

# Persistency vs Recapture at Blue Cross NC

HCC Risk Adjustment  
Provider Education & Engagement Team  
February 2023

# Agenda

- Housekeeping
- Introductions
- CMS versus HHS HCC Models Overview
- Chronic Persistency versus Chronic Recapture Rates
  - Persistency Rate
  - Recapture Rate
- Risk Adjustment Tools and Tips
- Question & Answer Session
- Link for Survey

# Housekeeping



This Presentation will be available on the BCBSNC Provider's Risk Adjustment webpage for educational purposes only.



Please hold your questions until the Q&A session begins. We will address them at the end of the presentation.



If we cannot answer your question during the session, the response will be emailed to you after the Webinar.

# CMS HCC Model versus HHS HCC Model

# Risk Adjustment Models

Question	CMS-HCC Model	HHS-HCC Model
What plans use this model?	Medicare and Medicare Advantage Programs	Affordable Care Act marketplace plans
Age range for the model?	Patients >65 or with a disability; no pediatrics or obstetric codes	All ages (infants, children, obstetrical, adult)
What is part of the risk adjustment rate calculation?	Demographics, Diagnosis	Demographics, Diagnosis, Prescription Medication, Duration Factor
What year of medical record data is used?	The current year's demographics and diagnoses predict the following year's payments.	Relies on medical record data submitted for reimbursement in the year it occurred

## Both

Both are used to calculate reimbursement rates

Both update in April of each year

# Chronic Persistency vs. Chronic Recapture

# Persistency Rate versus Recapture Rate

## Persistency Rate

Gaps closed by a PCP only

Only patients who have been seen at the same provider group/PCP over a 2-year period (Year 1 and Current Year) Are factored into the persistency report.

Members must have 6+ months of active enrollment during the measurement year

## Chronic Recapture Rate

Gaps can be closed by any type of provider  
(PCP, Specialist, or provider outside of the provider group)

Does not have to be the provider that captured the condition in the previous year to be included

# Persistence Rate



# Persistence Rate

Definition of Chronic Persistence Rate

Overview of Persistence Report

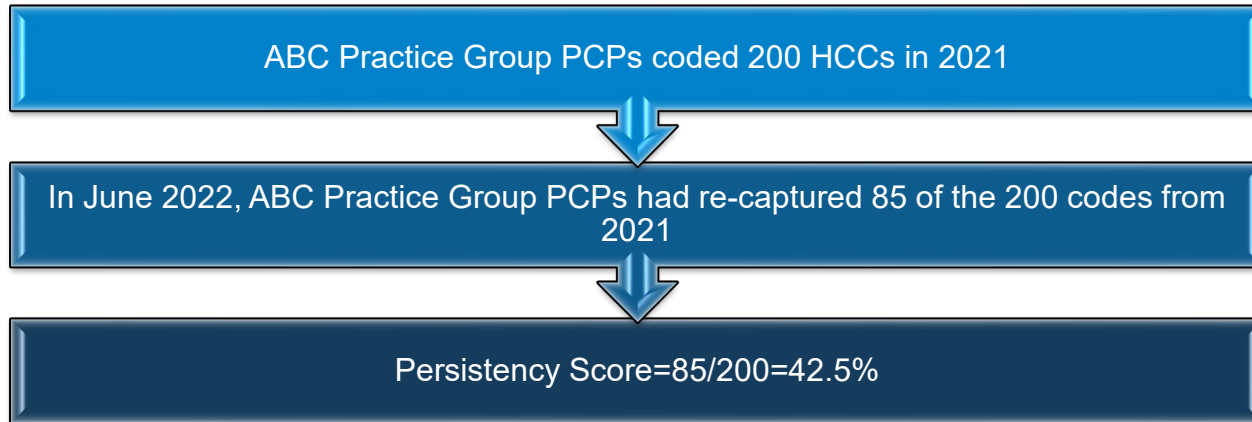
Persistence Report Examples

Using your Persistence Report to close HCC gaps and Increase your Persistence Score

# Persistence Rate

**Definition** - % of chronic conditions that were coded by a PCP affiliated with the provider group in both the prior year and measurement year where the member has returned for a visit in the measurement year.

