

# A PSA for Smarter Risk Adjustment: Predict, Suspect, Act

## Presented By:

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  - In the Event window, in the Panels drop-down list, select Q & A.
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  - Click “Send”.

# Today's Objectives

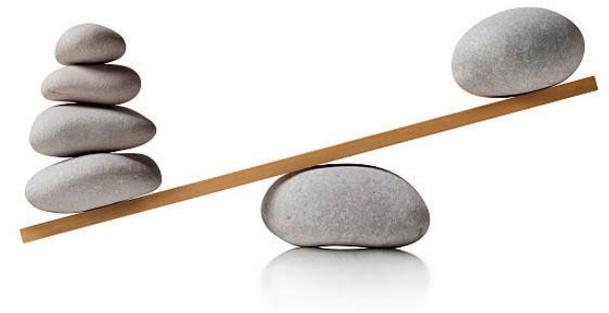
- Gain Clarity on Predictive v. Suspecting Analytics
- Learn Analytics Application from Real-World Cases
- Strengthen and Balance Your Retrospective and Prospective Strategy
- Elevate Your Thought Leadership in Value-Based Care

# Today's Agenda

- Introduction and Definitions
- Foundations of Predictive v. Suspecting Analytics
- Deep Dive: Suspecting Analytics
- Deep Dive: Predictive Analytics
- Integrating Retrospective and Prospective RA Strategies
- Q&A and Wrap-Up

# Introduction to Balanced Risk Adjustment

- **Balanced risk adjustment:** Leveraging both retrospective and prospective strategies to optimize accuracy and compliance while improving patient outcomes.
  - **Retrospective:** Validating and capturing conditions from past encounters, ensuring completeness for historical data.
  - **Prospective:** Predicting and identifying conditions before they occur or are documented, enabling proactive interventions and closing care gaps.



# Why Balanced Risk Adjustment?



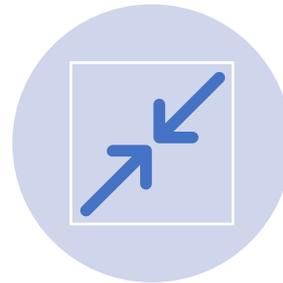
**Financial Accuracy/Revenue Stability:** Balanced retrospective and prospective strategies reduce missed opportunities and overpayments.



**Quality of Care:** Predictive and suspecting analytics help providers act earlier, improving patient health trajectories.



**Regulatory Compliance:** A balanced approach aligns with CMS and payer expectations for accurate risk scoring.



**Operational Efficiency:** Combining both strategies minimizes blind spots and maximizes resource allocation.

# Polling Question!

Which outcome matters most for your 2026–27 RA strategy?

- A) Financial accuracy/stability
- B) Regulatory compliance (RADV/audit pass rate)
- C) Provider experience/burden (operational efficiency)
- D) Member outcomes/utilization (quality of care)



# Risk Adjustment Bingo: The 'Dumb Strategies' Edition

Five in a row wins a governance meeting.

<b>Spray-and-pray suspects</b>	<b>Annual letter 'prospective'</b>	<b>Denial denial (ignore denials)</b>	<b>Chart-Chasing Olympics</b>	<b>RAF by wishful thinking</b>
<b>Predictive model museum piece</b>	<b>Outreach ≠ appointment</b>	<b>Data lake, no fishing license</b>	<b>One-and-done AWW</b>	<b>Models ≠ outcomes</b>
<b>One-size-fits-all incentives</b>	<b>Note bloat, zero evidence</b>	<b>FREE SPACE Balanced &amp; Smart RA</b>	<b>Submit now, fix later</b>	<b>Problem list hoarding</b>
<b>Provider fax avalanche</b>	<b>Coding by gut feel</b>	<b>Measure what's easy, not what matters</b>	<b>Zero governance, infinite dashboards</b>	<b>Vendor roulette</b>
<b>HCCs without evidence</b>	<b>Outreach = postcard</b>	<b>Silos everywhere</b>	<b>Ignore SDoH</b>	<b>No model explainability</b>

# Which of those strategies did you recognize?

- 1) Spray-and-pray suspects
- 2) Annual letter prospective
- 3) Denial denial (ignore denials)
- 4) Chart-Chasing Olympics
- 5) RAF by wishful thinking
- 6) Predictive model museum piece
- 7) Outreach  $\neq$  appointment
- 8) Data lake, no fishing license
- 9) One-and-done AWV
- 10) Models  $\neq$  outcomes
- 11) One-size-fits-all incentives
- 12) Note bloat, zero evidence
- 13) Submit now, fix later.
- 14) Problem list hoarding
- 15) Provider fax avalanche
- 16) Coding by gut feel
- 17) Measure what's easy, not what matters
- 18) Zero governance, infinite dashboards.
- 19) Vendor roulette
- 20) HCCs without evidence
- 21) Outreach = postcard
- 22) Silos everywhere
- 23) Ignore SDoH
- 24) No model explainability

# Polling Question!

What does your overall risk adjustment strategy look like relative to retrospective and prospective strategies?

