



How your risk adjustment partner can drive value

Health plans are increasingly testing new approaches and technologies to improve their risk adjustment programs and prepare for risk adjustment data validation (RADV) and Office of Inspector General (OIG) audits. To avoid penalties and rebuild trust with regulatory agencies, providers, and members, plans are looking to focus on key priority areas such as interoperability and data accuracy.

Discover how health plans across different markets and sizes have partnered with external solutions to increase efficiency, reduce internal burden, and improve retrieval and coding results including data accuracy. Read this guide for best practices to combine in-house capabilities with external partnerships to strengthen risk adjustment results and compliance through optimized medical record retrieval, interoperability, and coding processes.

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1 Improving retrieval results

Choosing the right partner to supplement in-house resources can help health plans reduce costs and inefficiencies by accessing shared infrastructure and technology, and helping to decrease administrative burden. As a result, payers may augment internal teams and enable them to focus on high-value initiatives like performance monitoring, data-driven decision-making, and provider education. A partner with strong, expert processes can help improve efficiency and outcomes and optimize key metrics such as time to retrieval and data quality. Examples include:

Request optimization

The right partner can help reduce administrative burden associated with retrieval and data-sharing for providers. As an example, effective request grouping helps streamline retrieval efforts by optimizing outreach by location and site, across use cases, and across multiple health plans, resulting in efficiency gains for both providers and payers.

Provider data

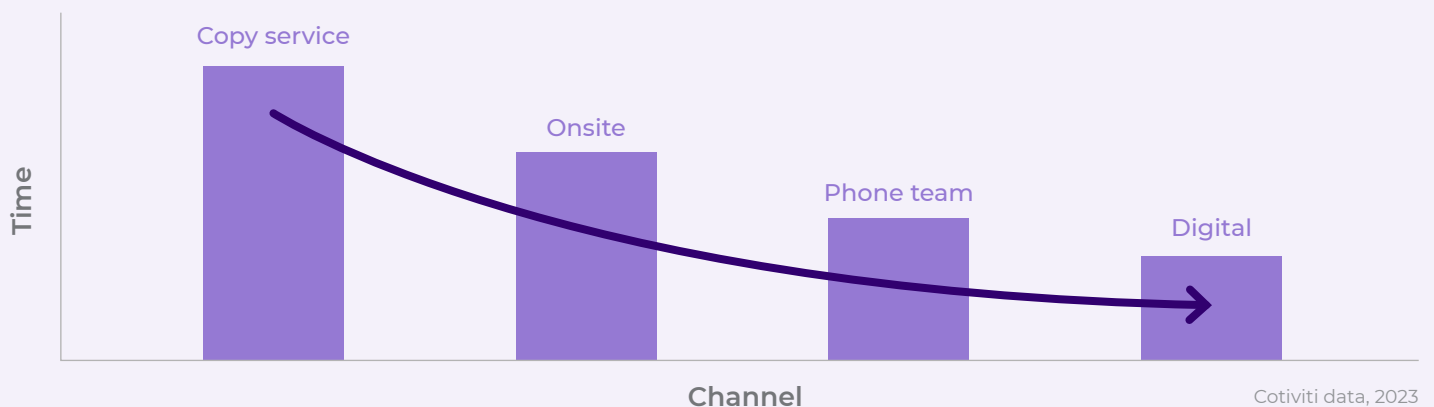
Leveraging a curated dataset, with historical data of providers' locations and preferences, external partners can provide greater insights into their needs and performance across payer organizations, helping secure more effective outreach and plans to address support needs and improve performance.

Channel strategy

While it's necessary to invest in automated digital retrieval, it's equally important to have access to a range of options to engage providers with less advanced digital capabilities. Activating a range of digital and traditional channels allows the ability to work around gaps and meet providers where they are, resulting in higher retrieval rates.

Average time to retrieval by channel

Digital connectivity helps reduce time to retrieval compared to traditional channels, confirming the importance of investing in **healthcare interoperability**. However, to truly meet providers where they are and optimize results it is essential to work with a partner that has a range of options and an in-depth understanding of optimal channels, rather than relying on a one-size-fits-all strategy.



2 Advancing interoperability

Interoperability is a complex topic that can be challenging for quality and risk adjustment teams. With the addition of the Trusted Exchange Framework and Common Agreement (TEFCA) and the Interoperability and Prior Authorization Final Rule by CMS, the healthcare industry has a significant incentive to invest in interoperability in the coming years.

As health plans work on building the business case and defining their interoperability strategy, the ideal partner will provide guidance to set up the right approach based on their specific market and goals, while reducing the strain on internal teams. Here's how you can evaluate the best offering for your needs:

Technical expertise

A good partner should be prepared to help you understand technical requirements and specific market conditions and their impact on business strategy. For example, experts will help set up a roadmap to implement FHIR standards, while providing nuanced insights into your markets to navigate trends and the transition to new capabilities.

Execution

Partners should help establish the most effective infrastructure, by providing guidance on data sharing use cases), to secure access to data, and to ensure alignment with a health plan's provider network and market.

Data enrichment

Payers should be able to evaluate how the partner drives value by improving healthcare data with enrichment services like data normalization and standardization to increase accuracy. Partners can offer dedicated support on specific downstream applications to improve key areas (from prior authorization to risk adjustment and quality reporting).

3 Driving coding accuracy

Faced with increasing coding complexity and regulatory scrutiny, health plans partner with external resources to enhance their processes, add a layer of protection, and enhance coding accuracy. While we observe different types of partnership design, based on each health plan's specific needs and priorities, there are key common elements to consider for success:

Capacity planning

External support can provide access to a larger pool of coders to fill gaps in the coding team, helping overcome workforce management challenges due to the seasonality of this work and to clear coding backlogs quickly and efficiently while reducing cost.

Innovation

Working with a partner can facilitate integrating new tech with legacy infrastructure, such as natural language processing (NLP) to improve workflow and supplement internal resources.

Industry expertise

Quality oversight helps to ensure accuracy and provides impartial review. A true partnership provides dedicated guidance and insights to optimize coding results based on a specific plan and industry trends. Monitoring performance and reporting on actionable insights should be connected to ongoing, tailored, and responsive training to allow for timely course correction.

How to select the right partner

Ask these questions to determine the right partner for your organization.

- ✓ Do they have consistency in meeting or exceeding client expectations? Are these results above the industry benchmark?
- ✓ Do they have the capacity and scale to deliver on promises regarding coding and retrieval?
- ✓ Do they have a strong understanding of your markets, positive relationships with providers, and well-balanced data and automation capabilities?
- ✓ Do they provide transparency in addressing issues and keep track of how they solved them for future cases?
- ✓ Do they offer the same service and attention for large and small organizations?
- ✓ Can they supplement in-house expertise or work within existing plan processes?

With more than 25 years of experience enabling health plans to strengthen their risk adjustment programs, Cotiviti manages the complexities of ensuring accurate and compliant results in full partnership with our clients, offering complete visibility into program progress every step of the way. See Cotiviti's risk adjustment solutions for more information on how we enable health plans to capture their population risk and optimize risk-associated revenue.



⊕ Check out our resources for more best practices to improve Medicare, Medicaid, and commercial risk adjustment results.