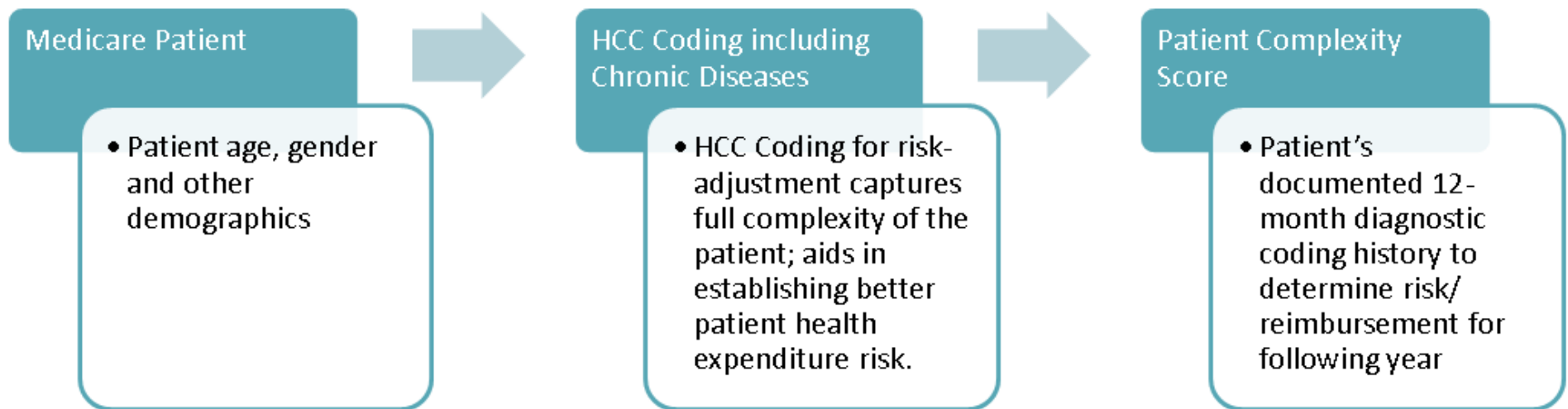


How HCC Coding Affects ACOs



- All chronic conditions must be monitored and reported at least once each year. Diagnoses can't be coded from inferred test results. The easiest way to accomplish the documentation standards for being able to report each patient's risk adjustment diagnoses is by using MEAT during patient face-to-face visits to ensure that the most accurate and complete information is being documented:
 - Monitoring— signs, symptoms, disease progression, disease regression
 - Evaluating— test results, medication effectiveness, response to treatment
 - Assessing/Addressing— ordering tests, discussion, review records, counseling
 - Treating— medications, therapies, other modalities



HCC Coding Opportunities

Chronic Conditions

- Conditions that the patient has and is expected to have as an ongoing health issue.
- Chronic conditions need to be documented as chronic, annually, even when stable with treatment.
- Document severity/stage of condition (i.e. stage IV chronic kidney disease/major depression).
- Document associated conditions or complications and relationship to the underlying chronic condition (i.e. diabetic neuropathy, cirrhosis secondary to alcoholism)

Active Status

- Conditions which are present and unresolved or unlikely to resolve also need to be documented at least annually.
- CMS considers the condition resolved if not evaluated and coded at least once/calendar year, in which case the risk factor score for the member is lowered.
- H/O or S/P is indicative of a past condition, so coders cannot use to code as active chronic disease. Can use: insulin status stable, Hx MI status stable, nephropathy status stable.

Forever Codes

- Conditions that do not go away and patients are expected to have forever should be documented at least once a year.
 - Amputation
 - Transplants
 - Alcoholism in remission
 - CHF (compensated)
- Other possible forever codes – Ostomy, Cirrhosis, Diabetes, Hepatitis, Paraplegia/Quadriplegia – be specific.