



**HCCI**<sup>™</sup>  
HOME CENTERED CARE  
INSTITUTE

## **HCCIntelligence<sup>™</sup> Webinar: Value-Based Care - New Revenue Opportunities for Home-Based Care Practices**

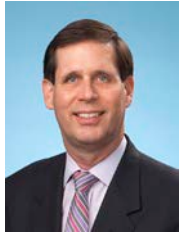
**August 18th, 2021**

# Panelist



**Amanda Tufano, MHA, FACHE, CMPE (Moderator)**

Chief Executive Officer, [Genevive](#)



**Tom Cornwell, MD**

Executive Chairman, [Home Centered Care Institute](#), Senior Medical Officer, [Village Medical at Home](#)



**Jeremy Phillips**

Chief Executive Officer, [Geriatric Specialty Care of Nevada](#)

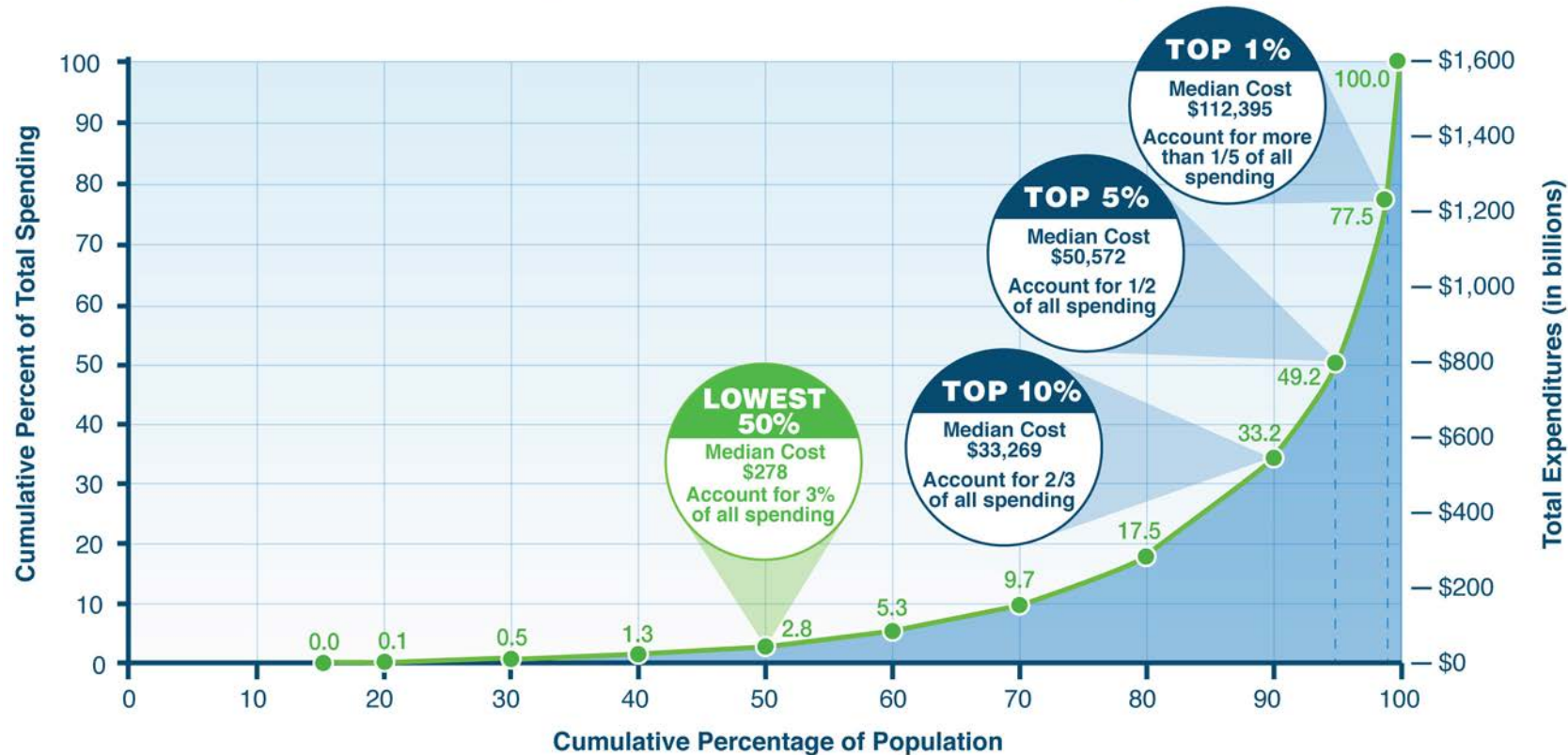


**Brianna Plencner, CPC, CPMA**

Senior Consultant and Manager, Practice Development, [Home Centered Care Institute](#)

