## Case Study: Risk Adjustment - 2<sup>nd</sup> Level Review

20% more risk factors added across 1M+ Medicare Advantage members



## Client Background and Context

National Health Plan with 6M+ members of which 1M+ MA. The client found gaps in their coding & claims data collection/submission process. The client wanted to:

- Overcome issues in collecting the correct data and documentation
- Fix the incomplete HCC risk score
- Ensure correct addition/deletion data is sent to CMS
- Mitigate exposure if selected for an RADV audit



## Solution





2<sup>nd</sup> level review on a subset of MA members (~0.5M charts) which validated 92% of existing condition codes Leveraged coding talent to review charts in their entirety to find deletions & identify missed conditions



Accurate HCC risk scores for appropriate reimbursement & mitigation of RADV audit exposure





## Impact Delivered



20% higher risk factors identified (HCC score increased from 3.75 to 4.5) leading to increased reimbursement



10% increase in conditions from first level review of reviewed member population

MA: Medicare Advantage

CMS: Centers for Medicare & Medicaid Services

RADV: Risk Adjustment Data Validation HCC: Hierarchical Condition Categories