

The impact of hierarchical condition category (HCC) coding

Providers ask why they should be concerned about HCC coding when the associated revenue goes to the patient's health plan. While this statement may be true, HCC coding has an impact on providers and patients. The American Academy of Family Physicians reports that "HCC coding helps communicate patient complexity and paints a picture of the whole patient." This picture:

- Predicts future costs of care for the patient, effectively managing resources and preventive interventions
- Identifies resources the patient needs or may benefit from, leading to patient-centered care that includes the following:
 - Health plan provided case and disease management services
 - Promotes provider recommendations
 - Provides education about conditions and supports the patient
 - Provides preventive dental, vision and hearing aid benefits
 - Covers Silver Sneakers programs
- Assures the health plan receives correct reimbursement to provide care for the patient, allowing the health plan to
 - Pay provider and facility claims for patient services
 - Cover medication and equipment costs
- Aids in quality improvement and performance measurement

The patient is at the center of all the above. Provider documentation and coding of patient diagnoses as specifically as possible ensure HCC coding accuracy. This assures the health plan receives the correct revenue to provide patient care and benefit coverage. Accuracy in HCC coding also mitigates risk to the health plan if the patient is selected for review in a risk adjustment data validation audit. Additional information about HCC coding is available on the Security Health Plan provider portal at <http://www.securityhealth.org/providers/hcc>