

Supercharge Your Risk Adjustment Programs With Clinically Trained AI

Presented By:



Wolters Kluwer



RISE

Webinar Participant Tips

- All participant lines are muted. To protect your privacy, you will only see your name and the presenters names in the participant box.
 - To submit a question to the presenters any time during the event;
 - In the Event window, in the Panels drop-down list, select Q & A.
 - Type your question in the Q & A box.
 - Click “Send”.

Today's Presenters



Kimberly Rykaczewski RN, CPC, CRC

Senior Clinical Content Specialist – Nursing
Wolters Kluwer, Health Language



Melissa James CPC, CPMA, CRC

Content Management Consultant – Risk Adjustment SME
Wolters Kluwer, Health Language

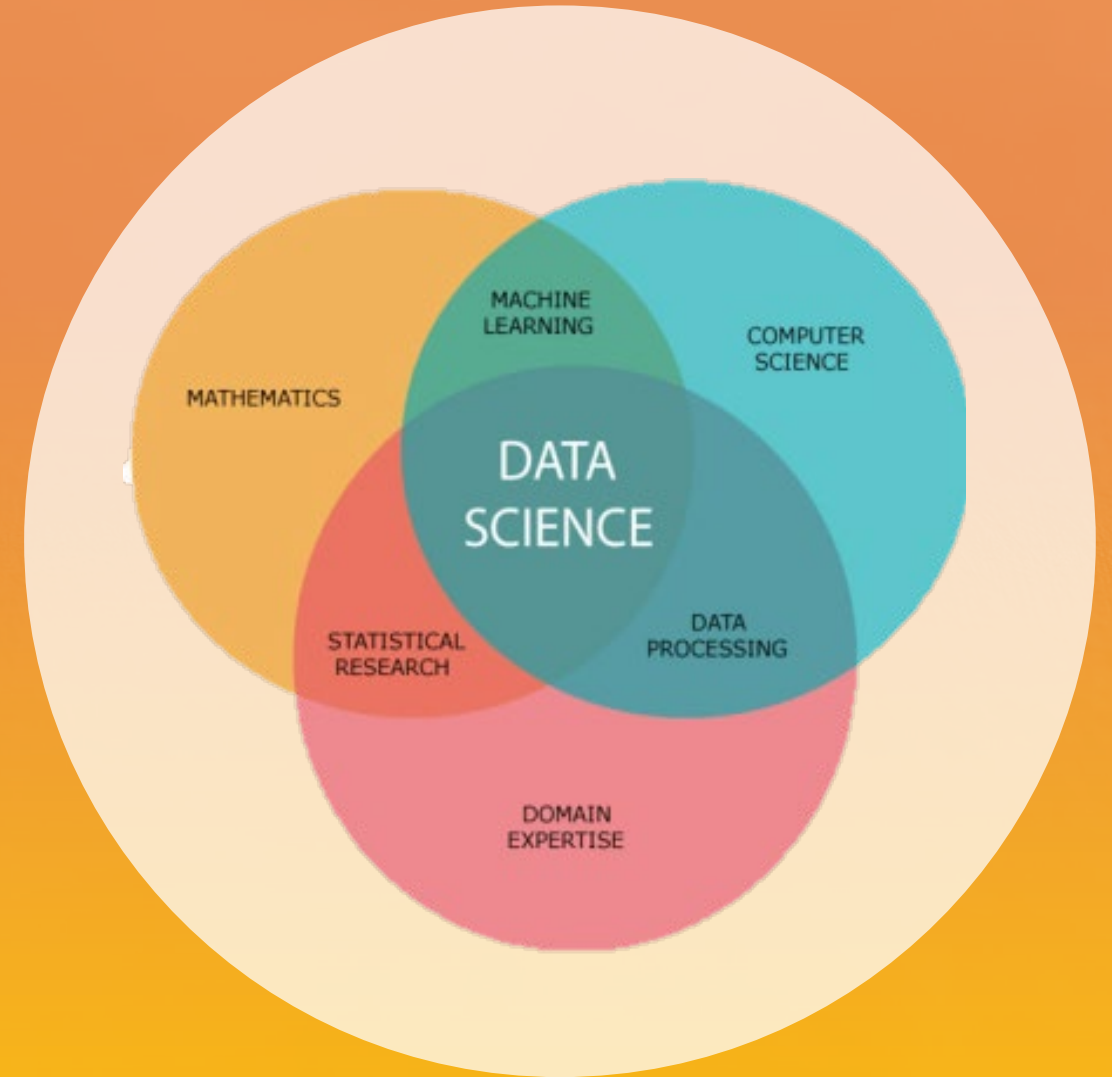
Today's Agenda

- Defining advanced technology
- Not all AI technology is created equal
- Why healthcare data is hard for AI to get right, and what's on the line if you don't get right
- How **THE RIGHT** technology can improve coding, coding workflows and beyond

Defining Advanced Technology

Data Science: Solving the Data Puzzle

Data Science is an interdisciplinary field that uses scientific methods, processes, algorithms, and systems to extract knowledge and insights from structured and unstructured data.

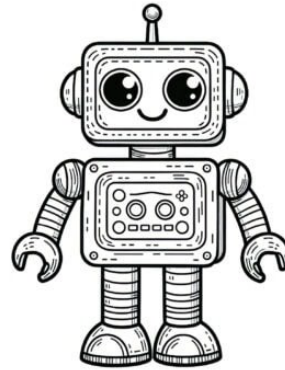


Defining Advanced Technology

Artificial intelligence (AI) the capability of computer systems or algorithms to imitate intelligent human behavior

OCR is a technology used to convert different types of documents into editable and searchable data.

NLP is form of AI that focuses on the interaction between computers and humans through natural language. The goal of NLP is to enable computers to understand, interpret, and generate human language in a way that is both meaningful and useful. *Example: Extracting diagnosis codes from a physician note*

