

RISKANALYZER™

Optimize Payment Accuracy

Advantages of Risk Adjustment

In today's healthcare environment, accurate risk adjustment is critical to ensuring optimal reimbursement levels. DST Health Solutions RiskAnalyzer uses claims and clinical data to determine where provider coding is not appropriately and consistently capturing chronic disease conditions under the CMS-HCC and HHS-HCC models. RiskAnalyzer's innovative coding analysis allows you to identify medical records for retrospective chart review and identify those members who will benefit the most from prospective interventions, thus ensuring the highest quality of care.

RiskAnalyzer ensures coding consistency and:

- Automatically screens populations for HCC coding deficiencies, using critical factors such as procedures, related diagnoses, education programs, medical supplies, lab values and pharmacy data in addition to diagnosis.
- Prioritizes records for medical record audit based on the dollar value and probability of recovery.
- Evaluates coding patterns for medical record prioritization and promotes provider case-mix incentives.

Improve Revenue Accuracy

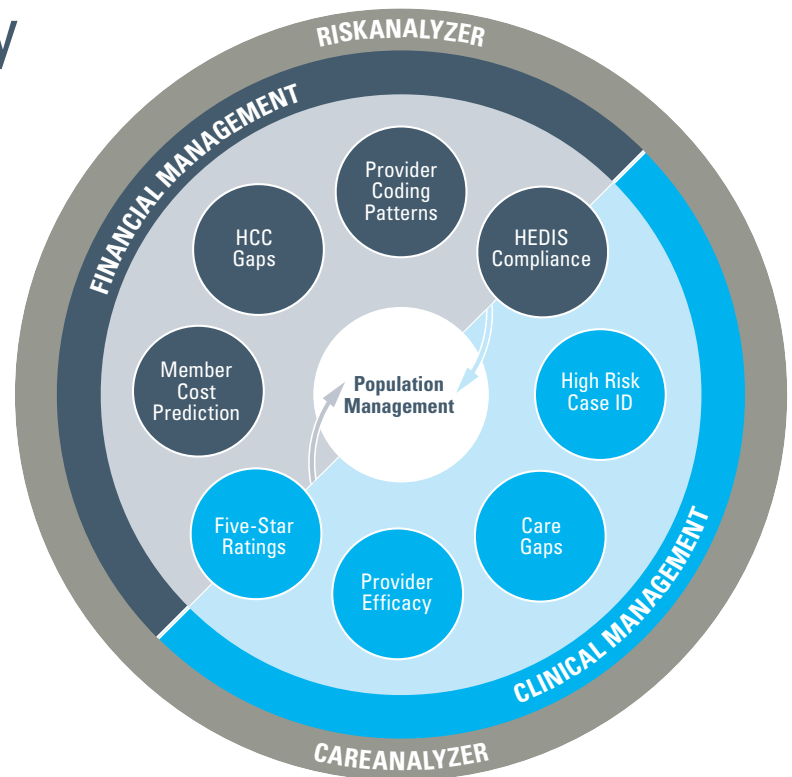
Due to the aggregate impact of risk adjustment on health plan populations, failure to collect accurate data puts plans at significant risk of generating insufficient revenue to provide high quality care to their member populations. Every plan can benefit from using RiskAnalyzer to:

- Ensure accurate payments and increase revenue.
- Reduce the perpetuation of current coding inaccuracies.
- Identify and schedule outreach for members with care gaps.
- Engage high-risk patients identified by The Johns Hopkins ACG® System.
- Prioritize interventions for high-risk and high-usage members in order to improve quality of care and reduce hospital readmission rates.

Achieve Quality Ratings Goals

RiskAnalyzer creates financial and clinical alignment to improve STARS and state-based performance ratings. It allows you to:

- Improve chronic condition documentation to ensure adherence to Evidence Based Medicine protocols.
- Target the members who will benefit most from prospective interventions, improving care quality as well as patient satisfaction.
- Identify systemic coding and member engagement issues that can be corrected through provider education.



Combine with DSTHS CareAnalyzer® and CareConnect™ for Comprehensive Population Health Management

While revenue management is essential, it needs to be done in the context of the delivery of high quality care which adheres to industry-recognized care guidelines. Successful management of a Medicare Advantage contract, Managed Medicaid MCO or Qualified Health Plan requires consideration of both financial and clinical components.

RiskAnalyzer integrates seamlessly with DSTHS' CareAnalyzer® to identify high risk members, co-morbid conditions, and gaps in care. Once members are identified, CareConnect™, DSTHS' industry-leading case management tool, provides a 360° view of member care to efficiently leverage the time and skills of case managers as they connect with patients and caregivers on a personalized level throughout the entire care continuum.

Used together, DSTHS' Integrated Population Health System provides a comprehensive analytics platform for targeting care and coding gaps, intervening in a timely manner, measuring the effectiveness of the care plan, and communicating significant events to the appropriate member, care manager, or provider.

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Learn More

DST Health Solutions, 2500 Corporate Drive, Birmingham, AL 35242

800.272.4799 | MarketingDSTHS@dsths.com | www.dsthealthsolutions.com