- 1) Overwhelmingly retrospective
- 2) Balanced – neither overly retrospective or prospective
- 3) What does ‘prospective’ even mean????
- 4) Balance is for gymnasts and wellness junkies



# Foundations of Predictive v. Suspecting Analytics

**Predictive Analytics:** Forecasting future events or outcomes. Examples:

- **Risk Score Forecasting:** Predicting which members are likely to develop diabetes within the next 12 months based on lab trends, BMI, and medication history.
- **Hospitalization Prediction:** Identifying members at high risk of inpatient admission in the next quarter using claims, EHR data, and social determinants.
- **Medication Adherence Prediction:** Forecasting which patients are likely to become non-adherent to chronic medications.

# Foundations of Predictive v. Suspecting Analytics

**Suspecting Analytics:** Identifying undocumented but likely existing conditions. Examples:

- **Condition Suspecting:** A member who has multiple prescriptions for insulin and elevated HbA1c, but no diabetes diagnosis code in their claims would flag as a suspected diabetes condition.
- **Hierarchical Condition Category (HCC) Gaps:** Detecting missing chronic conditions (e.g., COPD) when spirometry results and inhaler prescriptions suggest its presence.
- **Chart Review Targeting:** Flagging members for retrospective chart review because their clinical indicators suggest undocumented conditions.

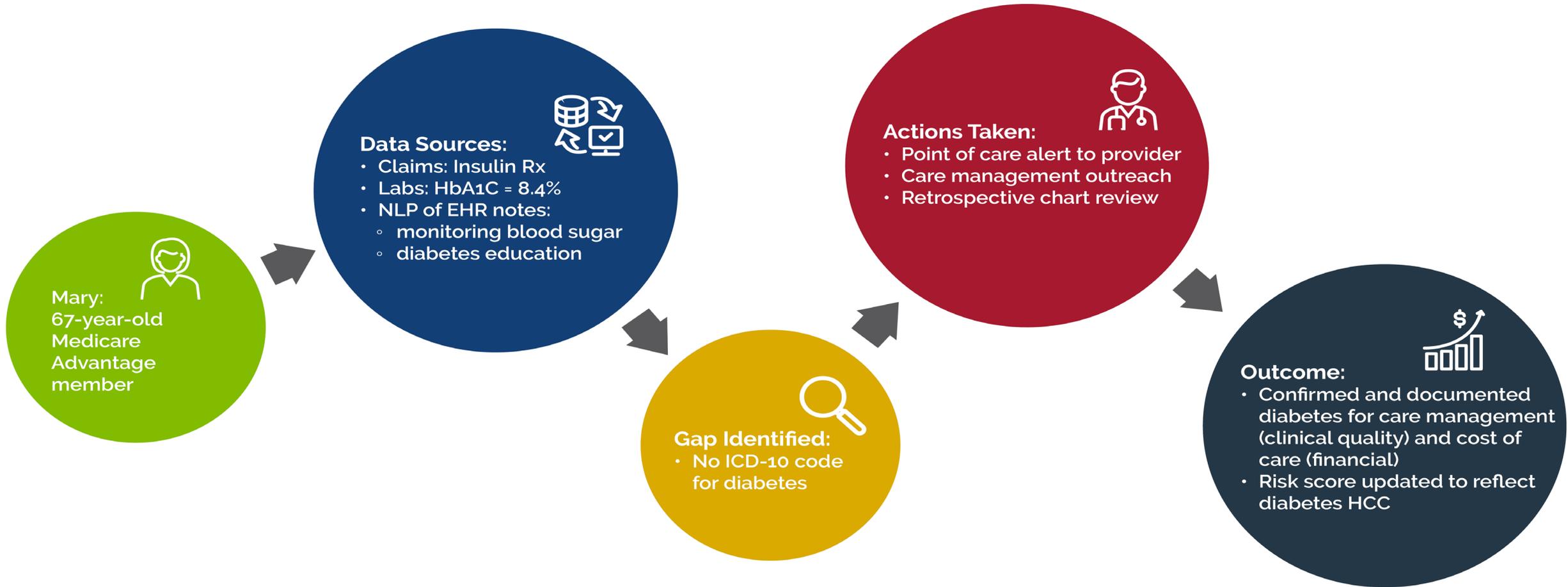
# Polling Question!

