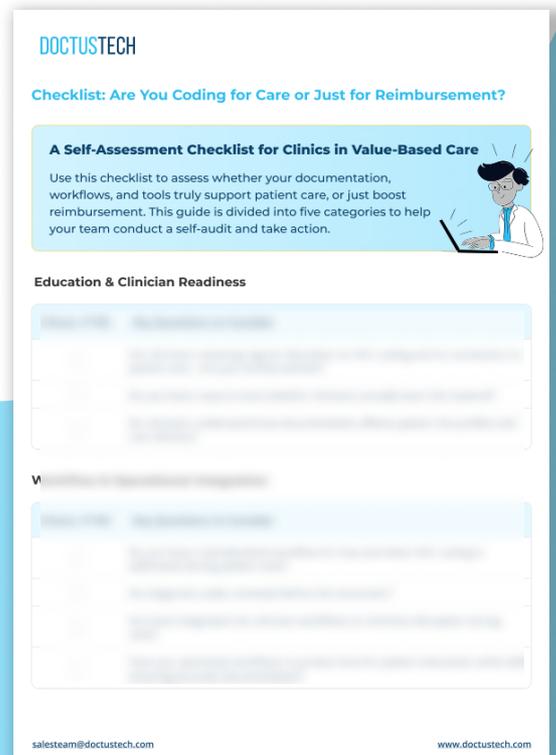
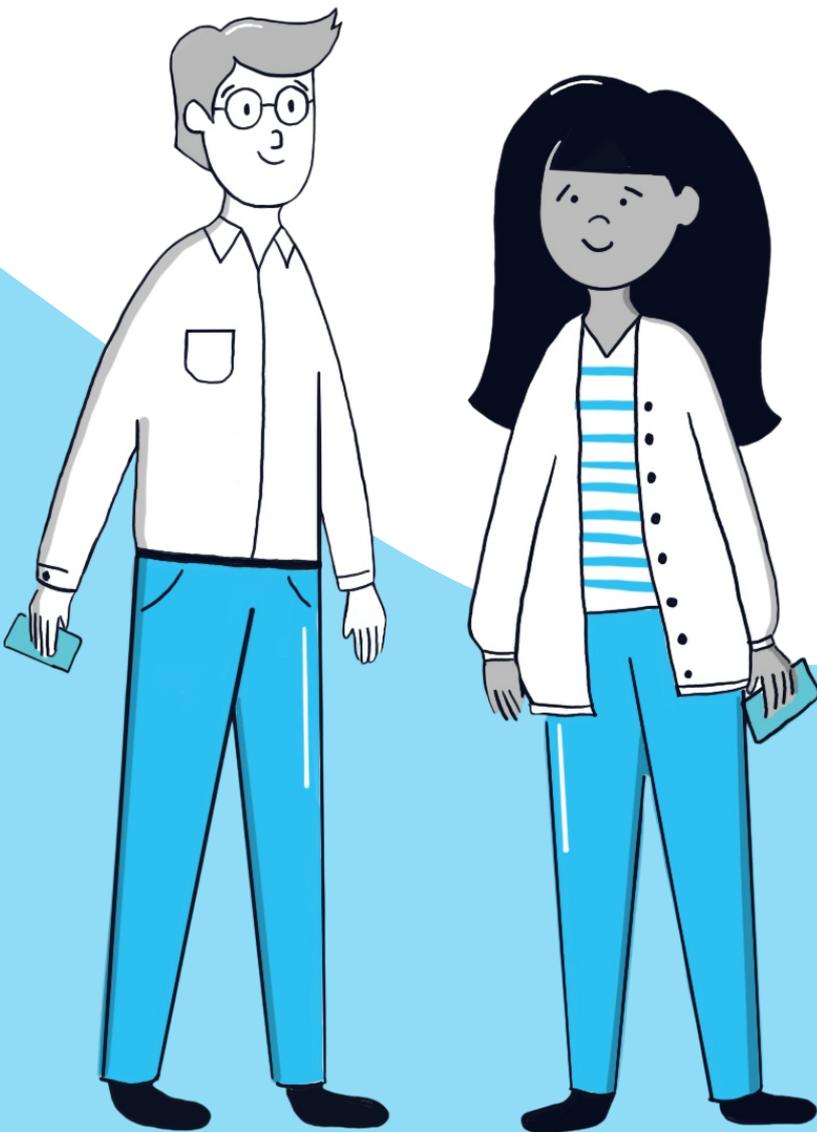