Example of Persistence Rate Calculation:



# Persistence Report

## Overview of your HCC Persistence Report

Your HCC Persistence Report updates

Monthly

Once updated, your HCC Persistence Report is shared two ways:

Blue Premier Providers-Report is uploaded into the Value Platform  
MA QIP Providers-Report is shared via DataRail

Your HCC Persistence Report only includes members who:

Had an HCC code captured in the previous year +  
Were seen by any PCP within the same provider group as the previous year +  
Have had 6+ months of active enrollment during the measurement year

# Persistency Report Review

## Report Details-Review of Tabs

- Coversheet
- Definitions & Descriptions
- Overview Graphs
- Key HCCs
- Overall Persistency by HCC
- Persistency by Practice
- Key Rendering Providers
- Persistency Rate Details
- Year 2 Claims for MA Members
- Open & Potential Opportunities
- Out of State EGWP Gaps

# Persistency Report Review

## Report Details-Review of Tabs

### Coversheet Tab

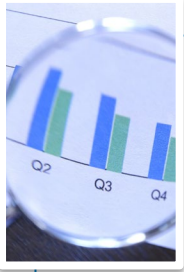
Shows what dates are included in the report



### Definitions & Descriptions Tab

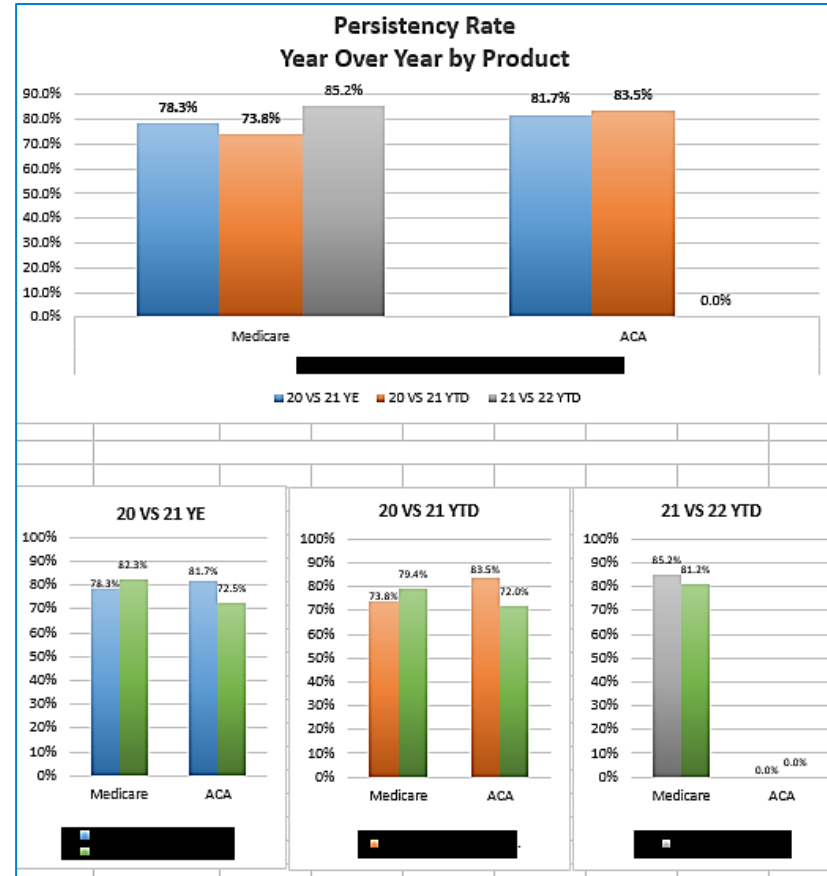
Includes details for each tab on the report as well as the formula used to calculate your persistency rate.

