

Identify, Review, and Capture Risk Factors Before the Patient Encounter with Epic Integration

Key benefits:

- **Improve risk adjustment factor** by leveraging NLP to quickly identify highly probable diagnoses across all available clinical and billing data
- **Empower clinical care efforts** by surfacing latent conditions in the patient's medical history
- **Enhance clinician efficiency** through EHR-integration that reveals supporting evidence within the care workflow, routing accepted conditions to the EHR or point-of-care tool.
- **Minimize IT burden** Health Fidelity is Epic App Orchard certified, allowing for SSO and real-time integration
- **Standardize risk capture process** across all populations through a single workflow, with MA, ACA, Medicaid, and ACO program support

The Lumanent™ Pre-Encounter Prep module ensures that the patient's current conditions are completely and accurately captured before the patient is seen.

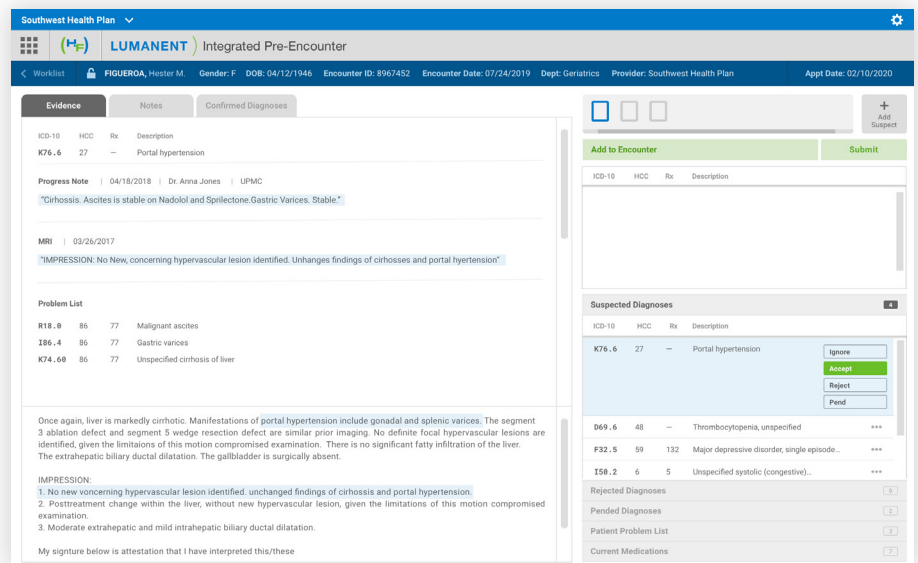
Part of the Lumanent Provider Workflow, Pre-Encounter Prep offers outpatient practices the ability to streamline risk-adjustment operations with an Epic-integrated application. After the NLP engine surfaces conditions not previously diagnosed but anticipated based on clinical evidence (claims, pharmacy, history, diagnostic tests, etc.), suspected condition gaps are presented for clinical evaluation. This enables members of the care team to effectively reap the benefits of doing a full record evaluation prior to every visit, without taking the prohibitive amount of time and resources to do so. Each condition is presented with its corresponding evidence, allowing clinicians to not only view the recommendation, but also understand from where it was sourced. This potentially increases the depth of care by highlighting additional, highly probable conditions and provides clinicians unmatched confidence to act on those insights.

Upon review of the pre-encounter chart, the conditions are highlighted and prioritized, and the care team can review, make notes, confirm, or reject the suspects. Accepted conditions are ultimately reviewed by the provider and may be added as part of the overall visit documentation for the encounter, simplifying and streamlining the amount of work necessary for the provider to capture HCCs that are missing for the year.