How Better HCC Coding Improves Patient Outcomes

(Real-World Stories, Data & Checklist)



Are you capturing the whole patient picture when documenting? In value-based care, this is the foundation for delivering care. But too often, clinicians are asked to “code better” without being shown why it matters. Or worse, they’re handed tools that feel like extra work and offer little reward.

The reality? You could spend the same 30 minutes with a patient and still walk away with two completely different results, depending on how you document the visit. One note might reflect only the immediate concern, while another could capture the full clinical picture, triggering care support that includes a care manager who coordinates follow-ups, a pharmacist who manages medications, and a social worker who removes barriers to care. Same visit—radically different impact.

This guide shows you the difference documentation makes—not just in reimbursement, but in real patient outcomes. Here, you’ll find:

- A side-by-side patient scenario that shows how proper documentation changes everything
- Authentic voices from the field, sharing what it’s like to deliver care in a value-based world
- Data that illustrates why this model is growing—and what it means for your organization
- A self-assessment checklist to help you evaluate your current documentation and workflow practices

Whether you're a population health leader, coding director, or clinical champion in your organization, this guide is designed to help you leverage documentation as a tool for delivering better care, not just better reimbursement.

Ready to see the difference?

Same Patient, Different Story

How you document a patient visit doesn’t just affect the chart—it shapes their entire care journey.

In value-based care, documentation is more than a compliance checkbox. It determines how the healthcare system sees your patient and how many support resources your team can unlock to help them.

Below, we’ll show you how two identical visits can produce drastically different outcomes based on what’s captured in the note.

Meet Patient A: same person, two very different scenarios.



Scenario 1

Cardiomegaly

0.9

🕒 30 Min



Scenario 2

Stage B heart failure

1.3

🕒 30 Min

	(Incomplete Documentation)	(Complete HCC Documentation)
Diagnosis	Cardiomegaly	Stage B heart failure
RAF Score	0.9	1.3
Time Spent	30 minutes	30 minutes
Treatment Plan	Lifestyle	Lifestyle, Cardiology Referral, Dietitian, F/u Labs, Medication Review
Resources Triggered	None	Care Manager + Pharmacist + Social Worker



Common Pitfall:

A doctor might write:

“Irregular rhythm + edema” → RAF stays flat.

Those don't risk-adjust.

But if they instead documented:

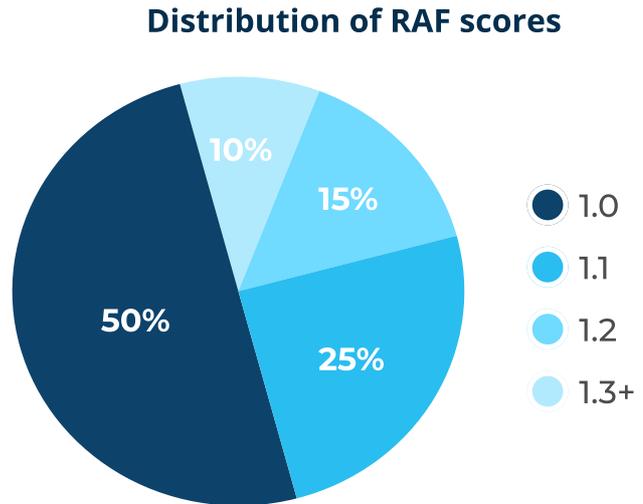
“Atrial fibrillation + CHF” → New codes, new treatment paths, RAF increases.

This isn't “gaming the system.” **It's clinical accuracy.**

Imagine you have **100 patients**, all of whom were coded initially with RAF 1.0.

