



Quippe HCC delivers accurate documentation and risk calculation to drive appropriate reimbursements

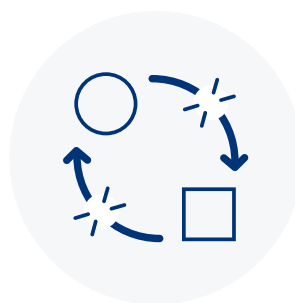
The challenge with the current process

Providers are responsible for recording diagnoses, documenting accurately, creating and maintaining care plans, and managing patient care. Patients with multiple and more serious conditions are considered higher risk and qualify for higher RAF scores.

Current processes for capturing HCC codes and identifying risks are typically manual and present many challenges.



Relies on retroactive risk identification



Disrupts clinician workflow



Must be documented during patient visit



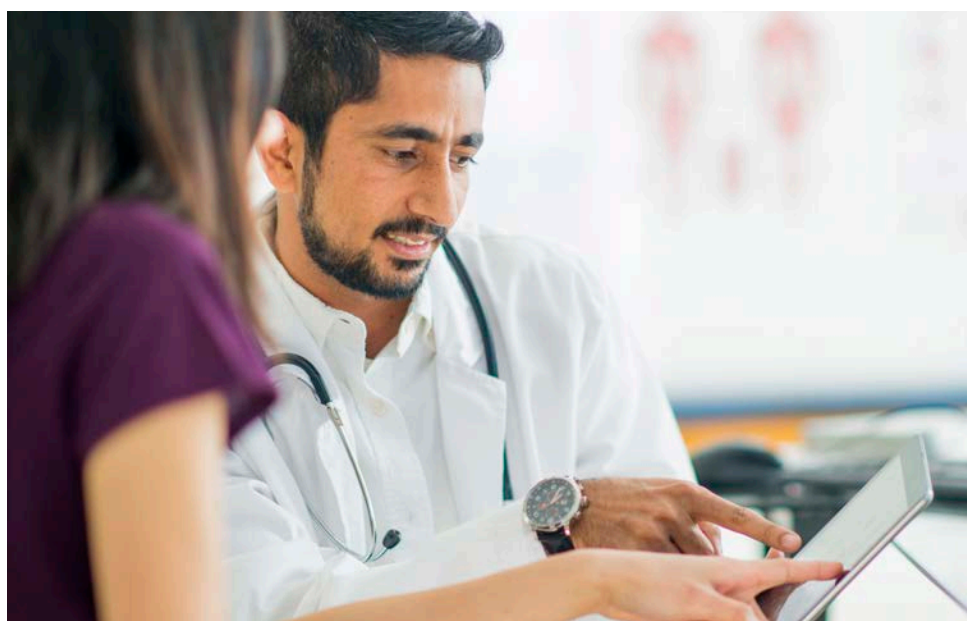
Requires manual reviews and chart audits



Reduces clinician productivity



Clinical data is hidden in EHRs



Accurate reimbursement requires accurate documentation

As Medicare Advantage and other payers transition to value-based care programs, it is increasingly important for providers to have proper documentation of Hierarchical Condition Category (HCC) coding and to understand Risk Adjustment Factor (RAF) scores. HCC and RAF scores are used to estimate patient care expenses and calculate provider reimbursement.

How can Quippe HCC help?

Improve HCC documentation and maximize reimbursement potential - all at the point of care.

Watch video: <https://www.youtube.com/watch?v=v8NMzXZRllg>



HCC

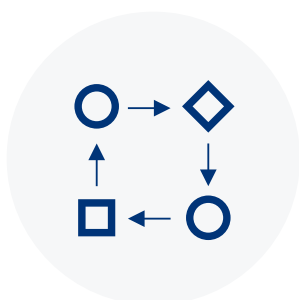
There are approximately 80 categories of diagnoses classified as HCCs. These are grouped into condition categories that cover approximately 10,000 diagnosis codes from ICD-10.

Get paid for the quality care provided

With the addition of point-of-care decision support tools, clinicians can enhance patient outcomes by making insights actionable during the clinical encounter. To ensure accurate payments, providers participating in Medicare Advantage and other value-based care programs must fully and accurately capture a patient's condition on an annual basis, including complete and specific documentation for all of a patient's qualifying diagnoses.

Unlike other solutions in the market, Quippe HCC improves documentation and optimizes reimbursements while alleviating the headaches resulting from current manual processes.

Quippe HCC:



Works within existing clinician workflows



Filters clinically relevant concepts at the point of care



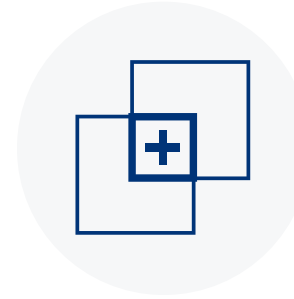
Optimizes reimbursements through proper coding



Enables accurate HCC documentation during the patient visit



Improves care planning



Integrates into clinician's EHR

The Solution

Quippe HCC improves coding accuracy for Medicare Advantage and other value-based reimbursement programs, increases physician efficiency and enhances patient outcomes.

Physicians can verify documentation in real time to discover gaps in care and HCC-eligible codes. Quippe HCC eliminates time-consuming and error-prone manual processes by tapping into a clinical data engine, prompting physicians to address gaps in treatment or coding at the point of care.

