

# AI-Powered Risk Adjustment for Medicare ACOs

Protect your Medicare Shared Savings Program (MSSP) benchmark and empower your physicians with accurate, timely analytics that help them capture patient risk.



## Equip your ACO for MSSP risk adjustment success

Accurate risk adjustment is critical for ACOs to succeed in the Medicare Shared Savings Program (MSSP). To maximize shared savings, your population's risk must be fully represented on claims. But manually performing retrospective chart reviews, developing patient suspect lists to close gaps, and identifying provider improvement areas is time-consuming, expensive, and often ineffective.

### Timely, reliable analytics to improve patient risk capture

**Apixio's Risk Adjustment for Medicare ACOs solution** uses artificial intelligence (AI) to identify risk-adjusting patient conditions that haven't been properly documented at the point of care or coded on claims, increasing your ACO's risk capture for Medicare patients. Our analytics solution supports targeted clerical error **re-openings** with your **medicare administrative contractor (M**AC), patient visit chase list development, and physician education programs to improve coding performance.

lentifier		€an:					
May, Angela	12/12/1940	Office Visit Summary	8/10/2018	HCC 96			
IC C 3 3L Pagetals							
			Page 1 of 13	Office Visit Summary	6/	6/2014	
				2 11	ACCEPT   REA	ECT	
			MAY,ANGELA	Soup Note	50	3/2018	
			ar old Female, DOB 12/12/1940 Account Numbers 8253 rk Lane, Youngston MT - 50001	Office Visit Summary	1.00	7/2618	
			Homes 404-945-5725 ANGELA Insurance: MEDICAS MEDICARE Payer ID: Lature				
		Appeilutment Facil	Referring (Bennett Gayle Beforring (Bennett Gayle By Youngston Smart Care LLC.				
08/10/2018		Progress 5	otes: Boyd A George, MD				
Current M	dications	Reason for Appointment					
Taking • programmind to anguables a-2 tables mean a		s 6 MO F/U History of Present Illness					
a times a der La	it mg tablet, illerwaille i tab(ii) her mode soil at bodgine) a lein Pernatul Multivitianian	Cardiology: 75 year old female presents with e/o dia					
with Fully Acid Newtoni 4.17	a mag tablet 1 tab(n) once a day- ng delayed release capade 1	Denies : chest pain, shortness of breath edema, arthopnea, no changes in sleep path	diaphoresis. leg				
Biscontinued • Truinat 60	Setupi oper a day	8/10/18 She comes in for follow up vis inpertension. She reports she gets a little di	t for palpitations, SVT,				
<ul> <li>Dalitarar en bit</li> </ul>	doubloade CD 249 ing 5.4 abouted release TARE CINE	menstrual cycle. She is anemic. She takes a not take iron supplements due to constipati	prenatal vitamin. She does on. She tries to watch her				
Medication i     with the patient	Beddiamont have been average has	diet. She walks twice a week for exercise. Sh pulpitations lasting a few seconds about twi	re a week. She notes that				
	al History	uhen she gets cold her toes turning blue. Sh legs or her feet, EKG today: Sinus rhythm, b 2/17/18 She comen in for follow up visit	eart rate 71				
Hypertension SWT Allowers		ETTS. She has been doing fair since her last little tired and sluggish today. She denies at	visit. She reports feeling a				
ender teyliz/ise El	hiels, menal adves, trave spear, p./%.M7818, 1000 117	some palpitations about 1 time a week for a has not had any recent illnesses. She save D	inv seconds at a time. She				
degeneration c/w energiae nautoer	sebrasia stress (1) 6/12, 8140 min.	take gas meds and meds to keep her regular in her chest pressure.	. She reports improvement				
authorities, 27 TV	EEG danges, no intext or N 19540's, trace-mild blk and	10/10/17 She comes in for follow up visi HTN. She reports that she has been having					

Apixio ©Copyright 2020. All rights reserved.



Accurate risk adjustment is critical for ACOs participating in MSSP. To maximize shared savings, your population's risk must be fully represented on claims. But manually performing chart reviews, developing patient suspect lists to close gaps, and identifying provider improvement areas is time-consuming, expensive, and often ineffective. Apixio's Risk Adjustment Solution for Medicare ACOs uses AI to identify risk-adjusting patient conditions that haven't been properly documented at the point of care or coded on claims, improving your ACO's risk capture for Medicare patients.

#### **Retrospective Chart Reviews**

Al-powered HCC coding opportunities missed on submitted claims

- Streamlines retrospective coding so you can reopen claims to correct diagnosis code information within the payment year
- Supports end-to-end project management & reporting
- Available as an application or coding service

#### Patient Suspecting

Al-generated list of patients with HCCs that have insufficient evidence

- Identifies patients who need to be brought back to the office for further assessment
- Supports member engagement strategies like Annual Wellness Visit campaigns
- Identifies issues to add to problem lists within the clinic setting

#### **Unsupported Code Deletions**

Al-generated list of submitted HCCs with no supporting documentation

- Flags unsupported HCC codes submitted on Medicare FFS claims
- Provides in-year audit checkpoint for risk coding
- Informs robust, provider-specific coding education efforts

Our solution provides reliable analytics and flexible workflow tools to support correcting missing condition codes on claims, targeted patient outreach, and provider education programs.

## Al Analytics for Risk & Quality

Improving healthcare outcomes requires access to the right data at the right time. Apixio is advancing value-based care with data-driven intelligence and analytics. Our AI solutions for risk, quality, and clinical insights unlock actionable information from administrative data and unstructured clinical information. The results drive better clinical decision-making and a smarter approach to healthcare.

www.apixio.com

P: (877) 427-4946 E: info@apixio.com f | in | ♥ @apixio 1850 Gateway Drive, Suite 300 San Mateo, CA 94404

Apixio ©Copyright 2019. All rights reserved.