Now, after reviewing your documentation and increasing your accuracy, your scores could look like this:

- 50 remain at 1.0
- 25 move to 1.1
- 15 to 1.2
- 10 to 1.3+



These percentages are a hypothetical way to show how resource needs can shift as documentation becomes more accurate and patients are sorted by clinical complexity.

This “re-sorting” allows your team to prioritize care. Looking at the conditions is more important than the mere RAF number.

RAF Range	Interventions
1.0	PCP + Nurse
1.1-1.2	Add Care Manager
1.2-1.3+	Add Pharmacist, Social Worker, etc.

When a patient's RAF score reflects their true complexity:

- The patient could be seen as **higher-risk**.
- The **organization gets more resources** to support them.
- **Care coordination** improves.
- **VBC contracts are more accurate and sustainable**



Takeaway: You may spend the same time at point of care, but only one note unlocks the support and reimbursement that the patient (and your team) actually needs.

This isn't just theory—it's what frontline clinicians see every day. **Accurate documentation gives care teams the clarity to intervene earlier, coordinate better, and improve outcomes.**

So what does this look like in practice? **Let's see some numbers!**

By the Numbers: The Impact of Value-Based Care

The shift to value-based care isn't just a philosophy—it's measurable. Behind every patient experience are real numbers showing how VBC impacts outcomes, utilization, and preventive care.

Let's look at what the data tells us about the difference value-based care is making across the healthcare system.



30.1%

Patients experiencing value-based care had **30.1% fewer inpatient admissions compared to those on Original Medicare.**

~ Humana.



10 - 15%

Growth in VBC lives

Value-based care growth will continue to accelerate. Based on research, this would likely be driven by a **rising number of lives in all value-based care arrangements of 10–15 percent**, with growth rates for lives in full or partially capitated contracts well above that (potentially 20–30 percent).

~ McKinsey & Company.



2.3 Million

Patients receiving health care under value-based care arrangements grew by **2.3 million** over the past decade.

~ Humana.



14.6% Higher

Value-based care patients were more likely to receive preventive care. Specifically, **value-based care patients completed preventive screenings at a 14.6% higher rate than Medicare Advantage members not in a value-based care arrangement.**

~ Humana.

The numbers paint a clear picture—value-based care is driving real improvements in prevention, outcomes, and efficiency. But behind every data point is a care team, a patient, and a story.

So what does value-based care really feel like on the ground? Let's hear from the clinicians and care leaders making it happen every day.

Voices from the Field: Stories that Define VBC

You've seen the numbers. You've heard the strategies. But what does value-based care actually feel like for the people doing the work?

Now, we show you the voices of clinicians and care leaders who changed from fee-for-service to value-based care. They've traded volume for outcomes and real impact. Their stories show what's possible when healthcare is aligned around the patient, not the payment model.



“

“The reason I don't work in fee-for-service is because I didn't want to be measured by how many (Relative Value Units) RVUs I had produced, or how many patients I'd seen that day. I knew that wouldn't feel meaningful – and many clinicians who work in that sort of environment don't even have access to outcomes data.”

“In the wider context of U.S. healthcare, most of our healthcare system is incentivizing quantity of care over quality of care. We have an entrenched fee-for-service system. And what does value-based care do? It flips the script.”

- **Dr. Waterman, SCAN Health Plan.**

”

“

In value-based care, it's all about the outcomes – and that's just so much more rewarding for me as a clinician.”

You can tell a doctor that they don't have to worry about seeing tons of patients – 30-40 patients in a day, or even more in some cases. Instead, all they have to do is be good doctors: just be a good doctor, do your thing.”

- **Rayny Ramirez, Community Medical Group.**

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There were three patients who were identified with colorectal cancer, and they had no idea that they even had it. They were able to get the treatment that they needed and are now cancer-free.”

- **Krystyna Sienkiewicz, Inspira Health.**



In Medicare Advantage – in this value-based system – it's high touch. So we're able to do urgent care, and then follow up. Our personal standard when a patient gets out of the hospital is three days – when the industry standard is more like 14 days. And because of that, we can drive down readmissions.”

