

Revolutionizing RADV Readiness and Second Level Chart Review with AI Enabled Solutions

Presented By:

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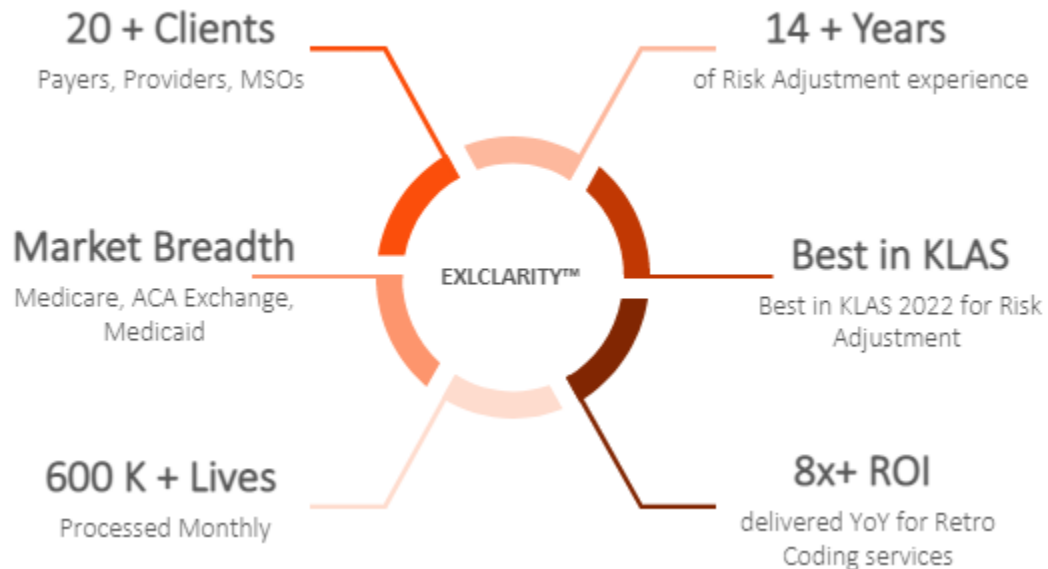
Senior Assistant Vice President,
Customer Success and Risk
Adjustment Subject Matter Expert

Agenda

- Introduction to EXL Health
- The latest: 2023 Centers for Medicare and Medicaid Services (CMS) and Office of Inspector General (OIG) risk adjustment regulatory update
- The present: Current state in risk adjustment and challenges
- The future: The risk adjustment landscape with increased intelligence
- Strategies to get where the market going
- Key takeaways
- Questions/Answers

Expertise & Flexibility at the heart of all EXL engagements

Our experience & expertise



Our approach enables us to scale are service models in line with our client goals

Flexible delivery modes

Our solutions are offered through a variety of delivery models, including a global delivery model as allowed by clients and regulatory requirements. EXL Health will work with you to create an approach that works with your business today, and in the future.

Future ready solution

Scalable technology platform to be able to support current and future functionality push-to EHR capabilities; **technology stack** to be enable activities like bi-directional EHR integration

Modular services



Healthcare SMEs:
Certified coders
/CDI Specialists,
physicians & nurses



Visual analytics & AI
enabled
insights



Strategic
consulting
& advisory

Enabling Success in Value-Based Care

The EXL Vision for Future State Risk Adjustment

EXLCLARITY™

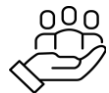
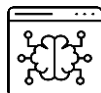


Chart retrieval

to acquire medical records electronically



Analytics & reporting

to enable prioritization, operational management and tracking



Coding Platform & services

to support retrospective chart reviews and ensure accurate revenue capture



Point of Care Solution

EMR Integrations for data (push/pull) to provide actionable insights



Meeting your business objectives by delivering:

✓ Closure of appropriate **HCC gaps ensuring accurate revenue capture**

✓ Securely acquire **structured and unstructured** patient medical record

✓ Holistic end-to-end approach to Risk Adjustment with an **intelligent analytics & coding platform**, robust services

✓ **Digital Intelligence** driven with NLP, RPA and AI/ML to improve quality, accuracy and scalability

✓ Prospective/Retrospective identification of inaccurate coding and missing documentation **minimizes RADV audit risk exposure**

✓ Ensuring Quality Performance, reduced error rates, & **minimizing inaccurate payments** with continuous reporting, feedback, & innovation

Model Update from Final Notice

The blended model over the next three years will impact YoY reporting and revenue blends between demographic and condition RAF Scores.