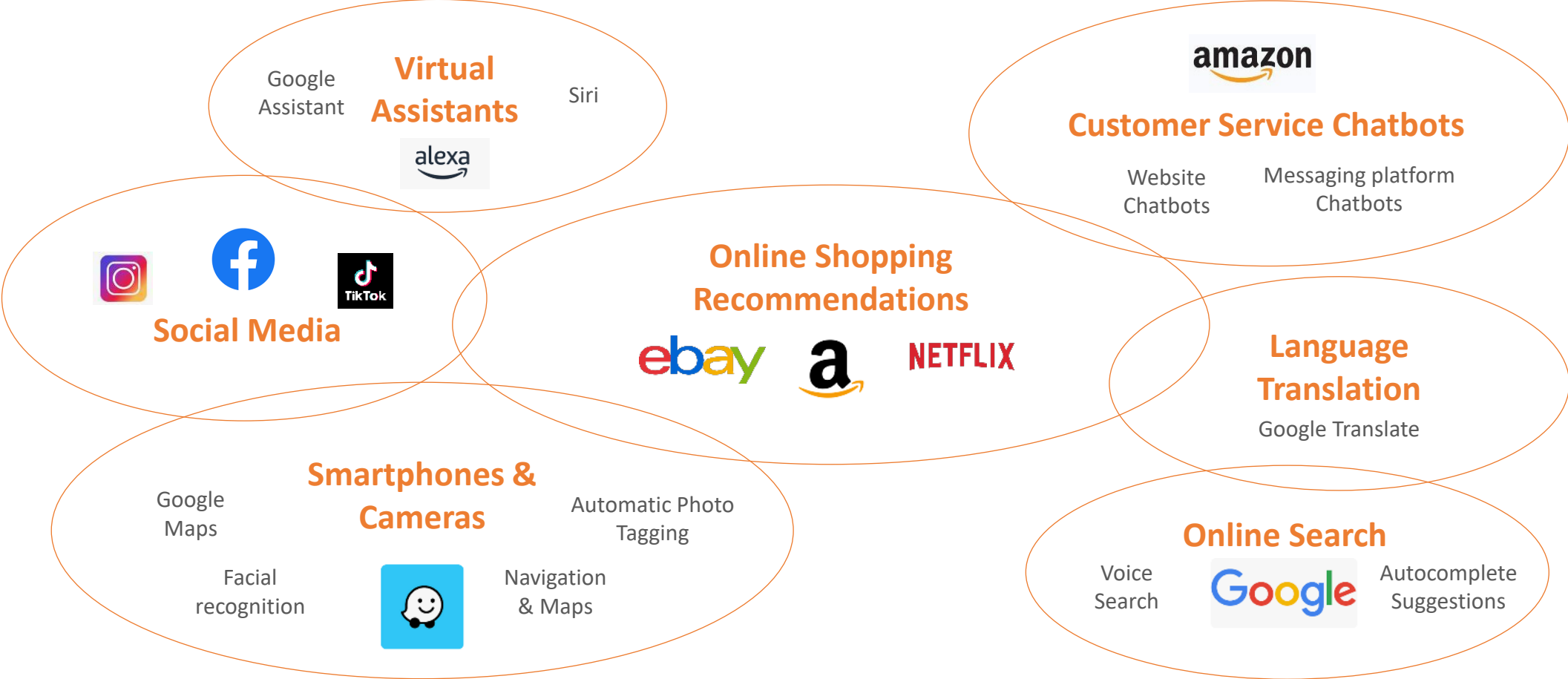


Algorithms process or set of rules to be followed in calculations or other problem-solving operations, especially by a computer. *Example: Identifying drug interactions*

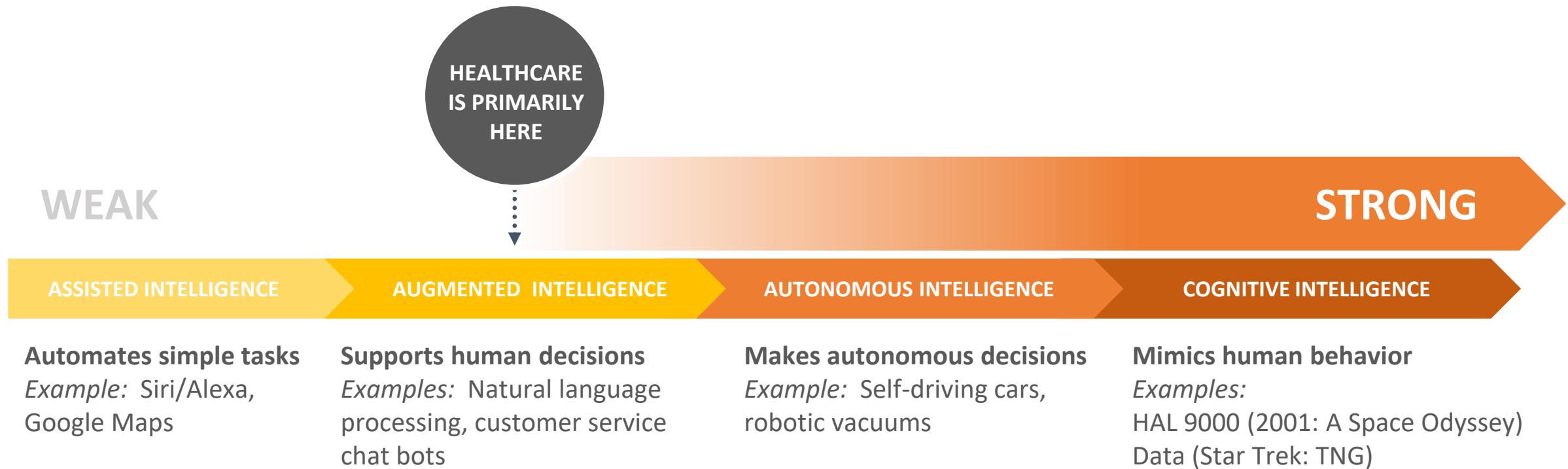
Machine Learning is a branch of AI and computer science that focuses on the using data and algorithms to enable AI to imitate the way that humans learn, gradually improving its accuracy. *Example: Identifying note types*

Generative AI is a subset of AI that focuses on creating new content by learning patterns from existing data. Unlike traditional AI, which often focuses on classification or prediction tasks, generative AI models are designed to generate new data that is similar to the input data they were trained on. This can include generating text, images, music, and even complex designs. *Example: ChatGPT*

Where We Use AI Technology in Our Daily Lives



Where Healthcare is on the Technology Spectrum Today?



The background features a warm orange-to-yellow gradient. On the left, there is a faint illustration of a microchip with circuit lines extending from it. On the right, a lightbulb is shown with several curved arrows radiating from it, symbolizing ideas or innovation. In the lower center, a large gear is partially visible, representing technology or industry. The main text is centered over these elements.