Readmissions are a huge failure: the patient was just in the hospital, and now they go back! That's a huge failure of the system. And we're able to drive down readmissions because we can provide that really close follow-up.”

- **CCO, leading at-risk physician group.**



These stories aren't the exception, they're what's possible when value-based care is done right.

But hearing the voices is just the beginning. The real question is: **What would it take to make this happen in your organization?**

To help you get there, we've created a simple checklist. Use it to reflect on where you are today and what steps you can take to align your documentation, workflows, and support systems with the outcomes you want to see.

Let's make it real!



Discover how a technology-driven approach can improve RAF accuracy and patient outcomes. **Schedule a DoctusTech demo today**, and let's make accurate HCC coding effortless and impactful.

Checklist: Are you coding for care or just for reimbursement?

A Self-Assessment Checklist for Clinics in Value-Based Care

Use this checklist to assess whether your documentation, workflows, and tools truly support patient care, or just boost reimbursement. This guide is divided into five categories to help your team conduct a self-audit and take action.



Education & Clinician Readiness

Check, if YES	Key Questions to Consider
<input type="checkbox"/>	Are clinicians receiving regular education on HCC coding and its connection to patient care—not just reimbursement?
<input type="checkbox"/>	Do you have a way to track whether clinicians actually learn the material?
<input type="checkbox"/>	Do clinicians understand how documentation affects patient risk profiles and care delivery?

Workflow & Operational Integration

Check, if YES	Key Questions to Consider
<input type="checkbox"/>	Do you have a standardized workflow for how and when HCC coding is addressed during patient visits?
<input type="checkbox"/>	Are diagnosis codes reviewed before the encounter?
<input type="checkbox"/>	Are tools integrated into clinician workflows to minimize disruption during visits?
<input type="checkbox"/>	Have you optimized workflows to protect time for patient interaction while still ensuring accurate documentation?

Compliance & Post-Visit Auditing

Check, if YES	Key Questions to Consider
<input type="checkbox"/>	Do you have a system to audit all clinical notes, not just a sample, for HCC compliance?
<input type="checkbox"/>	Are you reviewing notes for adherence to MEAT criteria (Monitor, Evaluate, Assess, Treat)?
<input type="checkbox"/>	Is your current compliance process proactive or reactive to audits?

Data & Outcomes Monitoring

Check, if YES	Key Questions to Consider
<input type="checkbox"/>	Are your patients' RAF scores rising without an increase in hospitalizations or cost of care?
<input type="checkbox"/>	If your organization's RAF is increasing, are patient outcomes also improving?
<input type="checkbox"/>	Do you track whether higher risk scores result in more effective care plans?
<input type="checkbox"/>	Are your chronic condition rates comparable to those of similar populations?
<input type="checkbox"/>	Are patients being hospitalized at the same rate as their documented risk level would suggest?



Remember:

Good documentation is not just about earning more money. It's about **seeing the whole patient** and acting on what you see. Want help turning documentation into better care outcomes?

[!\[\]\(fc3a57079704ef1b99671c8cafae23be_img.jpg\) **Get a Demo of DoctusTech**](#)

Acknowledgments



A heartfelt thank you to the clinicians and leaders who shared their stories, insights, and time to make this piece possible. Your voices bring the real impact of value-based care to life—and help illuminate the path forward for others.

Special thanks to:

Gabriel Waterman operates as Vice President of Primary Care at SCAN Health Plan. SCAN is a nonprofit Medicare Advantage health insurance company that can trace its origins to 1977, and a founding group of senior health activists.

Dr. Rayny Ramirez is the CEO of the Community Medical Group. He's a passionate advocate for value-based care and health equity, and has operated as a leader for some of the country's largest healthcare organizations for more than 15 years.

Krystyna Sienkiewicz is the Assistant Vice-President of Value-Based Care at Inspira Health. Inspira's mission is to provide a safe and compassionate experience that improves the health and well-being of their community by placing the safety of patients and the support of their employees at the center of all they do.

And finally, we also had the pleasure of speaking with the **Chief Clinical Officer** of a leading at-risk physician group who preferred to remain anonymous.

Your commitment to patient-centered care is what makes the difference.