Activity Year	Payment Year	V24	V28
2023	2024	67%	33%
2024	2025	33%	67%
2025	2026	0	100%

Areas to Concentrate

- Update suspecting models to include V28 and include V28 recapture opportunities for 2024 visits
- Tune Natural Language Processing (NLP) to include both V28 and V24 for retrospective
- Update provider materials to include V28 new conditions and shift to prospective
 - In our research a majority of the HCC's captured solely through chart review will no longer risk adjust in V28, and conditions that remain/newer will require more specificity and documentation by the physician
 - Performing an in-depth assessment using pre-chart and post-chart review CDI will be key

RADV Rule and Future of Audits

- RADV Final Rule – Received January 30, 2023
 - CMS is not adopting any specific sampling or extrapolation audit methodology.
 - Will use “well-suited and statistically-valid method” for sampling.
 - Extrapolation methodology identifies statistical modeling and/or data analytics focusing on conditions at the highest risk for improper payments.

\$1M Question:
When will we see
the EDPS impact
to CMS-RADV?

RADV Final Rule – Received January 30, 2023

- CMS is not adopting any specific sampling or extrapolation audit methodology.
 - Includes both OIG and CMS overpayment audits.
 - Methodology may change from audit to audit.
 - Extrapolation is here – begins with 2017 DOS (PY2018).
 - No FFS Adjuster.
- A call to vacate the Final Rule hit court in September 2023.
 - Challenges the ambiguity and lack of the FFS adjuster.

Implications and Considerations

- Audits w/extrapolation: 2018 DOS and beyond.
 - What was your organization’s focus on accuracy at that time?
 - What about now?
 - Who will be responsible to pay?
 - Who will be held accountable?
- Audits w/o extrapolation: As early as 2014 DOS
 - Same questions as above.
 - Additionally: What’s the risk in course correction?
 - Move uninformed: risk undoing present strategy
 - Ignore the past: run the risk of answering for it in the future.

What are you leveraging in your organization's risk adjustment program?

(select all that apply)

SURVEY QUESTION



Challenges Payers are experiencing with Risk Adjustment



Competing priorities limiting program effectiveness and increase provider and member abrasion



Lack of ease and expertise to ensure accurate acceptance of Encounter Data Processing System (EDPS) submission for claims, chart reviews, and corrections



Disjointed workflows between provider networks, health plan operations, analytics, and other risk adjustment key stakeholders



Lack of visibility to complete data driven risk adjustment and quality performance (CMS, EMR, HIE, claims, supplemental data etc.)



Lack of consensus and awareness on how and what accurate coding and documentation contributes to the revenue optimization (bid, budget, analytics, etc.)



Flexibility to customize workplans to address specific needs for risk bearing providers and produce the right information at the right time

Strategically, where is the market going?

The healthcare risk adjustment market is facing significant challenges that require program changes to address the Risk Adjustment Data Validation (RADV) and diagnosis coding guideline and Hierarchical condition category (HCC) model updates released this year.

Current State

- Retrospective chart review
- One and done In-home assessments
- Minimal CDI and point of care solutions
- Minimal auditing
- Minimal predictive analytics

Ideal State

- First and second level chart review
- Inclusion of concurrent and prospective chart review in addition to retrospective review
- Exceptional continuity of care and patient access
- Robust and AI informed CDI and point of care solutions
- A dedicated audit plan, including RADV/OIG, SLAs, Provider engagement, etc..
- AI enabled analytics to support all risk adjustment approaches

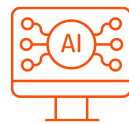
**Are you considering
changing or adding risk
adjustment approaches that
include AI?**

SURVEY QUESTION



Future of intelligent risk adjustment operations

The future of operations in risk adjustment will include the continued adoption of Generative AI enabled technologies and techniques to do more to effectively assess, manage, and support member and patient health risks.



Increased use of AI to automate the analysis of large and complex data sets.



Increased use of data visualization tools, such as dashboards and interactive reports, to monitor and track risk mitigation in real-time.



Greater integration of data from multiple sources, such as electronic health records, health information exchanges, and supplemental plan data.



AI supported insight provides more sophisticated operations and allows risk bearing providers and plans the opportunity to confidently leverage and accurate revenue through:

- Tailored **mock audits**
- Informed **second level chart review**
- Real-time and rightly informed **POC solutions**

RADV and Improper Payment Mock Audits

While RADV and OIG audits are here to stay, payers and at-risk providers should take proactive action to assess risk and implement corrective action, policies, and procedures before any impact to their credibility and revenue.