Not All AI Technology is Created Equal

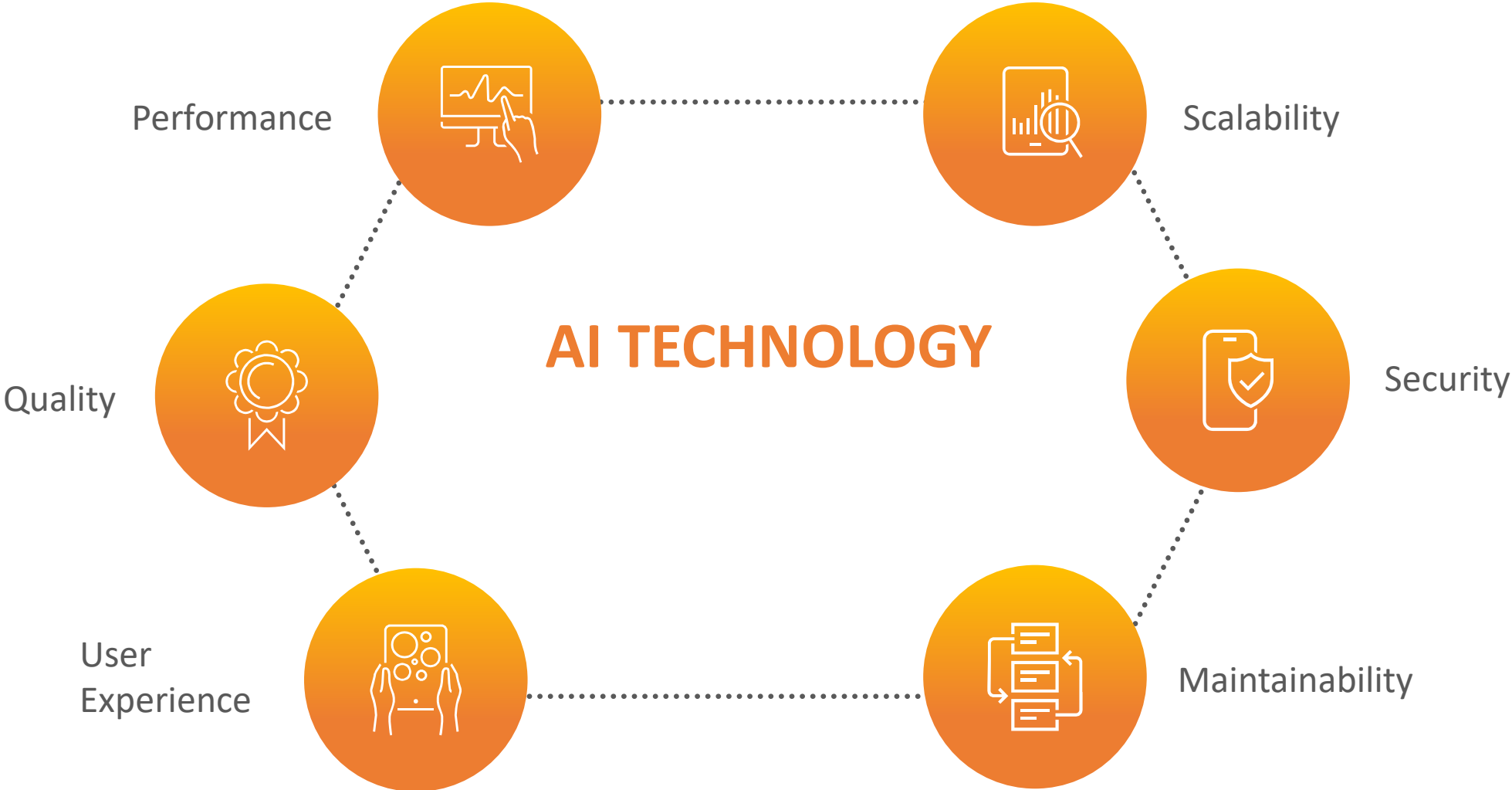
Not All AI Technology is Created Equal

Things to consider about AI:

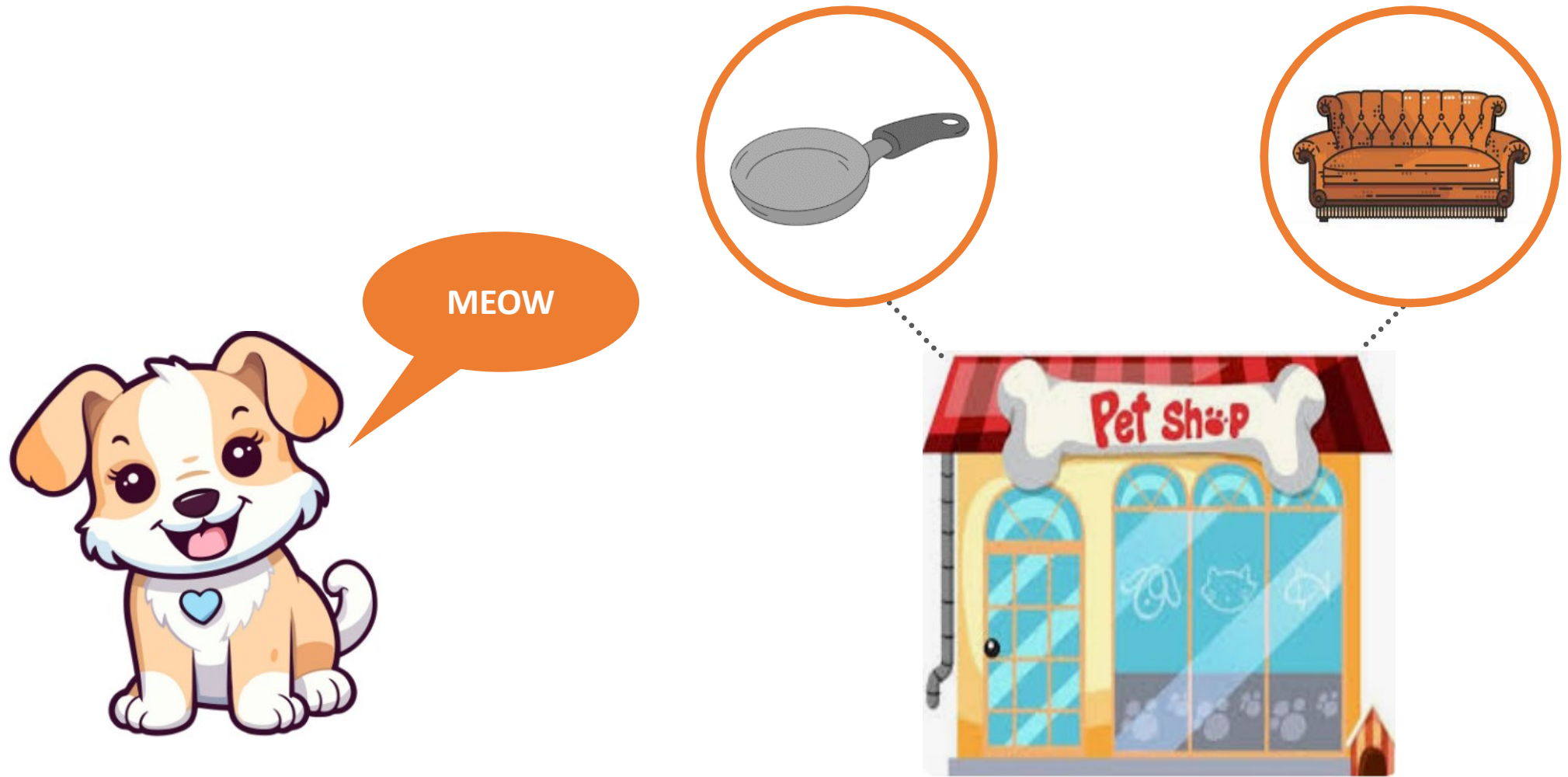
- Different abilities
- Quality of training
- Complexity
- Learning from mistakes
- Understanding the problem
- Fairness and bias
- Testing and validation
- Resources and support



