How Artificial Intelligence Can Transform Risk Adjustment

To receive funding for serving high-risk patient populations, payers must prove their population risk scores.

STEP 1 Risk Analytics

Payers use predictive modeling, big data, and intelligent chart selection to target appropriate members for coding review.

STEP 2 Record Retrieval

Members' medical records are retrieved through call centers, drop boxes, mail, and electronic methods.

BEFORE AI

STEP 3
Risk Adjustment Coding

Member data is presented to coding team in a disparate, disorganized fashion, exacerbating the effort to review clinical evidence for missed diagnoses and validate that adequate documentation is present on coded claims.

Skilled certified coders manually search records for missed and inaccurate diagnoses without any prioritization or suppression logic, resulting in an inability to direct coding efforts to those areas most in need of human review.

STEP 4
Reporting to CMS

Data is not optimized for revenue compliance, and does not automatically link to claims–increasing the risk of audit.

AFTER AI

STEP 3
Risk Adjustment Coding

Natural Language Processing
Natural Language Processing engine automatically scans and sorts member data to identify ICD and HCC codes for coding review.

Coders are presented a prioritized, organized queue of diagnostic codes for addition or deletion via machine learning, resulting in significantly greater accuracy, speed, and completeness of review.

STEP 4
Reporting to CMS

High-quality data results lead to higher risk scores and compliant revenue–decreasing the risk of audit.

THE BOTTOM LINE

Manual coding decreases risk capture

20-30% increase in risk capture*

More information on this technique can be found at
https://www.changehealthcare.com/solutions/risk-adjustment-coding

*Health Fidelity data from Sept 2015 to Sept 2018, representing 10 clients.

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