

Increase Coding Accuracy to Close Risk Gaps

Expedite Risk-Adjusted Payments with Concurrent Capture of Chronic Diagnosis Codes

Risk adjustment programs measure the relative health status of your plan's membership by calculating risk scores. The accuracy of these scores depends upon your providers' commitment to complete diagnostic coding.

Change Healthcare can help you engage your providers and develop a sound risk adjustment strategy. Our studies indicate that approximately one-third of all chart reviews result in diagnostic code changes or additions which impact risk adjustment. However, the traditional method of conducting retrospective medical record reviews is often time-consuming.

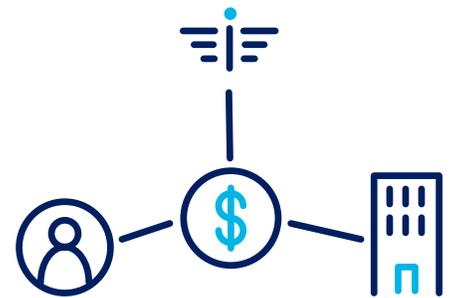
Health plan budgets and irretrievable charts mean that many risk-adjustable diagnostic codes remain uncaptured. In addition, some state Medicaid programs do not allow health plans to edit encounters to include diagnosis codes found during medical record review.

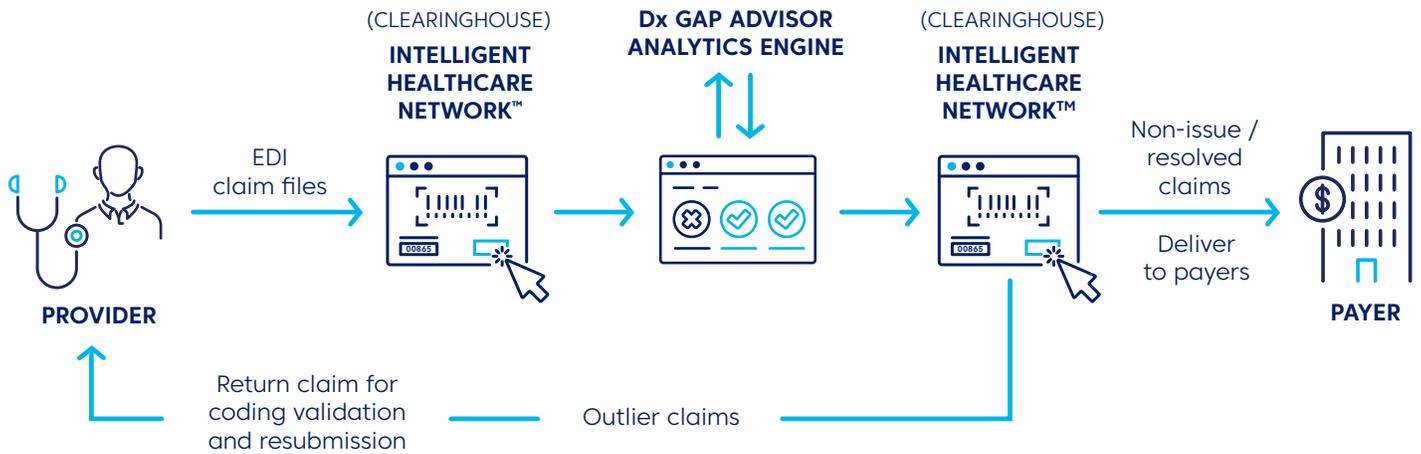
Risk-adjusted payments for Medicare Advantage members are often delayed for more than 12 months. To receive timely payments, your plan needs to be able to rely on providers for accurate and complete diagnosis coding.

Align Claims Review with Provider Workflow

Physicians are often challenged to support initiatives from multiple payers and programs, and record review is not typically aligned within their current workflows. In addition, onsite chart reviews can be disruptive to the daily operations of providers' offices.

Change Healthcare can help you ensure accurate diagnosis coding by providing a tool that aligns with your providers' regular billing workflow.





Identify Gaps in Real Time

Dx Gap Advisor is a provider-based tool that works within the billing workflow to ensure complete, accurate diagnosis coding on claims before they are submitted to health plans. Change Healthcare’s Risk View™ analytics scoring engine identifies patients whose claims history shows diagnosis coding for chronic conditions. If the claim submitted does not include any of the chronic conditions documented in the patient’s claims history, a real-time or next day Dx Gap Advisor claims status message is sent through the Intelligent Healthcare Network™ to the individual or entity that submitted the claim.

Expedite Payments

Potential risk-adjustable claims are returned to the provider for coding validation and resubmission. The Change Healthcare clearinghouse provides an opportunity to ensure the claims submission process includes complete documentation during the billing lifecycle, prior to your plan’s adjudication of claims.

Dx Gap Advisor expedites risk-adjusted payments by electronically identifying gaps earlier within the claims billing cycle. As a result, our solution significantly diminishes traditional operational processes at the end of the payment year cycle.

Change Provider Behavior

In our experience, providers have proven more willing to embrace proactive education, adopt new processes, and change existing behaviors when corrective tools are incorporated into their existing billing workflow.

By making coding validation an integral part of the claims submission process, providers are more likely to participate fully in your plan’s risk adjustment initiatives. Compared to the traditional method of retrospective chart review, proactive claims risk adjustment reduces provider abrasion over the long term.