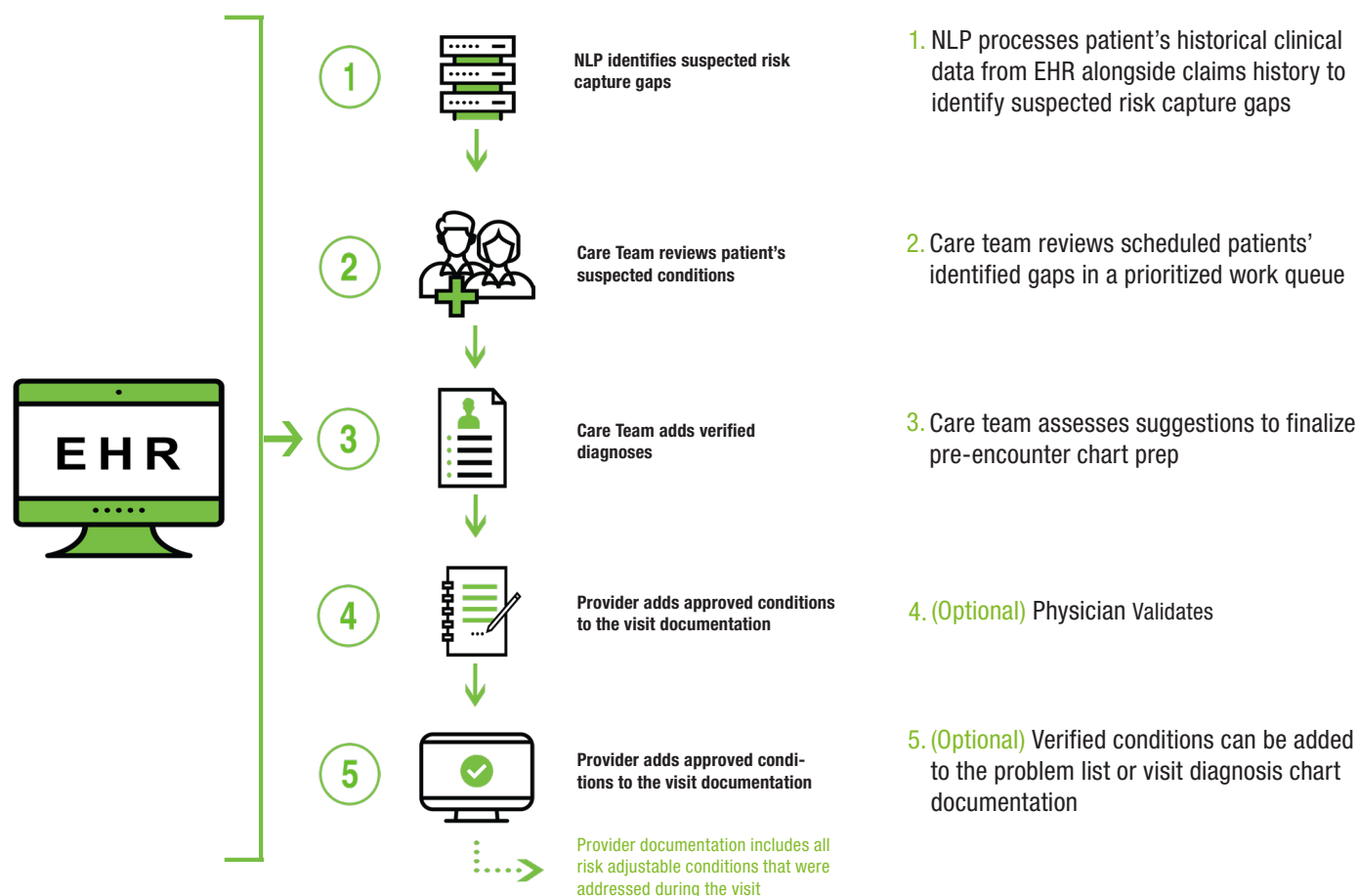
In addition, Pre-Encounter Prep allows for multiple configurations of a pre-encounter team or process. For example, practice managers, RNs, and MDs each have the opportunity to focus their efforts, whether it's care coordination, documentation, compliance initiatives, or more efficiently discerning a patient's needs prior to the visit.

Via the Lumanent Pre-Encounter Prep application, a clinical team member can choose to:

- **Accept** the suspected condition to add it to the Problem List and Visit Diagnosis
- **Reject** the suspected condition



Lumanent Pre-Encounter Prep Workflow



*Next phase development of Lumanent Pre-Encounter Prep includes delivery of stratified patient lists to allow office staff to conduct patient outreach and schedule visits based on identified risk adjustable conditions.

Lumanent Pre-Encounter Prep Suspect Scoring

Health Fidelity's NLP develops suspects by analyzing and interpreting clinical documentation and combining multiple pieces of intel together to surface potentially un-recognized conditions, or under-documented instances of complexity, comorbidity, etc. In each case, a possible suspect is measured against criteria that covers how a clinician is interacting with a patient's condition, alongside the derivation through rules-based and complex logic.

After suspects are found, Lumanent applies a multi-layered approach to optimize the time spent by care teams to avoid additional administrative burden on clinicians. The first layer is **confidence scoring**. Confidence scoring is based on the confluence of available evidence to support a conclusion and the rate at which similar suspects are accepted or rejected, both globally for all Health Fidelity users and locally, down to individual groups within larger provider organizations. In doing so, the system is constantly improving overall as well as for individual organizations. That confidence score then filters through any local rules for populations or members, prior recorded diagnoses, or even specific conditions an organization wants to disregard due to care specialization. Through this scoring and filtering, each organization can use our best practices or entirely customize how to distribute the findings, and at what quantity, to their team members.