KLAS RESEARCH | Performance Insights

Segment Insights

Risk Adjustment 2023

Which Vendors Drive Value in a Shifting Market?

Performance Report | **March 2023**

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Risk Adjustment 2023

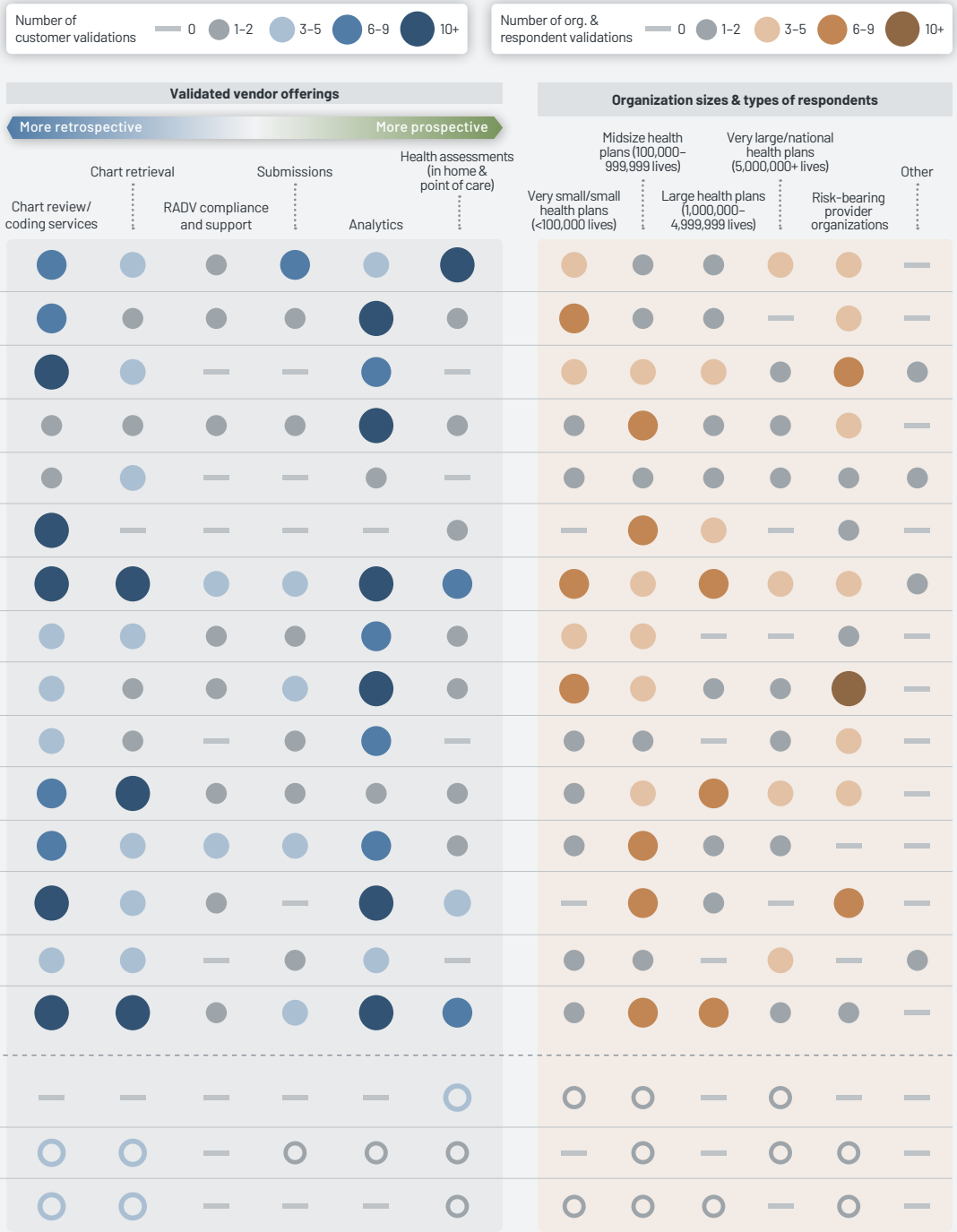
Which Vendors Drive Value in a Shifting Market?

Strategies employed by payers, provider-sponsored health plans, and provider organizations are starting to become more proactive, and the need for solutions with prospective, predictive capabilities is rising. Additionally, amid rising healthcare costs and economic uncertainty, organizations are looking for solutions that deliver more for less. This report examines risk adjustment vendors' abilities to drive outcomes and value, their prospective capabilities, and their offerings' ease of use.

Snapshot of Vendor Performance and Validated Customer Use

Vendors ordered by overall performance score

Hollow circle=limited data



	Overall performance score (100-point scale)
Vatica Health (n=10)	92.5
EXL (n=12)	88.2
Apixio (n=15)	86.7
Pareto Intelligence (n=12)	86.7
Advantmed (n=6)	85.2
Talix by Edifecs (n=8)	85.2
Episource (n=25)	84.8
Veradigm (n=6)	84.7
MedInsight (n=22)	84.5
Arcadia (n=7)	79.3
Ciox Health (n=20)	78.0
Change Healthcare (n=13)	77.9
Health Fidelity by Edifecs (n=11)	74.5
Cotiviti (n=6)	68.6
Inovalon (n=16)	50.3
*Limited data	
Matrix Medical Network (n=3)	88.8*
Advantasure (n=3)	84.1*
Optum (n=4)	59.7*

Episource & Veradigm Offer Broad Capabilities & Positive Customer Experience

Organizations using Episource and Veradigm highlight the vendors' breadth of capabilities and are often more satisfied than customers of other broad vendors in the market. **Episource** exceeds customers' expectations for chart retrieval rates and coding accuracy by partnering with them on how to use the comprehensive solution. Respondents appreciate the direction the vendor is moving in, stating that they have become more proactive and the project managers have improved. The few very frustrated customers note they were oversold on health assessments, which the vendor has since discontinued. Validated **Veradigm** customers report a stronger partnership post-acquisition thanks to executive leadership changes as well as the vendor's willingness to fix problems, develop the solution, meet regularly, and provide account managers who help organizations meet goals. The solution is seen as flexible and helps customers target which patients should meet with a physician; analytics for gap closure is also a strength. A couple of respondents feel the coding services need improvement, and there are mixed reviews about the implementation and training.

Well-Known Vendors Inovalon, Cotiviti & Optum (Limited Data) Falling Behind

Inovalon is used more broadly than other risk adjustment vendors and is often used for their payer quality solution. The 33% of respondents who would buy the solution again say training during implementation and an internal QA process are critical to achieving outcomes (e.g., cost savings, useful analytics, good retrieval rates). Over half of all respondents plan to leave, and others would not buy the solution again due to the cost, missing outcomes, staff frustrations, and lack of promised technology. Customer feedback is mixed for **Cotiviti** (who is also well known for their payer quality solution). The most-satisfied customers feel the solution (while expensive) drives value, the chart retrieval helps them get needed information, and the support is helpful. Frustrated customers cite a poor, reactive vendor relationship and old technology. Customers of **Change Healthcare** (recently acquired by Optum) share that the reporting works well and that they value having standing meetings with the vendor. Most respondents report challenges; 29% plan to leave as a result of lacking advancements and usability, inaccurate data, and unhelpful support. Of the four interviewed **Optum** (limited data) customers, only one says the vendor is part of their long-term plans. Those who are leaving mention inconsistencies, problems with lagging, an outdated UI, and buggy upgrades. A couple of respondents highlight that their account manager is great to work with but note issues getting problems solved.