# Forces Driving Demand: Concentrated Health Care Costs

## Health Care Spending Is Highly Concentrated Among a Small Portion of the US Non-Institutionalized Population

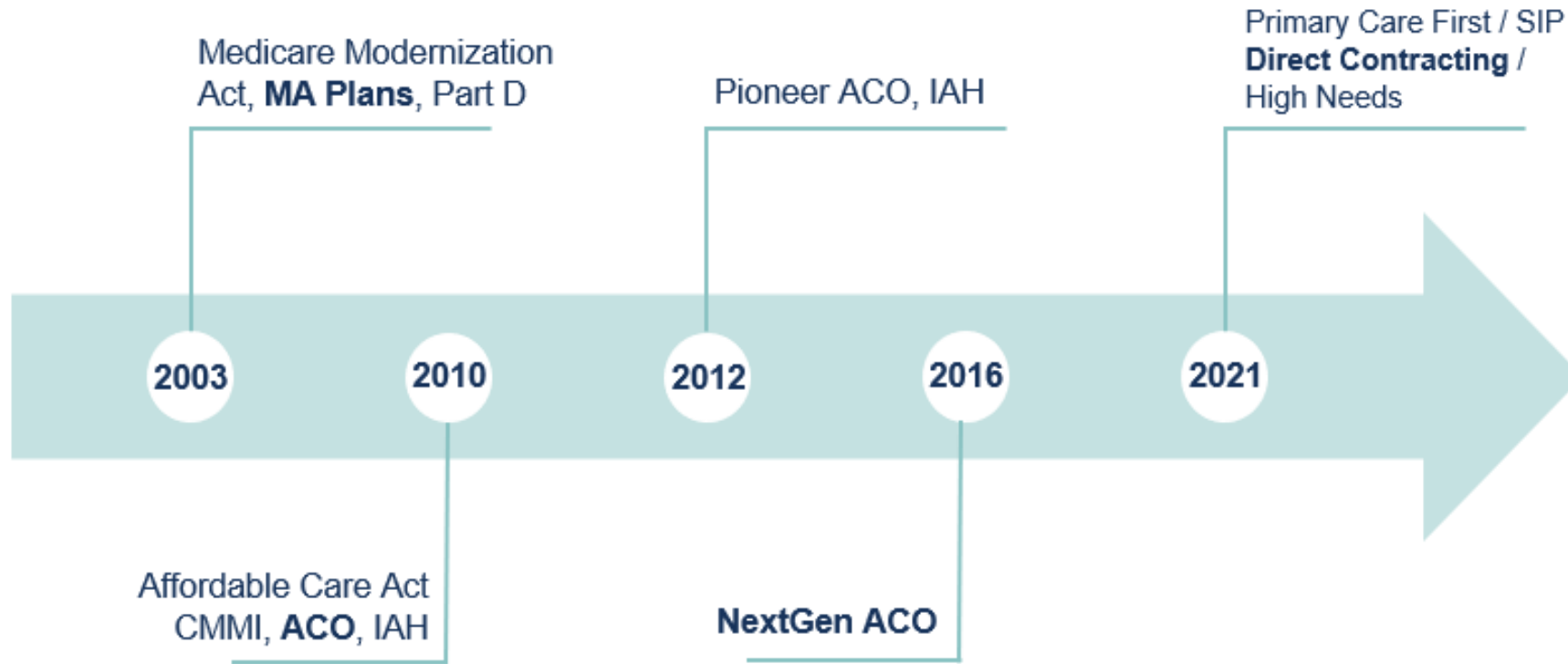


Percent of Civilian Non-Institutionalized Population Ordered by Health Care Spending, 2015

Source: Agency for Healthcare Research and Quality Medical Expenditure Panel Survey, Household Component, 2015

