpatient encounters
  - Hospital inpatient admissions
    - Short-term (general and specialty) Hospitals
    - Religious Non-Medical Health Care Institutions (formerly Christian Science Sanatoria)
    - Long-term Hospitals
    - Rehabilitation Hospitals
    - Children's Hospitals
    - Psychiatric Hospitals
    - Medical Assistance Facilities/ Critical Access Hospitals

# RADV – The Risks of Risk

- CMS actively involved in Risk Adjustment Data Validation (RADV) to ensure
  - Documentation supports ICD-9 diagnosis code submission
    - MEAT
    - Documentation requirements
  - Correct code has been reported
- Retraction of HCC payment shall result

# Star Ratings Program

# Star Rating Program Truly, P4P

- Health reform law of 2010 established the application of Star Ratings to be used to award quality-based payments to Medicare Advantage plans
- Measures Medicare Advantage health plans on a scale of 1 - 5 stars.

**Plan Ratings**

The number of stars shows how well the plans perform.

<b>Excellent</b>	★ ★ ★ ★ ★
<b>Very Good</b>	★ ★ ★ ★
<b>Good</b>	★ ★ ★
<b>Fair</b>	★ ★
<b>Poor</b>	★



# Star Rating Program

- The Star quality ratings consist of over 50 measures found in five (5) distinct rating systems including:
  - HEDIS (Healthcare Effectiveness Data and Information Set),
  - CAHPS (Consumer Assessment of Healthcare Providers and Systems),
  - CMS (Centers for Medicare and Medicaid Services),
  - HOS (Health Outcomes Survey), and
  - IRE (Independent Review Entity).

# Star Rating Program

- The overall score covers 36 different

<b>Summary Rating of Health Plan Quality</b> ( <a href="#">What is this?</a> ) <a href="#">View previous ratings for these plans</a>		★ ★ ★ 3 out of 5 stars
 	<b>Staying Healthy: Screenings, Tests and Vaccines</b> <a href="#">Click to view data sources</a>	★ ★ ★ 3 out of 5 stars
	<b>Managing Chronic (Long Term) Conditions</b> <a href="#">Click to view data sources</a>	★ ★ ★ 3 out of 5 stars 
	<b>Ratings of Health Plan Responsiveness and Care</b> <a href="#">Click to view data sources</a> <a href="#">View how these plans compare to Original Medicare</a>	★ ★ ★ 3 out of 5 stars
	<b>Health Plan Members' Complaints, Appeals, and Choosing to Leave the Health Plan</b> <a href="#">Click to view data sources</a>	★ ★ ★ ★ 4 out of 5 stars
	<b>Health Plan's Telephone Customer Service</b> <a href="#">Click to view data sources</a>	★ ★ ★ 3 out of 5 stars

# Star Rating Program

- Evidence based on claims
  - At least One Primary Care doctor Visit in the Last Year
  - Breast Cancer Screening
  - Colorectal Cancer Screening
  - Cholesterol Screening for Patients with Diabetes
  - Cholesterol Screening for Patients with Heart Disease
  - Glaucoma Testing
  - Osteoporosis Testing
  - Monitoring of Patients Taking Long-term Medications

# Star Rating Program

- Evidence based on survey (CAHPS or HOS)
  - Annual Flu Vaccine
  - Pneumonia Vaccine
  - Improving or Maintaining Physical Health – patient perception
  - Improving or Maintaining Mental Health
  - Monitoring Physical Activity - conversation with physician

# Managing Chronic Conditions

- Evidence based on claims
  - Osteoporosis Management
  - Diabetes Care: Eye Exam
  - Diabetes Care: Kidney Disease
  - Diabetes Care: Blood Sugar Controlled
  - Diabetes Care: Cholesterol Controlled
  - Controlling Blood Pressure
  - Rheumatoid Arthritis Management
  - Testing to Confirm COPD

# Managing Chronic Conditions

- Evidence based on survey (HOS)
  - Improving Bladder Control
  - Reducing the Risk of Falling

# Star Rating Program

## Financial Impact

- High-quality plans rewarded with increased payment, low-quality plans penalized
- Quality Bonus of up to 5%
  - 2012 = 1.5% bonus
  - 2013 = 3% bonus
  - 2014 = 5% bonus
    - May result in increased payment of \$50/member per month
- 20% plans currently qualify
  - Must have four (4) stars to qualify for bonus

# Star Rating Program

## Financial Impact

- Rebate incentives based number of stars
  - 10% of plans qualify for highest level (70%) – 4-5 stars
  - 60% of plans qualify for lowest level (50%) – rs
  - Plans with less than 3 stars require corrective action



# Star Rating Program

## Financial Impact

- Fee for services moving to P4P/quality model using ACO, physician and hospital reporting/data
- Managing Chronic Conditions may be the greatest challenge
  - Getting physicians to understand scope of documentation and coding needs
  - Infrastructure practices including scheduling patient visits
  - Different approach based on structure
  - Health plan and provider (e.g. Kaiser)
  - Medical group
  - Independent Physician Association (IPA) Bonus if measures are met?

