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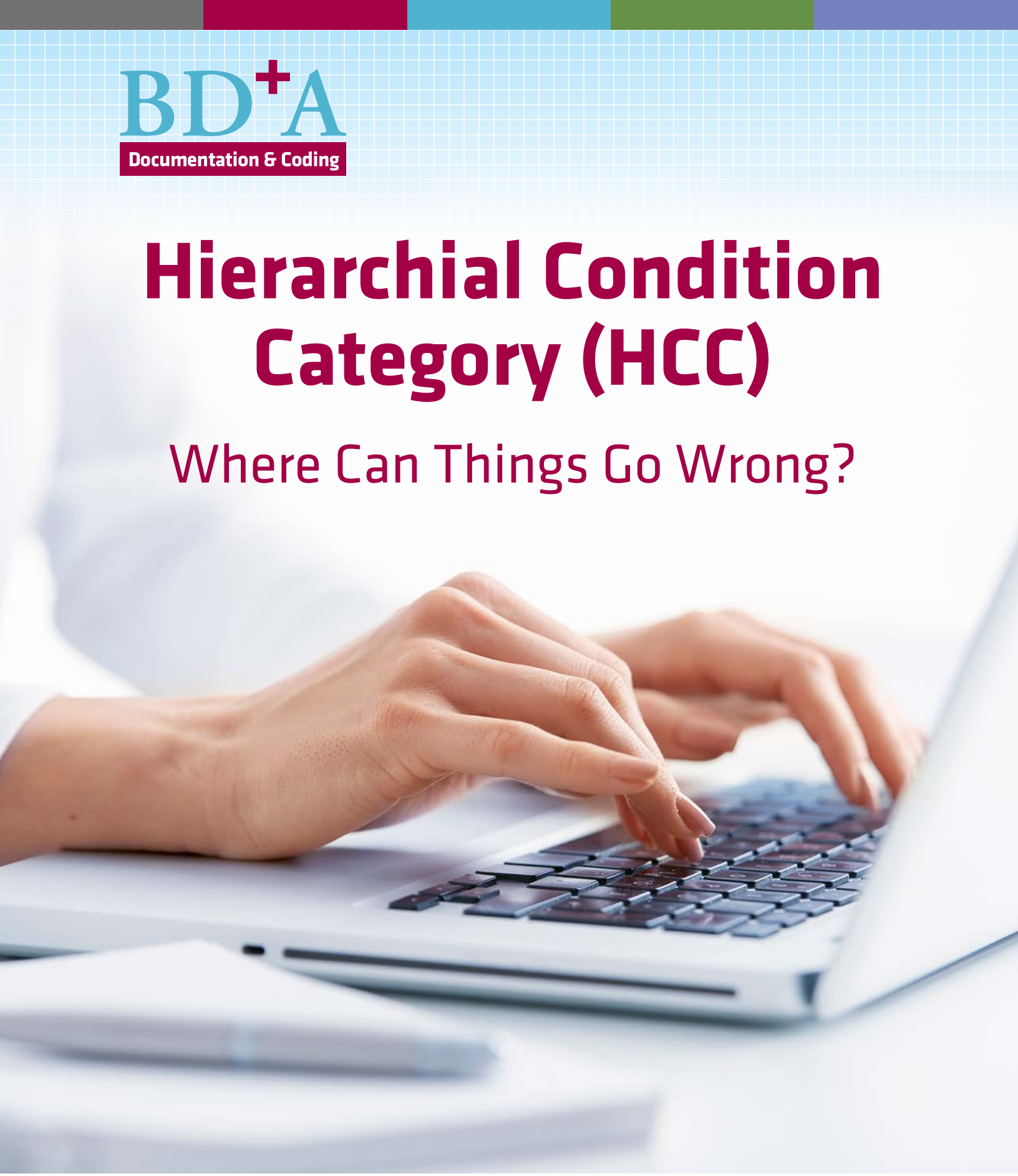
Hierarchial Condition Category (HCC)

Where Can Things Go Wrong?



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What Are HCCs?

Hierarchical Condition Category

Hierarchical Condition Category (HCC) is a risk adjustment model utilized to estimate predicted costs for beneficiaries based on disease and demographic risk factors, leading to increased payments for high-risk patients. Inaccurate reporting of chronic and acute conditions and their associated HCC diagnosis codes may lead to significant foregone care delivery and revenue opportunities. Risk-adjusted and value-based models are the future of reimbursement, for both commercial and government payers.

Where Can Things Go Wrong?

The three top reasons why HCC diagnoses may go unreported:

1. Providers do not document sufficiently to capture all diagnoses and/or capture all diagnoses at the highest level of specificity.
2. Provider's code diagnosis codes for a patient's acute conditions but do not code for chronic co-existing conditions.
3. Patients in an attributed population for a health system do not have a qualifying visit during the calendar year, resulting in no opportunity to capture relevant diagnoses for these patients.

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BDA's Documentation Improvement Specialists Can Help Improve HCC Capture

» BDA Trains on Documentation Improvement. Insufficient documentation can result in a diagnosis not being coded and/or not coded to the highest level of specificity which could result in loss of significant revenue per patient. When education occurs, the benefits impact the patient, the organization and the healthcare community.

» BDA Educates on ICD-10-CM Guidelines. An accurate understanding of ICD-10-CM coding guidelines will allow your organization to improve diagnosis code capture at the highest level of specificity, as well as position your practice for value-based payment by accurately reflecting the severity of illness.

» BDA Ensures All ICD Codes Reported are Supported by Documentation. Education regarding documentation and creating a clear clinical picture of the encounter. Documentation must support all diagnosis codes reported. Submitting diagnosis codes that are not supported by the documentation can result in an inaccurate risk score.

Conclusion

Providers face extreme pressure to:

» Meet documentation requirements,

» Capturing appropriate diagnosis codes, and

» Remain compliant with their documentation and coding.

Highly skilled medical professions excel in the patient environment, although lack the specialized skill set and experience required to optimally code for HCCs for services performed within a patient visit.

Providers that leave these common pain-points unaddressed are at best missing revenue opportunities and at worst putting themselves at risk for serious compliance issues.

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You have one year to report diagnosis codes to support the complexity of each patient.

Are you confident in your documentation and diagnosis code selection?

Contact BDA for a Complimentary Preliminary Analysis.

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