What To Look For In Your AI Partner



Importance of User Needs



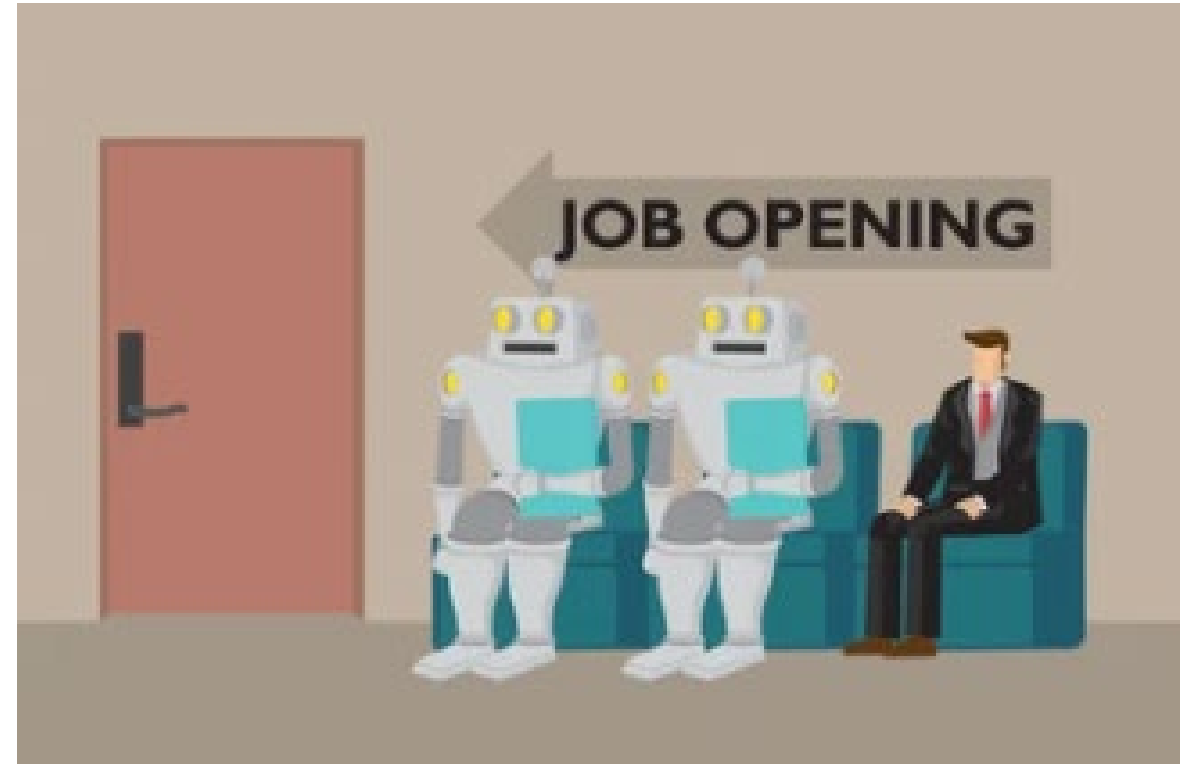
Survey Question

What annoys you
with your current
software?

(Select all that apply)

- A. Too much noise**
- B. Confusing interface**
- C. Lack of reporting**
- D. Context issues (incorrect suggestions)**
- E. Slow performance**
- F. System downtime**

Why Healthcare Data is Hard for AI to Get it Right & Will it Replace Coders?



Why is Healthcare Data so Challenging for AI to Get Right?



Data Quality: AI is Powered by Accurate Data

- Healthcare data often isn't
- Data sources: Text, PDF, transcribed, free text, handwritten, C-CDA, HL7, FHIR



(Semi-) Structured Data

- Healthcare data is highly specialized
- 200+ standard healthcare terminologies (CPT, LOINC, ICD-10-CM, SNOMED, UB-04, many others)
- Many proprietary terminologies such as local lab catalogs or drug formularies (and that's just for the discrete data)



Unstructured Blocks of Text

- HPI, Family History, Med Lists, Admit/Discharge/Transfer
- Can be messy: no periods, inconsistent formatting, misspellings, acronyms, synonyms
- EHR "templates" vary and are highly customized, making it difficult to extract data into discrete data elements