# Star Rating Program:

## 2013 Ratings

Group Health Plan Inc: *Minnesota and Wisconsin*

Group Health Cooperative: *Washington state*

Gundersen Lutheran Health System Inc: *Wisconsin*  
*Humana Wisconsin Health*

Baystate Health Inc.'s Health New England: *Massachusetts*

Kaiser Foundation Health Plans:

- California
- Hawaii
- Colorado
- Oregon/Washington,
- Ohio
- Mid-Atlantic region.

found at: <http://www.bna.com/nine-medicare-advantage-n12884903928/>

\*Nine Medicare Advantage Plans Receive Five-Star Ratings in 2012, CMS Data Show **Wednesday, October 19, 2011**

***POP QUIZ: Name the only Medicare Advantage Program in the Nation to get a 5 Star rating for the past 3 years.***

*ANSWER: Kaiser Permanente: Colorado Region*

# Proposed Changes to 2014:

## Examples

- Medication Therapy Management (MTM) program measures related to comprehensive medication reviews (CMR) (Part D) –Grievance rate per 1,000 enrollees (Part C and D)
- Serious reportable adverse events (Part C) – would include SRAEs and HACs
- SNP Care Management Measure (Part C SNPs)  
–

# The SJHAP Experience

# The SJHAP Philosophy

*The Goal of the 5 Star Program at St. Joseph's is to ensure that members receive a complete and comprehensive health assessment at least once per year that includes a focus on both preventive screenings and chronic care evaluation and management.*

# The SJHAP Challenges

- Altruistic goals
- IPA network model
- Extensive senior panel
- Multiple Medicare Advantage plan contracts
- No common EHR platform
- Capitation environment does not promote encounter submissions

# The SJHAP Process for Improvement

- Experience with IHA P4P measures extremely beneficial
- Patient Registry = ASCENDER
- Concentration on particular measures
- Engage the senior patients
- Passport to Wellness
- Host Senior health fairs w/screenings



# The SJHAP Process for Improvement

- Marketing / informational collateral material in MD offices
- Incentivize the MD office staff
- Educate MDs via email, fax, live during PCP meetings held quarterly
- Small steps = success stories
- Utilize Patient Education Dept.
- AUDIT – AUDIT - AUDIT

# The SJHAP Results/Experience

- Rankings with 3 MA plans >3 Stars
- Improved Patient Satisfaction scores
- Use of HQPAF tools improves data capture
- Greater number of seniors seen annually for physical
- MDs expanded their use of screening tools

# The KPCO Experience

# The KPCO Challenges

- Altruistic goals
- Network Model is expanding with our need to care for groups across the state of Colorado
- 72,000 Medicare Advantage Members
- 68,000 on same EMR platform
- Encounter Diagnoses  $\neq$  Audited Diagnoses
- Full Data Encounter Required for Diagnosis Capture
- Limits number of diagnoses
- We now have to process 4,000+ internal claims/day

# The KPCO Process for Improvement

- Medicare Refresh
- Deleted Diagnosis Reconciliation
- Data Mining
  - “Depression 311” on Antidepressant
  - History of Breast Cancer on Tamoxifen
- EMR tools to capture appropriate documentation
- CDI: doctor to doctor discussions and queries

# The KPCO Results/Experience



**KAISER PERMANENTE®**

PATHWAAY for Seniors

## **Proactive Assessment of Total Health & Wellness to Add Active Years for Seniors**

- **Proactive, interdisciplinary, regional outreach program to screen and address Geriatric issues**
- **Significant improvements in quality metrics for falls and urinary incontinence**
- **Implemented novel strategies for capturing and automatically scoring the Medicare total health assessment (THA)**

# PATHWAAY for Seniors Workflows



## Prior to office visit

Initiate THA collection via KP.org or IVR when the visit is scheduled



## Prior to Office Visit

THA responses scored, PPP letter created in Health Connect, and positive triggers referred to support team



## In Clinic

Provider reviews PPP letter and QST note, acts on the information and/or encourages follow-up with appropriate health care staff



## In Clinic

Staff in clinic see message on schedule to "print PPP" and any other pre-visit needs (Orthostatic BP, PVR, Adv Directive book, etc.)

