



Xccelerate Your Risk Adjustment Strategy With Innovaccer's AI-Powered Suspect Coder Assistant

Deliver prospective coding opportunities at the point of care, powered by advanced analytics and algorithms that support retrospective review over multiple years

Enhance Coding Accuracy, Outcomes, and Operational Efficiency With End-to-End Risk Adjustment

It is crucial for healthcare systems to have a fair and transparent approach to patient admission and treatment. Accurate reflection of medical conditions and proper assessment of risk factors is crucial in ensuring high-quality care and optimal financial outcomes. Inaccurate coding and documentation of medical records can lead to incorrect risk mapping, which can negatively impact data quality and risk-adjusted scores.

This can result in missed opportunities for prospective assessments or retrospective medical reviews. Innovaccer's AI-powered Suspect Coder

Assistant can help providers address these challenges by retrospectively analyzing dropped codes to identify prospective coding opportunities and receive appropriate reimbursements by providing high-quality care to patients.

Accurate coding and risk adjustment are vital in identifying high-risk patients, determining reimbursement levels, and accurately predicting the cost of care per enrollee. With the introduction of newer models such as ACO REACH, providers are incentivized to seek stronger coding protections. Our Suspect Coder Assistant capabilities can support these efforts to help healthcare providers achieve their goals. Some of the key outcomes achieved by customers using Suspect Coder Assistant include:

10%

increase in coding accuracy through improved dropped and suspect code capture

20–30%

decrease in physician time spent on coding at the point of care

30%

reduction in time spent on risk coding by automating manual processes

Maximize Your Risk Contract Outcomes by Improving Coding Accuracy, Increasing Coder Efficiency, and Refine Population Stratification

Diagnosis information is often dispersed across various systems, such as EHRs and payer files, leading to discrepancies and inefficiencies. Navigating multiple systems for suspected diagnoses can consume valuable patient time and negatively impact risk adjustment performance. Innovaccer's Suspect Coder Assistant identifies missing codes based on claims data and suggested clinical markers, helping avoid improper data submission and related consequences such as lengthy audits, repayments to CMS, penalties, and legal implications. With Innovaccer's automated solution and customizable Suspect Coder Assistant feature within our Population Health Analytics suite, physicians and coders can save time by identifying information that could not be directly found in the patient's clinical or claims data.

