

CHECKLIST: prospective and retrospective HCC strategies at the clinic level

In the CMS risk-adjustment model, effective HCC coding is crucial to ensure accurate reimbursement, maintain compliance, and encourage positive patient outcomes. But accurately documenting HCCs can be a challenge for clinical and non-clinical staff alike.

This checklist outlines some effective HCC strategies at the clinic level, both prospective and retrospective.

Prospective

1. Prepare a list of previously-documented chronic conditions yet to be documented this year

Clinicians can miss out on revenue by failing to re-document risk-adjusting conditions. As such, HCCs need to be re-documented every year.

2. Review labs and orders completed since the patient's last visit

How is the patient's condition being managed, and how is it progressing? These factors have a bearing on accurate coding and reimbursement – as well as patient outcomes.

3. Prepare a list of previously-documented chronic conditions yet to be documented this year

Clinicians should review shared records from local hospitals, specialists, and other PCPs to get a more complete view of the patient's health status and discover potential HCCs.

4. Review information obtained by documentation specialists regarding HCC opportunities

It doesn't matter how good your chart preppers are if your clinicians aren't reviewing the information they've collected. At the clinic level, clinical staff should take time to review the information prepared by documentation specialists and document any HCCs accordingly.

5. Hold a morning huddle to discuss which HCCs will be documented, which need further workup, and which are conditions the patient doesn't have

Historically, the clinicians who perform best at HCC documentation are those who take the time to review the documentation with MAs and Scribes ahead of each day's visits

Retrospective

1. Review visit notes to ensure specific conditions are documented



When reviewing documentation, ensure that all chronic conditions were addressed at the visit. This can be checked by comparing the assessment of the note against the list of active conditions on the problem list. Additionally, ensure that any potentially novel conditions noted in the HPI section of the note are also reflected in the assessment section.

2. Confirm orders, labs, and referrals have been established for follow-up on suspected conditions



Clinicians should ensure that any labs, referrals, or tests required to workup HCCs are entered into the system and processed after the visit.

3. Review recent notes with coders or documentation specialists to ensure code specificity based on visit documentation



It's important to review any newly-available medical documentation that may support novel risk-adjusting conditions – including labs that may have been drawn at the annual wellness check, and the most recent vitals and physical exam information.

4. Request records for future visits



Request relevant records to follow up on any HCCs where workup has been done externally.

5. Record notes on intended follow-up to be reviewed at next visit



The final, crucial strategy is to carry over all the work done to this point. For HCCs that need further workup, clinicians must ensure that they follow up with patients on any requests or referrals, record the details, and review at the next visit.