Where do you see the biggest near-term lift in your RA program?

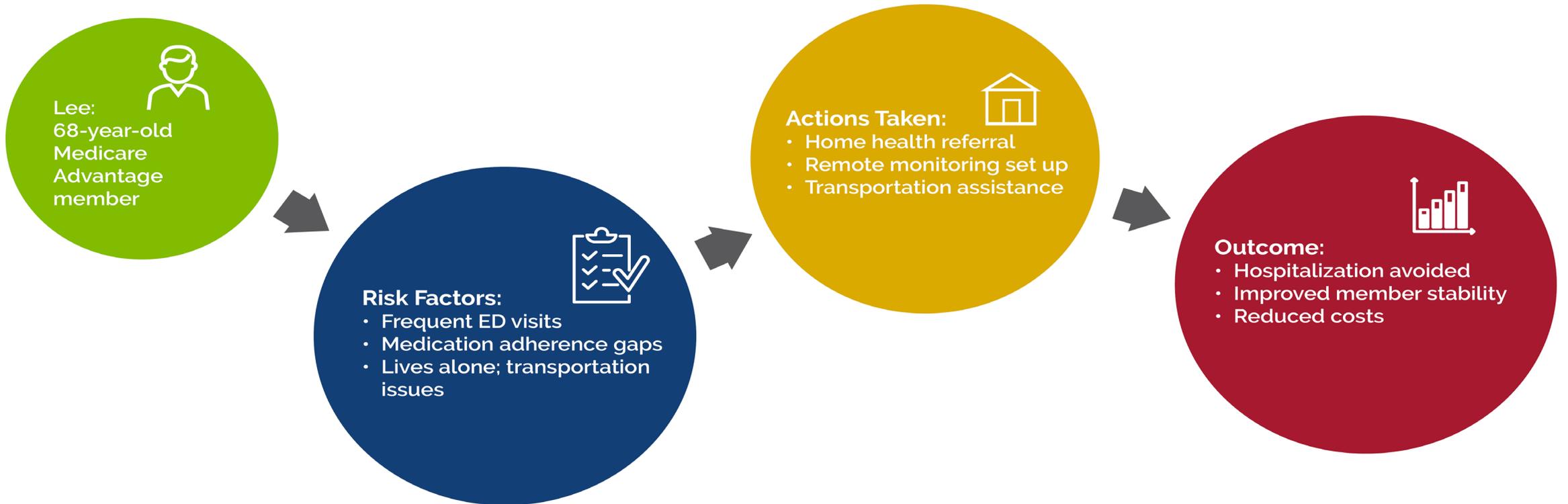
- A) Predictive (forecasting – hospitalization, ED use, med adherence, etc.)
- B) Suspecting (undocumented but likely conditions)
- C) Hybrid (predict → suspect → confirm)
- D) Unsure



