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RISK ADJUSTMENT DOCUMENTATION

Fact sheet

Risk adjustment is a payment methodology used by the Centers for Medicare & Medicaid Services (CMS) to ensure health plans are reimbursed appropriately by CMS to cover the cost of caring for Medicare Advantage and Affordable Care Act members.

To ensure that CMS has an accurate picture of the members' health status, health plans rely on providers to conduct face-to-face visits, document conditions appropriately in the medical record, and ensure conditions are submitted on a claim annually.

WHAT ARE HIERARCHICAL CONDITION CATEGORIES?

Hierarchical Condition Category (HCC) coding is a risk adjustment model that links to corresponding ICD diagnosis categories. Health plans use the HCC model to predict costs associated with members.

- Diagnoses linked to HCCs affect decision-making, treatment, resource allocation, morbidity, and mortality.
- The patient's overall health profile in all of its complexity is reflected in a weighted risk score. This score is determined by multiple factors including the most specific diagnosis codes that map to an HCC.
- Each HCC is mapped to an ICD-10 code. With some HCC categories, the more specific the diagnosis code, the greater the weight of the HCC.

HOW DO WE ABSTRACT HIERARCHICAL CONDITION CATEGORIES?

HCCs:

- Come from professional, inpatient, and outpatient claims submitted by any acceptable provider.
- Are abstracted by health plans during chart reviews at which time all diagnoses are mapped to HCCs.

THE IMPORTANCE OF ACCURATE HCC CAPTURE

The importance of documentation reflecting the patient's overall health cannot be stressed enough. All providers must consider co-existing conditions and comorbidities that affect their decision making and treatment at every encounter to ensure appropriate reimbursement for predicted health costs.

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TIPS ON CAPTURING CHRONIC CONDITIONS

Chronic conditions noted under past medical history or a problem list require supporting documentation in order to be reported for risk adjustment purposes. Examples:

- **T**reatment
- **A**ssessment
- **M**edication list or monitoring
- **P**lan
- **E**valuation
- **R**eferrals to specialist

Tip	Notes and examples
Conditions exist only when documented and may be reported as many times as the patient receives care and treatment for the condition.	Conditions that are resolved and previously treated are no longer coded as active, history of may be coded
Documented status conditions, such as amputations, transplants, and ostomies, should be coded, as they can continue to affect patient care.	Patient status post kidney transplant here for hypertension
Conditions can be coded when the documentation states that it is being monitored and treated by a specialist.	Patient is on metformin for diabetes, follows with endocrinology
Co-existing conditions can be coded when the documentation states that condition affects the care, treatment, or management of the patient.	Autistic patient here for cardiology follow up
Unconfirmed diagnoses are not coded in outpatient settings.	Probable pneumonia, suspected polymyalgia rheumatica, possible metastases
Symbols or arrows alone cannot indicate that the patient has a diagnosis.	^ Cholesterol vs. high cholesterol
Medical record documentation should clearly reflect the reason for the visit.	Patient here today for follow up on hypertension, hypercholesterol

Reminder: Conditions exist only when documented and may be reported as many times as the patient receives care and treatment for the condition. Conditions that have been previously treated and resolved should no longer be coded.

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DOCUMENTATION SUPPORTING CHRONIC CONDITIONS

To support an HCC, clinical documentation in the patient's health record must support the presence of the condition. We use the acronym TAMPER™ to help providers document patient care.

T — TREATMENT

- Plan for management of condition. Prescribe or continue medications. Surgical or other therapeutic interventions.
- *Example*: Gastroesophageal Reflux Disease (GERD), no current complaints, symptoms controlled on current medications.

A — ASSESSMENT

- Discuss, counsel, acknowledge, and document condition.
- *Example*: Peripheral neuropathy, patient has loss of protective sensation (LOPS).

M — MONITOR OR MEDICATE

- Observe symptoms, disease progression, or regression. Order labs and other testing.
- *Example*: Hypertension with chronic heart failure, continue ace inhibitor and Lasix. Return in one month.

P — PLAN

- Develop a plan for treatment of condition including testing, medications, surgery, or other therapy modalities.
- *Example*: Patient presents with back pain. Order xrays to check for possible fractures.

E — EVALUATE

- Consider test results and response to medications, treatment, and review of symptoms or physical exam findings.
- *Example*: Patient's blood pressure continues to be high. Begin ACE inhibitor and monitor at home.

R — REFER

- Refer patient to a specialist for consultation or treatment.
- *Example*: Patient here for hypoglycemia related to diabetes. Send to nutritionist and follow up with endocrinology.

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HCC TRENDS

HCCs that are most frequently missed	HCCs that often are incorrectly reported
• Amputations • Artificial openings • Asthma and pulmonary disease • Chronic skin ulcer • Congestive heart failure • Dependence on renal dialysis • Long-term use of insulin • Metastatic cancers • Morbid obesity • Rheumatoid arthritis • Specific type of major depressive disorder • Substance use and dependency disorders	• Conditions that have been surgically corrected *Example*: abdominal aortic aneurism • Malnutrition • Nephritis • Pathological fractures *Example*: old pathological fractures reported as current • Pneumococcal pneumonia *Example*: unspecified pneumonia reported as pneumococcal • Polyneuropathy *Example*: reported as current when no treatment, evaluation, or monitoring is documented • Primary site cancers *Example*: indicating historical conditions as current • Stroke *Example*: indicating acute stroke instead of late effect of stroke • Vascular disease *Example*: reported as current when no treatment, evaluation or monitoring is documented

Please remember that complete and accurate documentation is paramount when identifying members who may benefit from additional case or care management programs.

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