

Risk Adjustment Solutions in Healthcare

March 2023: Complimentary Abstract / Table of Contents



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Introduction

As the payer industry undergoes a brisk change brought about by rising consumer expectations and changing regulatory mandates, payers are seeking to ensure optimized healthcare delivery and reimbursement for their clients. Increasing number of Medicare Advantage (MA) beneficiaries in the recent times along with stringent regulatory policies is pushing payers to stratify and assess risk of their member population with higher accuracy. The payers are therefore progressively turning towards risk adjustment technological solutions to enhance their risk assessment and reimbursement.

In this research, we deep dive into the risk adjustment solution space by capturing the emerging trends pertaining to these solutions, analyzing the different kinds of offerings present in the market, and comparing the available capabilities to that of what the market requires.

Topics in focus:

- Overview of contemporary risk adjustment
- Risk adjustment solution trends
- Vendor landscape

Scope of this report



Geography
Global



Industry
Healthcare payers



Services
Risk Adjustment

Overview and abbreviated summary of key messages

Some of the findings in this report, among others, are:

Market drivers and challenges

- Enterprises are primarily performing risk adjustment to predict healthcare costs of their members so that they can appropriately be reimbursed for the risk they assume
- While enterprises are trying to leverage risk adjustment models for cost prediction and enhancing care outcomes, challenges such as fragmented patient information and evolving regulatory mandates hinder its adoption

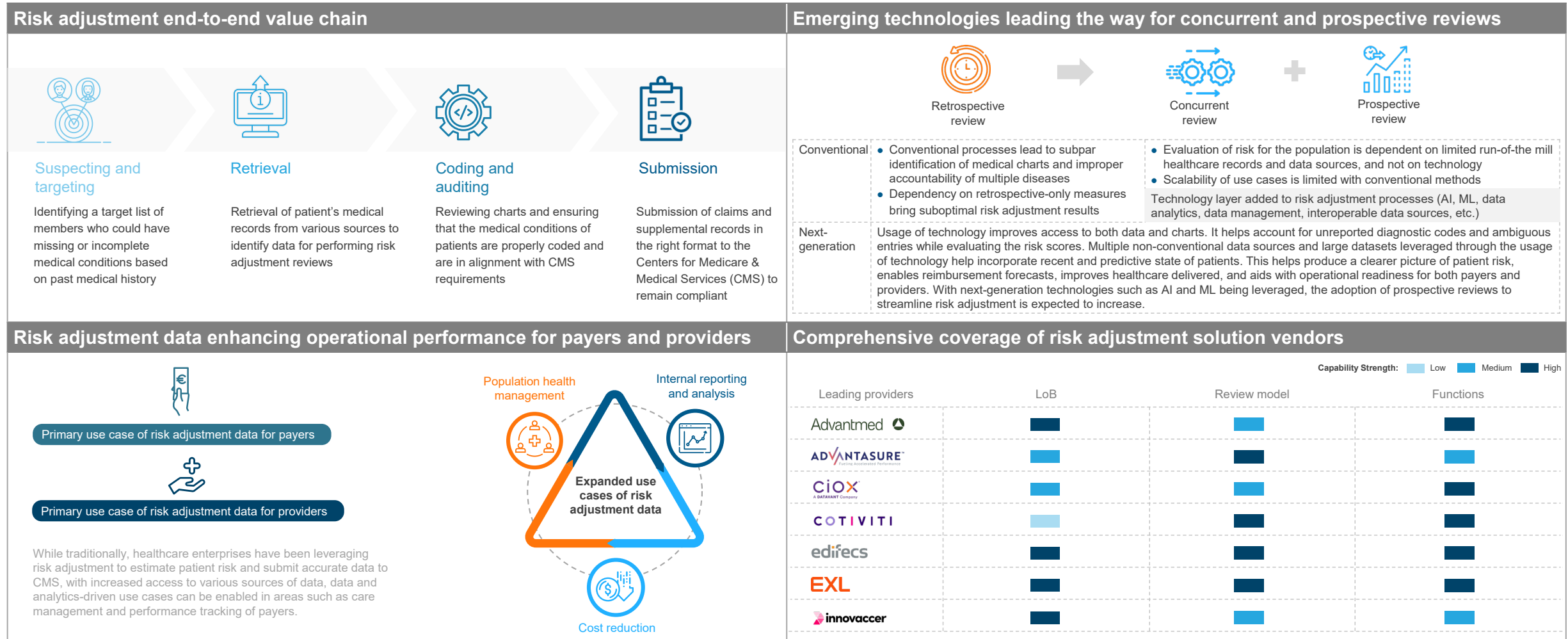
Risk adjustment trends

- While traditionally risk adjustment was majorly implemented by performing retrospective review of member data, with increased adoption of technology and seamless data sharing, concurrent and prospective reviews are also gaining traction
- Each of Medicare, Medicaid, and commercial health plans follow a unique risk adjustment model to assess member risk and enhance reimbursements

Solution landscape

- Coverage across value chain, review models, and line of business act as major tenets in defining and evaluating risk adjustment solutions
- Most of the leading risk adjustment solution vendors have strong capabilities across the risk adjustment value chain and cater to different line of business such as Medicare, Medicaid, and commercial health plans

This study offers distinct chapters providing a deep dive into key aspects of risk adjustment market; below are four charts to illustrate the depth of the report



Research calendar

Healthcare Information Technology

Published
 Planned
 Current release

Reports title	Release date
Effective Claims Operations Through Scaled Digital Adoption	November 2021
Cloud for Healthcare – Data Platforms Peak Matrix® Assessment 2022	December 2021
Healthcare Payer Digital Services PEAK Matrix® Assessment 2022	May 2022
Healthcare Payer Digital Services – Service Provider Compendium 2022	August 2022
Value-based Care – State of the Market Report 2022	September 2022
Big Tech’s Foray into Healthcare – State of the Market Report 2022	October 2022
RCM Platforms PEAK Matrix® Assessment 2023	November 2022
Healthcare Customer Experience Platforms PEAK Matrix® Assessment 2023	December 2022
Healthcare Provider Digital Services PEAK Matrix® Assessment 2023	December 2022
Healthcare Cloud-based Core Administration Platform PEAK Matrix® Assessment 2023	March 2023
Risk Adjustment Solutions in Healthcare	March 2023
Healthcare Provider Digital Services – Service Provider Compendium 2023	Q1 2023
Healthcare Customer Experience Platforms – Product Vendor Compendium 2023	Q1 2023
Healthcare Cloud-based Core Administration Platform – Product Vendor Compendium 2023	Q2 2023
Healthcare Data & Analytics Services PEAK Matrix® Assessment 2023	Q2 2023

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