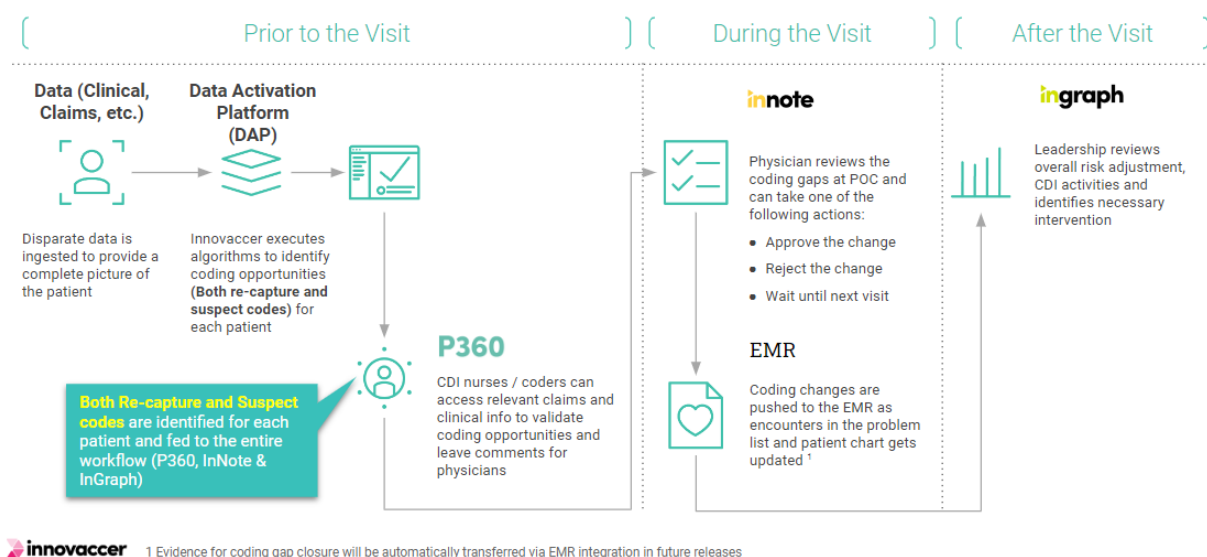


Fig.1: Risk Adjustment Workflows

Failing audits, repayments to the Centers for Medicare and Medicaid Services (CMS), and even legal consequences are some of the undesirable outcomes of improper data submission. Automation can help overcome these and other challenges by helping detect suspect and dropped codes while reducing the administrative burden on the workforce. Innovaccer's Population Health Analytics solution offers a wide range of customizable functionalities, including but not limited to:



Improved Coding Accuracy With Advanced Analytics

- Identify incoming patients and coding opportunities by analyzing scheduling data
- Capture automatic dropped codes through algorithms with a retrospective review over multiple years
- Surface codes with comments and supporting evidence to analyze and review



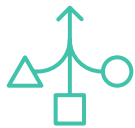
Improved Workforce Efficiency

- Accept or reject suspect and dropped codes during physician review, with the option to include comments and supporting documentation
- Access rule-based distribution of patients into worklists with the suspect and dropped code information for coders
- Get assistance from rules based on clinical guidelines for 74 HCCs across Medicare, Commercial, and Medicaid populations to trigger suspected HCCs



Point-of-Care Insights

- Highlight potential coding gaps, evidence, and coder feedback; and add codes manually at the point of care
- Accept or reject codes based on the attached comments and supporting documentation during physician visits
- Record physician feedback and display it to coders for training and compliance purposes



Automated Workflows and Customized Dashboards

- Push coding gaps and documentation (MEAT criteria) back into relevant sections of EHRs with a single click
- Get customizable dashboards for performance and productivity tracking
- Assist coders to provide sufficient evidence for coding opportunities (post-visit/pre-claims) before sharing them with payers
- Export information in a payer-friendly format, allowing easy adjudication and approval

With the shift to value-based care, providers now have the financial motivation to work on improving the quality of care, and share clinical data which can benefit assessment accuracy. Provider organizations also need a solution that allows seamless data sharing without disrupting workflows to improve physician response rates and help prioritize care. Automation not only helps in eliminating challenges, such as minimizing workflow disruption and point-of-care alerts but also helps improve the stratification of high-risk patients and increase coding accuracy. The result is reduced readmissions and more shared savings.

Innovaccer's #1 Best-in-KLAS Data & Analytics platform offers an end-to-end solution powered by Machine Learning (ML) and Natural Language Processing (NLP) to parse the unstructured data for the identification of additional suspect conditions for complete risk capture. Additionally, Innovaccer offers users the flexibility to personalize the solution to best suit their organization's needs. To explore our solution in action, [schedule a demo](#) with our experts.



About Innovaccer

Innovaccer Inc. is the #1 data platform for value-based care. The Innovaccer platform unifies patient data across systems and care settings, and empowers healthcare organizations with scalable, modern applications that improve clinical, financial, operational, and experiential outcomes. Innovaccer's EHR-agnostic solutions have been deployed across more than 1,600 hospitals and clinics in the US, enabling care delivery transformation for more than 96,000 clinicians, and helping providers work collaboratively with payers and life sciences companies. Innovaccer has helped its customers unify health records for more than 54 million people and generate over \$1 billion in cumulative cost savings.

The Innovaccer platform is the #1 rated Best-in-KLAS data and analytics platform by KLAS, and the #1 rated population health technology platform by Black Book.

For more information, please visit innovaccer.com.