Complexity of Medical Notes

Encour MEDIC svc dat	Anth and med For r indicati med Type 2 Diabete histo Type 2 diabete shou Today v push 10 days epilep digo altho caus eval 2 sco risk f He h poin diab hangin with le for his inducer history althoug have a atrial fi with a until M	does ha indicati Type 2 Diabete Type 2 diabete Today v 10 days epilep digo altho caus eval 2 sco risk f He h poin diab hangin with le for his inducer history althoug have a atrial fi with a until M	<p>E-mail Request List ea of the i list adk D (F) Cerv. Spas. Chro</p> <p>Request Claim <input type="checkbox"/> App Re <input type="checkbox"/> Author <input type="checkbox"/> Author Phone Comm</p> <p>Diagnose 1. co 2. co 3. co 4. co 5. co 6. co DWC For</p>	From: From: 11/07/2 11/07/201 11/07/ 11/07/201	Chart Notes Codin	Chart Chart	• Curre • Socia			
					Chart Notes Osteoartr Osteopor Dyslipid GERD (p Vitamin D Ascendin Comme Goals 15 Yrs None Patient Inst None Chart Review No Routin HDS Esq Encounter S Open Office Vis Contact Info Date & T 8/20/2014 Patient Info Patient N YRths - Last ISP 141.87 LMP 01/01/196 Progress N Consults be comm abd and CHIEF C Tyleneol v Denies c Past Urc Stones: n Surgery: Tumors: i Infection BP 141/6 01/01/19 ALLERG Phenol. It	Chart EA Sor Dys HOC CA RE GI: MU SK PS HE EN All PH cor car res git: guit Ure ure bwa skin Net Ext Nel RA LA UI/ IM OL AS rig No Hie Piv no Wll Wll FAI FAI Mot Fatl Broi All I RE COI	MEI inhe HC CA RE GI: MU SK PS HE EN All PH cor car res git: guit Ure ure bwa skin Net Ext Nel RA LA UI/ IM OL AS rig No Hie Piv no Wll Wll FAI FAI Mot Fatl Broi All I RE COI	<p>Progres Provide Patient:</p> <p>Chief Co Mr. Smit stage 3b sugars h his log st</p> <p>He also r lighthead He comp</p> <p>Active Pr</p> <ul style="list-style-type: none">• Hype• DM• Chro• Hype• COPD <p>Current I</p> <ul style="list-style-type: none">• NPH• Regu• Capc• Lipit <p>Past Me</p> <ul style="list-style-type: none">• S/P s• Hype• Basa <p>Review c</p> <ul style="list-style-type: none">• See I <p>Social Hi</p>	<p>Physical I</p> <ul style="list-style-type: none">• Vital:• Gene• HEEN• Neck• Lung:• CVS:• Abdo• Musc• Neur• toudt <p>Selected</p> <p>Test Na</p> <p>CBC w/ WBC RBC Hemo Hema Platek Compre Metabo Gluc Creat BUN eGFR Hemogl Lipid Pa Chole Trigly HDL C LDL C Erythro Sedime ESR V</p> <p>EKG toda</p> <p>Assessm</p> <ul style="list-style-type: none">• DM T medi for di	<p>Assessment :</p> <ul style="list-style-type: none">• Paroxysmal atrial fibrillation based on patient history. Will request further evaluation/monitoring by cardiology. Patient advised to purchase monitoring device (e.g., Kardia).• Type 2 diabetes mellitus with diabetic chronic kidney disease. Check urine albumin/creatinine ratio. Repeat eGFR in 6 months.• Chronic kidney disease, stage 3b. eGFR remains in the upper 40s. Will optimize therapies for DM and HTN.• Hypertension. Add Atenolol 25 mg QD to current regimen.• Hyperlipidemia. LDL remains elevated. Will increase dosage of Atorvastatin to 40 mg QD. <p>Plan:</p> <ul style="list-style-type: none">• Emphasize need for strict adherence to ADA diet• Return to clinic in 4 weeks or as needed.• Cardiology referral as noted above.• Ophthalmology referral.• Electronic prescription for Atenolol sent to pharmacy.• Await results of UAC. <p>Electronically signed by Richard Rodriguez, MD at 5:30 pm on January 3, 2022</p>



The Financial Importance of Accurate Coding

- Too much on the line if AI gets it wrong
- RADV/OIG extrapolation repayment amounts
- Missed diagnosis and under coding results in money lost

\$550,000
In overpayments
(at member level) → **\$11.3M**
After extrapolation

\$480,000
In overpayments
(at member level) → **\$27.3M**
After extrapolation

\$249,000
In overpayments
(at member level) → **\$197.7M**
After extrapolation

Survey Question

What type of technology are you using in coding projects today?

- A. Excel spreadsheets**
- B. Coding tool with embedded NLP**
- C. Internally developed coding tools**
- D. Other**

How Technology Can Improve Coding, Coding Workflows & Beyond

Optimize Coder
Workflow

Increase Coding
Accuracy

Coding Project
Management

Regulatory
Audit Support

Vendor
Oversight

Speed Coding Exercise

ICD

D Z X L E Y C Z J U N S M J N M D I S E A S E S
E U E W S R G P J B C T E U W O Y N A N X I B R
R C D A N E O P L A S M S L Q P Q N M K S S A C
R N N B C O D E J C S R Z Y U E A A O E M L T P
E S I C B S E J L E F H R X C R I T C R U P N T
F N G X K S N O I T I D N O C N V T I B C N A L
E G D V O T V R I I Y L Z N T E I X A E Z A T A
R I Z N Z L U L C B S U X E O O F T C U N J S N
E S M H Y J A D O Y S X R K N S W H O O P T I O
M X S C N R A C M P O M Y S G N I L L I B H S I
O A T I S D A P I S S L T V F O D O O D G I S S
N Q D E Q D T D L G A F S C Y I T D P R P R A S
E I S D R O H A N I R M K R P T Y Y N O R D L E
O R S E M N E D T O O U A E W A B R O C O P A F
P D A S Q E A N C D C M S A Y C A A I E C A C O
L I D C S U E L I I I E M T D I O I T R E R I R
A A C R I S E F C R N A S F O F S C C L D T D P
S G E W S D I N P A S E E K C I M I U A U Y E H
M N B E S E E W C O U W C H T S Y F R C R P M O
T O U X R O C M C E H S Q V O S N E T I E A K S
A S B S L J C Z Y C D S E L R A O N S D S Y Y G
B I Z C O N V E N T I O N S G L P E N E G E P M
L S N P I H S N R E T N I C Q C E B I M Q R W S
E S O N O I T I D N O C G N I Y L R E D N U D X

ICD

D Z X L E Y C Z J U N S M J N M D I S E A S E S
E U E W S R G P J B C T E U W O Y N A N X I B R
R C D A N E O P L A S M S L Q P Q N M K S S A C
R N N B C O D E J C S R Z Y U E A A O E M L T P
E S I C B S E J L E F H R X C R I T C R U P N T
F N G X K S N O I T I D N O C N V T I B C N A L
E G D V O T V R I I Y L Z N T E I X A E Z A T A
R I Z N Z L U L C B S U X E O O F T C U N J S N
E S M H Y J A D O Y S X R K N S W H O O P T I O
M X S C N R A C M P O M Y S G N I L L I B H S I
O A T I S D A P I S S L T V F O D O O D G I S S
N Q D E Q D T D L G A F S C Y I T D P R P R A S
E I S D R O H A N I R M K R P T Y Y N O R D L E
O R S E M N E D T O O U A E W A B R O C O P A F
P D A S Q E A N C D C M S A Y C A A I E C A C O
L I D C S U E L I I I E M T D I O I T R E R I R
A A C R I S E F C R N A S F O F S C C L D T D P
S G E W S D I N P A S E E K C I M I U A U Y E H
M N B E S E E W C O U W C H T S Y F R C R P M O
T O U X R O C M C E H S Q V O S N E T I E A K S
A S B S L J C Z Y C D S E L R A O N S D S Y Y G
B I Z C O N V E N T I O N S G L P E N E G E P M
L S N P I H S N R E T N I C Q C E B I M Q R W S
E S O N O I T I D N O C G N I Y L R E D N U D X

Imagine Having the Answer Key at Your Fingertips

Date of Service: January 3, 2022 Patient: David Smith MRN: 38377229 DOB: 10/2/1950

Internal Medicine Associates, LLC
2021 Main Street East, Suite 2000
Jasper, Tennessee 37347

Progress Note

Provider: Richard Rodriguez, MD

Patient: David Smith **MRN:** 38377229 **DOB:** 10/2/1950

Chief Complaint/History of Present Illness:

Mr. Smith is a 72-year-old white male who is followed for HTN, DM Type II, and chronic kidney disease, stage 3b. Since his last visit he reports some degree of swelling in his ankles. He claims his home blood sugars have been running in the 90-140 range. He records his blood pressure at home and a review of his log shows a diastolic range of 88-100 mm Hg and a systolic range of 124-144 mm Hg.