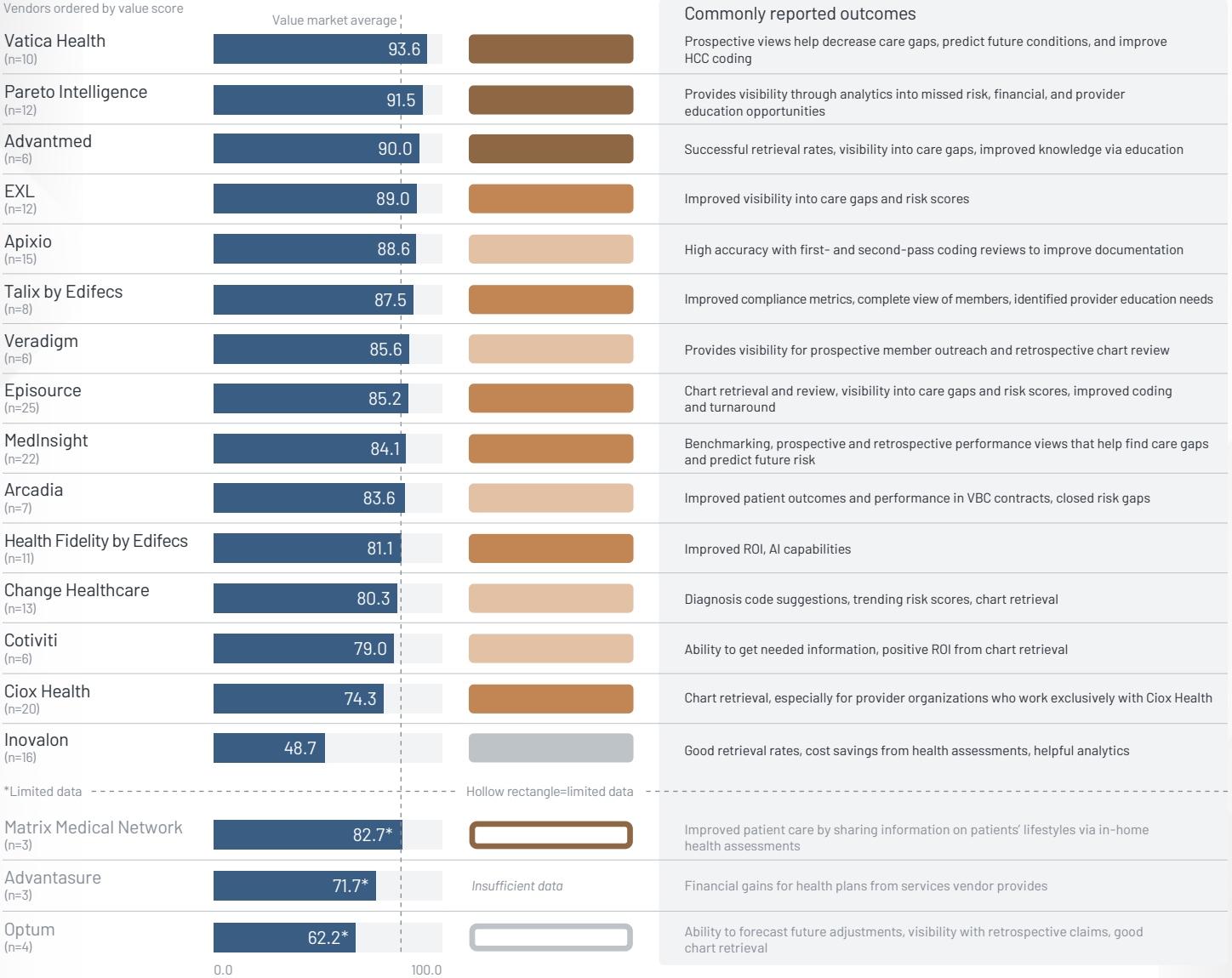
Value, Would You Buy Again & Commonly Reported Outcomes

Vendors ordered by value score

Value score (100-point scale)

Would you buy again (percent of respondents who answered yes): <60% | 60%–79% | 80%–99% | 100%

Note: Percentages are calculated based on individual respondent counts, not unique organizations.



	Commonly reported outcomes
Vatica Health (n=10)	Prospective views help decrease care gaps, predict future conditions, and improve HCC coding
Pareto Intelligence (n=12)	Provides visibility through analytics into missed risk, financial, and provider education opportunities
Advantmed (n=6)	Successful retrieval rates, visibility into care gaps, improved knowledge via education
EXL (n=12)	Improved visibility into care gaps and risk scores
Apixio (n=15)	High accuracy with first- and second-pass coding reviews to improve documentation
Talix by Edifecs (n=8)	Improved compliance metrics, complete view of members, identified provider education needs
Veradigm (n=6)	Provides visibility for prospective member outreach and retrospective chart review
Episource (n=25)	Chart retrieval and review, visibility into care gaps and risk scores, improved coding and turnaround
MedInsight (n=22)	Benchmarking, prospective and retrospective performance views that help find care gaps and predict future risk
Arcadia (n=7)	Improved patient outcomes and performance in VBC contracts, closed risk gaps
Health Fidelity by Edifecs (n=11)	Improved ROI, AI capabilities
Change Healthcare (n=13)	Diagnosis code suggestions, trending risk scores, chart retrieval
Cotiviti (n=6)	Ability to get needed information, positive ROI from chart retrieval
Ciox Health (n=20)	Chart retrieval, especially for provider organizations who work exclusively with Ciox Health
Inovalon (n=16)	Good retrieval rates, cost savings from health assessments, helpful analytics
Matrix Medical Network (n=3)	Improved patient care by sharing information on patients' lifestyles via in-home health assessments
Advantasure (n=3)	Financial gains for health plans from services vendor provides
Optum (n=4)	Ability to forecast future adjustments, visibility with retrospective claims, good chart retrieval

Note: Value scores are a composite of customer ratings for the following standard KLAS metrics: money's worth, avoids nickel-and-diming, drives tangible outcomes, and exceeds expectations.

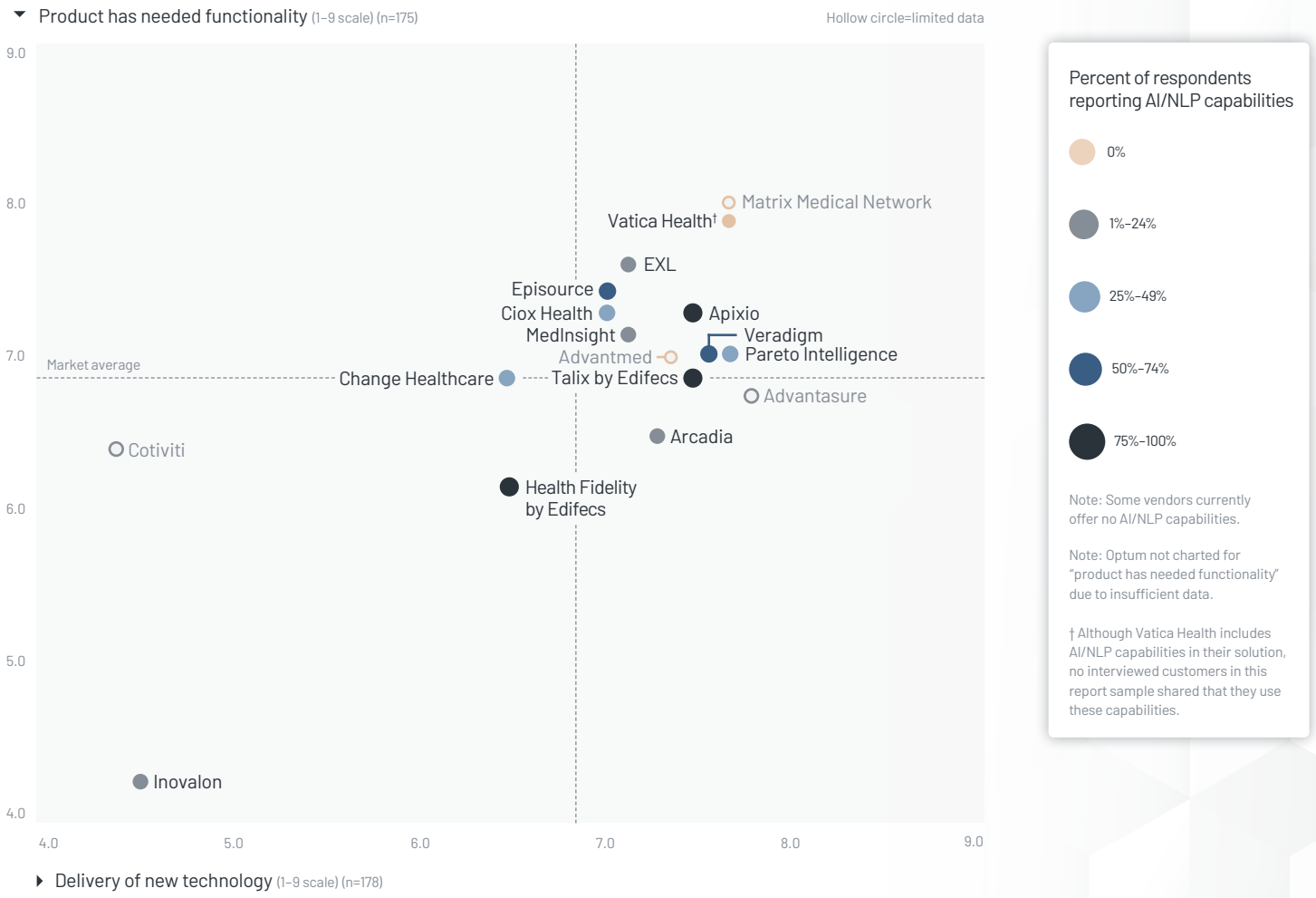
Health Assessments from Vatica Health Offer Unique Approach that Drives Value for Customers

While also supporting customers' strategies in many risk adjustment areas, 2023 Best in KLAS winner **Vatica Health** takes a unique, provider-centric approach to risk adjustment by providing point-of-care health assessments. This approach drives value for customers of all types, who note the solution can provide accurate HCC codes, significant provider penetration at the point of care, real-time prospective data, decreased care gaps, and predictions for future conditions. Physician users specifically note that the tool fits well into their workflow; a few respondents mention challenges related to initial physician buy-in. **Matrix Medical Network** (limited data) is used by a large customer base for in-home health assessments, and customers report the vendor provides a good experience at a fair price. Some respondents say that the nurses are excellent and bring insights that shape members' care. Customers feel the vendor is less flexible than desired after removing some of their offerings (such as the mobile health clinic services), leaving customers to feel stuck following the status quo.

