# NATIONAL ASSOCIATION OF
## Community Health Centers ®

# 2024 Coding & Documentation Webinar Series

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Join NACHC for a free two-part 2024 Coding & Documentation Webinar Series. In this series, we will explore how health centers can comply with CMS rules and regulations, and discuss the most recent information regarding the upcoming ICD-11 implementation in the U.S.

[**Register here**](#).

**\*Each webinar will offer 2 credits from the AAPC**

## Part One: Top 5 Documentation and Revenue Tips in Community Health Centers

**Wednesday, January 31, 2024 from 2:00 - 3:30 pm ET**

**Overview:**

In this webinar, we will review opportunities for health centers to improve their clinical documentation, professional coding, and medical billing with a focus on the unique CMS rules and regulations we face when reporting our valuable health services to our various insurance entities.  Your clinical providers (ex. MD, PA, NP, CP, and CSW), facility leaders (ex. CFO, revenue cycle managers, and office managers), are invited to join in along with professional coders and medical billers.  The overall focus of the class is to help you generate 100% of the revenue you are entitled to, but no more than you are allowed.

We will pay particular attention on how all staff can work together to balance clinical and business goals through proper application of the CPT, HCPCS-II, and ICD-10-CM code set rules when reporting quality data for submitting an accurate annual cost report.  All content is presented from the perspective of a CMS-approved Federally Qualified Health Center with a focus on details found within CMS Claims/ Benefits Manuals Chapters 9 and 13.

**Facilitator:**

- Gary Lucas, MSHI; Vice President of Research and Development; ArchProCoding.

**Learning Objectives:**

- Attendees will gain a better understanding on how various insurance companies want community health centers to report fee-for-service claims versus daily encounter rate claims versus other payment models such as capitated plans where you may receive a per-member-per-month payment.

- Clinical providers will gain usable recommendations on how to improve their clinical documentation through exposure to the HIPAA-mandated code sets including the CPT, HCPCS-II, and ICD-10-CM manuals while maintaining a focus on patient care.

- Managers and coders will identify revenue opportunities and/or compliance risks that will impact the maintenance of their community health center's policies and procedures that affect their revenue cycle.

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## Part Two: 2024 ICD-11 Readiness, HCC Risk Adjustment, & SDOH Coding

**Wednesday, February 7, 2024 from 2:00 - 3:30 pm ET**

In this webinar, Jackie King will discuss the most recent information regarding preparation for ICD-11 implementation in the U.S. To assist health centers to prepare for Value Based Reimbursement, she will review the definitions, documentation, and coding requirements for reporting both Hierarchical Condition Categories (HCC) and Social Determinants of Health (SDOH) to support accurate coding capture for reporting on CHC claims now and in the future.

**Overview:**

- Overview of ICD-11-CM Code Set(s)
- Needs Assessment/Creating Teams for ICD-11 Readiness
- HCC-Hierarchical Condition Categories defined
- Methodology of HCC Capture-Documentation and Coding
- Overview of SDOH-Social Determinants of Health
- Methodology of SDOH Capture –Documentation and Coding

**Facilitator:**

- Jackie King, MSHI, CCS, CPC, COC, CRHCP; Director of Hospital Education/ICD-11 Expert; ArchProCoding.

**Learning Objectives:**

- Gain a better understanding of the impending ICD-11 implementation in the U.S., exploring specific measures taken by the Health Resources & Services Administration (HRSA) to aid stakeholders in transitioning to the ICD-11 (Diagnosis) Coding Classification System.

- Gain greater insight and enhance readiness for Value-Based Reimbursement at Community Health Centers by examining the principles of reporting Hierarchical Condition Category (HCC) ICD-10-CM codes, encompassing documentation, and coding requirements, and evaluating the impact of HCC codes on beneficiary Risk Adjustment Scores.

- Understand the significance of the "ICD-10-CM Official Guidelines for Coding and Reporting" in connection with the Social Determinants of Health (SDOH) category, specifically focusing on "Z-Codes." Acquire insights into how these codes reflect environmental conditions affecting health outcomes and risks and learn strategies to ensure accurate documentation and coding for reporting on Community Health Center claims.

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