



HCCITM
HOME CENTERED CARE
INSTITUTE

Illinois House Call Project – Demystifying Value-Based Care for House Calls

Cohort 2 Session 1 – Check-In

2/25/2025

Agenda

Topic	Time (min)	Presenter
Welcome & Introductions	10	Raabiah Ali, MPH
Module Review - Module 1: Getting Started in Value-Based Care - The Future of Value-Based Healthcare - Leveraging HCC Coding and Risk Adjustment in Home-Based Care - What You Need to Know about the Current Advanced Payment Models - Working with Specialists: When to Treat, When to Consult, When to Refer - Demonstrating the Value of HBPC to Payers and Partners: Key Quality Metrics	60	Tammy Browning, PA-C Paul Chiang, MD Michael Helle, NRP,CCP, FP-C
Q&A	15	All
Next Steps & Conclusion	5	Raabiah Ali, MPH

Presenters



Paul Chiang, MD

Consultant, Home Centered Care Institute



Tammy Browning, PA-C

Consultant, Home Centered Care Institute



Michael Helle, NRP/CCP, FF-C, MHA, MBA

Interim Vice President/Director Clinical Programs
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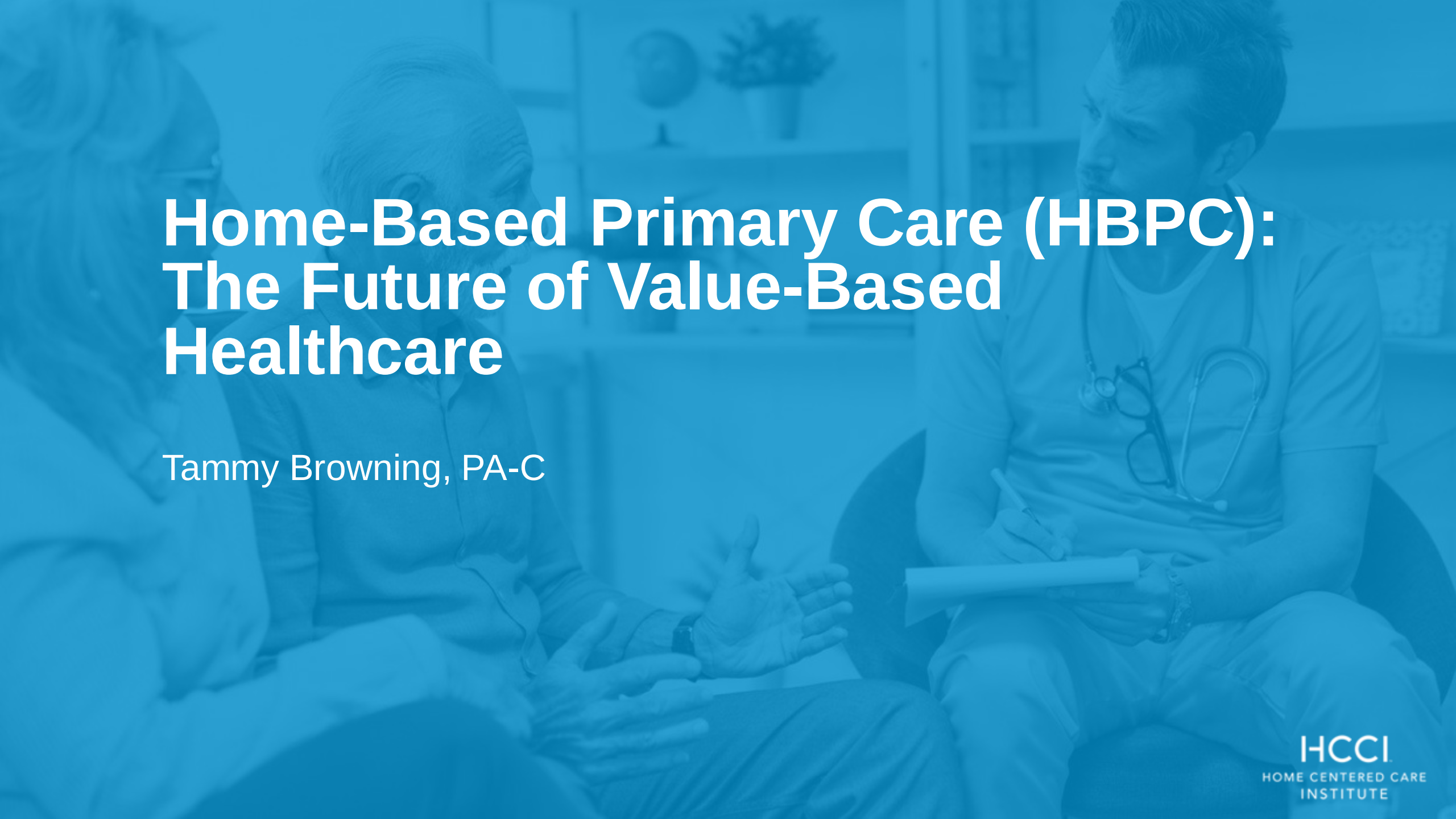