He also reports periods of irregular heartbeats that occur about once a month. They are associated with lightheadedness. He is a poly-drug misuser. He denies chest pain, changes in neurologic function, or gastrointestinal symptoms. He complains of occasional blurry vision and being absent minded.

Active Problem List

- Hypertension
- DM Type 2 (insulin dependent)
- Chronic Kidney Disease, Stage 3b.
- Hyperlipidemia
- COPD
- Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated

Current Medications

- NPH Insulin
- Regular Human Insulin (Humulin R U-100) as needed
- Capoten 25 mg tid
- Lipitor 20 mg QD

Smart Chart Organization

Table of Contents

- Identifies each note type within the record
- Identifies each Date of Service within the record
- Easily search to quickly locate DOS
- Quickly find risk adjustable note types and/or DOS

Search by Date or Name	
Sort by:	Original Chart Order
> Other Note Type	10/17/2023
> Progress Note Outpatient	10/17/2023
> Progress Note Outpatient	10/17/2023
> Order Forms	10/17/2023
> Nursing Note	09/28/2023
> Nursing Note	09/27/2023
> Nursing Note	09/27/2023
> Nursing Note	09/27/2023
> Diagnostic Imaging Report Technician Facing	09/27/2023
> Nursing Note	09/28/2023
> Nursing Note	05/07/2024
> Nursing Note	05/07/2024
> Other Note Type	09/29/2023
> Other Note Type	10/20/2022
> Other Note Type	09/29/2023
> Discharge Summary	09/27/2023
> Discharge Summary	09/27/2023
> Discharge Summary	09/27/2023
> Progress Note Inpatient	09/27/2023
> Diagnostic Imaging Report Technician Facing	09/27/2023
> Progress Note Inpatient	09/27/2023
> Progress Note Inpatient	09/27/2023

Coding Assistant

- Identifies every risk adjusted diagnosis code found within the record
- Identifies every HCC associated with each diagnosis
- Acts as an assistant to the coder guiding them through the chart in the most efficient way possible

Suggested Diagnoses		17
D3A.020	Benign carcinoid tumor of the appendix	HCC
D61.1	Drug-induced aplastic anemia	HCC
D86.86 TOP	Sarcoid arthropathy	HCC
E11.22 TOP	Type 2 diabetes mellitus with diabetic chronic kidney d...	HCC
E11.42 TOP	Type 2 diabetes mellitus with diabetic polyneuropathy	HCC
E78.00 TOP	Pure hypercholesterolemia, unspecified	HCC
E78.5 TOP	Hyperlipidemia, unspecified	HCC
F10.20 TOP	Alcohol dependence, uncomplicated	HCC
I10 TOP	Essential (primary) hypertension	HCC
I12.9 TOP	Hypertensive chronic kidney disease with stage 1 throu...	HCC

Diagnosis Card Automatically Captures All Relevant Data

- Pre-populated diagnosis card
 - Section
 - ICD-10-CM code
 - Note type
 - Date of service
 - Physician Signature
 - Supporting Documentation
- Saves the coder valuable time from hard-keying information
- Avoids diagnosis key stroke errors

Paroxysmal atrial fibrillation

Section *
Assessment (x) v

ICD Code *
I48.0 Paroxysmal atrial fibrillation (x) v

Refine Guidelines

Note Type
Progress Note Outpatient (x) v

Encounter Date *
02/27/2022

Provider Type
Physician v

Provider
Richard Rodriguez, MD Signature

Supporting Documentation
Recommended v

MedicationStatement: Tikosyn

MedicationStatement: Atenolol

MedicationStatement: Xarelto

Clinically Trained AI Extracts Clinical Insights

Extracts clinical insights from structured and unstructured text

- It's like having a nurse or doctor sitting beside the coder helping to identify supporting documentation
- Link supporting documentation directly to the diagnosis code
- Spend less time researching conditions and medications

Physical Examination:

- Vitals: BP 135/90, R 13, P 80 and irregularly irregular, Weight 167 lbs., Height 5'6"
- HENT: unremarkable
- Neck: supple
- Lungs: clear to auscultation
- CVS: heart regular rhythm, no murmurs. Mild ankle edema. Pedal pulses 1+ bilaterally
- Abdomen: soft
- Musculoskeletal: Normal strength and gait
- Neurological: oriented times three, normal speech, no weakness in extremities, monofilament foot sensation test notable for decreased sensation on the left.

Assessment

- Hypertension: better controlled on current regimen
- Diabetes control improving with better adherence to diet.
- Paroxysmal atrial fibrillation now on Xarelto and Tikosyn (Dofetilide) due to elevated stroke risk. Managed by cardiology.
- Type 2 diabetes mellitus with diabetic chronic kidney disease
- Chronic kidney disease, stage 3b. eGFR remains stable. Will optimize treatment for DM and HTN.
- Diabetic polyneuropathy, mild
- Lupus erythematosus, no active disease. Will repeat ESR in two months.

Plan

- Continue current medications
- Follow-up with cardiology for management of atrial fibrillation and anticoagulation.
- Emphasize need for strict adherence to ADA diet
- Referral to podiatry to prevent potential skin lesions
- Return to clinic in 4 weeks or as needed
- Neurology referral

Increase Coder Accuracy

Identifying hidden or buried diagnosis

Assessment/Plan		
#	Detail Type	Description
1	Assessment	Lumbar Radiculopathy, Chronic (M54.16)
	Impression	John Doe continues to have back and left radicular pain.
	Patient Plan	Return if symptoms increase Return if new neurologic symptoms arise Follow up with Dr. Smith in 3 months
	Provider Plan	I again had another extensive conversation with Mr. Doe and his case manager who accompanies him today. He has back and left leg symptoms which have been present, especially since his <u>right BKA</u> . After reviewing the most recent MRI scan from a couple of weeks ago, I told him that there's nothing surgical to offer with reference to the L2 fracture. It is unchanged, and there's no stenosis present. I do not think a large surgery, such as a lumbar fusion, would likely improve his pain syndrome. As far as a radiculopathy is concerned, there is no compression at the site of the fracture, but he does have some foraminal stenosis at L5 S1 bilaterally. We are going to get an EMG to see if he might potentially be a procedure offer, but if not, and his treatment will remain conservative, probably with more injections with Dr. Jones, and referral back to physical therapy. We also talked about a dorsal column stimulators an option should all else fails. I will see him back probably in about 3 months, after the WMG and probably referral back to physical therapy. I will enter the order for physical therapy, but would like to him to get the EMG first.
	Plan Orders	Further diagnostic evaluations ordered today include(s) EMG/NCV to be performed.

