



ACO's Use of DeRisk to View Comprehensive Patient HCC Insights

Background

This customer is a Basic Level E track whose governing body founded a new ACO in 2020 with a shift in patient lives and recruitment of new practices into this ACO. Hierarchical Condition Categories (HCCs) became a pathway to successfully transitioning to value-based care components of ACOs in 2019. One of the things that changed for ACO businesses is that HCCs took a whole level of additional importance in performance, as ACOs now had a chance and ability to gain up to a 3% margin on the benchmark.

Situation

This customer's challenge was one of the biggest challenges all ACOs faced to succeed in this new trajectory. There is no centralized system in the U.S. for patient claims. Therefore, primary care providers have no visibility into who, when, and where these HCCs are coded, as many are coming from what other specialists, hospitalists, and nursing homes are coding. It became pertinent to give physicians access to transparent data at point-of-care on what was done for a patient in the past and by whom to empower the physicians to access, reconcile, and, if appropriate, revalidate the diagnosis. In addition, information must be provided in an effective and easy-to-access way, as physicians are already burdened with heavy workloads and administrative responsibilities. The customer was looking for an application that helps them understand their risk coding from a managerial and a provider's perspective to make accurate clinical and business decisions based on the HCC coding data that CMS provides them with.

Solution

Bridge's DeRisk application was applied and used 3 years of CMS claims history, and reconciled against the CMS-HCCs crosswalk. All claims were consolidated in a clear and concise fashion in an easy-to-use interface. In the application, the customer's users are enabled to view all their patients' current and outstanding codes to give them a complete picture of where a physician or practice stands regarding re-documentation for a patient. At the patient detail level, the tool was outlined to separate what was initially coded by the primary care provider and has not been revalidated versus what was initially coded outside of the primary care's awareness by specialists. Providers then use this data to improvise on patient documentation while the patient is in the encounter while working simultaneously in the EMR. At an administrative level, their VP of Quality



and Risk Management - can get a picture of the interventions needed at provider offices to seek potential areas of improvement in documenting risk.

Outcome

Providers were given access and trained on using DeRisk daily during patient visits. This has empowered physicians with a comprehensive visibility level in the EMR, with an added opportunity for provider education and training centered around this app. The outcome of DeRisk adoption led to the customer's re-validation rates going up by close to 30% in 2020 performance compared to previous years.

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