# Persistency Report Review

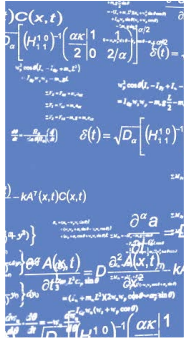


## Overview Graphs Tab

- Year over Year Persistency Score
- ACA & MA Products
- Compares your year over year score to all BCNC



# Persistency Report Review



## Key HCCs Tab

- HCCs where at least 30 members were coded within the first year.
- List is ranked based on the recapture difference from lowest to highest for bottom performing HCCs and conversely, highest to lowest for top performing HCCs.

Bottom 10 HCCs by Performance (Limited to HCCs with at least 10 HCCs in Year 1)				
Mapped Description	Year 1 HCC Count	System Persistency	Persistency Rate for THIS	% Diff from Overall
Diabetes with Chronic Complications	24	96%	95%	1%
Chronic Obstructive Pulmonary Disease	20	85%	81%	4%
Diabetes without Complication	31	97%	91%	6%

Top 10 HCCs by Performance (Limited to HCCs with at least 10 HCCs in Year 1)				
Mapped Description	Year 1 HCC Count	System Persistency	Persistency Rate for THIS	% Diff from Overall
Diabetes without Complication	31	97%	91%	6%
Chronic Obstructive Pulmonary Disease	20	85%	81%	4%
Diabetes with Chronic Complications	24	96%	95%	1%

# Persistence Report Review



## Overall Persistence by HCC Tab

- Every HCC is captured regardless of how many members.
- Can be filtered by ACA, MA or combined.

Comparison	Product	Mapped Description	Yr_1_HC	Provider System Persistence Rate	BCBSNC Persistence Rate for THIS HCC	% Diff from Overall
21 VS 22	MEDICARE	Schizophrenia	2	50%	79%	-37%
21 VS 22	ACA	Cirrhosis of Liver	3	100%	76%	31%
21 VS 22	ACA	Chronic Obstructive Pulmonary Dise	20	85%	81%	4%
21 VS 22	MEDICARE	Rheumatoid Arthritis and Inflammat	5	60%	74%	-19%
21 VS 22	MEDICARE	Congestive Heart Failure	2	50%	75%	-34%
21 VS 22	ACA	Diabetes without Complication	31	97%	91%	6%
21 VS 22	MEDICARE	Vascular Disease	1	100%	72%	38%



# Persistency Report Review



## Persistency by Practice Tab

- Recapture by practice, individual practices within the (system)
- Can be filtered by ACA and MA
- Changes throughout the service year as patients are seen and gaps are closed

Comparison			HCCs Coded in	HCCs Coded in	Remaining	Practice
Dates	Product	Practice Name	Year One	Year Two	Open HC	Persistency Rate
21 VS 22	MEDICARE	Family Med Center #1	128	109	19	85.16%
21 VS 22	ACA	Family Med Center #2	128	109	19	85.16%

# Persistence Report Review



## Key Rendering Providers Tab

- PCP Name and how many HCCs they coded the first year and their recapture rate the second year.
- Limited to only those with 5 or more remaining opportunities.
- Can be filtered by ACA or MA.
- Changes throughout the service year as patients are seen and gaps are closed, shows number of open opportunities

Comparison Dates	Product	Rendering Provider Name	HCCs Coded in Year One	HCCs Coded in Year Two	Remaining Open HC	Persistence Rate
21 VS 22	MEDICARE	Harry Styles, M.D.	21	16	5	76.19%
21 VS 22	ACA	Harry Styles, M.D.	21	16	5	76.19%
21 VS 22	ACA	Jennifer Lopez, M.D.	21	16	5	76.19%
21 VS 22	MEDICARE	Taylor Swift, N.P.	21	16	5	76.19%