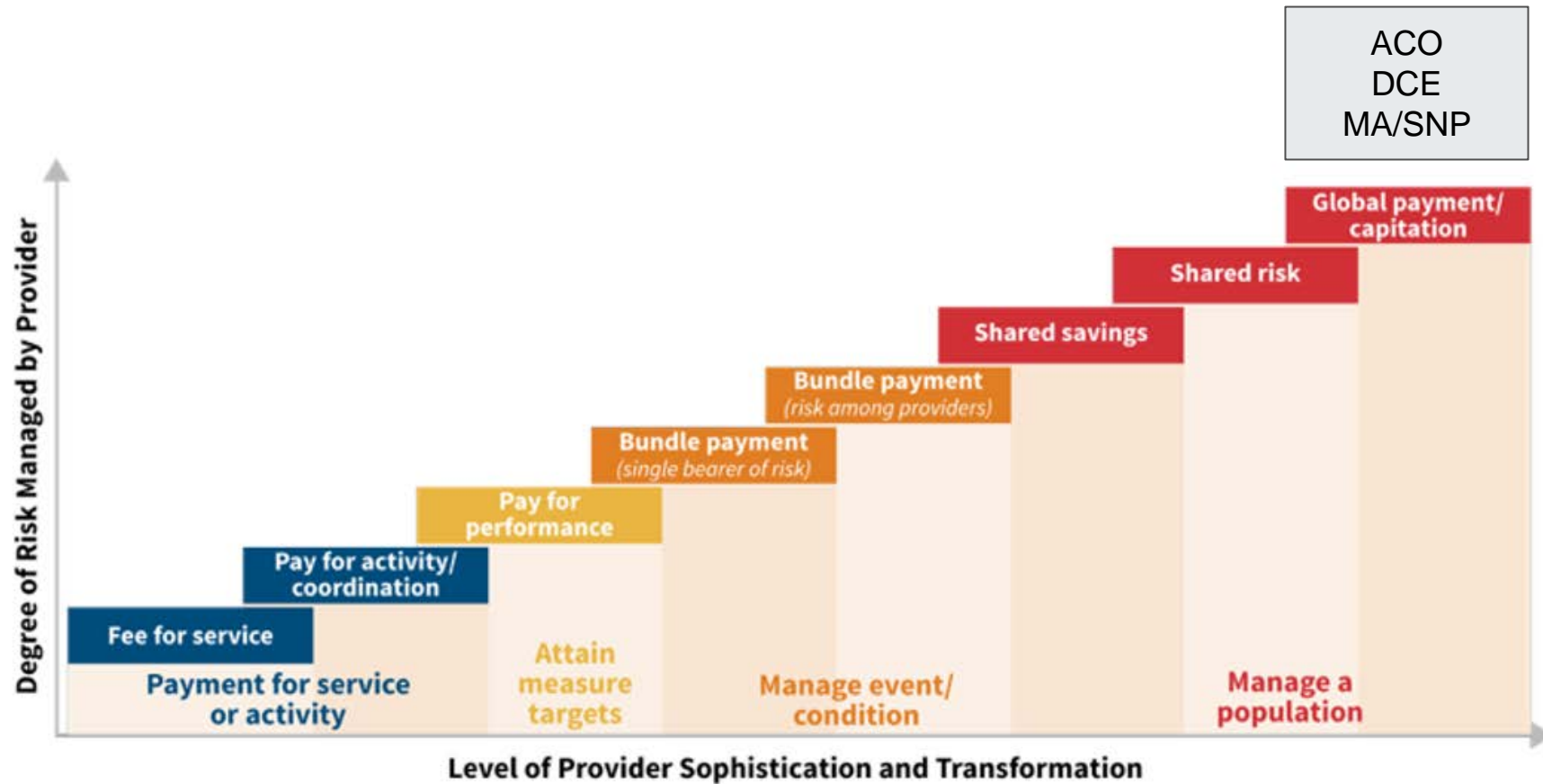


# Medicare Payment Evolution from FFS to Value-Based Care



MA: Medicare Advantage  
CMMI: Center for Medicare and Medicaid Innovation  
ACOs: Accountable Care Organizations  
IAH: Independence at Home  
SIP: Serious Illness Population

# Continuum of Value-Based Care Risk and Transformation



# DCE Revenue Example

**DCE: 10,000 lives, 5% At Home = 500 patients**

## Fee-for-Service Annual Revenue

- 10 visits/pt. avg. \$150/visit \$750,000
- CCM 90% pts. once per month \$227,000
- ACP twice a year \$84,000
- TCM (250) \$55,000
- Before/After (250) \$29,000
- Other (RPM, procedures) \$55,000

**Estimated Revenue: \$1.2M**

*(assuming 100% Medicare allowable)*

## Direct Contracting Annual Revenue

- CMS Financial Methodology
  1. Historical baseline
  2. Trending baseline forward
  3. Blending the baseline with regional expenditures
  4. Risk adjustment
  5. Discount, quality and retention withhold

**Estimated Revenue: \$16.3M**

# HCC Risk Adjustment

## What is HCC Risk Adjustment?

- The predictive modeling methodology used to determine the annual capitated payments for Medicare Advantage beneficiaries and to determine expected costs in Medicare Shared Savings Programs (ACOs) and the newer Alternative Payment Models

## Why is it important?

- Accurately reflects the severity of your patients which makes your practice more successful in APM's or risk sharing contracts

Practice Risk Group	Payment (PBPM*)