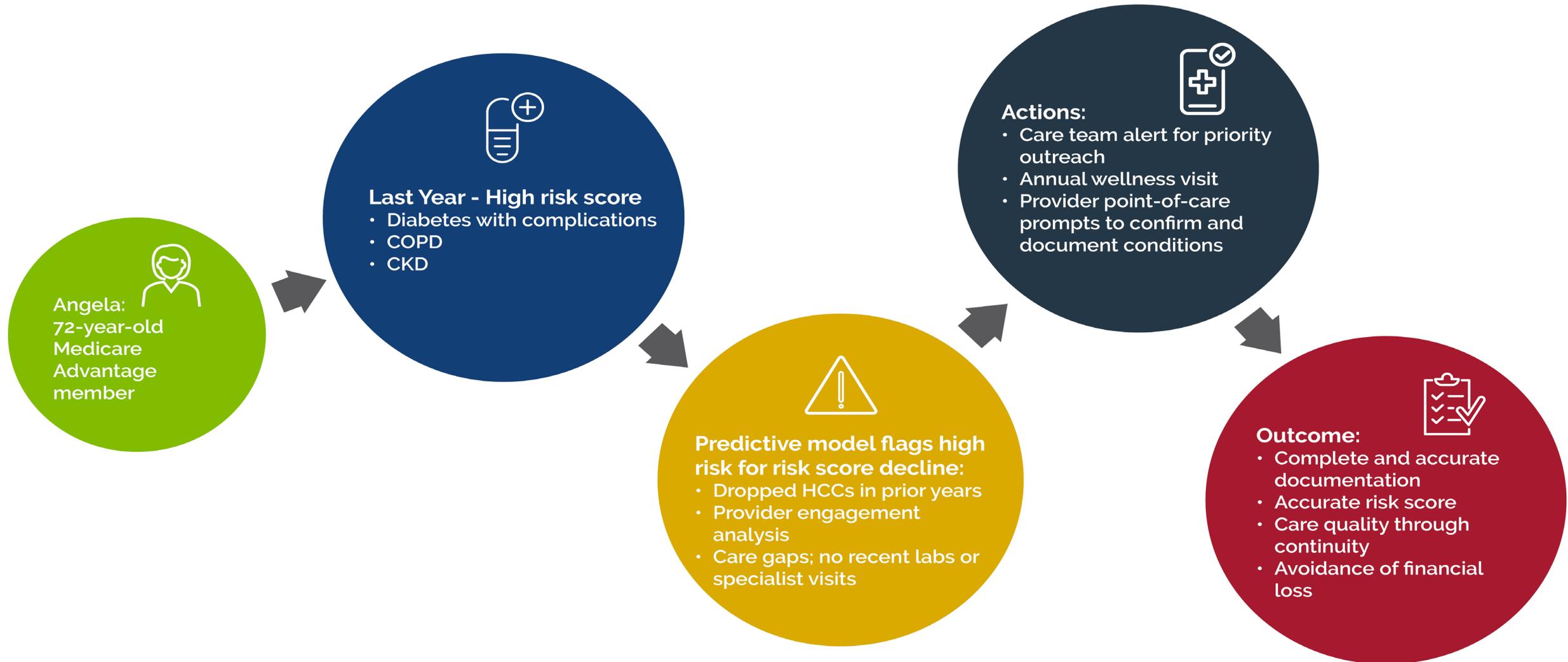
# Case Study: Suspecting Analytics



# Case Study: Predictive Analytics



# Case Study: Predicting Risk Score Drift



# Close the Loop: Predict & Suspect → Confirm & Act

*How Compliant Retrospective Coding Drives Strategy Success*

## **When Done Well = Strategic Lift:**

- Payment accuracy and stability
- RADV risk mitigation
- Smarter retrospective targeting
- Operational velocity increases

## **When Done Poorly = Strategic Drag**

- Over/underpayment exposure and missed RAF
- Provider fatigue and distrust
- Model decay



# Close the Loop: Predict & Suspect → Confirm & Act

*How Compliant Retrospective Coding Drives Strategy Success*

## Sample of Suggested KPIs to tie to the Balanced Scorecard:

- Retro confirmation rate (suspect = a supported diagnosis)
- Coder QA pass rate and RADV disallow rate
- Record completeness time (retrieval to coding) and query turnaround
- Prospective lift from retrospective learnings

**Closing the Loop: Take each confirmed retro diagnosis plus any query clarifications and feed them back into:**

- Suspecting rules
- Point-of-care prompts

# Integrating Retrospective and Prospective Strategies/Workflows

- Predictive + Suspecting = more intelligent targeting.
  - Retrospective: Targeted chart reviews
  - Prospective: Point of-care alerts and provider education, targeted outreach
- Financial modeling quantifies the impact and prioritizes investments (e.g., which prospective vs. retrospective actions yield the best compliant ROI)

# Who Develops Predictive Models and Suspecting Logic?

- Who Develops Predictive Models?
  - Data Scientists & Machine Learning Engineers
  - Actuarial & Analytics
  - Clinical Experts/Health Informaticists
- Who Builds Suspecting Logic?
  - Risk Adjustment Analysts
  - Clinical Coders & Compliance Specialists
  - Technology Vendors & Health Plans



In short: Predictive models = advanced AI/ML + actuarial input; Suspecting logic = rule-based + clinical validation. Together, they form the backbone of hybrid workflows for retrospective and prospective strategies.

**In Conclusion: Predict. Suspect. Act.**

**Predict.  
Suspect.  
Act.**

Close the loop.  
Lead with integrity.



**RISE**

# THANK YOU

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