



## Multi-Specialty Physicians' Group Custom Container for Coding Opportunities

### Background

A multi-specialty physicians' group serving over 12,000 lives in Orange County, NY, takes on more risk contracts across Medicare and Medicaid lives; there is a need to optimize diagnostics to clinically capture appropriate population data and achieve shared savings dollars in risk arrangements. The *CEO* was responsible for guiding their physicians to achieve this performance requirement by consistently monitoring, documenting, and presenting physician performance to executive leadership.

### Situation

The customer required a way to easily identify coding opportunities, especially those captured and billed for outside the organization. That lack of transparency, driven by patient behavior identified by claims data, is a key element. Their EMR does not incorporate payer data across multiple contracts and has a dashboard that is cumbersome to work with. Layering in a busy provider schedule where up to 60 patients are seen by a provider daily, there is no room for any obstruction to a physician's workflow and schedule to find, read, evaluate, and aggregate these coding opportunities. This existing need has created gaps in potential revenue and has impacted the quality of healthcare provided to their patients overall.

### Solution

The Bridge platform incorporated the Coding Opportunities section into a custom Container. It identifies all outstanding opportunities found in the previous years that are not recorded this year, and all suspect opportunities driven by claims data where patients are getting diagnosed with weighted conditions outside their primary care provider's office. The container is connected to the customer's scheduler and runs a full day's schedule through these opportunities. The providers' busy schedules of up to 60 patients a day are supported by scribes and MA's daily who use the container to conduct chart prep or real-time during the encounter to reconcile the missing coding changes.

### Outcome

The rollout and consistent push for adoption, with provider education on the criticality of this, have allowed the customer's Leadership to work alongside physicians to increase performance ratings and deliver increasingly better healthcare for patients. Every year there has been ongoing performance improvement.



*“By surfacing suspected conditions for validation by our providers, DeRisk has guided our Practice to a 9.6% increase to our RAF score in a 1-year period. Our Physicians are not only provided with the suspect conditions for each of their patients in a user-friendly format but are also provided with its source. As an administrator, the value of being able to keep a pulse on the revalidation trends or the practice of an individual physician simply by looking at the revalidation graphs and HCC revenue impact **is priceless!!!**”*

– CEO

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