<b>Group 1:</b> Average Hierarchical Condition Category (HCC) <1.0	\$24
<b>Group 2:</b> Average HCC 1.0-1.2	\$28
<b>Group 3:</b> Average HCC 1.2-1.5	\$45
<b>Group 4:</b> Average HCC 1.5-2.0	\$100
<b>Group 5:</b> Average HCC >2.0	\$175

# Q&A





**The CAPC Payment Accelerator:**  
A Joint Virtual Workshop for Home-Based Care Teams  
Thursday, September 23, 2021

## Highlights:

- Learn to build sustainable financial partnerships with health insurance plans, accountable care organizations, and others — both to secure initial support and operate effectively within value-based contracts.
- Open to all clinical care programs serving high-need patients in the home or long-term care setting – team discounts available!

**Thursday, September 23**  
**10:30 am – 4:30 pm CT (Virtual)**

[Learn More and Register](#)



# HCCIntelligence™ Resource Center



## Hotline

Call 630.283.9222 or  
email

Help@HCCInstitute.org  
9:00 am-5:00 pm (CST)  
Monday through Friday



## Webinars

HCCI hosts webinars on  
topics relevant to HBPC.

Visit the  
HCCIntelligence™  
Resource Center for  
upcoming dates and  
topics.



## Virtual Office Hours

Immediately following  
the webinar, HCCI hosts  
Virtual Office Hours  
where experts address  
questions on any  
HBPC topic.



## Tools and Tip Sheets

Downloadable tools,  
tip sheets, sample  
forms and how-to  
guides on a variety  
of HBPC topics.



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