

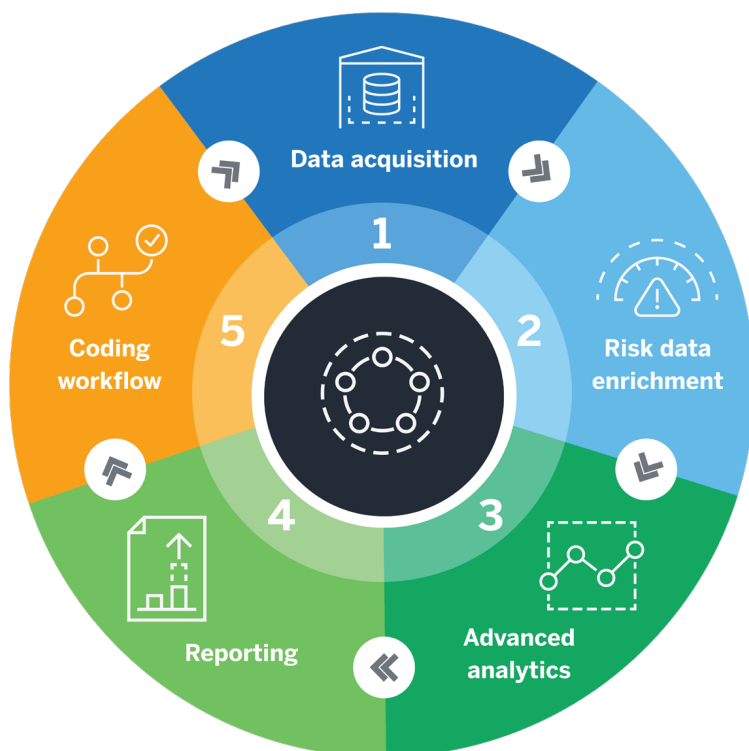
Milliman MedInsight

Comprehensive risk adjustment services for Medicare Advantage Plans



Medicare Advantage (MA) plans face challenges in accurately assessing and managing member health risks, especially as regulations and CMS guidelines change. To ensure fair reimbursement and stay competitive, MA plans need strong risk adjustment strategies and precise documentation of Hierarchical Condition Categories (HCCs), since mistakes can lead to compliance issues and lost revenue. They also need to identify and address care gaps to improve health outcomes and meet quality standards.

The Milliman MedInsight® Risk Adjustment Platform helps meet these needs by combining advanced technology with healthcare analytics expertise. It integrates with electronic health records (EHRs) for real-time data and provider prompts, supporting accurate and timely HCC documentation. With powerful data tools and actionable insights, MedInsight helps MA plans improve risk adjustment, boost coding accuracy, and close care gaps—leading to better financial results, improved patient care, and stronger compliance with CMS requirements. Additional services include:



Data acquisition and risk data enrichment

Our risk adjustment platform streamlines comprehensive **record building**, pulling, normalizing, and indexing data from HIEs, EMRs, and EHRs.

As an added-value service, direct calls are made to provider offices to collect records and make data easily accessible. In addition, the platform consolidates, processes and stores information for accessible and analytics-ready data retrievable via user-defined roles for secure and efficient access.

Advanced analytics and reporting

A robust **reporting suite** offers population, disease, provider, and member-level insights, with reviewer management enabled. The **patient profile module** displays benchmark data, identifies suspects, integrates scheduling data for prospective assessments, and provides precise tracking of risk profiles for improving clinical and financial outcomes.

Every submission file is valued, including those with potential “take backs” due to adjustments, while only unique HCC findings are considered—ensuring calculations proactively account for all demographic changes by members.

Built-in HEDIS data, claim reporting and financial risk impact assessments are included in a higher tier service.

Coding workflow

To optimize patient care and efficiency, the **patient profile** shows benchmark data updated monthly and quarterly. With our enhanced service offering, it can also integrate scheduling data to highlight potential suspects for review, with monthly and quarterly updates.

The **medical record review tool** uses historical and current data to create member targets and identify diagnosis and HCC benchmarks, streamlining operations and avoiding duplicates. Our analytics enhance accuracy by understanding disease processes, coding guidelines, and physician behavior. Member records are indexed and organized for easy role-based access. Quarterly reports enable management review of each finding. Each finding is compiled and delivered in a validated encounter data file, ready for submission by the Plan.

Service upgrades include the ability to link each claim to individual member visits with provider notes. In addition, an audit tool ensures compliance with the Centers for Medicare & Medicaid Services (CMS) and consistent coding. Quality control features allow managers to review findings and validations, ensuring transparency and accountability. Finally, our **HEDIS® support suite** enhances risk adjustment efforts through data-driven HEDIS measures. This suite compiles and provides key HEDIS metrics, putting up-to-date and accurate information at your fingertips. Member activity-driven measures, such as mammograms and A1C compliance, are culled, measured, and reported, allowing you to track and improve quality and outcomes via a detailed audit trail.

Additional value-added services



Clinical, coding, and CMS compliance review

Our team conducts thorough audits of CMS, clinical, and coding data, with detailed audit trails and coding and clinical arguments. This process, managed by our Professional Documentation and Health team, ensures that approximately 20% of findings are validated and actionable.



Risk adjustment data valuation

Self-service RADV tooling, software licensing and training enables health plans to navigate the CMS expanded annual RADV program – from complete data ingestion through post-audit advisory help – with precision and speed.



Clinical data/EHR integration

Our services include the analytic inclusion of known chronic conditions, which are provided to providers at the point of care, where we facilitate a medical record workflow to capture disease states indicated by the record, but not yet valid for submission. Provider decisions are electronically embedded into the record through our system at the provider's discretion, ensuring that all relevant information is accurately documented.



Cohort and campaigns

Customers can create tailored campaigns that leverage the system's detailed and accurate data to provide targeted interventions and improved patient outcomes.



Actionable benchmarks

Leverage Milliman benchmarks and Medicare Advantage performance data from our MANI tool (part of the ACO Builder® suite) to deliver insights into market performance in risk, cost, and quality measurement.

Get Started Today

Find out how your organization can optimize performance with trusted data, integrate with powerful insights, and uncover hidden opportunities. To learn more, contact us at info@medinsight.com.

Existing customers should contact their MedInsight account executive.

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