



How Can Payers Close Coding Gaps to Improve Their Risk-based Revenue, Star Ratings, & Enrollments

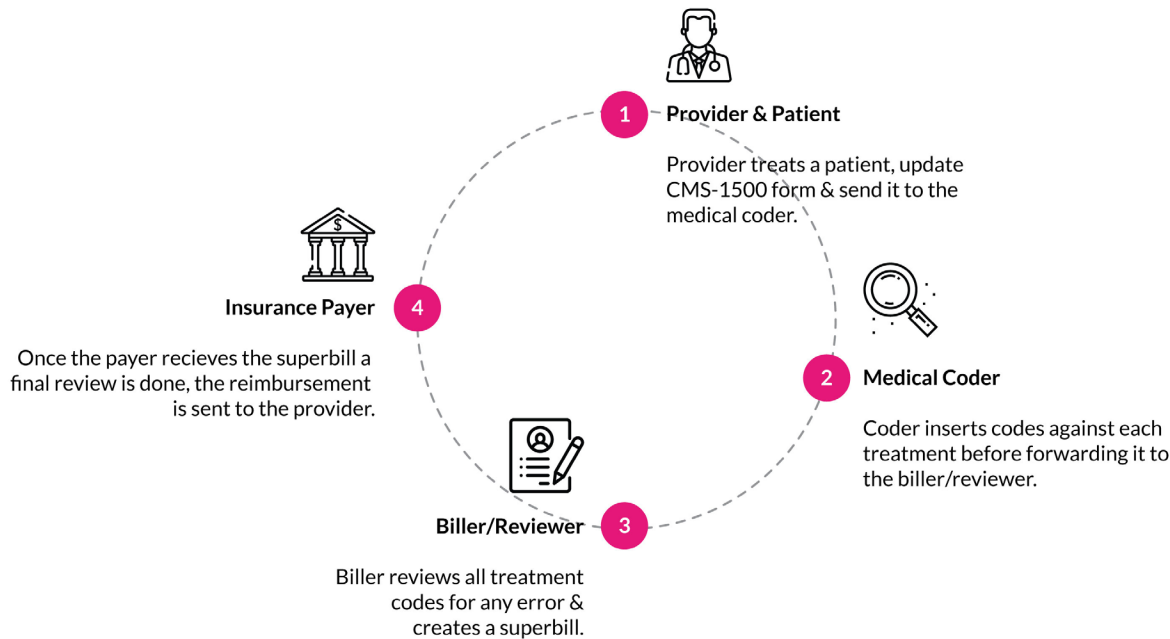


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Medical coding is vital to streamlining information exchange in healthcare. Coding is the process by which healthcare procedures and diagnoses are represented and displayed by universal code numbers. Healthcare systems across the US can communicate through these codes. Besides that, coding facilitates the analysis of data on treatments, diseases, reimbursements, and so on, which can potentially improve health outcomes, care quality, and reduce costs.

How is the coding process executed?

When a physician treats a patient, the CMS-1500 form is updated and forwarded to the physician's coder. The coder inserts the codes against each treatment that is prescribed to the patient. This information is then sent to a reviewer who checks the codes and shares a superbill with the payer. The payer finally reviews it and reimburses the providers.



While this sounds like a simple process, there are quite a few things that can and do go wrong when executing it. The sheer volume of manual documentation and paperwork in each step creates many opportunities for error, thereby leading to improper payments. According to the Centers for Medicare and Medicaid Services (CMS), coding errors resulted in \$36.21 billion in improper payments in FY2017.

Common coding problems:

Inaccurate Coding

An understanding of medical terminology doesn't come easy to coders. However, they need to know everything about both the procedures and diagnoses to code to the highest level of specificity. In case they are not able to follow the providers' notes and reports accurately, they might under code, which can possibly lead to rejected claims and reduced provider payments.

Documentation Errors

In some cases, providers skip giving all the information about the treatment administered to a patient. Failing to provide detailed information in the medical records can also lead to inaccurate coding.

Unavailability of the Provider

Certain claims are difficult to understand and coders need to seek clarification from providers. However, this is not always possible because physicians are busy with patient care and other administrative responsibilities. Lack of clarity on claims can lead to coding errors.

Failing to Use Updated Codes

The codes for ICD, AMA, and HCPCS are updated yearly. The coders have to update these codes manually and learn the new codes and use them correctly — those who fail to do this end up assigning incorrect codes to procedures.