Identifying lesser-known risk adjusted diagnosis codes

Assessment / Plan	
1. Intellectual disability-	Patient is cared for by her parents, permanently disabled. F71: <u>Moderate intellectual disabilities</u>
2. Osteoarthritis of left knee joint-	Pain improved since injection, walking daily, also tylenol prn and topical diclofenac prn M17.12: Unilateral primary osteoarthritis, left knee
3. Screening for malignant neoplasm of colon-	Discussed options in detail. Mom feels colonoscopy prep and procedure would be very challenging for the patient. We will do fecal globin and f/u Z12.11: Encounter for screening for malignant neoplasm of colon

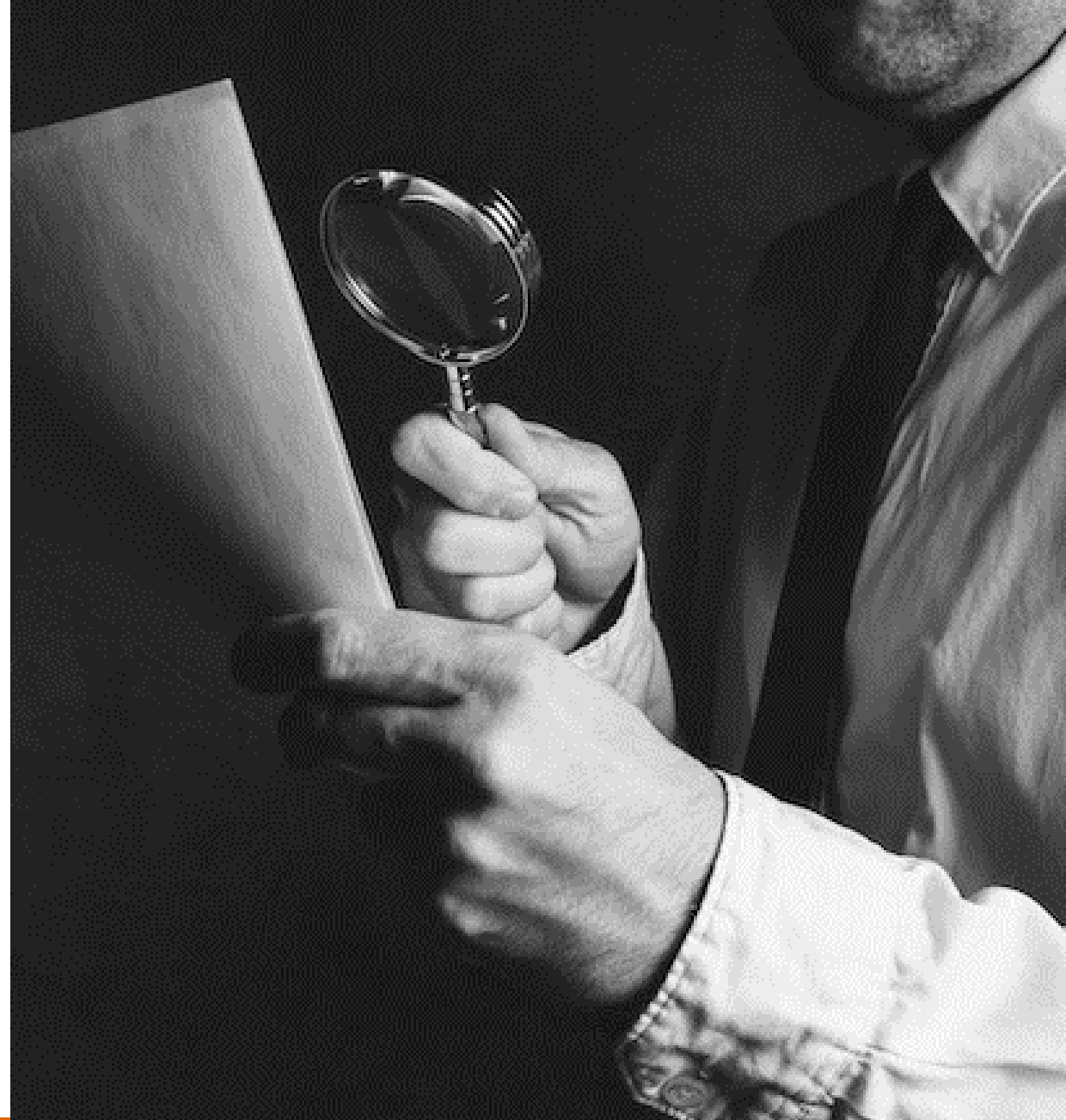
Optimized Project Management



- **Real-Time Analytics:** Instant access to productivity and accuracy metrics.
- **Integrated Time Tracking:** Monitor coder time and performance
- **Detailed Metrics:** Analyze charts, pages, and codes completed
- **Accuracy Tracking:** Track code completeness and accuracy
- **Performance Identification:** Spot issues and target training needs
- **Provider Education Insights:** Use data to guide provider education and address documentation issues
- **Regulatory Alignment:** Align insights with OIG work plan to identify high-risk codes
- **Audit Support:** Leverage tools for RADV and OIG audits

As Good as Coders Are, They Aren't Analysts

- Prioritizing your records to help identify which charts to review first
- Aggregating all coding data into an intuitive report for easy analysis
- Strategic recommendation of best encounters for submission for highest validation rates
- Project management with tracking of submission progression
- Incorporates incoming audit results for appeal management



Strategically Recommend the Best Encounters to Submit for the Highest Possible Validation Rate

- Identifies diagnosis that qualify for submission along with a corresponding confidence score
- Identifies hierarchy comparison letting the coder know if the diagnosis was a match, higher, lower or add
- Hyperlink back to the chart for quick review
- Tracks CMS submission information for accurate recording keeping
- Patient-level submission tracking made easy