NLP from Apixio Leads to High Accuracy, Narrow Focus Has Some Customers Looking Elsewhere; Health Fidelity & Talix Customers Experiencing Bumps Post-Acquisition

For chart reviews and coding services, AI/NLP capabilities are often important, and Apixio, Health Fidelity, and Talix provide these capabilities to enable organizations to identify risk-gap opportunities effectively and accurately. **Apixio's** AI-powered solution helps customers retrospectively look at charts to properly document and find a higher rate of overlooked codes. Most users are satisfied with their outcomes; the 35% who are considering leaving are looking to consolidate and find a solution with broader, more prospective capabilities (which Apixio has begun to introduce over the last year). **Health Fidelity by Edifecs** offers a broad set of validated capabilities, and satisfied customers appreciate the solution's ability to find missing HCC codes via NLP. Many respondents have seen an ROI, especially from the post-encounter functionality; some report false-positive issues with this functionality. The majority of customers feel uncertain about the future post-acquisition due to declining proactivity, service, and delivery of promises (especially related to the product working as promoted). **Talix by Edifecs** provides a focused solution that utilizes NLP to improve the accuracy of chart reviews and coding services, and customers often describe the solution as easy to use. Respondents initially reported post-acquisition service challenges due to turnover; however, some have more recently seen an increase in support and responsiveness.

Product Has Needed Functionality vs. Delivery of New Technology (with AI/NLP Capabilities)



Note: Some vendors currently offer no AI/NLP capabilities.

Note: Optum not charted for "product has needed functionality" due to insufficient data.

† Although Vatica Health includes AI/NLP capabilities in their solution, no interviewed customers in this report sample shared that they use these capabilities.

Advantmed Sees Increased Customer Satisfaction after Leadership Changes; Ciox Health Often Used for Chart Retrieval but with Some Missed Expectations

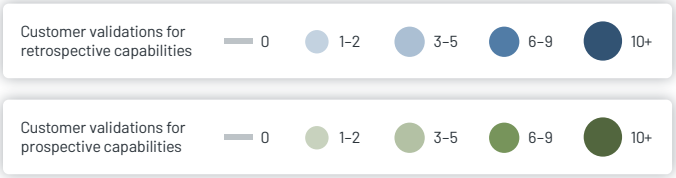
Customers report **Advantmed** has improved their partnership by becoming more flexible, proactive, and responsive when problems arise, especially since recent leadership changes were made. Respondents mention that the good integration drives successful retrieval rates and that the vendor delivers what is expected. Reporting is the most common problem among respondents because of data quality issues and struggles finding previous reports. **Ciox Health** customers often work with the vendor due to relationships with provider organizations that also use Ciox Health. Several respondents have seen improvements in the account managers' ability to solve problems and keep promises, and a few note that using one vendor for both coding and chart retrieval has increased their outcomes. Reported frustrations include fewer chart retrievals than expected and nickel-and-diming during the reporting and retrieval process.

For Analytics, EXL's Easy-to-Use Offering Aids Customer Utilization; MedInsight & Pareto Intelligence Offer Prospective Capabilities, though Broad Offering Can Add to Complexity

EXL's easy-to-use, intuitive solution and strong analytics help customers better capture codes, improve care gaps, and predict future progress. Respondents also highlight that the vendor is willing to provide additional training as needed. Going forward, customers want EXL to expand their offering and deliver more AI/predictive capabilities. **MedInsight** offers a risk and payer quality analytics platform that provides prospective and retrospective views, enabling users to better benchmark, find care gaps, and identify risk. Customers praise the customizability and helpful support. Due to the platform's complexity, a few customers feel the solution could be easier to use and want more guidance. Additionally, provider customers (who tend to be the most frustrated) often mention the need for better EMR integration. **Pareto Intelligence** provides analytics-focused services and technology with predictive algorithms that assess risk. Interviewed customers say the solution drives outcomes and appreciate the vendor's partnership, flexibility, and responsiveness. Many respondents note the product can be difficult to use, and a few report recent support bumps from staff turnover. **Arcadia** customers (mostly provider organizations) say the solution drives outcomes for population health and reduced care gaps. The solution's complexity lessens the ease of use for customers, who note utilization training could be helpful. While the vendor is solving problems, some respondents feel resolution times are longer than expected; implementations and integration are also cited as frustrations.

Ease of Use & Validated User Adoption

Vendors ordered by ease-of-use score, then alphabetically



Hollow circle= limited data	Ease of use (1–9 scale)	Validated user adoption	
		Retrospective	Prospective
Apixio (n=13)	8.2		
EXL (n=12)	8.2		
Talix by Edifecs (n=8)	8.2		
Episource (n=20)	8.1		
Ciox Health (n=18)	7.5		
MedInsight (n=22)	7.5		
Vatica Health (n=8)	7.5		
Veradigm (n=6)	7.5		
Health Fidelity by Edifecs (n=11)	7.4		
Change Healthcare (n=11)	7.2		
Pareto Intelligence (n=8)	7.2		
Arcadia (n=7)	7.1		
Advantmed (n=6)	6.7		
Inovalon (n=14)	5.1		
*Limited data			
Matrix Medical Network (n=3)	8.0*		
Advantasure (n=3)	7.5*		
Cotiviti (n=3)	6.3*		
Optum (n=3)	5.5*		

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Report Information

Share your experience with peers.
Take a short survey about your risk adjustment solution.

About This Report

Each year, KLAS interviews thousands of healthcare professionals about the IT solutions and services their organizations use. For this report, interviews were conducted over the last 12 months using KLAS' **standard quantitative evaluation** for healthcare software, which is composed of 16 numeric ratings questions and 4 yes/no questions, all weighted equally. Combined, the ratings for these questions make up the overall performance score, which is measured on a 100-point scale. The questions are organized into six customer experience pillars—culture, loyalty, operations, product, relationship, and value.

Customer Experience Pillars

Category	Culture	Loyalty	Operations	Product	Relationship	Value
Standard software evaluation metrics	Proactive service Keeps all promises Product works as promoted	Would you buy again Part of long-term plans Forecasted satisfaction Overall satisfaction Likely to recommend	Quality of training Quality of implementation Ease of use	Overall product quality Product has needed functionality Supports integration goals Delivery of new technology	Quality of phone/ web support Executive involvement	Money's worth Avoids charging for every little thing Drives tangible outcomes

Note: Some organizations may have rated more than one product.

	Standard Evaluations		Estimated Customer Base for Measured Solution
	# of unique organizations	# of individual respondents	# of unique organizations
Advantasure	3	4	≤25
Advantmed	6	6	≤25
Apixio	15	20	26–50
Arcadia	7	8	≤25
Change Healthcare	13	14	>50
Ciox Health	20	21	>50
Cotiviti	6	6	26–50
Episource	25	27	26–50
EXL	12	13	26–50
Health Fidelity by Edifecs	11	19	≤25
Inovalon	16	19	>50
Matrix Medical Network	3	3	>50
MedInsight	22	25	26–50
Optum	4	5	>50
Pareto Intelligence	12	14	26–50
Talix by Edifecs	8	11	≤25
Vatica Health	10	13	≤25
Veradigm	6	9	26–50
Other validated vendors			
Cognisight	3	3	≤25
Dynamic Healthcare Systems	2	2	26–50
Edifecs	3	3	>50
GeBBs Healthcare Solutions	2	2	≤25
Signify Health	3	3	>50

Sample Sizes

Unless otherwise noted, sample sizes displayed throughout this report (e.g., n=16) represent the total number of *unique customer organizations* interviewed for a given vendor or solution. However, it should be noted that to allow for the representation of differing perspectives within any one customer organization, samples may include surveys from different individuals at the same organization. The table below shows the total number of unique organizations interviewed for each vendor or solution as well as the total number of individual respondents.

Some respondents choose not to answer particular questions, meaning the sample size for any given vendor or solution can change from question to question. When the number of *unique organization* responses for a particular question is less than 6, the score for that question is marked with an asterisk (*) or otherwise designated as "limited data." If the sample size is less than 3, no score is shown. Note that when a vendor has a low number of reporting sites, the possibility exists for KLAS scores to change significantly as new surveys are collected.

Reader Responsibility

KLAS data and reports are a compilation of research gathered from websites, healthcare industry reports, interviews with healthcare, payer, and employer organization executives and managers, and interviews with vendor and consultant organizations. Data gathered from these sources includes strong opinions (which should not be interpreted as actual facts) reflecting the emotion of exceptional success and, at times, failure. The information is intended solely as a catalyst for a more meaningful and effective investigation on your organization's part and is not intended, nor should it be used, to replace your organization's due diligence.

KLAS data and reports represent the combined candid opinions of actual people from healthcare, payer, and employer organizations regarding how their vendors, products, and/or services perform against their organization's objectives and expectations. The findings presented are not meant to be conclusive data for an entire client base. Significant variables—including a respondent's role within their organization as well as the organization's type (rural, teaching, specialty, etc.), size, objectives, depth/breadth of software use, software version, and system infrastructure/network—impact opinions and preclude an exact apples-to-apples comparison or a finely tuned statistical analysis.

KLAS makes significant effort to identify all organizations within a vendor's customer base so that KLAS scores are based on a representative random sample. However, since not all vendors share complete customer lists and some customers decline to participate, KLAS cannot claim a random representative sample for each solution. Therefore, while KLAS scores should be interpreted as KLAS' best effort to quantify the customer experience for each solution measured, they may contain both quantifiable and unidentifiable variation.

We encourage our clients, friends, and partners using KLAS research data to take into account these variables as they include KLAS data with their own due diligence. For frequently asked questions about KLAS methodology, please refer to klasresearch.com/faq.

Copyright Infringement Warning

Note

Performance scores may change significantly when additional organizations are interviewed, especially when the existing sample size is limited, as in an emerging market with a small number of live clients.

