



## Risk Adjustment (Ambulatory)

Updated: 04/22/2021

The HCC (hierarchical condition categories) model is a quality (mortality, readmissions, complications, efficiency) and financial estimation of the complexity of your patient population.

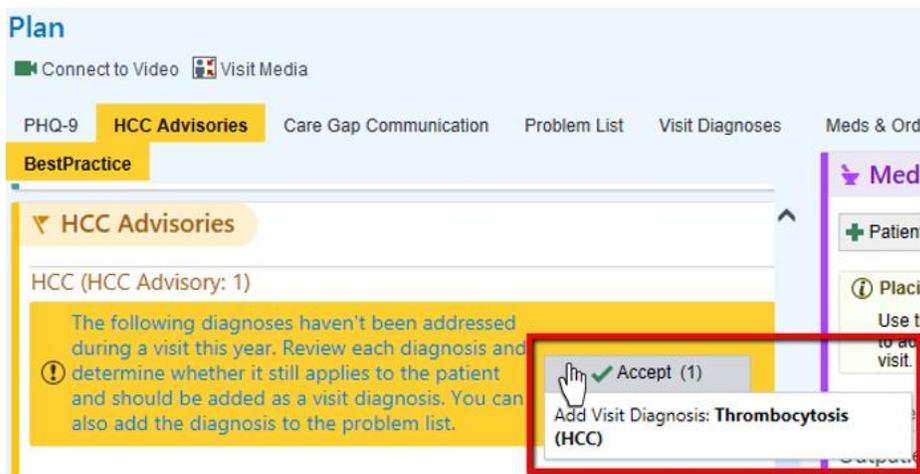
The goal of risk adjustment is to account for differences in patient complexity. This allows a more accurate prediction of future costs and expected complications of disease burden. Risk adjustment scores are calculated on a yearly basis by both commercial and non-commercial payors. To qualify for a risk adjustment, a patient with an HCC diagnosis (a diagnosis with an HCC code that is payment-adjusted for risk) must be seen for evaluation of that problem at least once per year.

HCC diagnoses are called out in Epic. This will help ensure that these patients are seen regularly to monitor their conditions, which in turn can help maximize your reimbursement for their care.

The **HCC Advisories** section replaces the **HCC Refresh Report** section. The **HCC Advisories** section makes the task of reconciling HCC diagnoses that have not been addressed in a year actionable.

### Try It Out: HCC Advisories

- Navigate to the **HCC Advisories** section in the Plan or Pre-Charting activity to review a list of HCC diagnoses requiring refresh. Only HCC diagnoses that have not been documented on for more than one year will appear.
- *Hover* over the **Accept** button, to see what diagnoses need to be addressed.

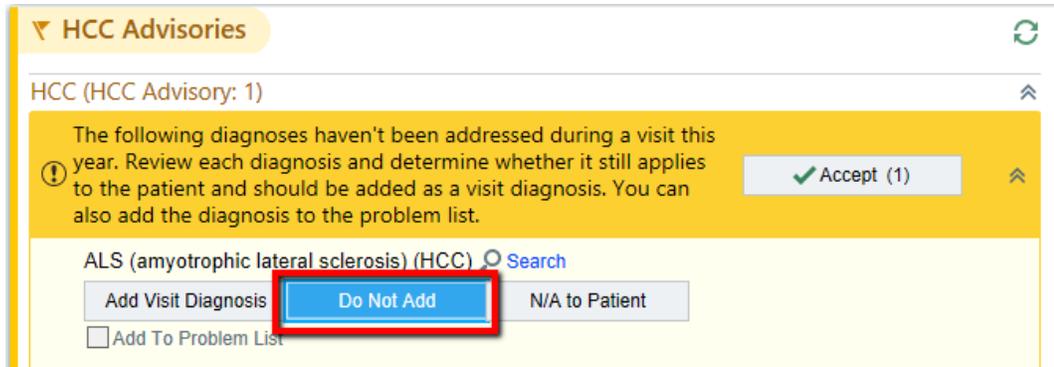


- If you are ready to address the diagnoses during the current visit, click **Accept**. The diagnoses will be added to the current visit and also add it to the problem list, if not already present.