HCC Status

CMS Audited HCCs

- HCC12** ▲ Breast, Prostate, and ...
 - C61 Malignant ne... ▲
- HCC19** ● Diabetes without com...
 - E11.65 Type 2 diabet... ● H
 - E11.9 Type 2 diabet... ●
- HCC79** ● Seizure Disorders and...
 - G40.919 Epilepsy, un... ●
- HCC85** ● Congestive Heart Failu...
 - I50.9 Heart failure... ● +
 - I50.30 Unspecified ... ●
- HCC111** ● Chronic Obstructive P...
 - J44.9 Chronic obstr... ●

HCC Adds

- HCC52** ● Dementia without com... ●

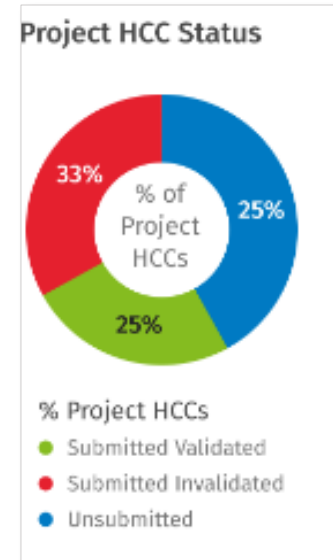
Qualifies for Submission	Score	POC Reviewed Status	Chart ID	DOS Start (Admit)	DOS End (Discharge)	Provider Name	Provider Type	dx	HCC Code Captured	Validation Status	HCC Hierarchy Comparison
Yes	20	Yes	0123456789...	02/14/2021	02/14/2021	Elliot Reid, M.D.	Physician	G30.9	HCC52	Validated	Add
Yes	15	Yes	2110456896...	05/15/2021	05/15/2021	Elliot Reid, M.D.	Physician	E11.65	HCC18	Validated	Higher
Yes	10	No	0213456789...	01/21/2021	01/21/2021	Elliot Reid, M.D.	Physician	E11.9	HCC19	Validated	Match

Visibility Into Audit Progression & Submissions at Patient & Project Level

Patient Last Name	Patient First Name	DOB	Total HCCs Being Audited	Total HCCs Left to Submit	Submitted Validated HCCs	Submitted Invalidated HCCs	Total Charts Left to Be Coded	Date of Last Chart Updates	Total Charts Unreviewed by POC
Fischer	Priscilla	06/17/1955	1	0	1	0	3	01/04/2024	10
Lee	Pat	12/12/1944	5	4	0	1	5	12/20/2023	5
Langley	Ashe	02/24/1936	7	7	0	0	3	12/20/2023	3
Miller	Rex	05/31/1944	10	2	8	0	1	01/03/2024	1
Abel	David	01/21/1948	6	6	0	0	3	01/05/2024	3
Tucci	Olivia	12/29/1945	8	8	0	0	3	12/20/2023	3
Franc	Pierre	07/02/1951	7	7	0	0	3	12/20/2023	3
Slowinski	Grace	12/18/1950	9	9	0	0	3	12/20/2023	3
Duffy	MaryAnn	11/08/1928	11	11	0	0	10	12/20/2023	10
Taylor	Jameson	03/06/1938	8	8	0	0	11	01/04/2024	11
Hawkinson	Joseph	12/20/1943	6	6	0	0	4	12/20/2023	4
Sanchez	Beatrice	10/22/1945	10	10	0	0	9	12/20/2023	9
Mohammed	Shaufiq	06/07/1944	8	8	0	0	3	12/20/2023	3
Brenner	Skip	07/05/1952	7	7	0	0	2	12/19/2023	2
Lipman	Paul	09/16/1949	6	6	0	0	6	12/18/2023	6
Perdic	Beatrice	04/12/1941	12	12	0	0	5	12/17/2023	5

Project Status Totals

- 35 Total Patients
- 252 Total HCC Count for All Patients
- 3 Patients with Any Submitted HCCs
- 1 Patients with All Submitted HCCs
- 32 Patients without Submitted HCCs
- 10 HCCs Validated and Submitted
- 1 HCCs Invalidated and Submitted
- 1 Total Submitted Adds
- 1 Total Submitted Highers



**Create a risk adjustment
“command center”
to enhance vendor oversight**

Survey Question

Are your coding vendors meeting your coding quality metrics?

- A. Yes, they are meeting 95% or above**
- B. No, they are not**
- C. I don't know**
- D. I don't use a coding vendor**

Enhance Vendor Oversight

- Improved Coding Quality
- Reduced Data Risk
- Effective and Impactful Collaboration
- Optimized Outcomes



Clinically Trained AI Supercharges Your Risk Adjustment Programs



Enhanced coding accuracy and efficiency



Streamlined coding audit workflow and project management support



Command center approach to vendor oversight



Supercharged risk adjustment program

Good Data Powers ...



Good Data

- All diagnosis documented
- HCCs properly captured
- Supportive documentation
- Accurate RAF scoring
- RA audits properly submitted
- Comprehensive analytics

POWERS



Better Health

- Better patient health
- Better quality of care
- Better financial outcomes
- Population health improvements
- Addressing gaps in care
- Improved member experience

Q&A

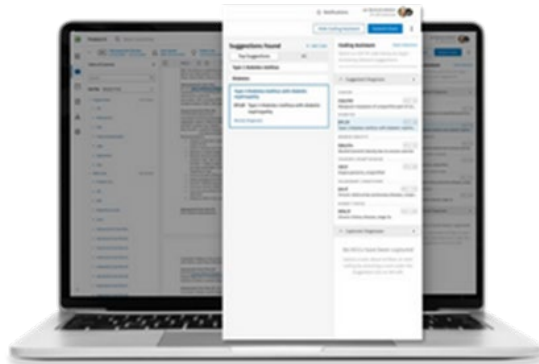
Please reach out, we'd love to connect with you!



Kimberly Rykaczewski, RN, CPC, CRC
Senior Clinical Content Specialist – Nursing
Wolters Kluwer, Health Language
Kimberly.Rykaczewski@WoltersKluwer.com



Melissa James CPC, CPMA, CRC
Content Management Consultant – Risk Adjustment SME
Wolters Kluwer, Health Language
Melissa.James@WoltersKluwer.com



Visit our website and reach out today to learn more about the Health Language Coder Workbench!

www.wolterskluwer.com/en/solutions/health-language/risk-adjustment

VISIT US!

RISE West
September 11-13
Colorado Springs, CO



Attend our Roundtable Presentation
Friday, Sept 13th 8-9am
Remove the Risk in Risk Adjustment: A New Era of Vendor Oversight with MAOs in Control

Thank You



RISE



Wolters Kluwer