



Minutes With the Medical Director

HCC Coding Principles in Value-based Contracts

In the last two months we have been busy discussing HCC coding principles with providers, staff, and coders across the network. We are making excellent progress toward the goal of an accurate description of the severity of illness present in our patients. Coding is the backbone for a risk-adjusted benchmark, which we are judged against in a value-based contract. The benchmark reflects the cost of care anticipated by the payer and determines our opportunity to obtain payment for our work in population health.

Community Care Alliance staff members, Cathryn Benedict and Kathryn Steele have engaged several offices to establish the basic workflow to capture accurate ICD 10 codes which crosswalk to HCC codes and chronic care management opportunities. We look forward to a rise in the aggregate HCC code value during the upcoming months. As our new IT platform the Garage comes online, we will have the ability to monitor our progress closely and make further adjustments.

Having discussed HCC coding across our network, our attention will turn to a discussion of the data and analytics available to CCA. Starting in July, we will begin a series of conversations with providers and staff to acquaint them with the types of data, vocabulary, and opportunities available from the analysis of cost, utilization, and quality data. Our goal is to give participants the tools to ask questions to enhance the quality and value of the care provided to patient populations.

We look forward to working with everyone on this new frontier of healthcare.