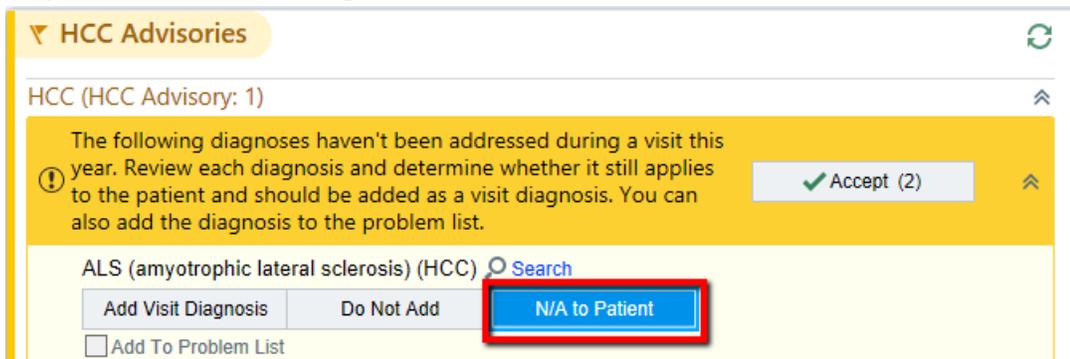
# Epic Tip Sheet

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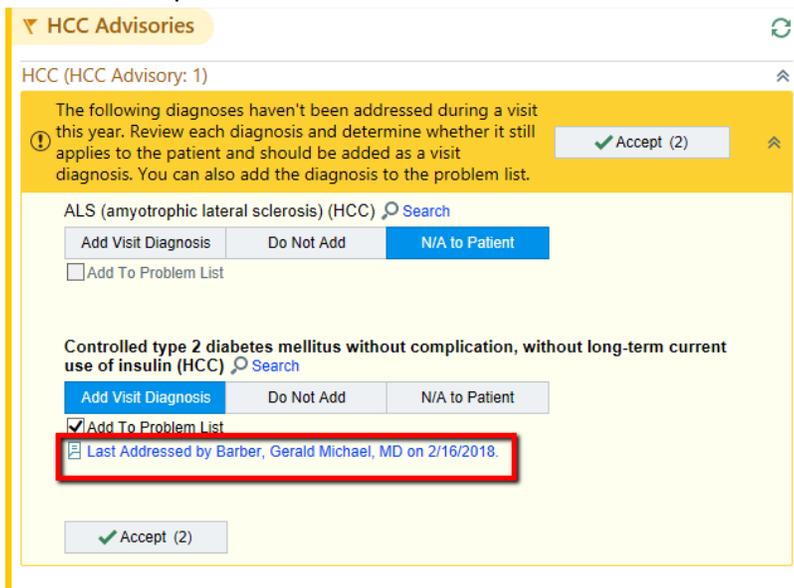
- Click on the  to expand the items in the section to see additional options.
  - If you do not want to address a specific (or any) diagnosis during today's visit, click **Do not Add**. This will preserve the diagnoses to be addressed during another visit in the future.



- If the diagnosis is not relevant at all to the patient, *click N/A to Patient* or **Resolve Problem**. This will remove the diagnosis from the patient's risk score and they will not be presented to address again.



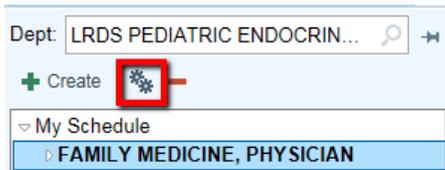
- To investigate the last time a diagnosis was addressed, *click* the link to open the encounter report from that visit.



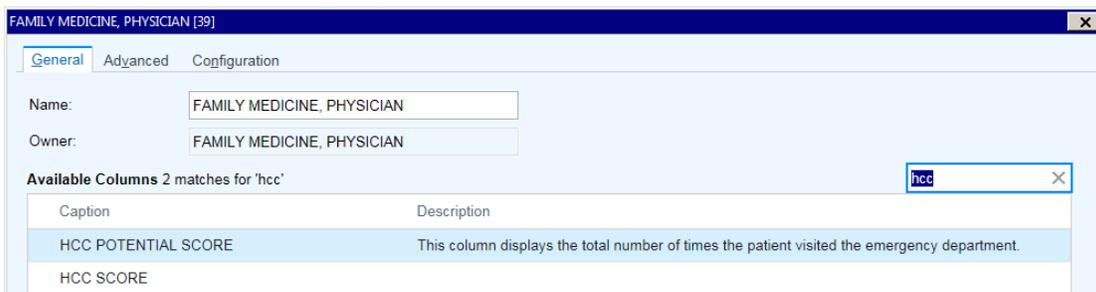
## Try It Out: HCC Refresh Report

Two columns can be added to your schedule to quickly see which patients have HCC diagnoses that may require some action on your part.

