Minutes with the Medical Director

Community Care Alliance

On May 21st the Community Care Alliance management team met to review the content and direction of the Clinical Integration Committee (CIC). In response to requests from our providers we are redesigning the content and goal of the committee to make it useful to them. Our initial work will focus on unraveling the complexity of the Hierarchical Condition Category coding system (HCC). This system was developed by Medicare as a predictor of the potential cost of care for a select group of Medicare beneficiaries. Subsequently, the system has been adopted by most commercial payers as a benchmark to risk adjust claims data and ultimately as a factor in reimbursement determinations.

I think of the HCC system as the next step in complexity above ICD-10 coding. ICD-10 codes describe the disease status of the patient, while HCC codes describe the risk of the payer spending money to care for the patient. While this may be over simplified, it gives you an easy way to understand how they link together. Since we need payers to understand the complexity and potential cost of care for our patients, it is important we get the coding correct. Payers adjust the ACO's benchmarks depending on the HCC codes. Our HCC codes are determined by the provider's documentation of clinical care. To be appropriately reimbursed for our work, we need to have the HCC coding correct.

During the next several months, the CIC will be working to develop tools and programs to help you improve your documentation to drive more accurate coding.

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