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Vendor Insights

Advantasure Risk Solutions

Figure 1 **Advantasure—Customer Experience Pillars**
(n=3)

*Limited data

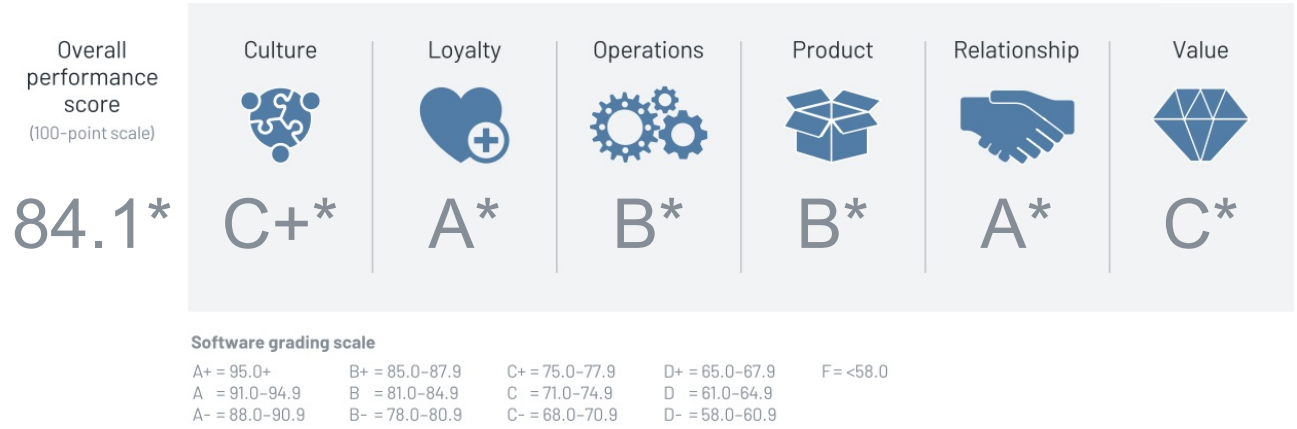
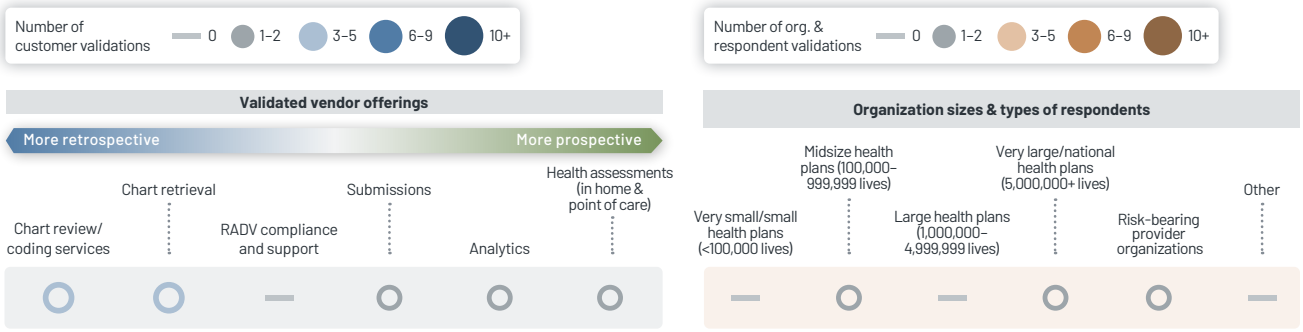


Figure 2 **Snapshot of Advantasure Performance and Validated Customer Use**

Hollow circle=limited data



Validated Lines of Business:

Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)

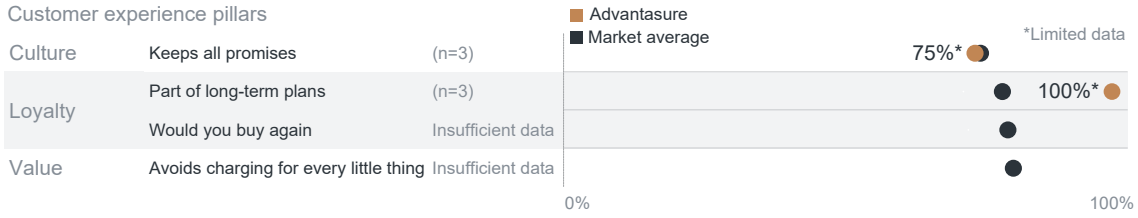
Advantasure's risk solution is most often used by BCBS health plans and provider organizations for its incentive program that drives financial gains and for its broad capabilities (e.g., analytics, chart review and retrieval, health assessments, submissions). The technology is often accompanied by services. Some customers mention the support people are responsive and cite support as a strength of the vendor. A couple of respondents feel the vendor could more proactively let them know about changes. Other commonly reported challenges include slow and glitchy integration, the need for better ongoing training, difficulties getting needed data about changes in patients' risk scores, and chart retrieval issues due to Advantasure not having relationships with some provider organizations.

"We are using an incentive program, so we are getting a lot of money from using Advantasure. We are definitely getting a financial gain. The vendor will be in our long-term plans as long as they keep the incentive program. For the incentive program, I would definitely recommend Advantasure, but if someone had to pay for Advantasure, I would not recommend them." —Program manager

"We have had a hard time getting reporting metrics from Advantasure. Because of certain factors, they don't have much of an incentive to give us good metrics. Some of the metrics for improvement over time do not make a lot of sense. We have a hard time pulling out what has happened over time with the system and how much it has impacted our patient population. We get very limited data about changes in our patients' risk scores." —Director of population health

Figure 3 **Advantasure—Standard Numeric Indicators**
(1–9 scale)

Figure 4 **Advantasure—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Advantmed ELEVATE Risk Adjustment Insights

Figure 5 **Advantmed—Customer Experience Pillars**
(n=6)

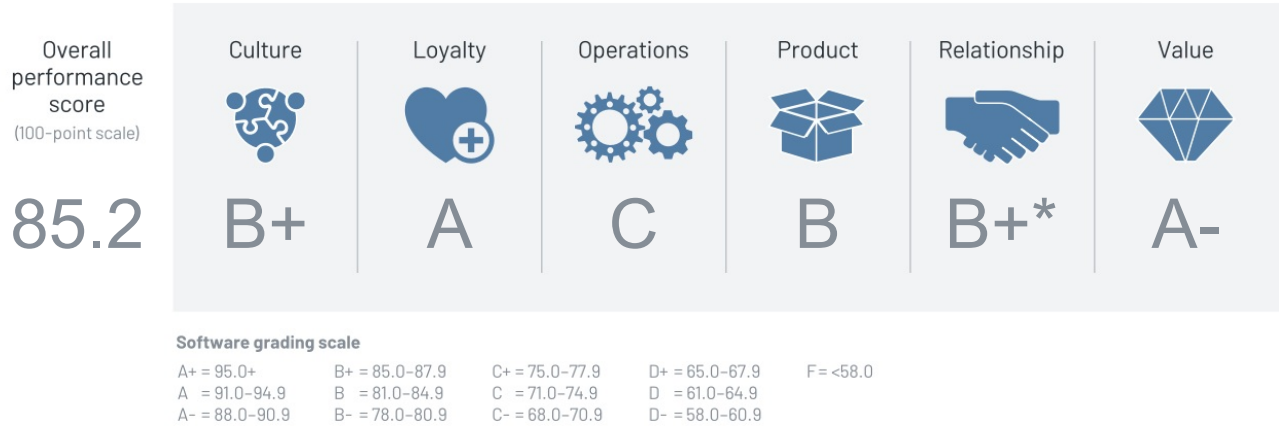
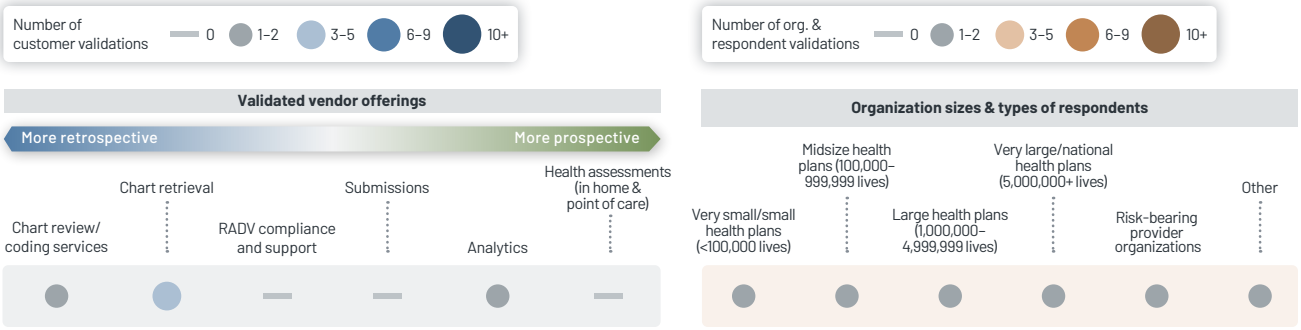


Figure 6 **Snapshot of Advantmed Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)

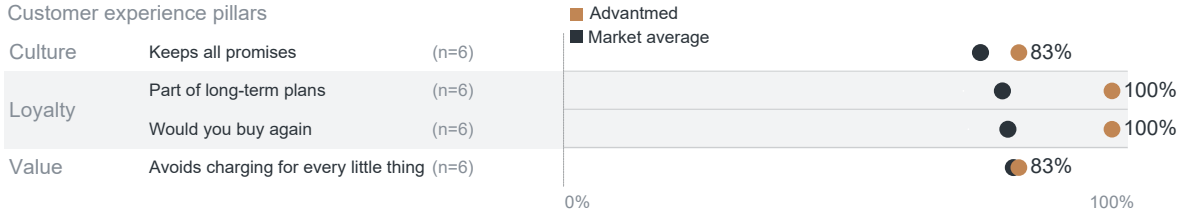
Advantmed's solution is used by health plans of all sizes and provider organizations for mostly retrospective chart retrieval/review and coding services; the vendor is also starting to do health assessments. Although Advantmed previously oversold customers on what the product could do, current respondents have seen positive improvements. Respondents view the vendor as a strong partner, highlighting that they are proactive, easy to work with, adaptable to organizational needs, and responsive to problems (especially since some leadership changes have been made). Customers also mention that the good integration drives successful retrieval rates and that the vendor often delivers beyond expectations; a couple of interviewed customers specifically report that Advantmed is able to consistently provide over 90% of retrievals. Both payer and provider organizations view the patient portal as a strength due to its ability to show care gaps and provide education to improve care. Reporting is the problem most commonly mentioned by customers, who cite data quality issues and struggles in finding reports they have used previously. One larger health plan also expressed concern about the solution being able to scale.