# Persistency Report Review



## Persistency Rate Details Tab

- Provides member data and description of HCCs captured the first year
- Shows if the member had a visit the second year and if the HCC was recaptured. (Persistency Status Column)
- Can be filtered for product, practice, provider, or HCC
- All other tabs are created using the data from this tab

Practice NPI	Practice Name	Product	Medical Record Number	Member ID	Member First Name	Member Last Name	Member Date of Birth	HCC Code	HCC Description	Member First Visit HCC Coded Date	Initial Coding Rendering Provider	First 2022 Visit Date	First 2022 HCC Coded Date	Persistency Status
123456	ABC Family Med	Medicare	12345	456123	John	Doe	1/1/1955		Other Significant Endocrine and Metabolic Disorders	3/16/2021	Asthon Kutcher, P.A.	1/26/2022	2/1/2022	FULL
456123	DEF Family Med	ACA	67891	789456	Jane	Doe	1/1/1945		Diabetes with Chronic Complications	6/16/2021	Demi Moore, M.D.	2/9/2022	2/9/2022	PARTIAL
789456	GHI Family Med	MA	45678	978536	Joey	Doe	1/1/1965		Congestive Heart Failure	2/9/2021	Jenny Lopez, FNP	2/1/2022		NO

# Persistence Report Review



## Year 2 Claims for MA Members Tab

- Medicare only member who had visits in previous and current year.
- Lists every claim for any member coded in the first year.

Product	Member ID	Member First Name	Member Last Name	Member Date of Birth	Vendor Provider NPI	Rendering Provider NPI	Medical Record Number	Claim ID	Claim Date of Service
Medicare	123456789	Jason	Derulo	1/1/1979	456789	123456	1234	123456A789	1/1/2019
	123456789	Danny	Tanner	1/1/1948	456789	123457	1234	123456A790	1/2/2019
	123456789	Cardi	B	1/2/1949	456789	123458	1234	123456A791	1/3/2019
	123456789	Bruno	Mars	1/3/1949	456789	123459	1234	123456A792	1/4/2019
Medicare	123456789	George	Straight	1/4/1949	456789	123460	1234	123456A793	1/5/2019
Medicare	123456789	*%	Prince	1/5/1949	456789	123461	1234	123456A794	1/6/2019
Medicare	123456789	Miranda	Lambert	1/6/1949	456789	123462	1234	123456A795	1/7/2019
	123456789	John	Legend	1/7/1949	456789	123463	1234	123456A796	1/8/2019
	123456789	Amanda	Bynes	1/8/1949	456789	123464	1234	123456A797	1/9/2019
	123456789	Brittany	Spears	1/9/1949	456789	123465	1234	123456A798	1/10/2019

# Persistence Report Review



## Open & Potential Opportunities Tab

- This is a full count of all the HCCs (other system providers) coded in the previous year
- Full open opportunities
- Do not require that the member has seen a (system) provider in the current year.

Practice NPI	Practice Name	Product	Medical Record Number	Member First Name	Member Last Name	Member Date of Birth	Attributed PCP	Member First Visit HCC Coded Date	Initial Coding Rendering Provider	HCC Description	DIAG 1	DIAG 2	DIAG 3	Visit in 2022?	First 2022 Visit
123456	Family Practice #1	Medicare	123456	Jason	Derulo	1/1/1975	Springer	1/1/2021	Ewing	Rheumatoid Arthritis and Inf	L4050	E11.9	J45.909	Y	1/31/2022
123456	Family Practice #1	Medicare	123456	Danny	Tanner	1/1/1978	Springer	1/2/2021	Tanner	Vascular Disease	I739	K50.90		N	
123456	Family Practice #1	Medicare	123456	Cardi	B	1/1/1959	Springer	1/3/2021	Winslow	Immune Disorder	D84.9	I50.20		Y	3/17/2022
123456	Family Practice #1	Medicare	123456	Bruno	Mars	1/1/1964	Springer	1/4/2021	Stratton	Drug/Alcohol Dependence	F1020	E11.9	D84.9	Y	
479563	Family Practice #2	Medicare	123456	George	Straight	1/1/1952	Winfrey	1/5/2021	Huxtable	HIV/AIDS	B20	C91.1		N	
487367	Family Practice #2	Medicare	123456	Amanda	Bynes	1/8/1949	Clarkson	1/6/2021	Bundy	Other Significant Endocrine a	E279		E11.29	Y	2/4/2022
1397441	Family Practice #1	Medicare	123456	Brittany	Spears	1/9/1949	Letterman	1/7/2021	Goldberg	Asthma	J45.909		Q2.0	Y	

