



Navigating CMS-HCC Version 28: A strategic guide for Medicare Advantage stakeholders

Foreword

The full implementation of CMS-HCC Version 28 on January 1, 2026 marks a seismic shift in risk adjustment. This guide equips healthcare leaders with the insights and tools needed to thrive under the new model.

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The big picture—What’s changing and why it matters

Phased timeline



Strategic implications



No more blended scoring—organizations must be fully transitioned



V28 emphasizes clinical severity and cost prediction, not coding volume








ICD-10 codes mapped to HCCs reduced from 9,797 to about 7,770

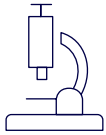


115 HCCs now replace the previous 86, enabling finer stratification

Financial impact—Winners, losers and strategic risk

Winners	Losers
 <p>Heart disease: Expanded from five to ten HCCs</p>	 <p>Malnutrition, angina and atherosclerosis with claudication removed from risk adjustment</p>
 <p>Blood disorders: Expanded from three to seven HCCs</p>	 <p>RAF scores may drop unless offset by better documentation of remaining chronic conditions</p>
 <p>Metabolic diseases: Expanded from three to four HCCs</p>	

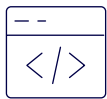
Clinical precision—The new compliance standard



V28 requires specificity and defensible audit trails



CDI teams must ensure documentation aligns with clinical indicators



CMS will scrutinize discretionary coding variation across providers

High-impact clinical categories—Then vs. now

Category	V24 model	V28 model
Heart failure	Single HCC (85)	Five HCCs (222–226) by severity
Diabetes	Tiered coefficients	Equal coefficients (HCCs 36–38)
Heart disease	Five HCCs	Ten HCCs
Blood disorders	Three HCCs	Seven HCCs
Malnutrition	Risk-adjusted (HCC 47)	Removed
Atherosclerosis w/ claudication	Risk-adjusted (HCC 265)	Removed

CDI strategy—The five key components

CDI strategy



Documentation

- Specificity is non-negotiable; vague terms like “likely” or “rule out” won’t pass audits
- Example: “CHF” must be documented with NYHA class, decompensation status or device use

Education

- Specialty-targeted training (e.g., cardiology, endocrinology)
- Updated templates with embedded cues for new HCC categories
- Real-time EMR feedback loops to flag vague terms

Technology

- AI-powered CDI platforms and CAPD tools
- Risk adjustment software aligned with V28 logic
- Predictive audit risk scoring by chart

Query management

- Updated templates reflecting V28 hierarchy
- Stronger clinical indicators required
- Track query response time and compliance adherence

Workflow optimization

- Pre-visit: Chart reviews and provider checklists
- Point-of-care: CAPD prompts in EHR
- Post-visit: Quality scoring scripts to ensure coding accuracy

Metrics that matter

To ensure successful implementation of CMS-HCC Version 28, organizations must track both performance and compliance metrics.

CDI performance KPIs

- Documentation specificity rate
- Provider training completion
- HCC capture vs. missed opportunities
- RAF score shift by provider
- Query response rate

Compliance readiness metrics

- Compliance readiness
- Audit trail completeness
- Query justification quality
- Outlier monitoring
- Turnaround time benchmarks
- Composite audit readiness score

Think of KPIs as the early warning system. If specificity or query response drops, your RAF and compliance risk rise.



The 60-day readiness roadmap

Days 1–20: Lay the foundation

- Audit top diagnosis categories
- Launch provider education
- Review historical coding accuracy

Days 21–40: Deploy and monitor

- Roll out V28-aligned technology
- Activate dashboards for documentation and RAF tracking

Days 41–60: Optimize and scale

- Analyze early data
- Refine templates and workflows
- Retrain underperforming provider groups

V28 is here—Act now

CMS-HCC V28 is not just a coding update—it's a transformation in how risk and reimbursement are calculated. Organizations that align documentation, education and technology will lead in RAF accuracy and audit resilience.

How Cognizant can help

Cognizant's coding audit services help healthcare organizations achieve coding accuracy, compliance and operational efficiency as CMS-HCC Version 28 takes effect. With more than 30 years of experience and a team of certified coding professionals, we deliver:

- Continuous coding audits tailored to your workflows
- Actionable recommendations and training
- Technology-driven solutions for faster, more accurate billing
- 24/7 support for inpatient and outpatient coding needs

Cognizant consistently exceeds 95% coding accuracy, helping reduce DNFB rates and strengthen your revenue cycle.

Explore how Cognizant can help your organization prepare for CMS-HCC Version 28. Learn more: www.cognizant.com/coding-solutions



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