HCC Scout
Retrospective Risk Adjustment Solution for Medicare Advantage

Key Benefits

- **Enhance coding accuracy** with HF REVEAL, the most advanced NLP engine in the industry

- **Improve risk capture** with automated detection of documented conditions that were previously not captured

- **Increase coder productivity** by 4x with an intuitive workflow interface

- **Optimize ROI** by prioritizing members for review based on likelihood of incremental HCC capture

- **Centralize all risk adjustment activities** to better track, audit, and report on HCC capture

- **Streamline** acquisition of EMR-based or scanned medical records

- **Export CMS-ready** files with automatic linking of codes and claims for EDS

- **Decrease compliance risks** with built-in workflow and support for quality assurance and RADV preparedness

With HCC Scout, organizations can achieve better compliance, realize greater efficiencies, and maximize value through improved identification of HCCs.

HCC Scout is the most comprehensive and scalable solution in the market for perfecting the risk adjustment cycle. HCC Scout's cutting-edge technology combines natural language processing (NLP) and big data analytics to enhance retrospective and prospective data analyses with an intuitive workflow.

More than **25%** of medical records **contain substantiating evidence** of risk factors that have **not been previously reported**, contributing to lower reimbursement for risk-bearing organizations.[I]

Background

The process of medical chart review for the purpose of risk adjustment can be costly and time-consuming for health plans, as it requires coders to manually review the patients' charts in detail. Obtaining relevant medical records from healthcare providers is a labor-intensive process, and as charts from the provider network flow into the health plan, the coder is not able to prioritize reviewing of members based on level of opportunity involved or proximity to CMS submission periods. Additionally, the coder may not have access to all of the members' medical records in a consolidated view since records from various providers are collected separately, which may inhibit identification of HCCs and impact accuracy of coding.

Health plans are making risk adjustment decisions using just 20% to 30% of available clinical information due to the challenges around interpreting and applying unstructured data[II]. This leads to inaccurate coding and potentially lower RAF capture.

The Solution

Developed by Health Fidelity in partnership with UPMC and Columbia University, HCC Scout is an innovative solution that helps managed care organizations streamline the complex and error-prone risk adjustment cycle. HCC Scout employs state-of-the-art natural language processing (NLP) and machine learning technologies to drive greater accuracy and efficiency for the coder by providing a single point of access for all member data and a targeted work list of suggested HCC codes. HCC Scout transforms an otherwise manual process into a streamlined workflow enabled by powerful technology.

(HF)
HEALTH FIDELITY®

Customer Case Study: UPMC Health Plan

HCC Scout helps UPMC Health Plan improve RAF capture, coding efficiency, and compliance

In 2014, UPMC Health Plan leadership implemented HCC Scout to help increase accurate RAF capture in compliance and adherence with CMS Risk Adjustment guidelines while improving overall coding efficiency. The Health Plan, which was already running sophisticated risk adjustment operations, saw remarkable projected return on investment with a study conducted on PY2012 members. Implementation of HCC Scout uncovered an average of one additional HCC per seven members, translating to an estimated $229 per member in annual revenue potential.

UPMC Health Plan also saw an opportunity to increase coder efficiency and productivity. A study conducted on PY2013 data showed that health plan coders were required to only review 29% of the members' charts, effectively increasing the coders' efficiency and productivity by three to four times the baseline of performing a manual review of all member charts. By prioritizing the member population holistically, the coders were able to more efficiently capture additional HCCs.

About UPMC

A world-renowned health care provider and insurer, Pittsburgh-based UPMC is inventing new models of accountable, cost-effective, patient-centered care. It provides more than $887 million a year in benefits to its communities, including more care to the region's most vulnerable citizens than any other health care institution. As the largest nongovernmental employer in Pennsylvania, UPMC integrates more than 60,000 employees, more than 20 hospitals, more than 500 doctors' offices and outpatient sites, a more than 2.8 million-member health insurance division, and international and commercial operations. To learn more, visit **www.upmc.com**.

UPMC is also a strategic investor in Health Fidelity.

HCC Scout completely transforms the process of risk adjustment through its intuitive workflow and helps us stay ahead of RADV audits by maintaining a record of documents used to substantiate each submitted code. By consolidating all essential data points into one managed workflow, we can ensure efficiency, compliance, and accurate and optimal risk capture, affording us the opportunity to spend more time focusing on the quality of care provided to our membership.

Mary Beth Jenkins
Senior Vice President & Chief Operating Officer,
UPMC Health Plan

For more information, please contact us at
info@healthfidelity.com.

UPMC Health Plan, 12th largest MA plan, 4 stars, 130,000 PY 2012 MA Members

1:7	$229	4X
additional HCC per member	annual revenue per member	coder productivity
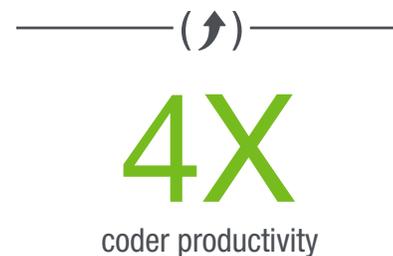
I UPMC's assessment of HCC Scout revealed that 1 in 4 medical records contained suggestions of documented codes that had not yet been reported.
II Analysts from Merrill Lynch, Gartner, and IBM agree that 80 percent of all healthcare data is unstructured and clinically relevant.

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