




Succeed In Complying with 2022 CMS Risk Adjustment Changes with AI-Driven Solutions

The upcoming 2022 CMS Rules on HCC Risk Adjustment can negatively affect organizations' bottom line as they continue to take part in Medicare advantage programs if they are not adequately prepared.

More specifically, in 2022, CMS will

- ▶ Fully enact the 2020 CMS-HCC risk adjustment model: CMS will calculate 100% of the risk score using the 2020 CMS-HCC model instead of using 75% 2020 CMS-HCC model and the remaining 25% using the 2017 CMS-HCC model as was the case in the 2021 notice.
- ▶ Eliminate RAPS: After the 2020 CMS-HCC model has been fully phased in, risk scores will solely use encounter data submissions instead of a combination of encounter data and Risk Adjustment Processing System (RAPS) data.

The shift towards focusing on 100% encounter data will put much more responsibility into the hands of provider organizations. As a result, there will be a greater chance of HCC coding errors that will result in savings going down. On the other hand, if providers can improve scores, they will have a better pathway towards more significant savings while closing care gaps.

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Current Challenges to Successful Risk Adjustment

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Even before the COVID-19 pandemic leading to more significant clinical resource constraints and administrative burden, Risk Adjustment has been a time-intensive and error-prone process that often leads to tremendous administrative headaches as well as lost savings on behalf of providers.

The current process often relies on specially trained medical coders that comb through individual patient records and apply specific weights according to hierarchical condition categories (HCC's) to develop a risk score. Because medical coders are typically going through several hundred thousand patient charts that might have insufficient physician documentation across millions of records, it can be easy to miss out on coding opportunities that can result in more accurate spending on the patient. If the error rate is high enough, a single health plan could face losses in the millions of dollars and fines and penalties.

With the currently ongoing state of the pandemic, telehealth and virtual care services will likely continue. As telehealth visits are roughly 20% shorter than live appointments, there is an even greater chance of missing crucial data elements into HCC coding. Taken together with the typical challenges already noted, a new approach towards Risk Adjustment is essential.

AI As the Next Generation in Provider Tools

Not just a buzzword anymore, some organizations are already taking the first steps towards implementing Artificial Intelligence tools for improved risk scoring. When applied to incidental data, AI algorithms like Natural Language Processing (NLP) can use pattern recognition capabilities to uncover meaningful coding opportunities from 100% of the data available for a single patient. Since unstructured data is roughly 80% of total clinical data and can come from various sources like hospital ADT notes, progress notes, procedure notes, and lab results, the chances of missing a coding opportunity are incredibly high.

A machine that can comb through large amounts of this data can allow medical coders to apply their knowledge and submit these claims accurately. As a result, the risk adjustment process becomes one that is far more accurate and efficient.






Automating Care Management Through AI

AI-driven automated care management can drastically reduce the administrative burden. This works by asking how an algorithm will be used to achieve a specific goal across a data stream. For example, NLP can identify and extract the relevant information that pertains to a given individual or population group for quality measurement purposes.

Looking more specifically at Risk Adjustment use cases, NLP can supply coding support and automate workflows across care settings, covering a pattern of relevant patient care pathways. The automation helps care coordinators ensure a suitable risk model is applied to a given patient during risk stratification. Using an automated AI tool, a provider can electronically filter and organize patients into different categories, from the highest risk of readmission to the lowest, to ensure that the high-risk patients receive more frequent follow-ups and higher quality care.

Implementing an AI-driven solution as soon as possible should be a priority for every organization due to next year's reliance on 100% encounter data as mandated by CMS.

AI-driven tools can help automate the prospective risk adjustment model while including more data from multiple silos for a more comprehensive view of the patient.

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Automating Workflows for Greater Care, Quality and Financial Outcomes

Currently, unbridled Medicare advantage beneficiary growth leads to large swaths of unstructured data getting lost across many different silos. Scaling AI and automation processes will provide speed and efficiency that will lead to overall improvements in financial and quality outcomes.

AI-supported clinical decision support and cohort identification will drastically reduce administrative and care coordination burdens from a quality-centric viewpoint. As a result, the time taken to sift through millions of records will drop while dealing directly with patient medical issues will increase.

Financially, the same AI-supported algorithms that can increase HCC coding accuracy from clinical notes can also properly register and identify codes from billing documents through powerful data extraction capabilities. In this case, the software can be programmed to identify keywords, numbers, and phrases across machine and hand-printed documents. Scaling this process will lead to more accurate billing practices that cut down on costly errors.

While several of the AI-supported functions listed above focus on the individual, algorithms can also be applied to populations to improve Social Determinants of Health (SDoH).




Improving Social Determinants of Health (SDoH) With AI

AI is revolutionary from an SDoH perspective as these kinds of automated algorithms can also extract data elements and format them in a format requested by state HIEs. As SDoH data elements can come in 30,000 to 50,000 combinations, Machine Learning algorithms can parse through different streams and identify SDoH elements before feeding them into a rules-based engine for physicians and care providers to decide how and where they should be presented.

The ability to scale up and handle new sets of data quickly and efficiently makes them instantly usable for HIEs and other care providers. The benefits are astounding for entire communities that can now trim inefficiencies and close care gaps around chronic diseases to improve the overall population health in underserved locations.



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Level Up Your Risk Adjustment Process with Persivia CareSpace®

Persivia's CareSpace® platform uses a combination of NLP, Machine Learning, and Clinical Inference to extract structured and unstructured patient chart information before codifying it into a longitudinal health record for multi-layered risk stratification. As this data is processed, the risk adjustment models are incorporated into the scoring calculations to appropriately weight the data extractions.

Greater AI-supported quality care processes also means providing information without disrupting current workflows. Thanks to Persivia's adoption of major EHR standards, CareSpace® can seamlessly integrate into the current care pathway to automate and scale the appropriate risk adjustment model in real time to maximize beneficiary reimbursements. This will, in turn, lead to exceptional care management cycles that consistently beat quality reporting benchmarks.

While next year's CMS changes to Risk Adjustment might seem intimidating at the moment, developing a customized solution through Persivia will be the key towards quality care improvement that benefits both individuals and populations while satisfying the new regulations.

Time is quickly running out for compliance with the new Risk Adjustment regulations. Contact us to schedule your CareSpace® demo to maximize reimbursements today!

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