Module 1: Getting Started in Value-Based Care

Module 1: Getting Started in Value-Based Care

Topics:

- Home-Based Primary Care (HBPC): The Future of Value-Based Healthcare
- Quantifying the Value of HBPC
- Leveraging HCC Coding and Risk Adjustment in Home-Based Care
- What You Need to Know about the Current Advanced Payment Models
- Working with Specialists: When to Treat, When to Consult, When to Refer
- Demonstrating the Value of HBPC to Payers and Partners: Key Quality Metrics



Home-Based Primary Care (HBPC): The Future of Value-Based Healthcare

Tammy Browning, PA-C

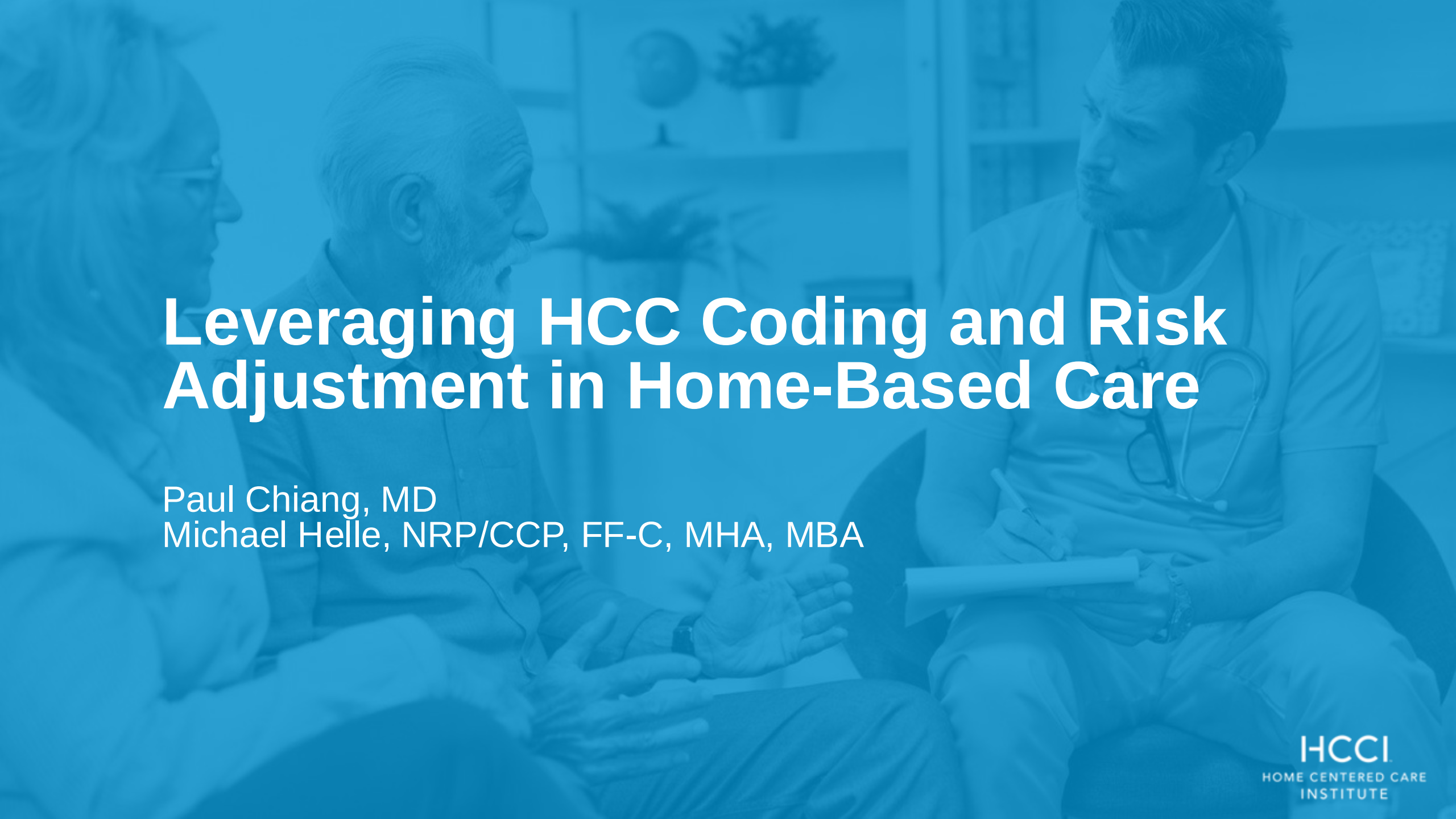
Top 6 Components for Success in VBC:

