

Case Study

Enhancing Risk Adjustment by Improving Coding Opportunities with Innovaccer

As the adoption of value-based contracts increases, health plans and providers must anticipate financial and healthcare resources to deliver efficient patient care and calculate appropriate physician reimbursements. For example, the Centers for Medicare and Medicaid Services (CMS) uses the Hierarchical Condition Category (HCC) risk adjustment model to predict the per member care costs for beneficiaries in Medicare Advantage. The HCC model assigns a Risk Adjustment Factor (RAF) as an indicator of all probable costs and then leverages it to adjust payment for patients enrolled in the value-based contract.

However, inaccurate risk coding can result in denied claims and, ultimately, lower reimbursements. Health plans need a strategy for identifying missed diagnosis codes and potential upcoding or downcoding instances to analyze their tangible impact on revenue and risk-adjusted savings and rectify them.

How did a Puerto Rico-based healthcare organization improve its risk coding?

One of the largest healthcare information technology companies in the US/Puerto Rico that offers solutions to payers, specifically Medicare Advantage plans, was looking to capture missed coding opportunities and incorrect codes to increase savings. Additionally, the organization aimed to create an interoperable ecosystem for the networks so that providers could electronically transmit and retrieve CDI alerts and identify gaps in data at the point of care.



The organization implemented the following strategy to simplify medical documentation for providers and reduce clinical documentation errors to improve risk coding:

1. A data platform was implemented to integrate the clinical and nonclinical data for every member from disparate data sources. Unified patient records were produced for every member in the network.
2. The integrated, unified patient records were leveraged to create automated workflows for care management and offer clinical decision support for providers across the network.
3. The providers were delivered crucial information, such as CDI alerts, progress notes, and coder queries, through FHIR API-based data exchange. The time taken to execute this process was shortened to just a couple of days, compared to the two weeks required earlier.
4. Additionally, the organization implemented a point-of-care information delivery system to engage physicians and deliver concise, real-time patient information. This allowed providers to easily view the coding gaps for their patients and plug them right at the point of care.

With a data-driven approach, the organization was able to achieve the following results:

1. **100% of coding gaps were flagged** at the point of care, and **80% of them were closed** by the providers.
2. The **time** for chart retrievals was **reduced by 80%**.
3. APIs registered an uptime of over **99% for real-time exchange of coding gap alerts**.


About Innovaccer


Innovaccer, Inc. is a leading San Francisco-based healthcare technology company committed to making a powerful and enduring difference in the way care is delivered. The company leverages artificial intelligence and analytics to automate routine workflows and reduce manual overhead to facilitate more person-centered care. Its KLAS-recognized products have been deployed all over the U.S. across more than 1,000 locations, enabling more than 37,000 providers to transform care delivery and work collaboratively with payers. Innovaccer's FHIR-enabled Data Activation Platform has been successfully implemented with healthcare institutions, private health plans, and government organizations. By using the connected care framework, Innovaccer has unified records for more than 24 million members and generated more than \$600M in savings.

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