What are HCCs?
The Centers for Medicare & Medicaid Services (CMS) originally developed HCCs to adjust Medicare capitation payments for Medicare Advantage (Part C) plans. CMS adjusts Part C payments based on the health expenditure risk of its enrollees. HCCs use a risk-adjusted score that includes patient diagnosis and demographic information.

Using CMS HCC methodology as a starting point, the U.S. Department of Health and Human Services (HHS) developed a broader HCC methodology for commercial payers. HHS added modifications for each age range within various patient populations.

CMS uses HCCs when calculating the total performance score under the Hospital Value-Based Purchasing Program.

The challenge: Report patient diagnoses across the care continuum
Organizations capture HCCs by documenting and coding all of a patient’s diagnoses across all care settings for an entire year. HCC methodology groups each chronic disease or injury into a category that predicts future care needs and determines each patient’s RAF score. Payers use demographic information as well as diagnoses from inpatient, outpatient and physician practice encounters to calculate risk scores.

Your organization’s success with risk-adjustment depends on your ability to ensure accurate and complete documentation and coding. The sooner you understand the complexities of HCCs, the sooner you can realize the benefits of appropriate risk-adjustment calculation.

Can you answer the following questions with confidence?
- Does your data currently reflect accurate HCC risk scores based on reported diagnoses for your patient population?
- Are all chronic conditions documented in the medical record at least once per calendar year?
- Do you capture HCC diagnoses in all care settings?

If not, it may be time to consider a comprehensive HCC solution.
3M hierarchical condition category services

The solution: Healthcare consultants who really know HCC documentation and coding

Armed with extensive healthcare coding compliance and clinical backgrounds, the physicians, nurses and coding experts from 3M Consulting Services have a proven track record in providing quality and sustainable coding and documentation improvement programs to more than 1,500 hospitals nationwide.

3M consultants understand HCCs inside and out. They know how to implement a program to assist organizations in reporting accurate diagnoses that reflect patient risk.

The result? Comprehensive HCC capture.

3M designed these services for hospital inpatient and outpatient facilities as well as professional practices that need help understanding and capturing HCCs using their concurrent processes.

The HCC program includes three phases:
1. Data analysis and assessment
2. Implementation and education
3. Sustained improvement/follow-up

Call today

For more information on how 3M software and services can assist your organization, contact your 3M sales representative, call us toll-free at 800-367-2447, or visit us online at www.3m.com/his

HCC services

Because 3M’s HCC services are modular, 3M consultants provide just the right mix of services targeted to meet your organization’s specific needs.

Some organizations may want to begin with staff education. Others may want physician training or data analysis to understand the current state of their HCC capture.

For some, a more comprehensive HCC management solution is the right fit. 3M™ M*Modal HCC Management uses analytics to address HCC documentation and coding gaps to achieve accurate and complete patient diagnoses.

Additionally, organizations can use the HCC program as a stand-alone initiative or combine it with 3M documentation, coding and analytics software as they transition to value-based payment.

3M helps organizations along the path to HCC compliance wherever they may be on the journey.