

Webinar on

Hierarchical Condition Category (HCC) Coding and Risk Adjustment

Date : 12 June 2019

Learning Objectives

- Background of HCC coding*
- The HCC Risk Adjustment Model*
- How HCC codes are used In the Medicare Advantage Program*
- How HCC codes impact ACO performance and potential shared savings and shared losses*
- How HCC codes impact MIPS performance*
- Compliance requirements associated with potential fraud waste and abuse in the risk adjustment model*
- The importance of accurate documentation in the clinical record to support reported ICD-10-codes*



The majority of clinicians that care for Medicare beneficiaries will be increasingly impacted financially by HCC codes.

PRESENTED BY:

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Date : 12 June 2019

Time : 02: 00 PM EST

Duration : 90 Minutes

Price: \$149

Webinar Description

HCC codes were primarily associated with Medicare Advantage programs in the past, however, they are now being much more frequently encountered by clinicians who are involved in MSSP ACOs and those eligible for the MIPS. More than 9000 ICD 10 codes map to 79 HCC codes in this risk adjustment model. Awareness of specific HCC relevant diagnoses and their impact on the risk-adjusted score can have marked significance towards future reimbursement in capitated models, ACOs and performance in the MIPS. This discussion will explain how HCC codes are used to determine risk-adjusted scores in the Medicare Advantage program, ACOs, and the MIPS. It will also explore potential pitfalls associated with documentation deficiencies and the potential for over coding, with its consequent penalties.



A growing number of CMS programs are using HCC codes to determine reimbursement amounts based on the risk associated with the patient's demographics and underlying conditions. Programs that use HCC codes to determine a risk-adjusted factor include Medicare Advantage, Medicare Shared Savings Program (MSSP) Accountable Care Organizations, the Cost performance category of the Merit-based Incentive Payment System (MIPS), and other initiatives. The majority of clinicians that care for Medicare beneficiaries will be increasingly impacted financially by HCC codes.



Who Should Attend ?

Physicians

Clinicians, CDI professionals

Coding professionals

Administrators

Compliance officers

Revenue cycle professional



Why Should Attend ?

Physicians and other clinicians who care for Medicare beneficiaries need to increase their awareness of HCC codes to avoid significant revenue loss. Administrators, health information management professionals, and coding professionals also play a significant role in ensuring that clinicians are adequately trained and that relevant medical diagnoses are not going undocumented or under-documented. There is a significant potential for fraud waste and abuse associated with HCC coding, as healthcare systems are allowed to retrospectively review records and identify missing codes with risk adjustment factor significance. Clinicians and administrators need to be aware of these risks.



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