

Maximizing HCC Recapture for Better Patient Risk Scores and Reimbursement





Problem

Many healthcare organizations do not ensure that all diagnoses contributing to HCC scores are recaptured on an annual basis, leading to less than optimal risk scores for patients in value-based contracts and decreased reimbursement.





55%



Employ analytics to identify opportunities for HCC code capture, improve coding accuracy, and optimized documentation, and gain insights into specific clinics, providers, and patient populations that require focused improvement efforts.



Data

- Patient demographics.
- Clinical data including visits and diagnoses.
- Primary care providers and clinics.
- HCC risk adjustment factors.
- Expected spend estimations.
- Annual wellness visits.
- Appointment history and future scheduling.



Reports

- Track HCC capture rates.
- Identify specific high-cost HCCs for improvement in coding accuracy.
- Characterize the performance of clinics and providers.
- Identify patients with significant opportunities for recapture
- Track use of annual wellness visits.
- Measure the gap in expected spend that is not represented in risk scores.

Clinical and Administrative Decision Making

Clinical: Ensure accurate documentation to support HCC coding, identify opportunities for improving patient care, and optimize resource allocation.

Administrative: Develop coding guidelines, provide training, and monitor coding accuracy to maximize reimbursement.





Expected Outcomes



Increased HCC code capture rates.



Maximized reimbursement for healthcare services.



Enhanced financial sustainability for healthcare organizations





Data Overload To Data Insight.

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