

IQVIA NLP Risk Adjustment Solution

Automatically identify 97% of HCCs with NLP to improve efficiency and accuracy of medical record review

Many payer and provider organizations are challenged with comprehensively and accurately identifying and documenting risk-adjusted conditions. Inaccurate or inconsistent documentation and coding can leave healthcare organizations exposed to much higher levels of financial risk. By accurately capturing the comorbid conditions of members, with less manual effort, organizations can ensure they receive appropriate reimbursement to provide the necessary care to their members.

Risk adjustment coding enables payer and provider organizations to have a complete and accurate picture of a patient's risk profile to improve clinical and reimbursement outcomes. Due to the growing demands of risk adjustment, manual review of patient charts

and validating clinical codes has limited operational scalability, leading to costly workflows, coding inaccuracies and increased compliance risk.

The IQVIA Natural Language Processing Risk Adjustment Solution combines cutting edge natural language processing (NLP) with healthcare expertise to transform unstructured medical records into highly accurate coded data. Connect to the IQVIA NLP ecosystem for a scalable end-to-end solution and validate HCC and ICD10-CM codes to accelerate value for risk adjustment.

The NLP Risk Adjustment Solution empowers clinical coding teams to automate and prioritize workflow queues to eliminate backlogs to optimize performance and reduce costs. The intuitive and interactive interface enables coders to review member medical records with minimal effort and expense, to speed-up the decision-making process to ensure all codes are captured.

As industry partners, our professional services team will ensure a customizable end-to-end risk adjustment solution connects to your downstream and upstream components to create a robust automated workflow. Once reviewed and validated, clinical codes can be easily distributed, and reimbursement claims can be submitted to CMS

BENEFITS

Our NLP Risk Adjustment Solution enables payers and providers to connect technology with subject matter expertise in an easy-to-use workflow. This more accessible approach ensures a higher level of confidence in an organization's risk adjustment submissions.

- Improve coding accuracy with > 90% precision and recall
- Significantly reduce medical chart review time
- Identify and improve risk adjustable comorbid diagnoses with automated and semi-automated disease coding
- Provide a comprehensive audit trail of accepted ICD10-CM codes to support claims submitted to CMS

Why choose the IQVIA NLP risk adjustment solution?

By harnessing the power of our NLP expertise and technology, coding teams can extract and validate HCC and ICD10-CM codes for each patient encounter ensuring precise risk adjustment submissions.



Scalable

Millions of records processed an hour using the IQVIA NLP Data Factory.



Prioritize

Dashboard tools for timely, reliable intelligence enrich coding teams' analysis and track progress and productivity. Prioritize coding team's workflow queues by alerting of net-new HCC and ICD10-CM codes.



Accurate

Advanced AI powered chart extraction drives accurate and actionable codes from unstructured data to reduce the risk of errors.



Interactive

Intuitive 1-click acceptance of suggested HCC or ICD10-CM codes to reduce medical chart review time.



Customizable

A variety of deployment models are available.



Partner

Our dedicated services team will take you through every step of the way.



Proven

AI risk adjustment by the world leader in healthcare NLP.



Accountability

Provides a comprehensive audit trail of accepted ICD10 codes to support claims submitted to CMS.



Flexible

Support risk adjustment across a broad member population. Ingest medical records in multiple formats depending on your source systems (CCDA, JSON, txt, XML, HL7, FHIR).

AI WITH CLINICAL INTELLIGENCE

Our NLP Risk Adjustment Solution uses clinically intelligent natural language processing, incorporating pre-trained large language models (LLM), to find clinical conditions within the medical records in their correct clinical context.

Our NLP understands:

- Negation (she denies any breathlessness)
- Family history (her mother died from a heart attack)
- Certainty (He has possible pneumonia)
- Synonyms, acronyms and abbreviations (IBD, MI, CKD)
- Spelling errors (Congstive hart failure)

Each diagnosis is presented alongside vital supporting documentation as per the Monitor Evaluate Assess Treat (MEAT) methodology.

Case study: Large US payer improving risk adjustment with IQVIA NLP

A large US healthcare payer serving ~200K Medicare Advantage members wanted to move to a more efficient automated and digital system. They used IQVIA NLP to maintain risk scores for members, and to submit reimbursement claims to CMS. Using NLP, they were able to increase efficiency of medical record review by over 25%, helping nurses identify conditions they might have previously missed. As these medical records were often up to 100 pages long – the ability to focus on the relevant information, as directed by the NLP, is a huge benefit. This payer is using NLP in other areas including analyzing transcribed call center notes to look for conditions such as colon and breast cancer, and in population health, assessing social determinants of health such as loneliness and lack of mobility.

Figure 1: Using NLP, the payer organization was able to improve risk scores for members, and submit reimbursement claims to CMS with higher accuracy