"The system is pretty good. We use it in specific areas that have deep integration within the community and good, solid relationships. We don't want the vendor to change anything. We are pretty successful in the areas where Advantmed's system does retrieval. We are happy with our relationship. We get good rates from the vendor, and they still manage to do a pretty good job in harder markets. We are pretty happy with the product's results." —VP of risk adjustment

"Some workflows in the system don't always make sense to me. Oftentimes, we uncover data anomalies that make me question the reliability of the reports. We tell Advantmed about issues before they know about them. I feel like Advantmed should be the first one to know and tell us about things. I don't think that Advantmed's QA is really happening." —Director

Figure 7 **Advantmed—Standard Numeric Indicators**
(1–9 scale)

Figure 8 **Advantmed—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Apixio Risk Adjustment Suite

Figure 9 **Apixio—Customer Experience Pillars**
(n=15)

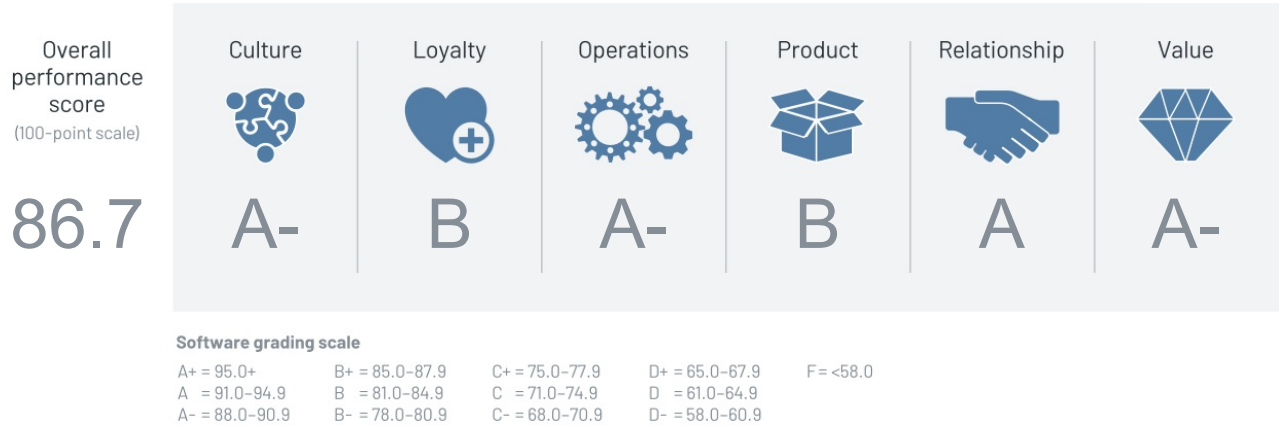
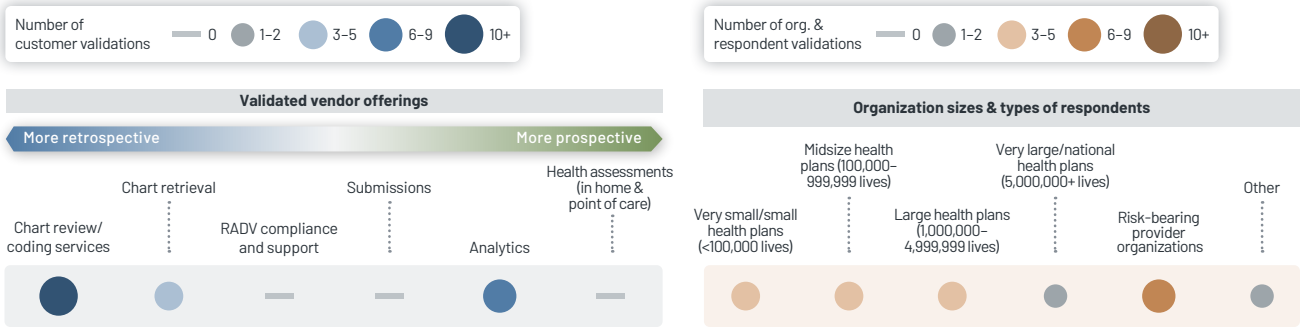


Figure 10 **Snapshot of Apixio Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)
MIPS program

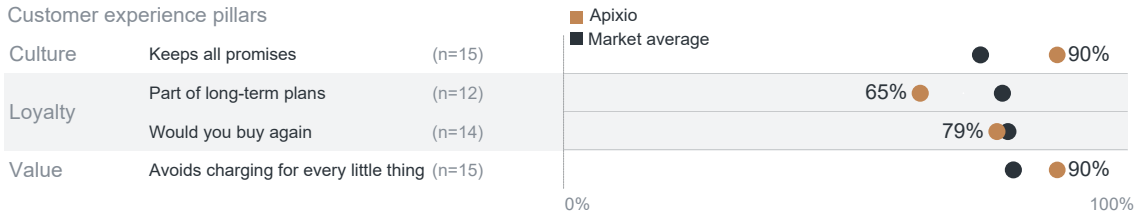
Payer and provider customers of Apixio most often report using the solution for chart review/retrieval (which utilizes strong NLP and ML) and coding services. The solution's AI capabilities help users retrospectively look at charts to properly capture documentation and find overlooked codes via first- and second-pass coding reviews. Respondents highlight that Apixio is a proactive partner who meets with them consistently and has a good vision that includes new products; a couple of customers hope the vendor will deliver more prospective, real-time functionality in the future. (Apixio has begun to introduce this functionality over the last year.) Less-satisfied users want better EMR integration and faster data loading, and some struggle using the dashboard and feel outcomes haven't been delivered. Though most Apixio customers are satisfied with the vendor's chart review/retrieval and coding services, several are considering leaving in order to find a vendor with more capabilities and consolidated solutions.

"The support team is very customer focused. Apixio listens to suggestions, especially from my leader. Apixio actually takes the information and makes changes based on feedback. It is a very worthwhile asset that a firm that supports risk adjustment is able to make changes based on the suggestions and needs of the clients. Apixio really wants to do anything they can to support their clients. Apixio is very organized. Their meetings are well run, and they do what they say they are going to do and provide what they say they are going to provide. If we request something from Apixio, they always provide it in a timely manner. Apixio is very responsive to requests and values their customers." —Director of risk adjustment

"The vendor could increase the number of EMRs that the product works within for EMR extraction. The vendor has hit a few EMRs, but the vendor really needs to make sure that they have capabilities with at least the top seven EMRs in the industry instead of just the top two. We want specific integration for retrieval and chart extraction." —Director

Figure 11 **Apixio—Standard Numeric Indicators**
(1–9 scale)

Figure 12 **Apixio—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Arcadia Risk Navigator Plus

Figure 13 **Arcadia—Customer Experience Pillars**
(n=7)

