Hierarchical Condition Category: Risk Coding

Training from Contexture's Quality Improvement Team

Payment models are underscoring the importance of risk adjustment and offering compensation for practices able to make up for the extra costs associated with high-risk enrollees. Hierarchical Condition Category (HCC) coding is a risk-adjustment model originally designed to estimate future healthcare costs for patients. Payers use HCC codes, along with demographic factors, to assign patients with risk scores. Risk adjustment could positively impact your overall cost measure score and impact your complex patient bonus. Contexture's Quality Improvement team can help you code correctly to increase your reimbursements and ensure adequate documentation to support coding.

Service Detail	Service Level Tiers			
	Gold	Silver	Bronze	Basic
Chart Review/Audit Review of current coding and areas of opportunity; allows for tailored training for your specific specialties	Included, up to 100 charts	Included, up to 50 charts, focus on specific patient population	N/A	N/A
Chart Audit Analysis Highlight findings in chart audit and areas of opportunity	Included	Included	N/A	N/A
Cost Review Analysis Analysis of cost reports from payers or quality programs	Included	Included	Included	N/A
Basic Training Team training on importance and basics of HCC coding	Included	Included	Included	Included
Tailored Training Training, with focus on specific patient populations and customized to the practice's chart audit findings	Included	Included	N/A	N/A
Coder Training Customized training for coders with attention to specialty coding and chart audit findings	Included; 2 trainings	Included	Included	N/A
Resources Provided Documentation to improve HCC coding	Included	Included	Included	Included

Pricing available upon request for tiers listed above. Contact QI@contexture.org or your current Contexture representative.

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