Solution Overview

COTIVITI

Risk adjustment solutions for providers

Comprehensive solutions to strengthen provider performance across the risk adjustment lifecycle

Prospective and Concurrent Risk Adjustment

Member Suspecting
Pre-Visit Prep
Post-Visit Review
Medical Record Coding Services

Retrospective Risk Adjustment

Retro Review Platform
Medical Record Coding Services

Strengthen programs and results across the risk adjustment lifecycle

For provider organizations, complete and accurate risk capture is essential to support success in value-based contract performance. Clinically focused risk adjustment processes can improve revenue accuracy, enhance care quality, and reduce compliance and audit risks.

However, achieving this is often easier said than done. Combing through mountains of clinical data, spreadsheets, free-text notes, and scanned documents requires a significant amount of time and resources that many provider organizations simply don't have at their disposal.

As part of our larger Risk Adjustment suite, Cotiviti's solutions for providers are designed to integrate with EHR systems and augment existing clinical workflows.

Supported by AI-derived insights and our proprietary natural language processing (NLP) engine, each module serves as a valuable tool to help providers and clinical staff identify and address risk. Together, they enable provider organizations to support complete and accurate risk capture with a single workflow for all lines of business, across all stages of the risk adjustment cycle.

Prospective

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

Concurrent

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

Retrospective

Support operational excellence and help strengthen compliance with proven technologies, seasoned expertise, 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 your program up for success, deploying the right outreach and incorporating historical, curated data • Leverage strong interoperability to advance digital data exchange; and infrastructure to help address barriers and optimize results
Support capacity at scale	• Scale effectively to meet fluctuating volume demands • Integrate 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 NLP-driven efficiency, two-way reviews, and expert human oversight to strengthen results and support audit readiness

Metrics that matter

48M Documents processed

>50% Reduction in encounters needing coder review

1 HCC Per 3 MA or 6 ACA lives reviewed

Cotiviti Risk Adjustment solutions

Prospective and concurrent solutions

Member Suspecting

Cotiviti Member Suspecting uses advanced NLP, machine learning, and clinical intelligence to identify risk-adjustable conditions not yet captured in the available documentation. These suspected conditions are surfaced for clinical validation before a visit or delivered directly into the EHR at the point of care, enabling earlier intervention and more accurate documentation.

For organizations that prefer automated delivery, AI-identified conditions can be sent directly to the EHR during the patient encounter. Providers can set confidence-score thresholds to control which suspects appear, with clear context explaining why each condition was flagged. With a more complete picture of patient health, Cotiviti Member Suspecting supports coding and documentation accuracy and compliant, comprehensive risk capture across populations.

Providers benefit from:

- Identifying up to 30% more risk-adjustable opportunities based on historical performance
- Gaining insights from unstructured data for actionable suggestions
- Integrating insights into the provider's EHR
- Targeting patterns of underreporting to guide quality improvement

Pre-Visit Prep

Pre-Visit Prep helps uncover opportunities in risk adjustment and care gaps before the patient encounter begins. By applying predictive modeling and NLP, the solution cuts through dense clinical records to surface relevant diagnoses for review—helping care teams deliver more comprehensive care and strengthen value-based reimbursement.

The model focuses on the highest-value opportunities and continually refines itself based on prior reviewer actions, supporting improved accuracy over time. Pre-Visit Prep also includes robust self-service reporting that offers capabilities for: reviewer activity, HCC gap closures, and year-over-year risk-score trends.

Providers benefit from:

- More efficient pre-visit chart reviews, centered on meaningful clinical information
- Better utilization of resources, prioritizing patients with the highest probability of care or diagnosis gaps
- Improved patient engagement, allowing providers to focus on proactive intervention and reduce emergent visits

Post-Visit Review

Post-Visit Review closes documentation gaps by giving coders the intuitive tools and automated infrastructure they need to improve accuracy, productivity, and compliance. The solution uses advanced NLP to analyze encounter data and help validate that each HCC code is supported by clinical evidence. Post-Visit Review surfaces potential additions or deletions that require coder attention, reducing manual effort and enabling coders to work more efficiently.

Post-Visit Review strengthens documentation integrity, reduces compliance risk, and supports accurate, efficient risk-adjustment operations.

Providers benefit from:

- Increased resource efficiency, with greater staff bandwidth
- Standardized risk capture and supporting compliance
- Optimized workflows with continuous coding improvements
- Self-service reporting to track and manage performance and highlight trends

Retrospective solutions

Retrospective Review

Retrospective Review strengthens risk adjustment operations by identifying discrepancies between coding and clinical documentation that can impact RAF scores, payment accuracy, and audit exposure.

Powered by NLP, Retrospective Review uncovers potentially missed, unsupported, or inconsistently coded conditions to improve coding accuracy and value-based program performance. Charts with conditions not represented on claims or coded outside of standard CMS guidelines are isolated, evidence is prioritized to help ensure coders only review relevant documentation, and confidence scoring ensures only the most likely suggestions are surfaced.

Cotiviti's Retrospective Review enhances efficiency, reduces compliance risk, and strengthens financial performance across your organization.

Providers benefit from:

- Faster, more accurate reviews
- Better value-based program performance, learning from easily spotted, frequently miscoded conditions
- Improved revenue integrity with, on average, one additional HCC uncovered for every 4 MA or 5 ACA member charts reviewed

Medical Record Coding

Our Medical Record Coding services leverage machine learning and NLP technologies to augment coding efficiency. We drive success and compliance by combining expert leadership, proven best practices, and industry-leading, multi-layered quality assurance. Our unique commitment to quality includes strategic support on guidelines and quality framework based on client needs and priorities; real-time monitoring, with daily and weekly reviews; adaptive training updates; and transparent evaluation.

Providers benefit from:

- >97% average annual accuracy across lines of business
- Expert human review of 100% of coded charts and NLP findings
- >$2B in average appropriate incremental risk adjustment revenue delivered annually across clients

Count on Cotiviti for high-performance programs

In 2025, Cotiviti acquired Edifecs to further our vision to enable a high-quality and viable healthcare system.

Together, we empower healthcare organizations to better identify risk burden and gap closure to drive high-quality care. With more than 25 years of experience helping payers and providers 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 go beyond the status quo and deliver.

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

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