# Persistency Report Review

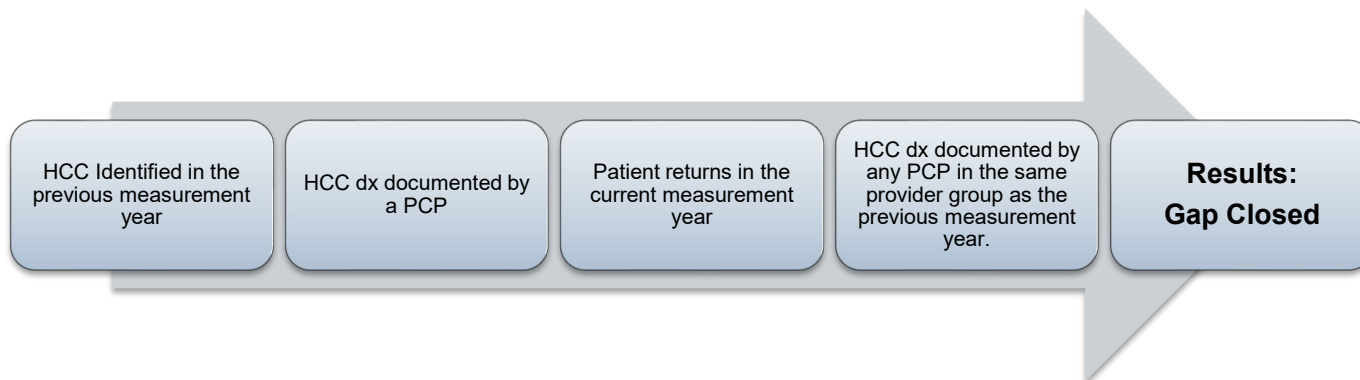
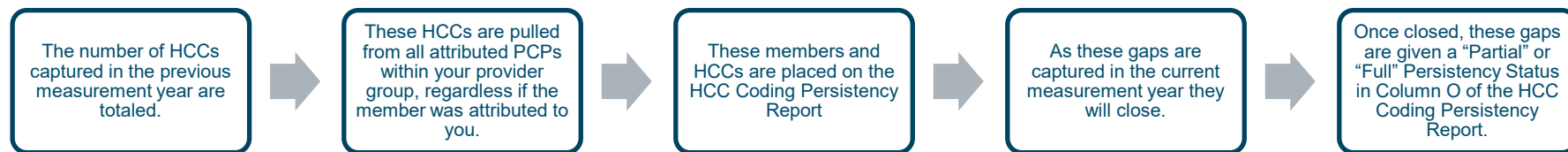


## Out of State EGWP Gap

- Members that have BCBS insurance plans from other states but live in NC and see an NC provider.
- Provides coding gaps from other BCBS plans that NC providers could address and try to close.
- Not a requirement for NC providers to close these gaps.

