HCC CODING DUE TIPSHEET

In 2020 the only patients that were counted towards your providers' metrics were the patients with Optima or Humana Medicare Advantage. That being said, in the future ALL "Red white and Blue" Medicare patients will also be tracked for the ACO. Your provider must resolve the inactive conditions from the patient's problem list and then while in a face to face encounter (any office visit, Telehealth Video - visit) Address the condition in the "HCC Coding Due" Section of the Orders screen.

The following are the dismiss options and what they mean.

If your providers are having trouble getting a diagnosis to go away below is a tip sheet that I have had to send out to several providers. A lot of times they are hitting the wrong button

Make sure that they are pushing the correct button on the registry to dismiss a condition – in the screenshot below there are 3 buttons to take action on a particular diagnosis

- Add Visit Diagnosis this of course is if you want to code the diagnosis at this visit
- 2. **Do not Add** this is like a "Snooze button" it will dismiss the condition from this visit only but will fire again at the next visit until it is captured for the year
- 3. Does not apply This button is if you think the diagnosis is incorrect or resolved and want to permanently dismiss it for the year (it will be "grayed out" if the diagnosis is on the problem list and you will need to remove it from the problem list before you can use the button)

I sent this because there has been a lot of confusion between the last 2 buttons with providers believing they are dismissing a condition only to have it pop back up again (quite annoying)

