COTIVITI

Risk adjustment solutions for health plans

Comprehensive solutions to strengthen your results across the risk adjustment lifecycle

Prospective and Concurrent Risk Adjustment

Member Suspecting
Post-visit Review
Concurrent Risk Adjustment

Retrospective Risk Adjustment

Suspect Analytics
Medical Record Retrieval
Medical Record Coding
Second Level Review
Retrospective Review

Submissions

Encounter Management

Enhancing impact at every stage

Risk adjustment programs are complex. The regulatory environment changes frequently, and government audits are becoming more common. The stakes are high. Payers need a partner with in-depth industry experience and a proven track record, to depend on and trust.

Cotiviti's risk adjustment solutions provide payers with powerful tools to optimize risk adjustment programs.

Our risk adjustment portfolio includes solutions for risk adjustment needs at every stage—prospective, concurrent, and retrospective—enabling a proactive approach to managing member risk, overcoming fragmentation, and enhancing payers' performance.

Merging industry-leading services, analytics, and advanced technologies, we drive operational excellence, optimize results, and increase value at every step of the risk adjustment lifecycle.

Prospective

Get ahead of the curve with solutions that can anticipate risk adjustment needs and improve planning.

Concurrent

Intervene early with point-of-care integrations to identify and close gaps in near-real time.

Retrospective

Achieve excellence and strengthen compliance with proven technologies, expert services, and consistent high-quality results.

How Cotiviti helps address key challenges and achieve successful risk adjustment results

Challenge	How Cotiviti helps
Timely access to quality data	• Help set up your program up for success, deploying the right outreach and adapting to preferences and capabilities based on a historical, curated dataset • Leverage strong interoperability to advance digital data exchange; and a scalable infrastructure to help address barriers and optimize results
Support capacity at scale	• Scale effectively to meet the volume demands and needs of our clients • Integrate machine learning (ML), natural language processing (NLP), and technology-driven efficiency with operational excellence and highly skilled teams
Accurate coding results	• Help ensure consistent, high-quality results combining technology with in-depth expertise and strong processes • Optimize documentation, provider alignment, and guidelines with our expert services
Reduce compliance risk	• Utilize industry-leading, multi-layered quality assurance processes to continuously monitor and improve results • Leverage ML and NLP technologies combined with expert human oversight to help strengthen results and support audit readiness

Metrics that matter

>10M Charts coded annually

>97% Annual average coding accuracy across lines of business

>99% ACA submission acceptance rate

>$2B MA average annual incremental revenues

Prospective and concurrent risk adjustment

Member Suspecting

Accurate risk adjustment begins with understanding the full clinical picture. Cotiviti Member Suspecting helps unify structured and unstructured data—including clinical notes, labs, vitals, pharmacy claims, and problem list history—into a single AI-driven pipeline.

Evolved NLP, machine learning, and clinical rules help generate strong results. Confidence scoring and suppression logic help ensure only relevant, actionable candidates are surfaced, reducing noise and minimizing provider abrasion. Payers benefit from:

- Meaningful insights from unstructured documents and high-quality, evidence-backed suspects

- Flexible delivery options—flat files, CCV forms, or EHR-integrations (based on configuration)

- Earlier identification, increased support for more accurate risk capture, and improved value-based performance

Post-visit Review

Accurate risk adjustment coding depends on complete, compliant documentation. Post-Visit Review brings together AI-powered workflow integrations and dedicated services to help flag potentially missed, unsupported, or inconsistent diagnoses for coder review with speed and precision. Enabling near-real-time review, this solution allows organizations to capture value faster and reduce reliance on disruptive chart requests.

Post-Visit Review helps payers to:

- Connect seamlessly with major EHRs, based on configuration

- Accelerate post-visit review and reduce manual effort

- Support improved accuracy, efficiency, and compliance while minimizing provider abrasion

Concurrent Risk Adjustment

Our Concurrent Risk Adjustment solution helps payers serving at-risk markets intervene earlier, close gaps, and support accurate risk adjustment and appropriate revenue capture.