1. Patient identification
2. Gaps in care/quality
3. Managing cost of care
4. Data and financial considerations
5. Revenue capture in VBC model (HCCs)
6. Payer negotiation

Which component(s) do you find the most challenging?

Key Takeaways

- Due to several industry forces converging, home-based primary care is poised to grow.
- Home-based primary care provides tremendous value while reducing health care costs.
- New payment models are creating a more sustainable environment for home-based primary care.



Leveraging HCC Coding and Risk Adjustment in Home-Based Care

Paul Chiang, MD

Michael Helle, NRP/CCP, FF-C, MHA, MBA

HCC Coding & Risk Scores Matter

- HCC coding plays a crucial role in risk adjustment and directly impacts reimbursement – **Accurate Reimbursement**
- A well-documented risk score ensures that home-based primary care providers (HBPCs) receive appropriate funding to manage complex patients. This benchmark takes 3-years to achieve – **Quality Reporting and Performance Metrics**

Accurate & Consistent Documentation is Key

- Consistently capturing chronic conditions in patient encounters ensures accurate risk scores – **Patient Care Management**
- Providers should be proactive in documenting all relevant diagnoses supported by clinical evidence – **Improving Patient Outcomes**
- Budget – **Financial Planning and Forecasting**
- Documentation Guidelines
- Implementation Considerations

Workflow Optimization for HCC Coding

- Establishing a structured process that integrates HCC coding into daily workflows can help minimize errors and maximize accuracy.
- This includes pre-visit planning, provider education, and collaboration with coders.

What are some of the biggest challenges you've encountered when integrating HCC coding into your home-based care workflow, and what innovative solutions have worked for your team?