Practice NPI	Practice Name	Product	Member Name	Member Date of Birth	Member Last Visit HCC Coded Date	Initial Coding Rendering Provider NPI	Initial Coding Rendering Provider Name	Gap Type	HCC CD	DIAG
1234567	ABC Medical	Medicare	Jerry Springer	1/1/1938	1/1/2020	4567890	Janet Jackson, FNP		19	E11.9

## Using your HCC Persistency Report to close gaps and increase your Persistency Rate



# Recapture Rate



# Recapture Rate

Definition of Recapture

Overview of Risk Gap Report

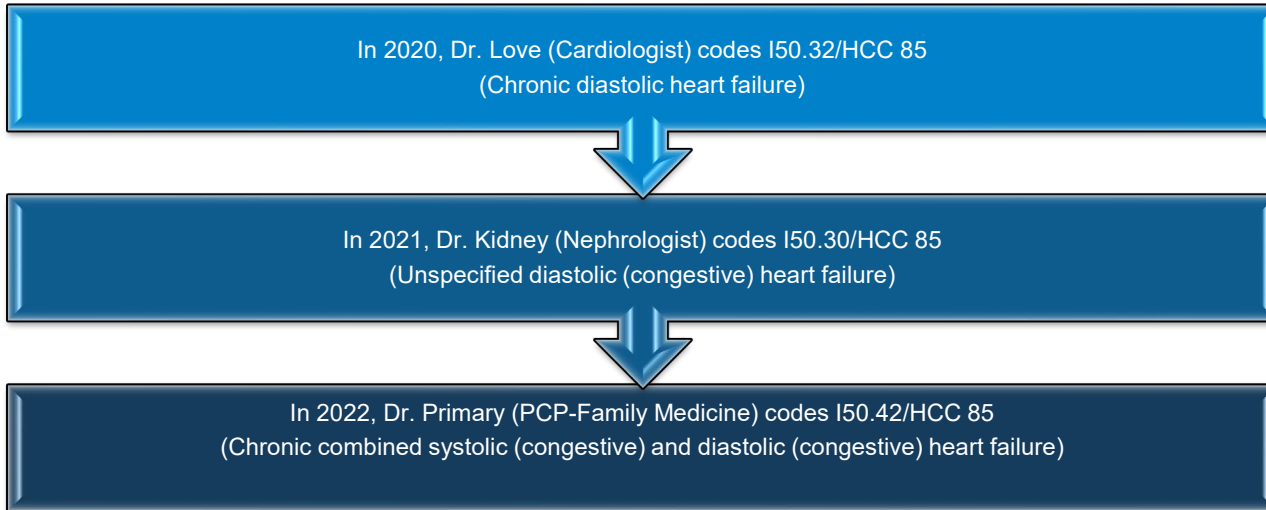
Chronic Persisting GAP Report Examples

Using your Chronic Persisting Risk Gap Report to close HCC gaps and Increase your Recapture Rate

# Recapture Rate

**Definition** - % of chronic conditions that attributed members were coded within the previous measurement year(s) and have been recaptured in the current measurement year by a PCP, specialist, or provider outside of the provider group.

## Example of Gap Closure for Recapture Rate:



# Chronic Persisting Gaps Report

## Overview of your Chronic Persisting Gaps Report

Your Chronic Persisting Gaps Report updates

Quarterly

Once updated, your Chronic Persisting Gaps Report is shared in two ways:

Blue Premier Providers-Report is uploaded into the Value Platform  
MA QIP Providers-Report is shared via DataRail

Your Chronic Persisting Gaps Report only includes members who:

Attributed members who were coded within the previous measurement year(s) and have been recaptured in the current measurement year by a PCP, specialist, or provider outside of the provider group. Also includes those in need of an AWV, regardless of HCC history

# Chronic Persisting Gaps Report Review

## Report Details-Review of Tabs

- Coversheet
- ACA Prospective Overview
- MA Prospective Overview
- Gaps-Prospective
- MA HCC Definitions
- ACA HCC Definitions

# Chronic Persisting Gaps Report Review

## Report Details-Review of Tabs

### Coversheet Tab

Shows what date the report was run  
Includes what HCC model was used  
Includes Report Definitions



