

# HCCs and Clinical Documentation: The Core of Risk Adjustment

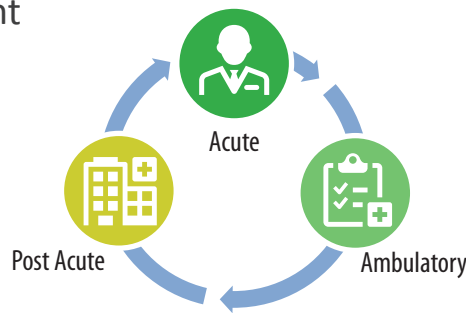


## Have you developed a plan to optimize reimbursement, minimize penalties and protect quality scores across your system?

A comprehensive Clinical Documentation Integrity (CDI) Program is your compass for success. CDI supports code assignments for claims-based risk-adjusted measures and payment models. Complete and accurate coding and documentation ensures risk adjustment readiness.

### Risk adjustment is fundamental to successful population health management

A collaborative approach with providers across all settings of care ensures documentation and reported codes are accurate to strengthen appropriate HCC reimbursement and quality measures. Enjoin supports the capture of patient complexity and risk adjusters through physician led education and CDI program development across the continuum of care. Accurate documentation and code assignment supports proper patient care while also ensuring reflective quality scores.

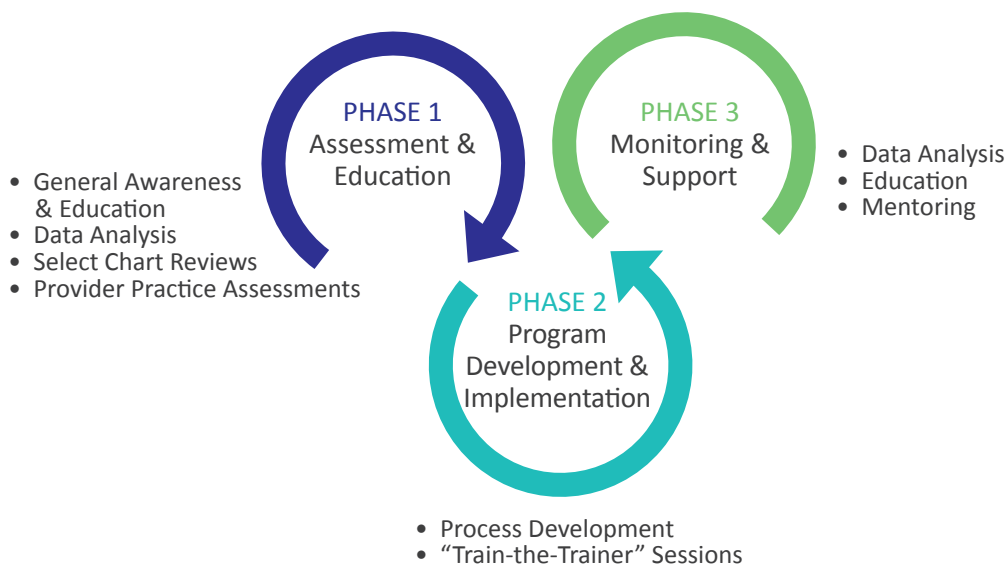


#### Can you answer with confidence?

- Are you impacting your risk adjusted contracts?
- Do you understand how risk adjustment affects your hospital quality measures and bundled payments?
- Do you know which conditions are risk adjusters for quality measures?
- Are you educating your ambulatory providers to capture risk adjusters that modify hospital quality measures and payments?

### Advancing CDI Together

By focusing on comprehensive risk adjustment, Enjoin’s approach is customized and applied across any care setting to identify areas of immediate opportunity.



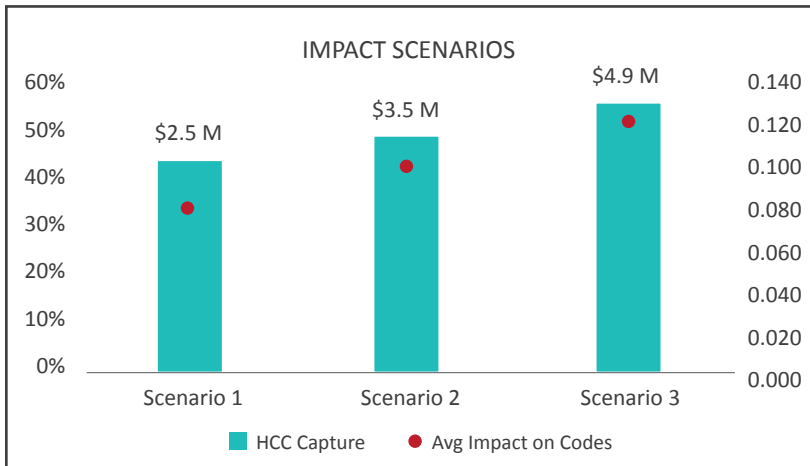
# Risk Adjustment Reviews: 57% Opportunity for HCC Improvement

The following represents opportunities identified through the first three months of focused risk adjustment reviews at three primary care physician practices.

57% of the patients had HCC opportunity. Of these:

- 66% of the opportunity was for proposed conditions - this is the equivalent of a query on the inpatient side
- 38% of the findings were for conditions that are risk adjusted for inpatient quality measures if captured within the 12 months prior to the indexed admission
- .121 point average opportunity per patient - this number helps you calculate the gross revenue for your Medicare Advantage contracts

Based on above, a health system could calculate the impact of the unrealized coding opportunities. For example, if a contract was for \$700 per member/per month (PMPM), the projected gross change would be \$4.9M (Figure 1, Scenario 3) if results continue through the year.



**FIGURE 1**  
Based on 1.0 benchmark RAF and \$700 PMPM. Gross revenue impact identifies both revenue at risk for not capturing conditions that were previously captured and new revenue for capture of new conditions. Net change is based on contract terms\*.

## Extrapolated Scenarios based on findings:

### Scenario 1:

Capture HCC on 45% of population, with avg. impact of .08 and risk score improvement of 3.6%

### Scenario 2:

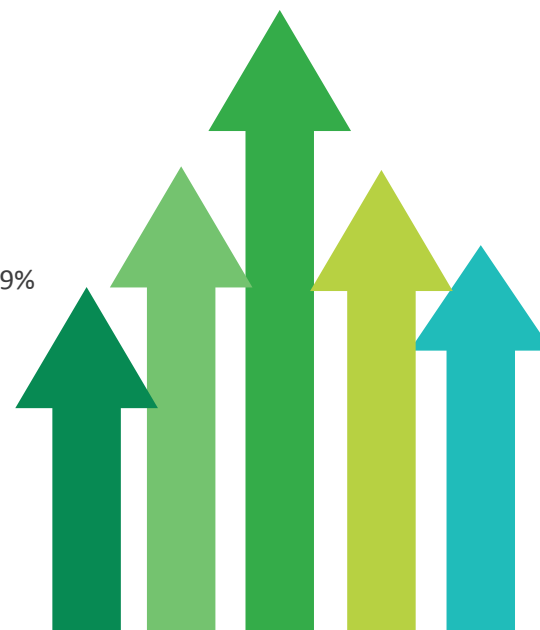
Capture HCC on 50% of population, with avg. impact of .10 and risk score improvement of 5.0 %

### Scenario 3:

Capture HCC on 57% of population, with avg. impact of .121 and risk score improvement of 6.9%

Contact Enjoin today for your customized roadmap to risk adjustment success.

1.844.ENJOIN1 or [info@enjoincdi.com](mailto:info@enjoincdi.com)



\*Requires contract detail information.