

# Suspecting 2.0: Coding Right the First Time

A Sneak Peek into Talix's RISE National  
Speaking Session

Presented By:

Shahyan Currimbhoy, *SVP of Product Management* – **Talix**



THE RISE  
ASSOCIATION



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ASSOCIATION

We are a network of health care professionals addressing the challenges posed by the emerging landscape of value-based care and government health care reform.

## OUR MISSION

Our mission is to provide a community for like-minded professionals to come together for networking, education, and industry collaboration to stay ahead and advance their careers.

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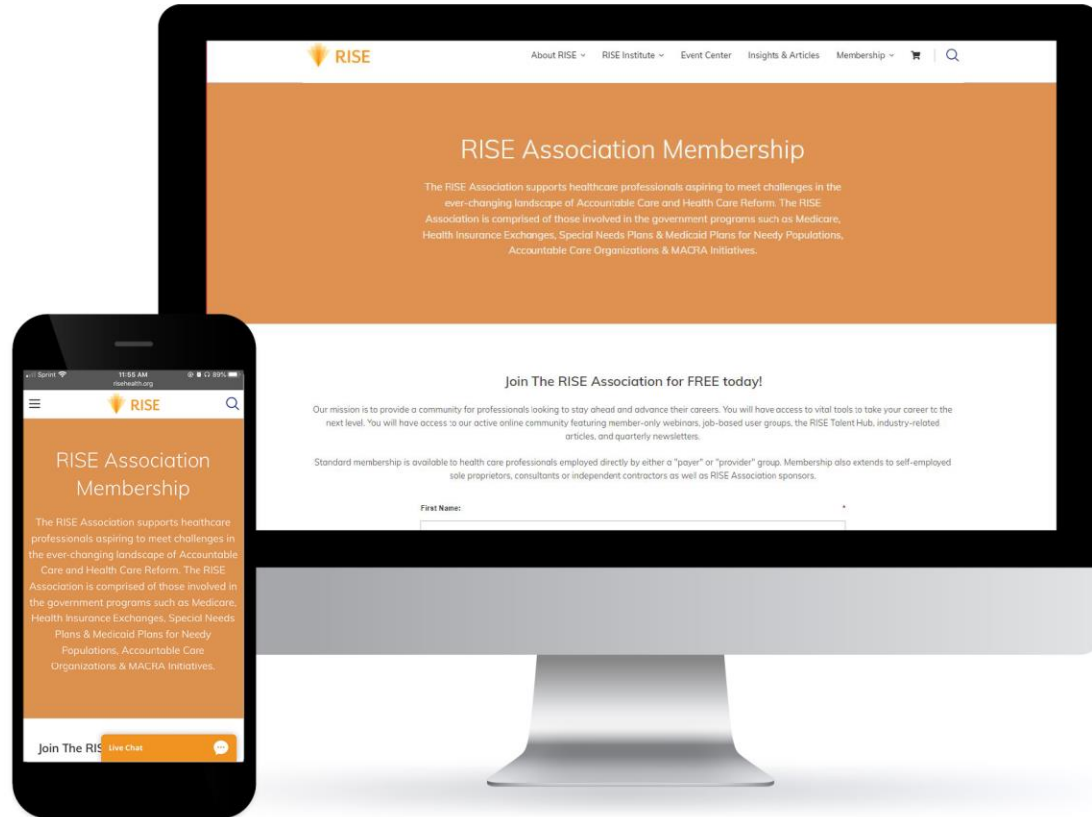
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# Suspecting 2.0: Coding Right the First Time

*Reach the Next Level of Prospective Gap Closure for  
Enhancing Patient Care and Improving Risk Score Accuracy*

