



HF360 Risk Adjustment for Risk-Bearing Providers

Key benefits

- **Enable accurate and complete risk capture** for financial success in risk-based payment models
- **Optimize ROI** by stratifying high-risk patients and prioritizing outreach
- **Engage physicians** through actionable data and patient-centered workflow
- **Ensure compliance** in documentation, coding, and billing
- **Decrease administrative burden** with technology-enabled solutions that streamline manual processes
- **Manage performance** and target education opportunities

Background

With the shift from fee-for-service to value-based care well under way, providers are truly shifting their reimbursement models to be more at risk. According to a recent survey conducted by AMGA, 40% of providers reported that their Medicare Advantage revenues were in some form of risk-based payment mechanisms, and the percentage of providers willing to take downside risk within the next two years increased by 38% between 2015 and 2016.¹

As a result, providers now have patient populations that must be managed holistically rather than through a collection of episodes. These organizations need to accurately identify, document, and report risk scores in order to receive commensurate reimbursements, yet their current infrastructure, resources, and processes are insufficient to ensure financial success.

Solution

HF360 Risk Adjustment for Risk-Bearing Providers is a comprehensive solution that combines analytics, technology, services, and subject matter expertise to help organizations succeed in risk-sharing programs. Our unique blend of industry-leading technology and services can be tailored to meet any organization's needs, allowing our provider clients to experience accurate, efficient, transparent, and cost-effective risk adjustment. Health Fidelity's solution is the only one in the market that utilizes NLP to generate risk adjustment gaps, resulting in an accurate and complete picture of population risk.

Health Fidelity's Approach

Health Fidelity's approach has been specifically developed for providers, aiming to deliver value without disruption to existing workflows. The holistic approach centers around the patient encounter to help identify, target, document, and code for all risk adjustment gaps, ensuring optimal accuracy and completeness. Technology-enabled solutions are available to assist the care team and drive effective gap closure.



Pre-Encounter: Identification

- Analytics based on administrative and NLP-enabled clinical data
- Targeted patient outreach and scheduling
- Physician and staff education on coding and documentation guidelines



During Encounter: Documentation

- Delivery of verified gaps in care and documentation
- Gap closure at the point-of-care
- Accurate and complete encounter documentation



Post-Encounter: Coding

- NLP-enabled coding review for completeness and compliance
- Accurate diagnoses on outbound claims
- Analytics updates allow for tracking additional gaps as needed

Risk Capture Maturity Model

The transition to value-based care is a long and complicated process, with providers at various stages of taking on risk-sharing contracts. To help providers understand their risk-sharing readiness and identify areas of improvement, Health Fidelity developed a risk capture maturity model:

Risk Capture Maturity Model			
Risk-share Coverage	<ul style="list-style-type: none"> • Little to no risk-bearing contracts 	<ul style="list-style-type: none"> • Shared savings only or partial risk-share contracts 	<ul style="list-style-type: none"> • Fully delegated risk-share contracts with multiple payer partners across multiple lines of business
Data Acquisition and Management	<ul style="list-style-type: none"> • Lack of a centralized data source for clinical and administrative data • Manual data retrieval processes that rely on human exchange of files 	<ul style="list-style-type: none"> • Required data components and respective sources are identified and secured • Certain processes for acquiring patient data are automated and reliable 	<ul style="list-style-type: none"> • Centralized data repository that combines clinical and administrative data sources to create a holistic patient profile • Automated processes to capture and store data from multiple sources across payers and providers
Reporting and Analytics	<ul style="list-style-type: none"> • Lack of investment and infrastructure in scalable analytics • Reports are run on an ad-hoc basis 	<ul style="list-style-type: none"> • Metrics are defined and in place to measure performance and efficiency • Analytics fuel prospective efforts to identify, target, and prioritize the opportunity 	<ul style="list-style-type: none"> • Ongoing performance management with actionable data and ROI tracking from centralized analytics • Actively push out critical interventions in a timely manner based on advanced analytics
Provider Engagement	<ul style="list-style-type: none"> • Limited provider training and engagement 	<ul style="list-style-type: none"> • Communication of gaps to providers alongside targeted education 	<ul style="list-style-type: none"> • Ongoing engagement with providers in addressing high-risk members with optimal intervention strategies
Mode of Risk Capture	<ul style="list-style-type: none"> • Heavily reliant on a manual retrospective risk capture 	<ul style="list-style-type: none"> • NLP-enabled gap identification integrated into risk capture workflow, both prospective and retrospective 	<ul style="list-style-type: none"> • EHR-integrated gap closure at the point of care
Use of Technology	<ul style="list-style-type: none"> • Limited / reliant on manual, people-dependent processes 	<ul style="list-style-type: none"> • Technology used in silos within single departments for specific use cases 	<ul style="list-style-type: none"> • Technology is leveraged to automate processes that impact multiple entities
Level Of Risk Capture Maturity			

An analysis of your organization's capabilities across these six dimensions will provide a clear picture of the opportunity for improvement and help you create a roadmap for financial success in risk-sharing arrangements.

HF360 Blueprint

HF360 Blueprint, a consultative service that helps organizations understand the status quo and create a roadmap for continuous improvement, is available to assist organizations with their transformation plan. Before investing in any improvement efforts or solutions, organizations should take stock of their current state, set a baseline from which progress can be measured, and develop an implementation plan that will serve as the blueprint to achieving success. Understanding and quantifying the opportunities for improvement are also critical to setting the right strategies and expectations.

Your customized, data-driven report details which of your risk-share populations segments, provider groups, and condition categories have the most opportunity – enabling targeting prioritization that yields a significant increase in outcomes right from the start. We help to build a business case and a strategic roadmap for moving along the maturity model, and partner alongside you to execute it.



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Health Fidelity delivers comprehensive, scalable risk adjustment solutions for risk-bearing entities that participate in MA, ACA, Medicaid, and ACO programs. With a combination of big data analytics and natural language processing (NLP) technology, Health Fidelity's modern prospective and retrospective RAF approaches extract valuable insights from medical charts, changing the way risk is identified, quantified, and managed for enhanced operational, clinical, and financial outcomes. To learn more, please visit www.healthfidelity.com.