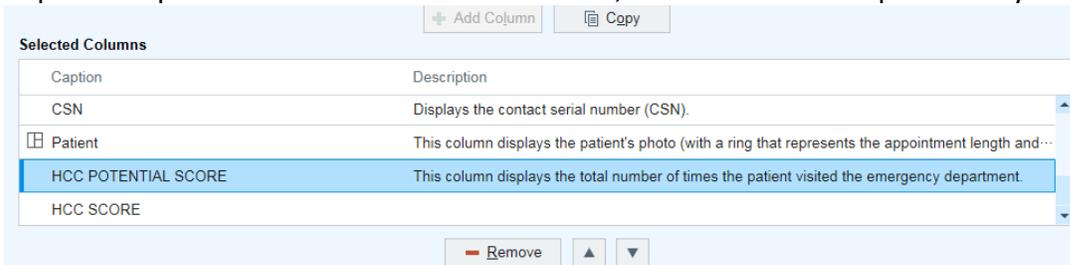
- Navigate to the **Schedule**, highlight your name and click the circled button below:



- Search for **HCC** in the search field

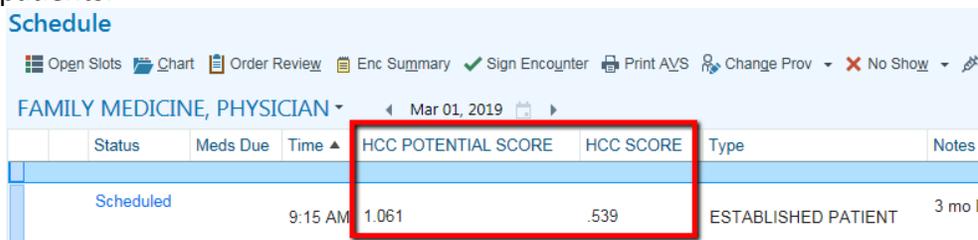


- Select **HCC Score** and Click **Add Column**
- Repeat this process to add **HCC Potential Score**, and then click Accept to save your changes.



Note: Click the Up Arrow button to move columns to the desired location

- The two columns are now on the schedule for your Medicare and Medicare Advantage patients:



### HCC Column Definitions:

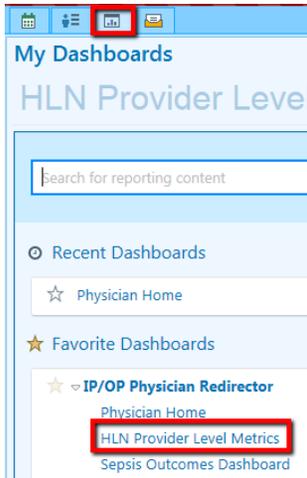
**HCC Score:** patient's total HCC score captured this calendar year based on the HCC diagnoses in his record, age, and sex

**HCC Potential Score:** patient's total HCC score based on the HCC diagnoses in his record, age, and sex

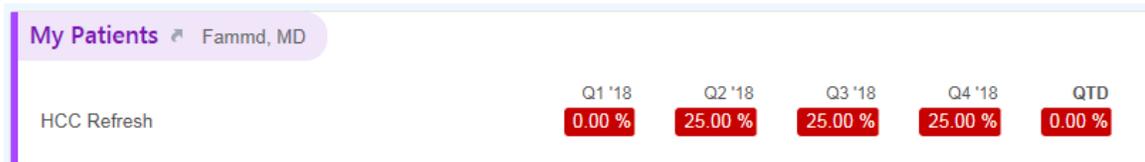
## Try It Out: HCC Reporting Workbench Reports

Reports are also available to quickly see a comprehensive list of your patients needing a yearly HCC refresh.

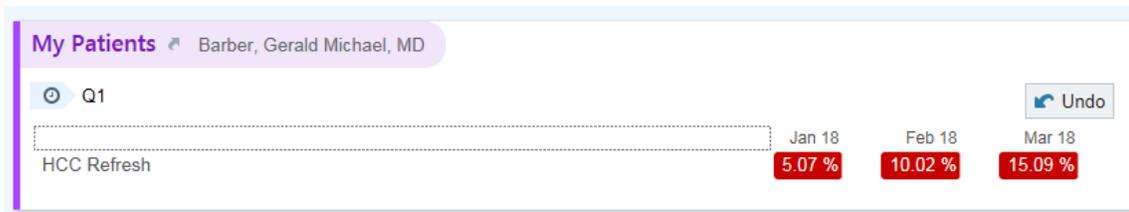
- Navigate to **My Dashboards** > click on the **HLN Provider Level Metrics** dashboard



- On this dashboard, find the **HCC Refresh** component and click on the **My Patients** header to run the report > Review your results



- Click the percentage for a specific quarter > Click **View Month** to review the monthly breakdown for that quarter



- Click the percentage for a specific quarter > Click **View Graph** to review a graph for the year

### HCC Column Definitions

**HCC Applies:** number of HCC diagnoses the patient has in his record

**HCC Needs Refresh:** number of HCC diagnoses for which the patient is due to be seen

**HCC Score:** patient's total HCC score captured this calendar year based on the HCC diagnoses in his record, age, and sex

**HCC Potential Score:** patient's total HCC score based on the HCC diagnoses in his record, age, and sex

**HCC Score Gap:** difference between the patient's current HCC score and potential score