

## Health Fidelity Helps UPMC Health Plan Increase Efficiency, Add Risk-Adjusted Revenue

Company-related growing pains might be a good problem to have, but at the end of the day, they're still a problem. UPMC Health Plan experienced this first-hand in 2014 when an increase in Medicare Advantage (MA) enrollments coupled with the roll out of additional Affordable Care Act (ACA) product lines resulted in its risk adjustment coders not being able to keep up with their workload. The Health Plan, largely reliant on a manual approach to reviewing charts and identifying risk conditions, struggled with a fragmented workflow and poor productivity.

To keep up, the health plan knew it would need to embrace a more comprehensive, data-driven approach, and began searching for a natural language processing (NLP) partner to help them better manage their workload by improving overall efficiencies.

### The Solution - HCC Scout from Health Fidelity

Health Fidelity's HCC Scout gives risk adjustment professionals the ability to leverage the power of NLP to perform automated retrospective chart reviews. HCC Scout - developed by Health Fidelity in partnership with UPMC and Columbia University - helps to identify conditions that are documented in each patient's chart, but not previously captured, and presents the suggested code alongside supporting documentation that can be reviewed by the coder.

By choosing Health Fidelity and its state-of-the-art NLP and machine learning technologies, UPMC Health Plan's coders hoped to not only become more efficient in handling their increasing workload, but also to improve their accuracy and completeness of coding.

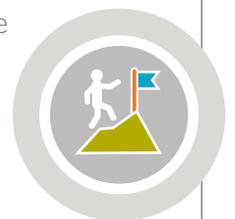
The team also expected HCC's ability to provide coders with a single point of access for member data, and a targeted work list of suggested hierarchical condition category (HCC) codes, would help them seamlessly transition from a manual process to a streamlined, technology-driven one.

### Seeing Results

HCC was first rolled out to review a small portion of Medicare Advantage records before gradually expanding to cover more than 250,000 total MA and ACA health plan members. By all accounts, its launch has been a complete success. With HCC, UPMC Health Plan has been able to realize its goals of creating efficiencies while also ensuring revenue reimbursements commensurate to the risk of the population that they had enrolled.

### To date, Health Fidelity has helped UPMC Health Plan:

- Improve coder productivity, reducing the total number of coder-reviewed documents by 35 percent for MA members, and by 68 percent for ACA members.
- Increase coder accuracy, with coders identifying an average of one additional HCC for every four MA members reviewed, and one additional HCC for every five ACA members reviewed.
- Gain an additional \$475 per member per year in risk-adjusted revenue for MA members.
- Earn positive net transfer payments for risk adjustment in the first two years of the zero-sum ACA marketplace.





healthfidelity.com

Company Focus: **Comprehensive Risk Adjustment Solutions**

Headquarters: **San Mateo, CA**

Year Founded: **2011**

Health Fidelity launched in 2011 as a technology start up providing a best-in-class clinical Natural Language Processing (NLP) technology and inference platform.

Today, Health Fidelity delivers comprehensive, scalable risk adjustment solutions for organizations participating in Medicare Advantage, ACA, Medicaid, and Medicare ACO programs. Health Fidelity is the only solution in the market that utilizes NLP to extract valuable insights from medical charts, changing the way risk is identified, quantified, and managed to enhance operational, clinical, and financial outcomes.

#### Key Benefits:

- **Find more** – Coding enabled by NLP technology accurately identifies HCCs that are commonly missed with manual, human-only reviews.
- **Spend less** – A combination of technology and services enables superior results at a lower cost.
- **Take control** – A 360° view of risk adjustment provides clear insights that illuminate the improvements required to maximize financial impact.
- **Improve compliance** – Eliminate audit risk by identifying previously submitted conditions without sufficient supporting evidence.

Health Fidelity's solutions are available to meet the needs of both Health Plans and Providers.



#### FOR HEALTH PLANS

Using Health Fidelity, health plans can leverage a suite of technology-enabled solutions to optimize or supplement their existing risk adjustment operations. Organizations can achieve better compliance, realize greater efficiencies, and maximize value through improved identification of risk-bearing conditions.



#### FOR PROVIDERS

Health Fidelity's solutions for risk-bearing providers have been specifically developed for provider groups, aiming to deliver value without disruption to existing workflows. A flexible suite of services and technology can be tailored to meet the needs of any risk-bearing provider, regardless of size or risk-share maturity. Organizations can adopt solutions in a phased approach to help make the most of available resources in optimizing for financial success in risk-share arrangements.