(SOLUTION BRIEF)

HF360 Risk Adjustment for Payers

Comprehensive, flexible solution suite to acquire, analyze, and submit risk adjustment data

Key Differentiators

- **Find More** – Natural language processing (NLP) technology analyzes all available data to accurately identify HCCs that are commonly missed or coded improperly in manual reviews
- **Spend Less** – Present coders with only those records requiring a review, with all supporting evidence linked to the member, reducing coding volume and increasing review efficiency
- **Manage Risk** – Utilize clinical evidence to get a 360° view of risk adjustment, revealing the performance measures required to resolve compliance and revenue gaps

HF360 Payer Risk Adjustment delivers unprecedented insights, transparency, and control over the risk adjustment process, delivering optimal results at a low cost.

Background

To ensure appropriate reimbursement for the risk factors present in their **Medicare Advantage, ACA, Medicaid, and Medicare ACO** member populations, risk-bearing entities need to accurately identify, document, and report risk scores. With growing enrollment, the risk adjustment burden keeps rising – and so do the associated costs. Traditional, manual approaches to risk adjustment are resource-intensive, error-prone, and do not scale with an organization's growth.

The Solution

Ensure a comprehensive, correct, and complete filing prior to your final claim submission with the support of technology. Our natural language processing (NLP) engine automates the analysis of administrative and clinical data to pass evidence-supported insights into our coding applications, ensuring your team has the tools to perform effectively.

Modular Application Suite

Retrospective Review

- NLP-powered coding platform accurately identifies HCCs that are commonly missed with manual reviews
- Rigorous focus on compliance and quality assurance processes ensure audit-ready results
- Analytics from coding outputs drive targeted provider education and ongoing improvement in clinical documentation
- Real-time reporting enables progress and performance management

Clinical Suspecting

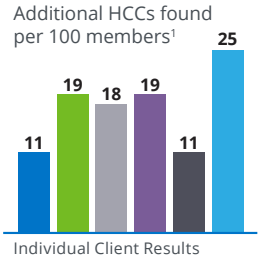
- Empower providers with member-level analytics to improve management of chronic conditions
- Improve suspecting accuracy and reduce provider abrasion by utilizing clinical evidence
- NLP and machine learning improve targeting algorithm accuracy
- Real-time status tracking provides transparency into prospective progress and program effectiveness

Data Acquisition

- Clinical data extraction technology that works with the industry's leading EHRs
- Visibility into data acquisition progress, showing the quantity of records that have been targeted and retrieved
- Centralized storage enables the creation of comprehensive, longitudinal member profiles and enables sharing across departments

HEALTH FIDELITY®

Transform Risk Adjustment Operations with Our NLP-Powered Approach



Remove Waste

Processing all available charts through our NLP isolates those that contain outstanding risk conditions, warranting a manual review. Coders don't waste time and money analyzing members that lack opportunity.

Increase Productivity

Our software provides coders with a consolidated view of all available member records and highlights the relevant sections of the chart containing the evidence, reducing the time required to identify additional codes to be captured.

Optimize ROI

Make near real-time ROI-based decisions with NLP analysis that provides your coders with a prioritized list of members to review according to coding opportunity.

Improve Compliance

Identify codes that have been previously submitted that lack substantiating evidence in medical records. On average[1], our customers remove 2-5% of previously submitted codes, which could have been compliance risks during a future audit.

1 = Consolidated client outcomes from recent second pass engagements

Case Study Overview

- A large regional health plan with 1.4M members across MA, ACA, and Medicaid lines of business, with risk adjustment split between in-house and outsourced resources.
- As first pass results materialized, customer suspected that all risk conditions were not being captured.
- Limited time and resources before the April 2017 ACA and January 2018 MA submission deadlines meant that the plan had no ability internally to validate vendor performance.
- With potentially millions in reimbursements at risk, customer quickly executed an NLP-enabled second pass review for 50K ACA and 140K MA members with Health Fidelity.

Case Study Outcomes

ACA Results

17K Members Prioritized for Second Pass

1.8K Additional HCCs Captured

3X Return on Investment

MA Results

84K Members Prioritized for Second Pass

8.5K Additional HCCs Captured

5X Return on Investment

HEALTH FIDELITY®

Phone: (650) 727-3300 • Email: info@healthfidelity.com

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**.