

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

Rx HCC Overview



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Agenda

1. What are Rx HCCs
 2. Importance of addressing Rx HCCs
 3. Common Chronic Rx HCCs
 4. Additional resources
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What are Rx HCCs?

The Prescription Drug Hierarchical Condition Category (RxHCC) risk adjustment model is a methodology used by the Centers for Medicare and Medicaid Services (CMS) to predict a payer's expected costs of prescription drugs for their enrolled Part D members. Members are assigned a separate risk score for Part D which may differ from their CMS-HCC risk score (Part C).



Many conditions are on both the CMS-HCC risk adjustment model (Part C) and Prescription Drug Hierarchical Condition Category (RxHCC) risk adjustment model; however, some conditions are only on one model.

- Conditions only on the RxHCC model are often managed through prescription drugs and do not require regular visits
- RxHCC only conditions are at risk of not being captured annually and not reflecting in the member's risk score.

Rx HCCs are captured through the same method as the CMS-HCC risk adjustment model.

- Medical documentation from an in-person or audio & video visit
- Corresponding ICD-10 code on a claim

The Importance of Addressing Rx HCCs

Chronic conditions, while often stable on medication, can be easily overlooked during routine assessments, especially when patients are asymptomatic. Annual wellness visits provide a critical opportunity for comprehensive medication reviews. A comprehensive review of all active prescriptions and their active associated diagnoses helps ensure a complete understanding of the patient's clinical picture.



Diligently documenting all active prescriptions and their associated active diagnoses helps paint a complete picture of the patient's health status, ensuring we accurately reflect their true burden of illness.

Shifting Focus to Chronic Conditions

The Prescription Drug Hierarchical Condition Category (RxHCC) risk adjustment model is significantly shifting the focus from the member's demographics to their chronic conditions. Most common conditions are treated with prescriptions, making it imperative to acknowledge them annually to ensure appropriate funds are available for members.

Osteoporosis

Nearly 1 in 5 women and 1 in 20 men over the age of 50 are affected by osteoporosis.



Coronary Artery Disease

About 1 in 20 adults aged 20 and older have CAD (about 5%)



Hypertension

Nearly half of adults have high blood pressure (48.1%, 119.9 million).



Thyroid Disease

An estimated 20 million Americans have some form of thyroid disease. Up to 60 percent of those with thyroid disease are unaware of their condition.



Migraine

5% of adults in the United States have migraine attacks in any given year.



Hyperlipidemia

Slightly more than half of US adults (54.5%, or 47 million people) who could benefit from cholesterol medicine are currently taking it.



<https://www.cdc.gov/cholesterol/data-research/facts-stats/index.html>; <https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html>; <https://www.thyroid.org/media-main/press-room/>; <https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/index.html>; <https://pubmed.ncbi.nlm.nih.gov/36623287/>; <https://www.cdc.gov/radiation-health/data-research/facts-stats/dexa-scan.html>

Additional Resources

Documentation Best Practice Checklist



Annually assess all chronic conditions and document a plan for each one



Link medications to help establish ongoing treatment especially if the medication is used to treat multiple conditions.



Use the term “History of” before a condition if it no longer exists or has resolved



Validate patient reported findings



Code and document all coexisting conditions that require or affect patient care, treatment or management



Avoid using uncertain terms when a diagnosis has been confirmed for a patient



Choose the highest level of specificity when selecting an ICD-10 code



Keep problem list up to date by removing acute and one-time conditions

Highmark Provider Resource Center

KNOWLEDGE COLLEGE

15-minute on-demand courses on risk adjustment coding and documentation to help clinicians comply with CMS standards and ICD-10-CM guidelines

1. Log into Availity.
2. Navigate to the Provider Resource Center.
3. Locate “Resources and Education” in the menu bar and navigate to “Clinical Quality & Education”.
4. Select “Coding Education/HCC University”.

RISK ADJUSTMENT OVERVIEW

Review the foundations of what risk adjustment is, hierarchical condition categories, common errors, best practices and impacts to patient care



CODING & DOCUMENTATION CARDS

Reference cards to assist with documentation and coding according to CMS documentation standards and ICD-10-CM coding requirements



Have questions about risk adjustment?

**Want to share feedback or suggest topics
for future presentations?**

Email:

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