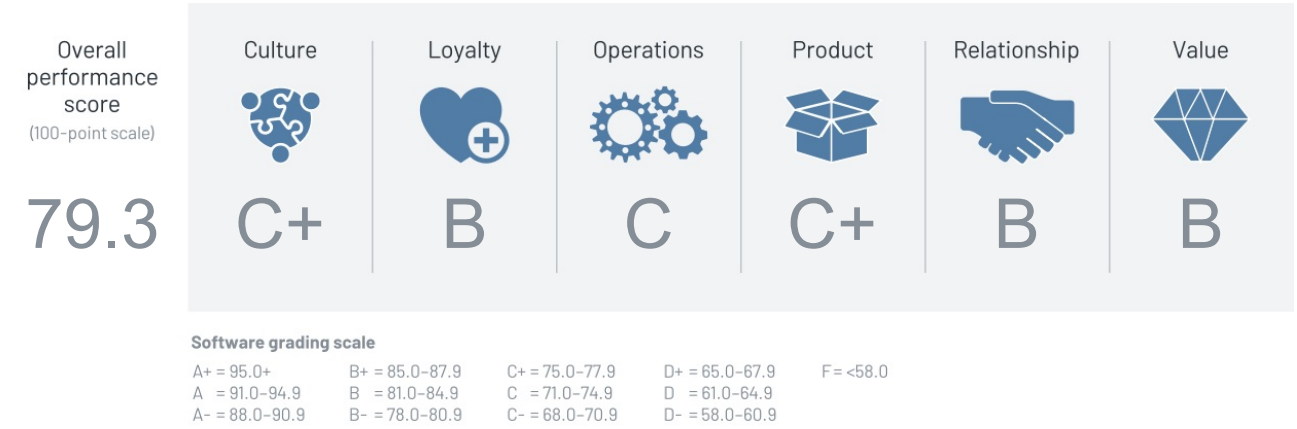
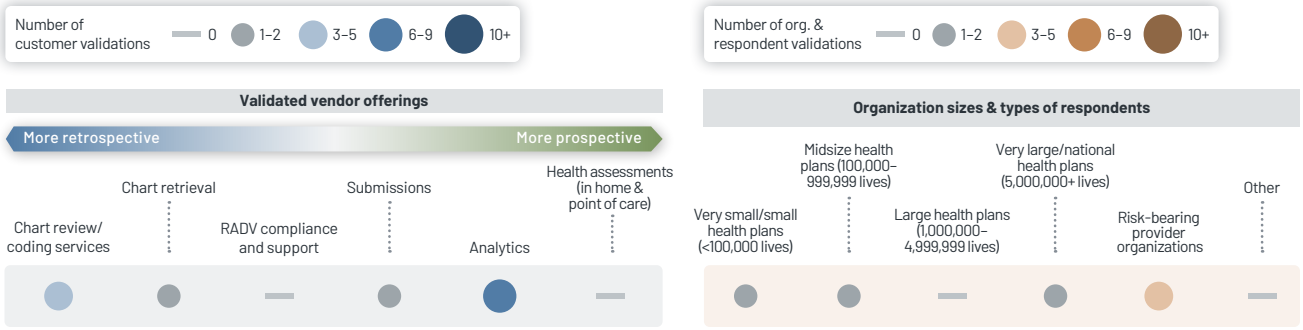


Figure 14 **Snapshot of Arcadia Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, individual and/or health insurance marketplace
Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)
State government programs (i.e., Medicaid, CHIP, other state programs)
Value-based contracting, delegated risk, and/or accountable care organization (ACO)

Validated users of Arcadia's solution mostly include provider organizations, who report that it can drive outcomes (particularly around population health and reducing care gaps). A couple of customers want to expand their use of the solution to support HEDIS measures but have not yet seen success in this area. Implementations are often noted as being difficult, and integration is an area of frustration. The solution's complexity sometimes lessens the ease of use for customers, and they note utilization training could be helpful. Additionally, feedback on the latest upgrade varies—certain respondents are excited about the changes, while others are frustrated that certain functionality is no longer there. Some customers note the vendor does work to solve problems but feel resolution times are longer than expected.

⊕ *"The solution is definitely producing tangible outcomes, especially with our high-risk populations and those who we enroll in care management programs. The solution is helping us immensely with both patient health outcomes and with our performance in our contract. The machine learning part of the solution is helping us identify high-risk populations more accurately and quickly than before, and the solution ultimately drives good outcomes."* —Director of population health

⊖ *"Arcadia's system is so hard to use because there are so many different parts to the program. It is a very complex tool with multiple pieces and parts to it. Trying to figure out the suite that is going to work for our providers is really difficult to do up front. I would recommend that the vendor figure out who is going to use the product and then figure out the best way to roll it out and implement everything. The implementation is pretty difficult."* —CEO

Figure 15 **Arcadia—Standard Numeric Indicators**
(1–9 scale)

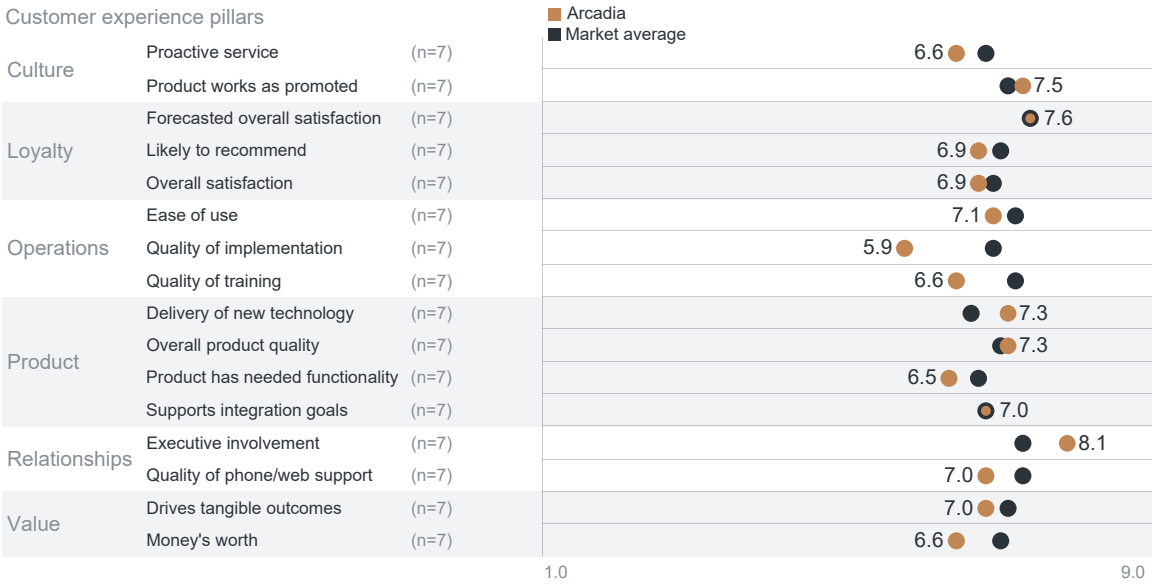
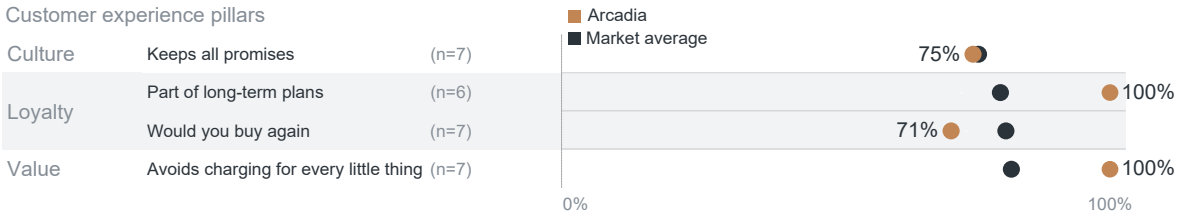


Figure 16 **Arcadia—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Change Healthcare Risk View (Risk Analytics)

Figure 17 **Change Healthcare—Customer Experience Pillars**
(n=13)

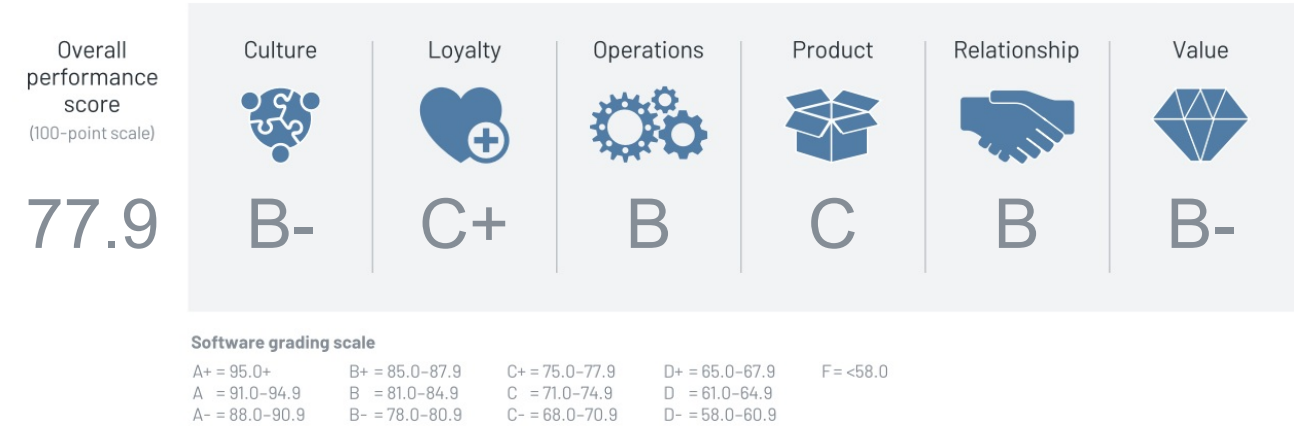
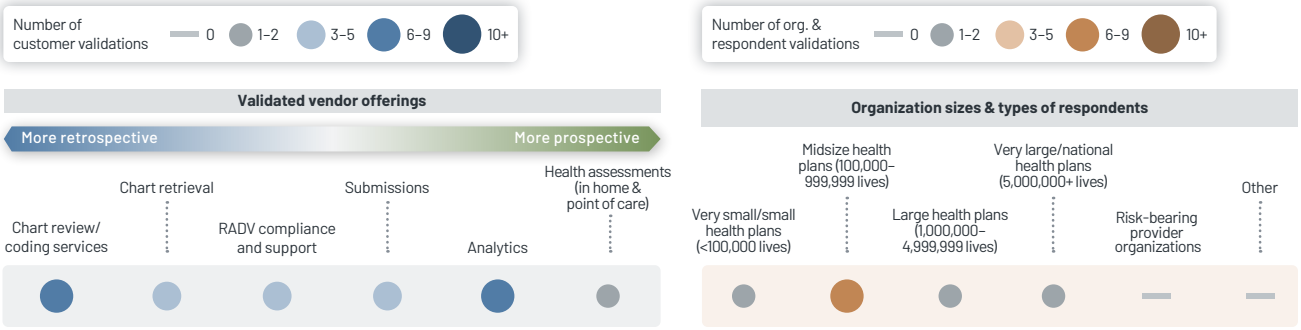