### MA & ACA HCC Definitions Tabs

Shows the HCC, the Product, and CMS HCC Definition

# Chronic Persisting Gaps Report Review



## ACA & MA Prospective Overview Tabs

- Show the counts of distinct members with each Prospective HCC

Service Year 2022 Prospective HCCs		
HCC_CD	HCC Description	Distinct Members with Persisting HCC
085	Congestive Heart Failure	15
059	Major Depressive, Bipolar, and Pa	14
108	Vascular Disease	14
040	Rheumatoid Arthritis and Inflamm	11
111	Chronic Obstructive Pulmonary Di	10
084	Cardio-Respiratory Failure and Sh	8
018	Diabetes with Chronic Complicati	7
096	Specified Heart Arrhythmias	7
052	Dementia Without Complication	5
055	Substance Use Disorder, Moderate	5
075	Myasthenia Gravis/Myoneural Dis	5
106	Atherosclerosis of the Extremities	3
019	Diabetes without Complication	2
022	Morbid Obesity	2
035	Inflammatory Bowel Disease	2

# Chronic Persisting Gaps Report Review

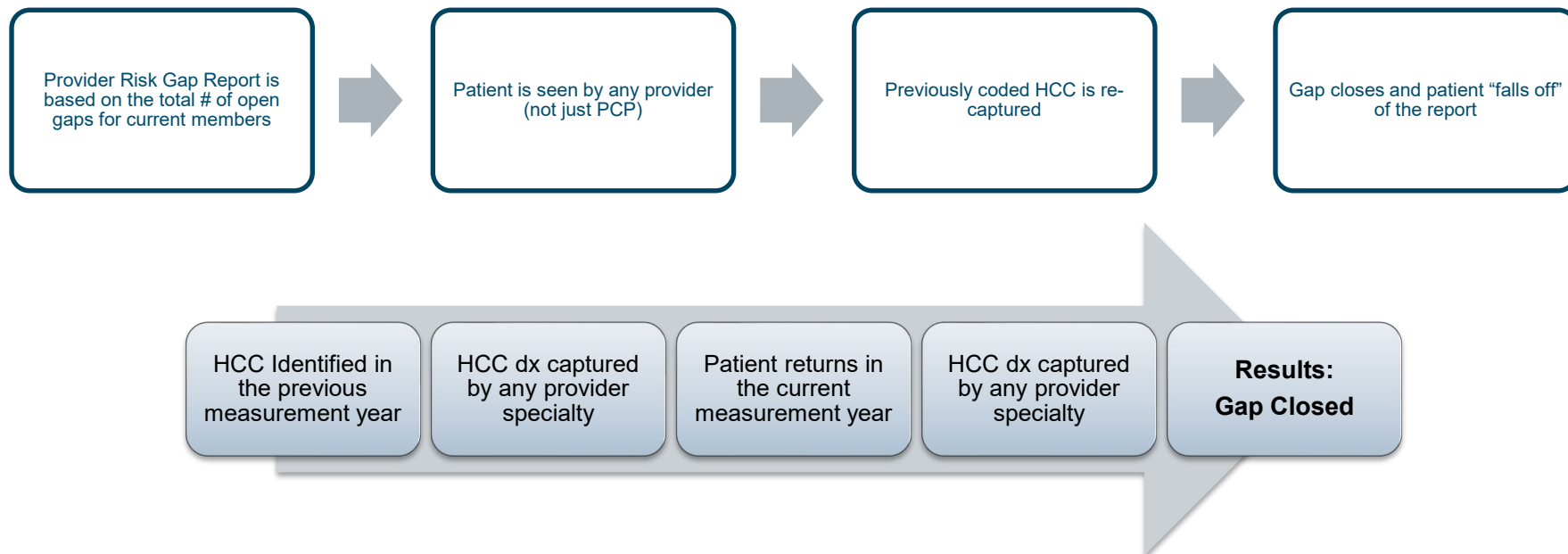


## Gaps-Pro prospective Tab

- Can be filtered by product, HCC, or patient information
- Can be filtered by Probability of Condition
  - Low-
  - Medium-
  - High-
- Blank- The member has no prospective gap but needs an AWW
- Last column shows who needs and who has had an AWW