What You Need to Know about the Current Advanced Payment Models

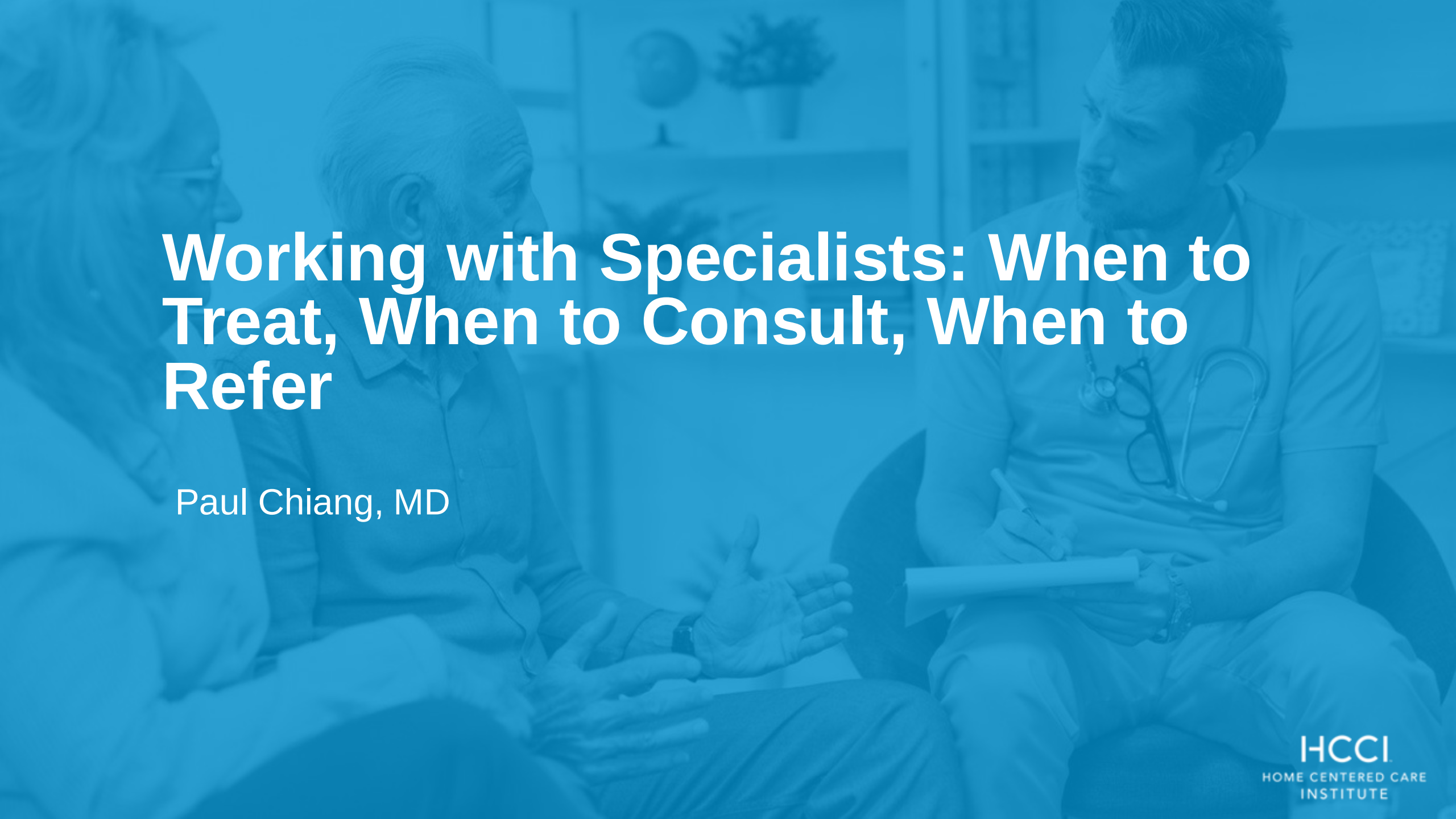
Tammy Browning, PA-C
Michael Helle, NRP/CCP, FF-C, MHA, MBA

Current Value-Based Models

Understand the main attributes between key Medicare Advanced Payment Models

- ACO REACH
- Medicare Advantage
- Medicare Shared Savings Plan
- Special Needs Plans (SNPs)
- Alternative Payment Models (APMs)
- PCF Alternative Payment Model (No longer available)

Which model do you think best supports the needs of home-based primary care practices?



Working with Specialists: When to Treat, When to Consult, When to Refer

Paul Chiang, MD

Unique Challenges For HBPC Providers

- Sole clinician
- Multiple, advanced conditions (competing priorities)
- Mobility disorder (travel limitation)
- Goals of care (patient may not want to see another provider/undergo procedure)

How are you currently working to overcome these or other challenges in your practice?