Figure 18 **Snapshot of Change Healthcare Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, individual and/or health insurance marketplace
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)
State government programs (i.e., Medicaid, CHIP, other state programs)
Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)

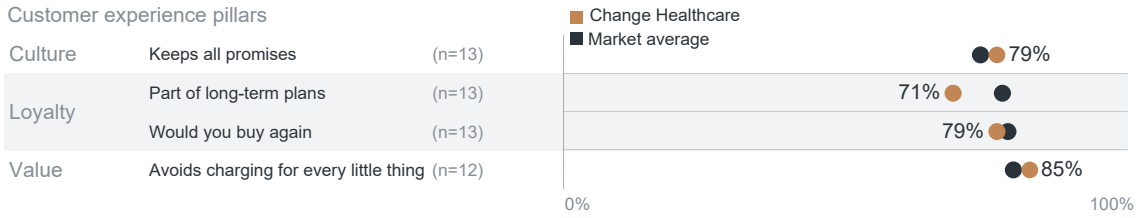
Change Healthcare Risk View (recently purchased by Optum) is composed of multiple solutions. Customers who are most satisfied with the solution feel the reporting works well, despite not being the easiest to use; they also mention that the regular vendor meetings are helpful. However, most respondents report challenges; 29% plan to leave as a result of lacking advancements, poor integration, inaccurate data, and unhelpful support. Other frustrated customers cite missed expectations with coding and expensive pricing.

⊕ *"Change Healthcare is very accommodating, and they work well with our data-support team. They are very responsive, and they work hard to collaborate with me. I have regular meetings with Change Healthcare, and they supply me with updates during those meetings about what projects we are working on or what action items we have had. We have good communication with the vendor, and we understand our goals and how to achieve them."* —Risk adjustment manager

⊖ *"Change Healthcare was pretty engaged in terms of delivering on their commitments. They didn't nickel-and-dime us on things. Since the move to Optum, we have seen a change in the way they have operated, and we are starting to do research on other partners that can offer similar solutions. Historically, Change Healthcare has just made minor changes when we have requested them. They haven't really charged us. Now we are starting to get estimates. The focus has switched from a collaboration and partnership to hitting revenue targets by charging us for everything."* —VP

Figure 19 **Change Healthcare—Standard Numeric Indicators**
(1–9 scale)

Figure 20 **Change Healthcare—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Ciox Health Risk Adjustment Solution

Figure 21 **Ciox Health—Customer Experience Pillars**
(n=20)

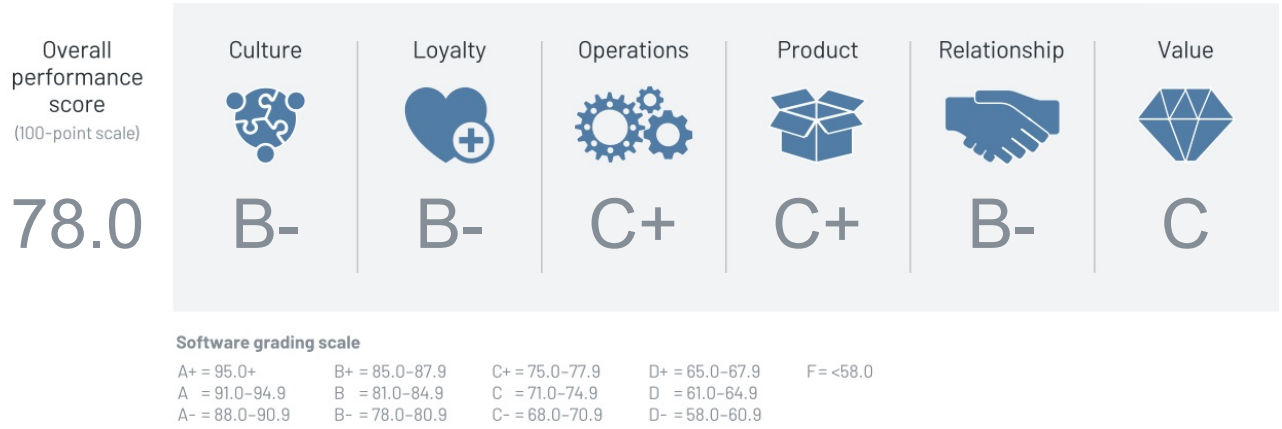
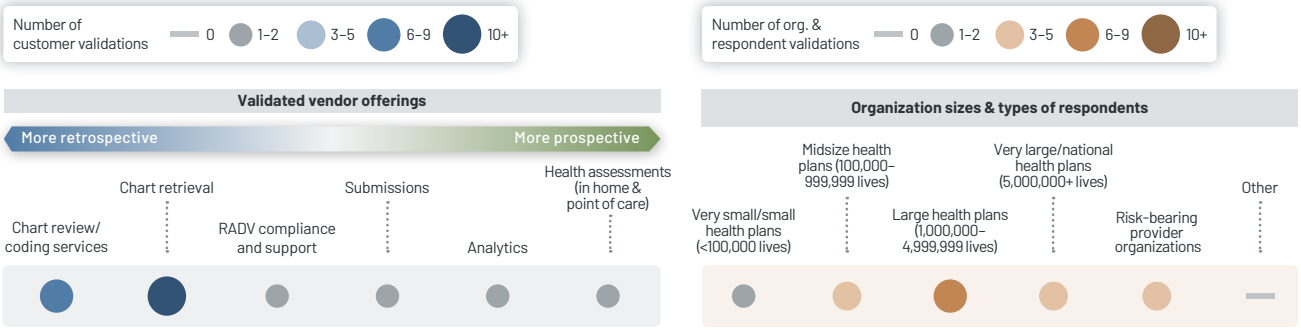


Figure 22 **Snapshot of Ciox Health Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, individual and/or health insurance marketplace
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)
State government programs (i.e., Medicaid, CHIP, other state programs)
Value-based contracting, delegated risk, and/or accountable care organization (ACO)
Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)

Ciox Health has a large customer base for their chart retrieval offering (which customers need due to the vendor's exclusive relationships with certain provider organizations), and they are beginning to expand into coding. Satisfied customers view the vendor as a partner and say they can retrieve expected charts, and a few note that using one vendor for both coding and chart retrieval has increased their outcomes. Several respondents also have seen improvements in the account managers' ability to solve problems and keep promises. Customers who are frustrated feel the vendor underperforms with chart retrievals compared to other vendors, are inflexible and unwilling to customize, and often nickel-and-dime for reporting and chart retrievals.

⊕ *"Ciox Health does well with their customer service and support. Ciox Health is responsive and fair. Our account representative is great to work with. I have a good relationship with them, and I have zero frustration. If we have a problem, our account representative reaches out and does the best they can. They are responsive when we bring an issue to their attention. We are happy with our account representative. Ciox Health gets better rates for pass-through fees than some of the smaller vendors, and that is an advantage of going with a large-scale vendor."* —Risk adjustment specialist

⊖ *"We have had issues where we have managed projects with Ciox Health. When they are unable to retrieve the chart through their managed process, it then comes back to corporate to work on, and then corporate reaches out to a provider facility to get the chart, and that comes from Ciox Health, so we get charged twice. So now we are paying double for a chart because Ciox Health couldn't retrieve it the first time we asked and it is going through a secondary channel. We always seem to be paying double on things that we shouldn't be paying for."* —Director

Figure 23 **Ciox Health—Standard Numeric Indicators**
(1–9 scale)