Internal ID	MA/ACA	First Name	Last Name	Date of Birth	PCP NPI	PCP Name	Practice NPI	Practice Name	HCC Version	HCC	HCC DESCRIPTION	Persisting	Top Reason for Prediction	Most Recent Date of Top Reason for Prediction	ICD Code (for Persisting)	ICD Description	Probability of Condition	Member Most Recent Visit with Listed PCP	Had a 2022 wellness visit?
12345697	Medicare	DANNY	TANNER	12/10/1935	1354687683	James Taylor MD	145987631	You've Got a Friend Medical	24	085	Congestive Heart Failure	Persisting	Gt Prior Year HC	10/6/2021	I5032	Chronic diast	HIGH		No
12345678	ACA	MICHAEL	MYERS	3/5/1925	1326877319	Aretha Franklin, M	365919441	Natural Woman OB/GYN	24	108	Vascular Disease	Persisting	Gt Prior Year HC	8/26/2021	E1151	Type 2 diab	HIGH		No
13494348	Medicare	LANEY	LEWIS	1/3/1945	1358976334	Edward Sheeran PA	148998431	One Life Cardiology	24	059	Major Depressive, Bipolar,	Persisting	Gt Prior Year HC	8/26/2021	F330	Major depre	LOW		No
14965498	ACA	CLARK	KENT	5/27/1929	6591373198	Samuel Smith FNP	1895268763	Fix You Urology	24	084	Cardio-Respiratory Failure	Persisting	Gt Prior Year HC	5/7/2021	J9621	Acute and ch	MEDIUM	2022-07-26	Yes

## Using your HCC Chronic Persisting GAP Report to close gaps and increase your Recapture Rate





# Risk Adjustment Tools and Tips

# Reports, Portals, and Tools OH MY!

## Reports

- HCC Coding Persistency
- HCC Chronic Persisting Gaps

## Portals

- Value Platform
- DataRail

## Tools

- Risk Adjustment Provider Monthly Coding Webinars
- Data Analytics
- Monthly Workstream/JOC Meetings
- HCC Risk Adjustment Webpage
- Claims Data Supplemental Files
- Provider Feedback Loop – Coming Soon



# Risk Adjustment...It's EASY!



## Engage with your Blue Cross NC Risk Management Team

- Meet regularly with your Blue Cross NC team to help you better understand the many moving pieces of this program. We are here to help you and our goal is for you to succeed in this program.
- Take advantage of the monthly coding education offered by the Risk Management Team



## Analyze your Risk Program

- Consider workflow updates. There are a lot of pieces to the puzzle and Many providers find they need to take a step back to look at how they need to put them all together to best work for their own practice and patient care.
- Request a 1:1 review of your risk reports If needed
- How can your Risk Team at BCNC help?



## Scan your charts

- Are you following CMS guidelines for coding and reporting?
- Are you documenting and coding all diagnoses to the highest specificity known?
- Are your providers updating the patient history? Are resolved conditions marked as such? Are chronic conditions addressed and treatment plans documented? Are your patient's medications being linked to associated conditions?



## Yield for Questions

- Ensure you understand the program you are in and how to utilize your Risk Reports
- Reach out to your Clinical Risk Management Team Member if you are not receiving your reports or if you need to add additional team members to Data Rail
- Utilize your Chronic Persisting Risk Gaps report to determine which patients are due an AWV and get them scheduled before the year ends.

# Q&A Session

Please place questions in the Q&A section of the chat

Thank you for attending today's education session.

Please use the QR code on this slide or the link in the chat to share your feedback with our team.

We value your partnership and appreciate your feedback while we grow this area of our team.

Post-event feedback survey (will take about 4 minutes)



### [What Is Risk Adjustment? – AAPC](#)