

How an Arizona-based Health System **Improved Risk Coding Accuracy** with Innovaccer's EHR-Agnostic Physician Engagement Solution



Overview

The sheer volume of manual documentation and paperwork required for medical coding increases the risk of error, leading to improper payments after claims reimbursement. More than 100 million medical records are reviewed each year in the US, and providers are continually looking for more efficient ways to ensure accurate HCC coding.

RAF (Risk Adjustment Factor) scores require providers to accurately capture the HCCs (Hierarchical Condition Categories) in the risk adjustment process. The Arizona-based healthcare provider, one of the largest nonprofit healthcare systems in the country, realized that it needed a comprehensive data and analytics platform to provide automated coding support by integrating EHR data and using analytics to identify any coding and care gaps that might exist. The ultimate goal: to continuously improve the accuracy and optimization of coding processes.

With Innovaccer's EHR-agnostic point-of-care physician engagement application, the health system improved its closure rate for coding gaps by 11% for its Medicare Advantage population in just three quarters. The health system also realized \$2.8 million in value with automated capabilities to eliminate existing or potential coding gaps.

Outcomes Achieved

\$13M+

Estimated potential value to be unlocked

\$2.8M+

Value generated

11%

Improvement in closure rate for coding gaps for Medicare Advantage population



Coding Gaps: The Hurdle to Improving RAF Scores

Coding is a time-intensive process which requires expertise, planned processes, and the ability to scale those processes. Identifying and closing coding gaps plays an important role in risk assessments for providers to achieve a better RAF score. However, the health system faced a few roadblocks in improving the coding gap closure rate:

- Lack of an automated system that identified potential coding gaps, notified stakeholders about these gaps, and helped them close gaps using a collaborative platform
- Manual documentation for coding gaps leading to physician and clinician burnout
- Lack of a unified data model that integrates data from myriad clinical and non-clinical sources to achieve better coding accuracy
- Use of outdated codes leading to errors while assessing RAF scores
- Complex and inefficient coding workflows with inaccurate translation of codes for clinical use
- Technological limitations to better segment populations while identifying coding gaps using historical claims and clinical data

At-a-glance

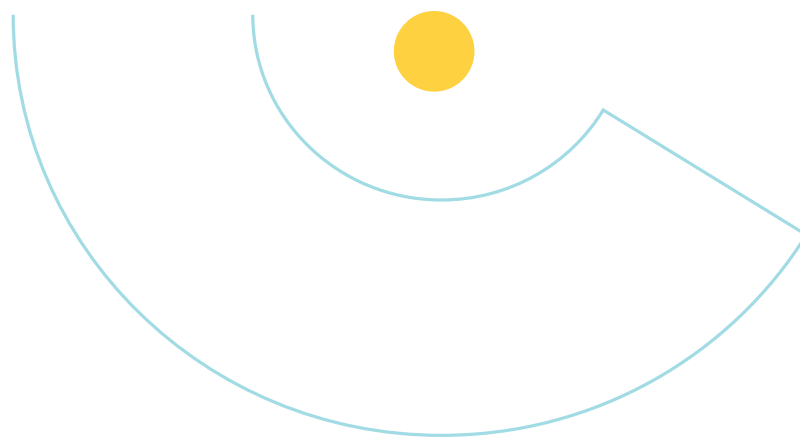
- 30 hospitals
- 3 million patients
- More than 10,000 healthcare providers

Challenges

- Manual coding gap workflows
- Coding gap omissions and errors
- Disparate data sources
- Uncoordinated physician engagement

Solutions

- Innovaccer's Data Activation Platform
- Innovaccer's EHR-Agnostic Physician Engagement solution
- Innovaccer's Population Health Analytics solution
- Risk-adjustment analytics
- Suspect or dropped HCC codes identification
- Integration of code status back into EHRs





Accurate Coding Gap Identification With Proprietary Risk Adjustment Analytics

With Innovaccer's data platform, the health system implemented a unified data model that integrates patient data from multiple sources such as EHRs, claims, labs, pharma, and more. They also leveraged Innovaccer's EHR-agnostic point-of-care physician engagement application which helped improve coding gaps closure rate.

The application enabled collaboration between stakeholders, medical coders, and physicians to streamline coding processes. It also allowed the health system to identify suspected and dropped HCC codes through robust risk adjustment analytics using unified historical claims and clinical data. Its capability to integrate suspect or dropped codes back into the EHR quickly enabled the health system to maintain updated patient records with little to no coding gaps. Their leadership was able to get visibility into responses regarding any identified coding gap, such as "accepted," "rejected," or "pending. "

Based on the April-December 2021 claims and usage data, the health system achieved significant improvements in closure rate for gaps for the Medicare Advantage population. Using the solution, they achieved an 11% improvement by identifying and closing coding gaps and achieved more than \$2.8 million in value for the Medicare Advantage population with an automated coding process. With Innovaccer, the health system was able to impact 15% of its managed population with accurate medical coding capabilities in just three quarters. Next, the health system plans to employ this strategic technology at scale for 85% of its entire patient population to unlock an estimated value of more than \$13 million in the coming months.

Results

11%

improvement in closure rate for coding gaps across the Medicare Advantage population

\$2.8 M

million in value generated as per April-December 2021 claims and usage data for the Medicare Advantage population



Well-positioned to scale-up to the entire patient population to gain even more value

About Innovaccer

Innovaccer Inc. is the data platform that accelerates innovation. 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.