**Monday, March 29<sup>th</sup>  
3:00-3:45pm, EST**



# Today's Speaker



**Shahyan Currimbhoy**

*SVP of Product Management*

**Talix**<sup>↑</sup>  
Actionable Patient Insight

# Poll Question #1



# The Evolution of Suspecting: From 1.0 to 2.0



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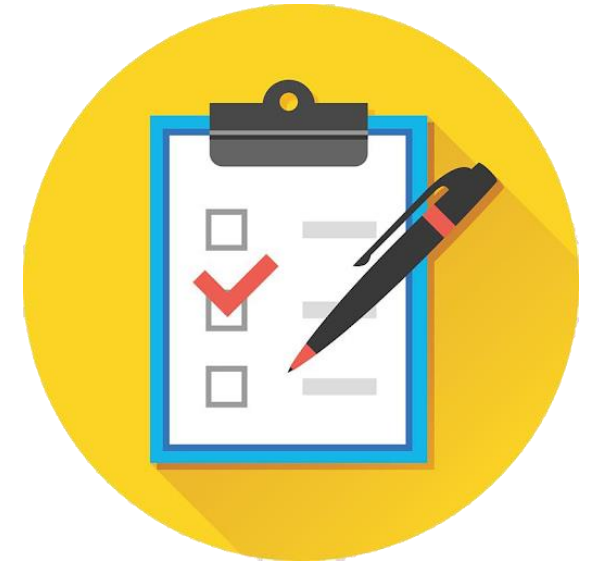
# Suspecting 1.0

- **Review type** – Largely retrospective
- **Care integration** – Low
- **Provider risk sharing** – Limited
- **Provider engagement** – Limited; training delivered through webinars/ F2F presentations
- **Provider coding accuracy** – Low/medium – dependent on provider training
- **Medical record access** – Largely manual and labor intensive; charts delivered via portal, retrieval vendors or EMR access
- **Technology usage** – Low; primarily in the form of payer reports/training



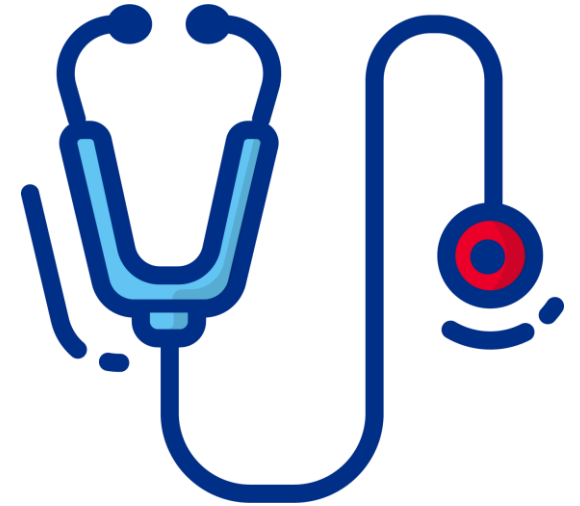
# Suspecting 1.5

- **Review type** – Largely retrospective; slightly more frequent/proactive gap information disseminated
- **Care integration** – Low/moderate
- **Provider risk sharing** – Medium
- **Provider engagement** – Limited; training delivered through webinars/ F2F presentations and gap reports
- **Provider accuracy** – Medium – dependent on provider training/risk sharing
- **Medical record access** – Largely manual and labor intensive; charts delivered via portal, retrieval vendors or EMR access
- **Technology usage** – Moderate; payer reports and EMR alerting functionality



# Suspecting 2.0

- **Review type** – Prospective
- **Care integration** – Medium/high
- **Provider risk sharing** – Medium/high and growing
- **Provider engagement** – Proactive; emphasis on member targeting/ scheduling, pre visit planning and accurate gap closure/ documentation
- **Provider accuracy** – Medium/high; dependent on provider training and post visit review processes
- **Medical record access** – Moving to electronic data exchange
- **Technology usage** – Medium/high; NLP/technology solution to support HCC gap detection, integrated point of care gap closure and post visit/ claims review processes



# Poll Question #2

# Co-Speakers During RISE National Session



**Rich Bitting**

*VP, Actuarial Informatics*

**Jefferson Health/Delaware Valley ACO**



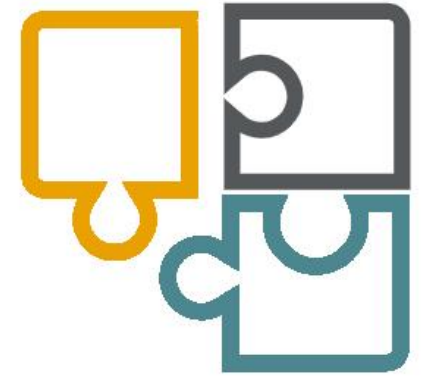
**Karena Weikel**

*Chief Actuary*

**Geisinger Health Plan**

# Learning Objectives for our RISE Session

- Learn how payers and providers are collaborating to improve prospective risk adjustment processes
- See how payer-provider data interoperability is enabling a new frontier in risk adjustment analytics and prospective risk capture
- Understand the opportunities and challenges in implementing a closed-loop risk capture between payers and providers



# Poll Question #3



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**Talix**<sup>↑</sup>

# Thank You

