

Population Health CDI™

Documenting the Care Continuum™ to Back Population Health and Risk Models

Healthcare organizations that can accurately identify ICD-10-CM codes associated with the patient condition are better equipped to determine budget and resource needs for population health-based programs. In addition, identifying possible indications of undiagnosed conditions is crucial to a healthier population.

Essential to early intervention and prevention, Population Health CDI™ improves patient health by accurately translating clinical care through:

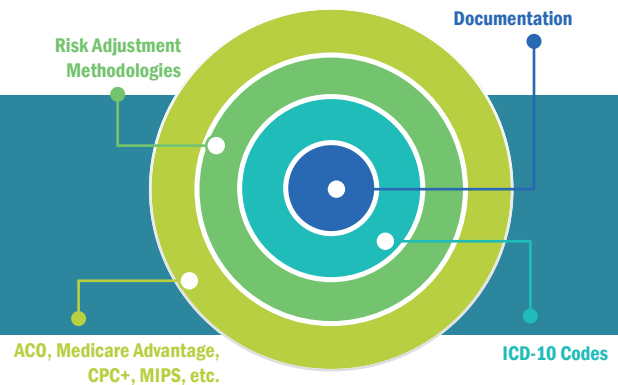
- Documentation and coding for continued advancement of evidence-based care coordination
- Appropriate resource utilization
- Improved patient outcomes

Population Health CDI™ keeps documentation at the core to achieve value-based care goals and expand care coordination across the healthcare continuum.

Documentation and data unite for a true depiction of the complete patient story. ACOs, CINs and any providers participating in risk-based contracting achieve more accurate risk adjustment and improve quality scores for their organization and its physician members.

Competing population health goals or lacking strategic process?
Keep documentation at the core.

Request a consultation: enjoincdi.com/contact-us



Data Analysis

Patient Record Reviews

Pre-visit Planning Reviews

Retrospective Reviews

Risk Adjustment
Compliance Audits

Education

Peer-to-peer Provider
Education

HCC Risk Adjustment Seminar
(AAPC approved)

HCC Risk Adjustment
Physician Advisor Training

Design and Implementation

Program Monitoring and Metrics

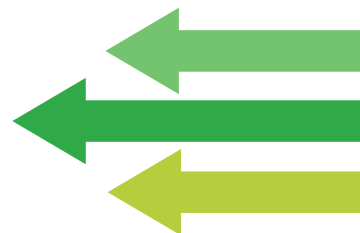
Resources

HCC Risk Adjustment Quick
Reference Guide

CDocT®

“Documentation is the single most important element that defines the complexity and morbidity of a patient population. In fact, improved provider documentation is a critical first step to positively impact care delivery.”

Dr. James Fee, M.D. CCS, CCDS, CEO, Enjoin



Population Health CDI™

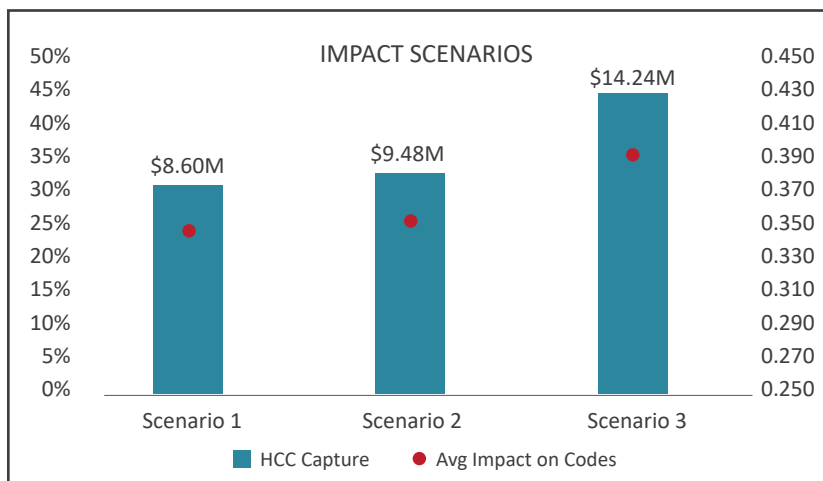
Advanced Analytics, Program Design
and Best in Class Education

Risk Adjustment Reviews: 44% Opportunity for HCC Improvement

The following represents opportunities discovered via thorough analysis of claims-based risk adjustment built upon the standard CMS-HCC risk models, as well as focused CDI chart reviews of a randomly selected representative sampling of patient charts among our population health clients.

44% of patients in MA and MSSP programs had HCC opportunity. Of these:

- Patients with opportunity for HCC improvement averaged a risk score increase of 0.328
- Our clients have averaged \$17.1M per plan/program in potential impact



Based on 1.0 benchmark RAF and \$678 PMPM. Gross revenue impact identifies both revenue at risk for not capturing conditions that were previously captured and new revenue for capture of new conditions. Net change is based on contract terms.

Scenario 1

Capture HCC on 31% of population, with avg. risk score improvement of .341 and impact of \$8.60M per 10,000 patients

Scenario 2

Capture HCC on 33% of population, with avg. risk score improvement of .353 and impact of \$9.48M per 10,000 patients

Scenario 3

Capture HCC on 45% of population, with avg. risk score improvement of .389 and impact of \$14.24M per 10,000 patients

Population Health CDI – Benefits at a Glance

- **Enhance** capture of HCCs to optimize patient risk scores for value-based payments
- **Increase** provider opportunity for shared savings generated through value-based contracts
- **Ensure** coding practices are compliant and meet clinical validation and documentation requirements
- **Improve** expenditure benchmarks and Per Member Per Month (PMPM) rates
- **Quickly** recognize and close quality care gaps