These are some of the common reasons why coding gaps occur. These gaps have repercussions for the entire healthcare system, including the providers, members, and payers. For the remainder of this document, we will specifically focus on problems health plans encounter.

Coding related challenges faced by the payers

In a paper-based setup, apart from the scope of errors, the average turnaround time from receiving a claim to releasing payments can be as long as 5 to 7 weeks. There is a need to increase the accuracy and efficiency of the coding process.

Coding gaps can lead to improper reimbursements, the cost burden of which falls onto the health plans. The members whose diagnosis is downcoded often can't get access to the kind of medical services they are entitled to, leading to low levels of satisfaction. Additionally, when members suffering from severe and chronic conditions don't receive adequate treatment, the healthcare outcomes also are negatively impacted.

Artificial intelligence to close coding gaps

The first step to overcoming coding challenges is to improve the accuracy of the codes. Replacing manual coding with AI applications can improve the efficiency of the coding process and the outcomes of the billing process. By processing codes and high volumes of data, AI can significantly reduce manual efforts and the scope of human errors.

As for existing coding gaps, health plans can identify them by leveraging technology enabled by AI. Not just that, they can track the gaps and follow up with the providers to ensure closure.

Closure of coding gaps can improve risk revenues, Star Ratings, and HEDIS scores and increase the number of member enrollments. Payers can ensure care delivery excellence within their provider network, improve patient experience, and plan performance using AI-driven technology.

Leveraging AI to solve not just coding issues but the complete data problem

Health plans should view the overarching picture beyond coding gaps closure when they implement a data technology. Apart from streamlining billing and reimbursement processes, it can help them identify the pattern and magnitude of chronic diseases impacting their member population. By implementing such technology, health plans can:

- ▶ Identify opportunities to deliver services and capture codes
 - ▶ Identify the charts to track regularly to avoid the most common coding errors
 - ▶ Identify the right approach to ensure accurate and timely completion of coding procedures
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Innovaccer's Data Activation Platform

Innovaccer's leading data activation platform has been expressly built for true interoperability across the care network. With its 200+ pre-built connectors to widely used healthcare data systems and applications, the platform enables quick data ingestion and integration to create a unified healthcare data layer. The data activation platform pieces together disparate data sources into unique, longitudinal Patient-360 records which are exchanged via industry-governed standards such as TCP/IP, SFTP, FTP, HL7, HISP, FHIR. Making healthcare data integrity a priority, InData enables data sharing by means compliant with HIPAA. The platform ensures providers don't spend valuable time hunting for data by providing them with real-time access and point-of-care insights—letting providers do what they do best.

The following solutions are built on Innovaccer's Data Activation Platform:

inapi

Innovaccer's advanced healthcare data integration engine, providing one-click interfacing mechanisms to a wide breadth of healthcare data systems and a seamless bidirectional flow of data.

incare

Smart, AI-assisted care management solution, with patient-centered medical home (PCMH) level care delivery, hardcoded into the workflow. InCare streamlines the care management process enabling systems to scale care management programs at lower costs, and with higher quality.

ingraph

InGraph is the most intuitive healthcare analytics offering for population management health strategies in the industry with over 800+ measures to track network performance and outcomes, customizable measures and dashboards accessible across the network, and automated reporting on quality measures.

innote

A smart, lightweight physician's digital assistant that surfaces critical system and population health insights derived from multiple data sources, at the point of care. Using InNote, insights such as care gaps, dropped codes, process measures and referrals information can be shared with the clinician - without their having to leave the EHR experience.

inconnect

An automated analytics-driven patient engagement solution to scale patient outreach workflow, and bring patients closer to the care team.

About Innovaccer

Innovaccer.com 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 patient-centered care. Its Gartner and KLAS-recognized products have been deployed all over the U.S. across more than 1000 locations, enabling more than 25,000 providers to transform care delivery and work collaboratively. Innovaccer's Data Activation Platform™ has been successfully implemented in healthcare institutions, government organizations, and corporate enterprises including Catholic Health Initiatives, MercyOne, Orlando Health, Hartford Healthcare, and Stratifi Health. By using the connected care framework, Innovaccer has unified more than twelve million patient records and generated more than \$400M in savings.

For more information, please visit innovaccer.com.



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