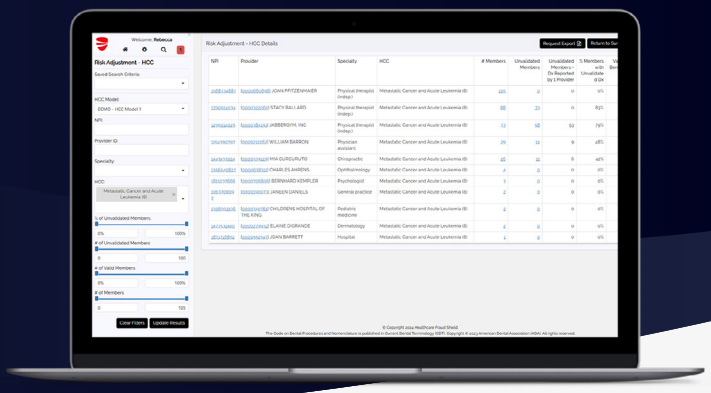
RiskAdjustment™

Drive Down Overpayments, Reduce Audit Risk, & Improve Coding Accuracy



In 2024, CMS estimated $19.07 billion in improper payments within Medicare Advantage, primarily due to unsupported diagnosis codes.[1]

OVERVIEW

Health plans face mounting pressure to ensure diagnosis coding is accurate, compliant, and audit-ready especially in Medicare Advantage and ACA programs where every code impacts reimbursement and regulatory risk.

RiskAdjustment™ by Healthcare Fraud Shield is a smarter way to validate claims. Using AI-driven analytics, it detects patterns of upcoding, unsupported diagnoses, and inconsistent coding that could trigger CMS audits or lead to financial clawbacks.

WHAT MAKES IT DIFFERENT?

RiskAdjustment™ goes beyond code matching, it intelligently links diagnoses to actual treatment, prescriptions, and utilization data to expose what's clinically unsupported. That means less guesswork, fewer false positives, and faster, more confident decisions.

Whether you're trying to protect against improper payments, educate high-risk providers, or support internal audits, RiskAdjustment™ delivers actionable insights, not just alerts. It's seamlessly integrated within the HCFSPlatform, giving you a unified view of FWAE activity and risk scoring in one place.

KEY BENEFITS

- Detects upcoding and misuse of HCC codes
- Validates diagnoses with treatment, Rx, and utilization data
- Flags unsupported claims before CMS audits hit
- Identifies quality measure coding errors impacting ratings
- Supports targeted audits and provider education
- Integrates with HCFS's full FWAE and case management suite
- Customizable for Medicare Advantage, ACA, and Medicaid plans

CLIENT VALUE EXAMPLES

Challenge: A health plan sees unusually high HCC submissions but struggles to identify which are unsupported.

Solution: RiskAdjustment™ pinpoints questionable coding patterns and prioritizes audits to minimize financial risk.

Challenge: Quality scores drop, and leadership suspects misused diagnosis codes.

Solution: RiskAdjustment™ flags inconsistent quality-related coding and supports provider education to restore compliance.

Contact us to learn more!

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Healthcare Fraud Shield

[1]https://www.cms.gov/newsroom/fact-sheets/fiscal-year-2024-improper-payments-fact-sheet