Hierarchical Condition Category Documentation for Chronic Conditions

November 2022

- Describes the complexity of your patient by accurately documenting and coding chronic medical conditions on a calendar year basis
- Helps to predict the use of Medicare resources your patients are expected to consume
- Conveys patient complexity to CMS and payers, impacting reimbursement to the system
- RAF (risk adjusted factor) scoring compiled and reported by CMS through HCC coding

Top HCC's

- Active cancers with and without metastasis
- COPD
- Dementia
- Depressive and bipolar disorders
- Diabetes with or without complications
- Morbid Obesity
- Renal CKD 3-5, ESRD, AKI

- Cardiac Arrhythmias
- CHF
- Parkinson's
- Rheumatoid Arthritis and autoimmune disorders
- Vascular Disease

What do you need to know?

- Must be face to face visit (office or video). E-visits and telephone visits will not count toward HCC capture
- Enter appropriate "Visit Diagnosis" to highest specificity to include: diagnosis, site, laterality, and if related conditions present
- For each diagnosis, document in the visit note using MEAT criteria (Monitor, Evaluate, Assess, Treat)

Dx (HCC) Best Practice Advisory, for patients on Medicare

- Displays chronic HCC diagnoses from the last year and a half that have not yet addressed during this calendar year
- Prompts for a few suspected (previously undiagnosed) conditions, such as Morbid Obesity and Depression, based on information previously documented in the system
- Provides a way to easily add the diagnosis to the visit and the problem list, resolve the problem if no longer applicable, defer to a future visit, and document against the diagnosis for the visit

For further information regarding HCCs, please reference the HCC Tip Sheet from the EMR team

For specific HCC coding questions, contact HCC.risk@ohiohealth.com



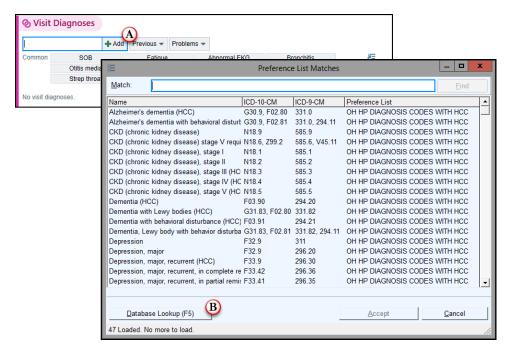
Hierarchical Condition Category (HCC)

Hierarchical condition category (HCC) coding is a risk-adjustment model originally designed to estimate future health care costs for patients. In CareConnect these diagnosis codes are identified by HCC being present in the name.

Diagnosis Preference List

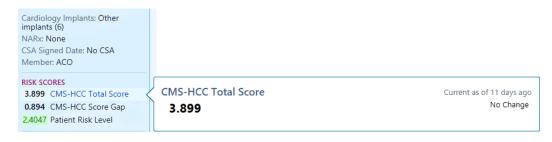
Primary Care Providers have a defaulted HCC Diagnosis Preference List.

- A. Clicking the Add button next to the Diagnoses Search field will open the HCC Preference List by default.
- B. If a HCC code is not appropriate for the patient, click the **Database Lookup** button for additional diagnosis.



Storyboard

The Storyboard displays the CMS-HCC Total Score and CMS-HCC Score Gap.





Click on CMS-HCC Total Score and/or CMS-HCC Score Gap to see a HCC Certification Summary Report.



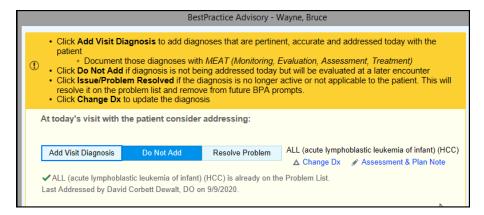
Print Group

Review more details about a patient's HCCs, including the category's entire title and the ICD-10-CM diagnosis code satisfying the HCC. This additional information is especially helpful when the diagnosis that qualifies a patient for the category is different from the category title. To view these additional details about the HCCs applying to your patient, click Show Details in the upper-right corner of the CMS-HCC section.



HCC BestPractice Advisory (BPA)

The HCC BPA will display for each HCC Diagnosis that needs action taken. You are able to Add an Assessment and Plan, Add the Visit Diagnosis, Change the Diagnosis, and/or Resolve the Problem all from the BPA.



If the Hierarchical Condition Category (HCC) Diagnosis was addressed in an encounter but was not included or approved on a claim, the HCC BestPractice Advisory (BPA) for that diagnosis will reappear with a note. This allows the diagnosis to be addressed.

