

Minutes with the Medical Director



In August, Dr. Davis provided on-site presentations to providers at Delta, Montrose and Hotchkiss to discuss the Hierarchical Condition Category coding system (HCC). He presented tools which help providers capture the documentation details to describe their patients' complexity of illness.

Seventy-nine HCC codes are used to group 10,000 ICD-10 codes into related categories. These groups are assigned a relative risk factor (RFI) to reflect the patient's severity of illness. The RFI is used to predict the future cost of care and risk adjust the payment received for the patient's care. The risk adjusted payments impact the contracts for Medicare Advantage, MIPS, Medicare Shared Savings Program ACOs, Hospital Value Based Payment Programs and Medicaid.

Tools are available to assist providers to capture accurate HCC codes for diabetes mellitus II, congestive heart failure and chronic obstructive disease patients. Each tool has the information necessary to help providers capture the detail to identify the correct ICD-10 code. The ICD-10 code is then converted to an HCC code which risk adjusts the payment received for the care of the patient.

To receive appropriate reimbursement for the care delivered to patients, accurate and complete coding is imperative. Omitting one or two chronic conditions can adversely impact reimbursement by thousands of dollars annually.

Onsite provider training is available by contacting Joni Fanning at 970-986-3676 or through CCA's Member Portal. [view portal](#)



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