# Case Example: "Trifecta Ted"

95 yr old  
Man



**THA completed**



**\*\*Positive for falls,  
UI, & PHQ2**

**SAC Phone Outreach:**

Vit D done, B12 ordered  
Check orthostatic BP at visit  
Declined falls class  
PHQ 9 = 7; self-help info mailed  
UA Ordered, Info/video mailed

**Pharmacy Review Suggestions**

Drop propranolol dose  
Assure tamsulosin QHS



**Visit :**

+ Orthostatics (coded)  
Decreased Propranolol  
D/C tamsulosin  
Start finasteride  
Noted neg UA  
Emphasized fall prevention

**CHART REVIEW:  
PLANNED CARE QST**



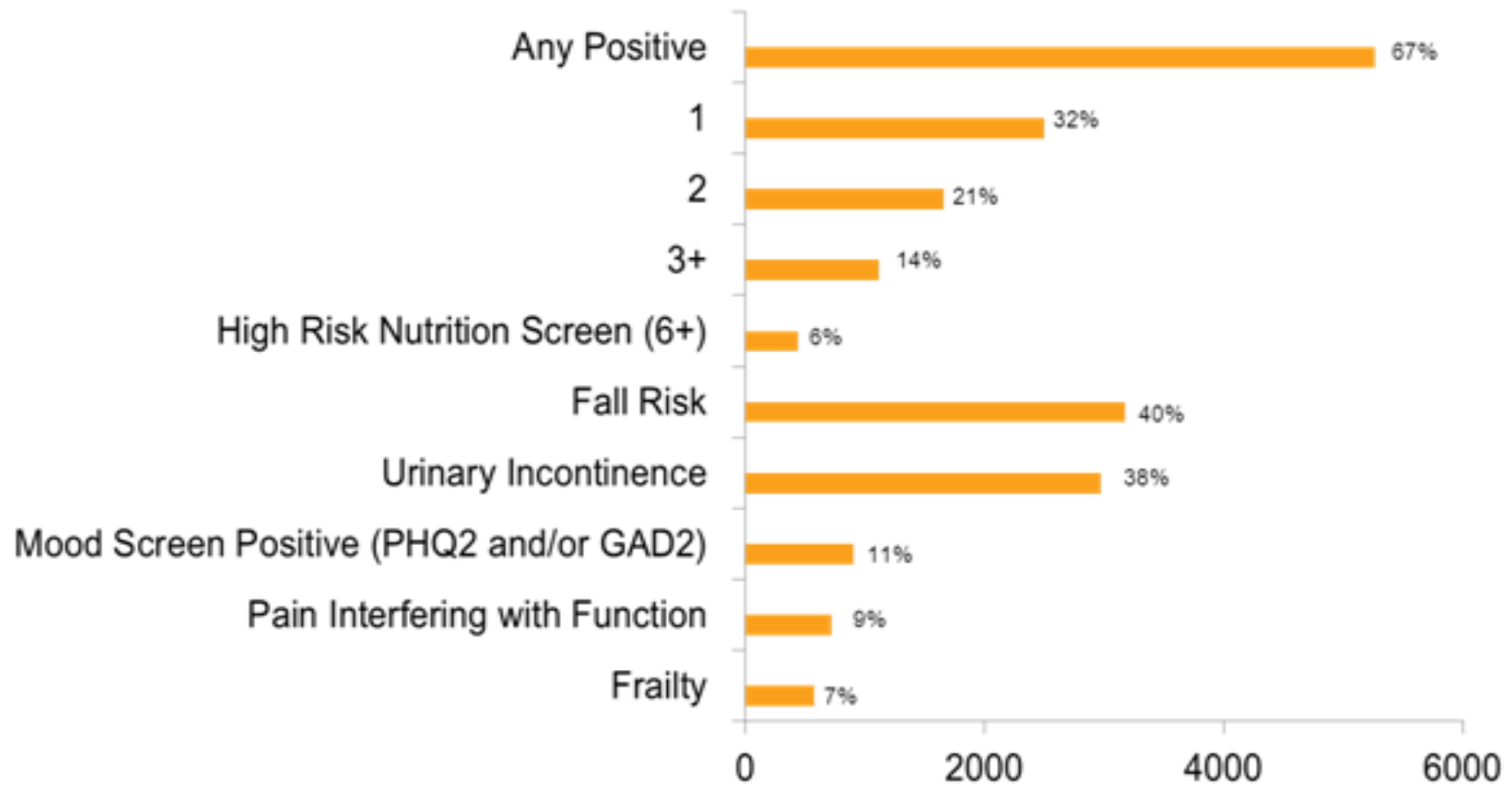


# KPCO PATHWAAY Regional Launch Summary

7/1/12 - 9/24/12

## Positive triggers for referral: Nutrition, Falls, UI, Mood, Pain, or Frailty

N=7896 (20% KP.org, 75% IVR, 5% HC)\*



\*Low percentage of KP.org data collection related to technical problem where KP.org not offered for >4wks following KPCO HC upgrade; prior work shows about 50% complete via KP.org and 50% via IVR

# KPCO PATHWAY Lessons Learned

- KP.org and IVR are optimal methods of THA collection
- Patients consider the THA to be an added value
- Multidisciplinary approach is crucial
- Prescreening improves provider satisfaction
- Persistent communication is needed for cultural change at the clinic level

# Putting It All Together

- Clinical documentation improvement
  - Historic focus on inpatient/hospital documentation for DRG purposes
  - Future for all points of service as emphasis on coded data and physician documentation will impact financial viability for payers and providers
- And don't forget about I-10!

*Questions?*

# APPENDIX

## Proactive Assessment of Total Health & Wellness to Add Active Years for Seniors

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