Approach

- Target High failure rated conditions.
- Use a combination of manual and AI embedded technology to conduct audits.
- Compile, trend, and share outcomes.
- Ensure action on all results including corrected submissions and training feedback.



Value

- Optimize reimbursement by identifying coding and documentation inaccuracies.
- Incorporate subject matter expert review on conditions missed or added erroneously.
- Enable data-driven decision making through comprehensive reports.
- Provide actionable results to incorporate in prospective work and provider onboarding and training to ensure sustainable regulatory adherence and compliance.

Second Level Chart Review (2LR)

Many health plans still struggle with incomplete or inaccurate risk adjustment submissions despite high-quality first-pass coding. 2LR is a quick and impactful approach as the industry landscape continues evolving around compliance audits



Approach

- Use manual and/or AI embedded technology to conduct 2LR.
- Compare 2LR to 1LR results, compile, trend, and share outcomes.
- Ensure action on all results, correct submissions, and provided feedback.
- Develop strategies to mitigate any current and future compliance risks.



Value

- Assesses the accuracy and completeness of first-pass coding output.
- Enables health partners to identify, stratify, and analyze compliance risks.
- Provides accurate and timely understanding of risk profiles to drive quality and coordination of care while protecting the bottom line.
- Reduced implementation timeline.
- ROI anywhere between 5-15%.

Risk adjustment solutions – key takeaways

- RADV and OIG audits are sticking around for the foreseeable future.
- Further enrich current risk adjustment approaches with AI enabled solutions including 2LR and RADV readiness strategies.
- Accurate data drives compliant results and revenue.
- A scalable and repeatable framework is essential for sustainable risk adjustment.

Questions

Thank you



RISE

Appendix

Improve outcomes with risk adjustment and quality management solutions

AI Embedded Risk adjustment analytics

- Member prioritization
- Estimated & actual risk scores
- Gaps in care identification
- Financial forecasting
- Prevalence of chronic conditions
- Risk recapture
- Submission support
- Customized analytics, risk stratification

Quality measure insights

- Gaps in care identification
- Member prioritization
- Provider performance

Risk adjustment & quality insights

- Performance tracking
- Risk verification
- Member prioritization
- Member retention analysis
- Member outreach
- Provider scorecards
- Provider CDI, HCC documentation, education, and training
- Coding/chart review (1LR, 2LR, retro, concurrent, prospective)
- Point of Care Solutions
- AI enabled chart extraction
- RAPS/EDPS submission support
- RADV and Improper Payment Audit support
- Mock RADV

EXL creates value in Healthcare by delivering technology and analytics enabled services

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\$5 BN+ Market Cap
NASDAQ:EXLS
- 

800+ Clients
- 

40,000+ Analytics, Digital and Operations Professionals
- 

25+ Languages Supported
- 

50 Global Delivery Centers across US, Europe, India and Philippines

- | | |
|---|---|
|  <p>Clinical services</p> | <ul style="list-style-type: none"> - Clinical and administrative business processes - Utilization management - Care management - Population health analytics - Robotic process automation |
|  <p>Payment services</p> | <ul style="list-style-type: none"> - Payment business services - Clinical auditing expertise - Platforms and data modeling expertise - Workflow digitalization - Revenue Cycle Management |
|  <p>Pharmacy services</p> | <ul style="list-style-type: none"> - Patient centered analytics - Value-based outcomes, real world evidence - Pharmacy and medical cost management |
|  <p>Data and analytic services</p> | <ul style="list-style-type: none"> - Payer, Provider, Life Sciences and Retail solutions and technology products - Analytical models and digital technology - Data assets, data scale and expertise - Risk Adjustment Platforms & Services - Risk Adjustment Advisory Services |

Digital
Advisory

Recognized by Analysts & Clients



 Culture A	 Product A
 Loyalty A	 Relationship A+
 Operations A-	 Value A

100% of customers stated we keep all promises

100% of customers would purchase EXLCLARITY™ again

EXL as a strategic partner

Expertise

14+ yrs. in RA & quality domain

Flexibility

In adjusting baseline processes

Framework

Broad set of capabilities to simplify ops

Digital Enablement

NLP, AI to digitize manual processes, to improve quality and increase efficiency

The following values and vision from EXL are at the core of what enables us to drive outcomes for our clients

Human Ingenuity

domain expertise, digital intelligence and scalable insights

Smart Operations

Human + Digital next generation workforce

Enterprise Resiliency

geographically and environmentally a diverse organization