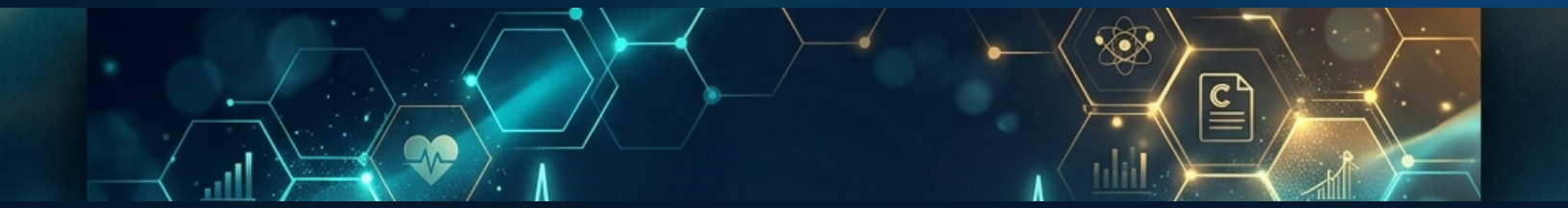
EXECUTIVE BRIEFING · THOUGHT LEADERSHIP

CC/MCC Capture: A Quiet Lever for *Margin, Measurement,* and Operational Clarity

Inhospital Physicians



REVENUE INTEGRITY | QUALITY PERFORMANCE | OPERATIONAL CLARITY

For most hospital leadership teams, CC/MCC capture rates aren't a new concept. The definitions are understood. The mechanics are familiar. **What's often underestimated is their enterprise-level impact.** When documentation fails to fully reflect patient acuity, the consequences don't stay contained within HIM or coding — they cascade across revenue integrity, quality performance, and operational decision-making.

SECTION 01

A Margin Lever Hiding in Plain Sight

Within the MS-DRG system, small documentation gaps create material financial variance. At scale, even modest under-capture:

- Depresses case mix index (CMI)
- Shifts cases into lower-weighted DRGs
- Creates consistent, difficult-to-detect revenue leakage

Unlike volume growth or service line expansion, this lever requires no additional patients or service lines — it simply requires **alignment between clinical reality and recorded data.**

SECTION 02

The Measurement Problem: When Data Misrepresents Performance

Executive teams rely on risk-adjusted data to guide strategy, but risk adjustment is only as strong as the documentation behind it. When CC/MCCs are under-captured:

ACUITY	INDICES	BENCHMARKS
Patient populations appear less acute than they truly are	Mortality and LOS indices skew unfavorably vs. peers	Comparative benchmarks become systematically misleading

This creates a dangerous dynamic. Organizations may respond operationally to what appears to be a **performance issue** when it's fundamentally a **data integrity issue.**

SECTION 03

Operational Decision-Making Depends on It

Beyond finance and quality, CC/MCC capture directly influences how leaders interpret demand. If the underlying data underrepresents complexity, decisions are made on a distorted view of reality — leading to under-resourced teams, provider burnout, and inefficient throughput strategies. Core questions become unanswerable:

- **Are staffing models aligned to true clinical acuity?**
- **Are service lines resourced appropriately for case complexity?**
- **Is throughput being evaluated against the right baseline?**

SECTION 04

Why the Gap Persists

Most organizations don't struggle with awareness — they struggle with consistency and execution. Common patterns:

- ✕ Documentation that lacks specificity under time pressure
- ✕ Variability across providers and service lines
- ✕ CDI programs that identify opportunities but lack full clinical alignment
- ✕ Competing priorities that push documentation improvement down the list

This is less a **knowledge issue** and more a **systems and accountability issue.** The gap is structural, not informational.

ADDRESS
350 Sentry Parkway, Bldg 660, Ste 102
Blue Bell, PA 19422

WEBSITE
www.inhospitalphysicians.com

EMAIL
info@inhospitalphysicians.com

PHONE
P: (484) 965-9566

REFRAMING THE OPPORTUNITY

High-performing organizations treat CC/MCC capture not as a coding initiative, but as a **strategic alignment effort** that spans clinical leadership, CDI and HIM, finance, and operations. The distinction matters: coding initiatives create temporary compliance; strategic alignment creates lasting performance improvement.

KEY CHARACTERISTICS OF SUCCESS

- ✓ Physician engagement tied to outcomes, not compliance
- ✓ Clear visibility into service line variation and opportunity
- ✓ Feedback loops connecting documentation to financial and quality impact
- ✓ Leadership ownership — not just departmental responsibility
- ✓ CDI program aligned to clinical workflow, not retrospective review

BOTTOM LINE

What Stakeholders Should Expect

CC/MCC capture sits at the intersection of revenue integrity, quality measurement, and operational efficiency. When optimized, organizations see measurable improvement across all three domains.

More accurate reimbursement	Increasingly reliable performance data	Better-aligned operational decisions

THE COST OF INACTION

When It's Not Optimized

The costs are real but often invisible — absorbed silently into the organization's financial and operational profile:

- ✗ Foregone reimbursement that won't be recovered retroactively
- ✗ Quality scores that understate actual clinical performance
- ✗ Staffing and resource decisions made on incomplete acuity data
- ✗ Physician and CDI team misalignment that compounds over time

THE QUESTION FOR EVERY LEADERSHIP TEAM

In a margin-constrained environment, few levers offer this level of impact without requiring additional scale. The question isn't whether CC/MCC capture matters — it's **whether the organization is fully aligned to capture the value already being delivered.**

Ready to evaluate your CC/MCC capture performance?

Contact Inhospital Physicians to discuss how we help hospital leadership teams turn documentation alignment into measurable margin and quality improvement.

www.inhospitalphysicians.com
info@inhospitalphysicians.com
Phone: (484) 965-9566