Our SaaS-based solution reconciles provider claims against the health plan's risk gaps database in near-real-time before the claim is submitted for adjudication. Its clearinghouse-agnostic and EMR-agnostic design means plans can support scalable deployment with minimal integrations, workflow disruption, or configurable controls to reduce provider abrasion. It allows payers to:

- Achieve better care quality

- Improve provider coding efficiency and accuracy

- Optimize risk adjustment accuracy and appropriate revenue capture

Retrospective risk adjustment

Suspect Analytics

Suspect Analytics uses proprietary models to identify conditions not yet captured, prioritize risk and likelihood of success, and support targeted risk adjustment efforts.

Our high-quality analytics leverage clinical and statistical criteria to assess the risk of each condition and the confidence level in capturing it. This highly configurable approach provides greater control by adapting to client-specific objectives and tailoring implementation and design (including plan, provider, specialty, member, and chart type preferences).

Cotiviti's Suspect Analytics solution helps payers:

- Identify members with a higher probability of missing or incomplete conditions
- Prioritize and target opportunities to focus on
- Gain key insights to assess member risk and optimize risk adjustment programs

Medical Record Retrieval

Our Medical Record Retrieval solution helps payers capture timely and quality data to meet targets while reducing provider abrasion. Comprehensive, web-based medical record retrieval, aggregation, indexing, and storage fulfill even high-volume record requests with minimal disruption to providers and office staff.

We reduce time to retrieval and administrative burden with our digital-first approach, and when digital gaps or barriers arise, we deploy traditional channels to meet providers where they are. Our site grouping capabilities further minimize provider outreach and reduce abrasion thanks to our extensive data-based research, proactive services, and expert processes. Medical Record Retrieval enables payers to:

- Leverage a provider-curated dataset of more than 1.8 million records
- Plan and optimize outreach efforts based on provider needs and trends data
- Enhance results with historically low chart-not-found rates (less than 2%)

Medical Record Coding

Our Medical Record Coding services and platform help health plans accurately capture their population risk. Our Medical Record Coding services leverage ML and NLP to augment coding efficiency, combining them with expert oversight, proven best practices, and multi-layered quality assurance.

Our unique commitment to quality includes strategic support on guidelines and quality framework based on client needs and priorities; with daily and weekly reviews, adaptive training and transparent evaluation. The proof is in the results:

- >97% average annual accuracy across clients and lines of business
- 100% of coded charts reviewed by our experts
- >$2 billion average MA appropriate incremental risk adjustment revenue annually

We also offer **Second Level Review** for charts previously coded, enabling health plans to add a layer of protection with our coding and quality assurance expertise.

For payers interested in technology to power their internal teams, we offer **Retrospective Review**— our platform to help improve productivity, RAF capture, and compliance.

Submissions

Encounter Management

Supporting the accuracy of risk-adjusted revenue data and supporting compliance with submissions-related encounter guidelines are common challenges for managed care plans. Frequent changes to regulatory requirements, state-specific nuances, and the complexities of using multiple submission systems add to the complexity.

Encounter Management helps health plans overcome these challenges. This solution features dedicated AI-enabled analytics and workflows that help to:

- Break down encounter operations silos
- Support submission accuracy
- Help ensure compliance across all managed care lines of business

Count on Cotiviti for high-performance programs

With more than 25 years of experience helping health plans with risk adjustment, Cotiviti manages the complexities of supporting compliant revenue in full partnership with our clients. We are proud to continue offering the highest levels of service and support and complete visibility into program progress every step of the way.

Heading into the future of healthcare with a combination of the latest technology and AI tools, paired with our invaluable team of human experts, we are confident in delivering consistent performance among the best in risk adjustment.

Our people have an unwavering commitment to going beyond the status quo and delivering.

The result? Performance you can count on.

Enabling a high-quality and viable healthcare system

Payment Accuracy

Determine Claim Responsibility

Ensure Claim Accuracy

Detect FWA Patterns

Health Enablement

Quality and Stars

Risk Adjustment

Engagement

Learn more

COTIVITI

cotiviti.com