

CHECKLIST: Prospective And Retrospective HCC Strategies At The Organizational 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 organizational level, both prospective and retrospective.

Prospective

1. [Educate staff on the HCC model](#) and the importance of re-documenting chronic conditions

It's easy to overlook re-documenting risk-adjusting conditions year-on-year, but these represent a major missed revenue opportunity for providers. It's critical that both clinical and non-clinical staff understand the importance of re-documentation and its bearing on compliance, reimbursement, and clinical outcomes.

2. Have chart preppers review records, imaging, and tests

Chart preppers can assist in pre-visit planning by not only identifying gaps in care, but also recognizing potential risk-adjusting conditions that are yet to be documented.

3. Facilitate record-sharing with local specialists, hospitals, and clinicians

Accurate HCC coding requires a full picture of a patient's health status – necessitating record-sharing between specialists, hospitals, and other clinicians in the area.

4. Identify opportunities missed in previous visits

The more specific the diagnosis, the more accurate the reimbursement. Admin staff should look for opportunities to make more specific diagnoses and code more accurately. For example, coding kidney disease but missing the correct stage would represent a missed opportunity for additional revenue.

5. Create patient-specific list of HCCs for clinicians to cover during each visit

Use the findings you've gathered from steps 1-4 to inform step 5. Preparing a list of HCCs to look for ahead of each visit can help clinicians accurately document risk-adjusting conditions at the point of care. Pre-visit planning can be fully [automated](#) to ensure clinicians have all the information they need ahead of every annual wellness visit.

Retrospective

1. Automate review to identify potential missed opportunities

[Automating the chart review process](#) can help to identify any missed HCCs and opportunities for additional revenue.

2. Establish a process for requesting records, completing tests/labs and tracking orders

Clinicians can't be guaranteed to follow up on the appropriate record requests, labs, and tests, and patients aren't necessarily capable of scheduling these on their own. Having a concrete process in place ensures that anything ordered during a visit is correctly followed up on.

3. Have documentation specialists review the note for opportunities to increase documentation specificity

Coders and other documentation specialists can review previous charts and check documentation specificity. More specific, accurate HCCs can result in more revenue, and more accurately reflect the patient's risk of morbidity and mortality.

4. Establish a formal process to review documentation with clinicians to clarify non-specific diagnoses

Effective HCC documentation involves changing clinician behaviors. Documentation review can help to clarify non-specific diagnoses, allows for an opportunity to amend insufficiently-specific notes, and encourage clinicians to diagnose more specific HCCs in future.

5. Carryover actions to prepare for HCC checks at future visits

Eventually, your retrospective HCC strategies become prospective again. Use the learnings you've accrued during the retrospective phase to inform pre-visit planning.