When to Treat/Refer/Consult

Treat:

- Provider knowledge, experience, and confidence with condition
- Diagnosis is certain
- Patient preference

Refer/Consult:

- Knowledge, experience, and disposition of provider
- Uncertain of diagnosis
- Patient preference
- Specialist level knowledge/procedure if needed
- Post hospital FU if specialist saw patient in the hospital

When Referring to a Specialist

- Inform patient/family on rationale for referral
- Call specialist, especially if condition is urgent, and state the reason(s) for consult
- Referral logistics (internal work queue or phone call or fax)
- In-Network provider
- Provider performance
- Make sure patient/family know who they are seeing, the office, and how to contact specialist
- Send records, test results

Demonstrating the Value of HBPC to Payers and Partners: Key Quality Metrics

Tammy Browning, PA-C
Michael Helle , NRP/CCP, FF-C, MHA, MBA

Practice-Based Metrics that Demonstrate the Value of Home-Based Care

- Number of deaths at home vs. SNF, hospital and per zip code
- Incoming referrals per month per each source
- Number of visits per day and by month, per provider, and the practice as a whole
- Total number of deaths on hospice
- Hospitalization rate/100 beneficiary months
- ICU stays 30 days before death
- Hospitalizations 90 days before death
- Yearly census
- Time to first visit (average and mean wait days)
- Time to TCM visit (average and mean wait days)
- ED Visits/1000
- Admits/1000
- Hospital Inpatient Days/1000
- Outpatient Surgery (ACC) billed under Inpatient claims

Quality Based Metrics that Demonstrate the Value of Home-Based Care

- Patient Experience (CAHPS survey)
- Preventative Care & Chronic Symptom Management
 - Screening & Vaccination
 - Chronic Condition Management (DM & HTN)
- Care Coordination & Patient Safety
- Health Equity & Social Determinants of Health
- Total Cost & Utilization Measures

Key Takeaways

- Use your quality measures to negotiate with payers and partners
- Utilize 3-5 meaningful measures that show quality impacts and directly link to cost
 - E.g., 5% lower readmissions resulted in X dollars saved by the system
- Find a mix of process and outcome-based measures if you have a system that is cumbersome
- Utilize Medicare reported data on your practice as well, if you have access
- Try to find HEDIS measures where you excel if you're working with a payer



Q&A

Illinois House Call Project: Demystifying Value-Based Care for House Calls Coursework Series

Session 2

Wednesday, March 26, 2025

2:30-4PM CST

Module 2: Managing Costs in Value-Based Care

For any questions, please contact
Raabiah Ali, Program Manager
RAli@hccinstitute.org

Enrolled



The Illinois House Call Project:
Demystifying Value-Based Care for
House Calls Webinar Series

After the completion of each module, please join HCCI subject matter experts for a 90-minute webinar to discuss any questions you may have regarding the course material. See below for a link to register for each webinar.

[REGISTER HERE](#)

Chronic Care Management Implementation



Contact Raabiah Ali at RAli@hccinstitute.org to learn more

Become a Pioneer by Diversifying Home-Based Care to Drive Revenue

Do you provide palliative care services in any of the following Illinois counties?

- Boone
- Cook
- DeKalb
- DuPage
- Kane
- Kendall
- Lake
- LaSalle
- Lee
- McHenry
- Ogle
- Will
- Winnebago

You may qualify to receive a fully subsidized Chronic Care Management implementation

[MORE INFORMATION](#)

[APPLY HERE](#)

HCCI
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HCCIntelligence™ Community Webinar Series

Safety First: Essential Strategies for House Call Providers

Objectives:

- Practical tips for scheduling, route planning, and pre-visit safety measures.
- Strategies for staying secure while traveling to and from patient homes.
- Techniques for situational awareness, communication, and using safety devices.

Goal: Equip providers with the confidence and tools to stay safe while delivering compassionate care.

**March 11, 2025
1 pm CT**

[Register Here](#)

Confer Analytics® Free Event

Measuring the Performance of House Call Programs in Medicare Advantage

Objectives:

- Analyze key metrics, such as costs of care, hospitalization rates, ER visits, readmission rates, patient attribution, and risk scores.
- Find out how data-driven insights can optimize program outcomes.
- Leverage the data to better serve patients.

Goal: Showcase how data-driven strategies improve outcomes and patient care.

**March 25, 2025
1 pm CT**

[Register Here](#)

Contact HCCI



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