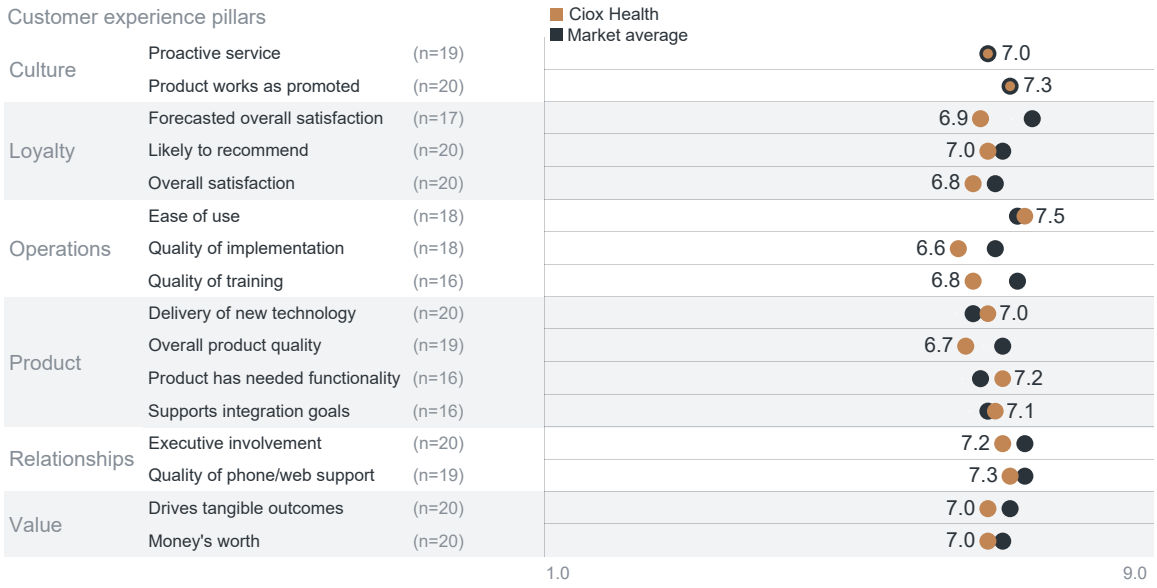
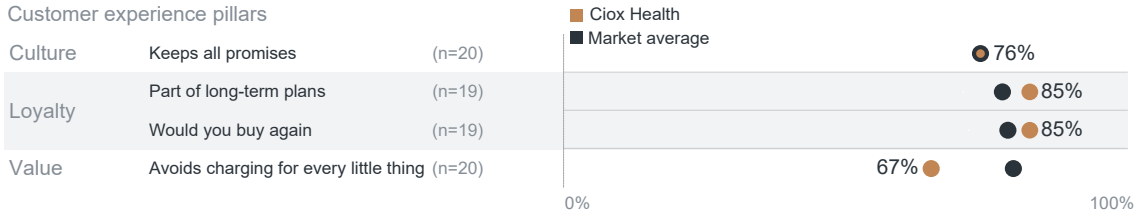


Figure 24 **Ciox Health—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Cotiviti Risk Adjustment Solutions

Figure 25 **Cotiviti—Customer Experience Pillars**
(n=6)

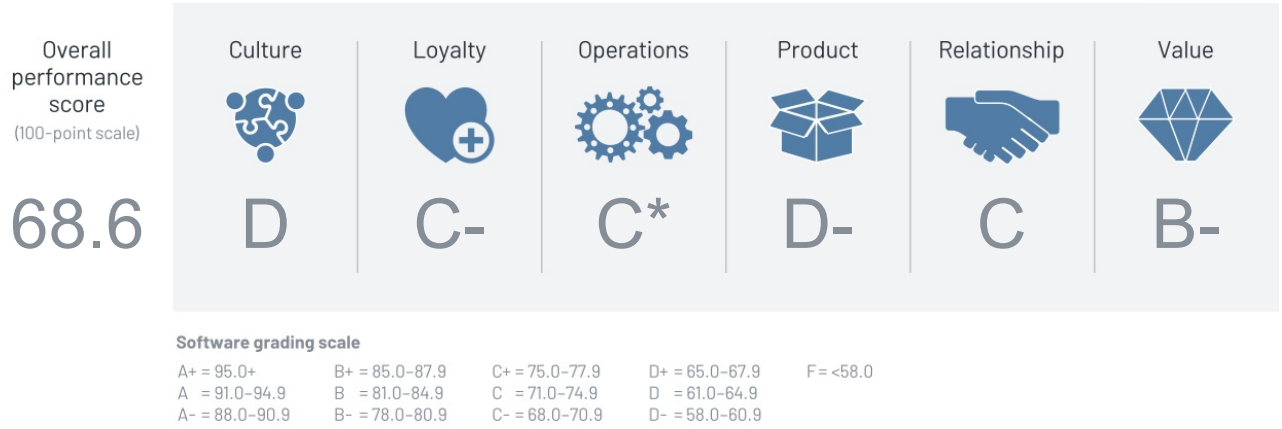
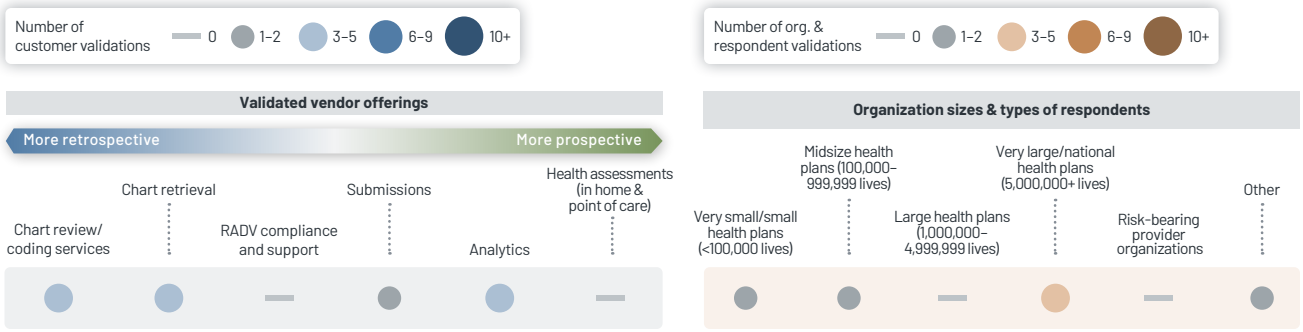


Figure 26 **Snapshot of Cotiviti Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, individual and/or health insurance marketplace
Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)

Cotiviti is well known for their payer quality solution and works with some of the largest health plans in the US. Customer feedback varies. Most respondents share that the chart retrieval functionality helps them access needed information and that the comprehensive product, though expensive, drives value. Satisfied customers feel that the vendor's staff members are knowledgeable and helpful; frustrated customers feel the vendor relationship is poor and the support is reactive. Additionally, those who are dissatisfied feel the technology is old and in need of an update. Some note that Cotiviti is investing in new technology but that the investments might not be enough. 40% of respondents don't see the vendor as part of their long-term plans.

"We can't do our reviews without the charts that Cotiviti's product supplies us with. There is a good ROI on the charts that they get us." —HCC coding manager

"We are not happy with the vendor at all. In terms of relationship management, the vendor struggles to make the connection about risk adjustment in the health space and how it impacts the overall health of a health plan. The vendor's account managers don't seem to understand the significance of the business. They don't do a great job at internal communication. We share a request or an issue, and it gets stuck because the vendor doesn't have a good process to channel requests, process, and respond meaningfully. They are not agile enough to make adjustments to the platform that we use." —VP

Figure 27 **Cotiviti—Standard Numeric Indicators**
(1–9 scale)

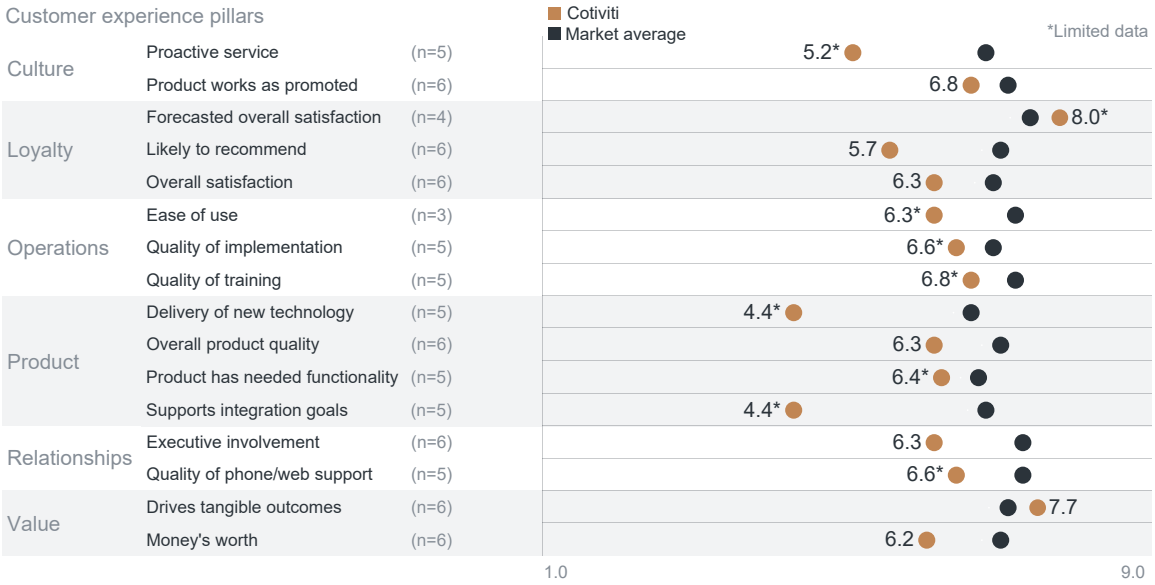
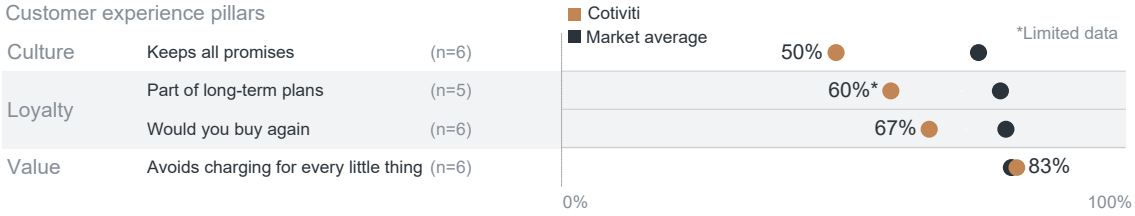


Figure 28 **Cotiviti—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Episource Risk Adjustment and Analytics

Figure 29 **Episource—Customer Experience Pillars**
(n=25)

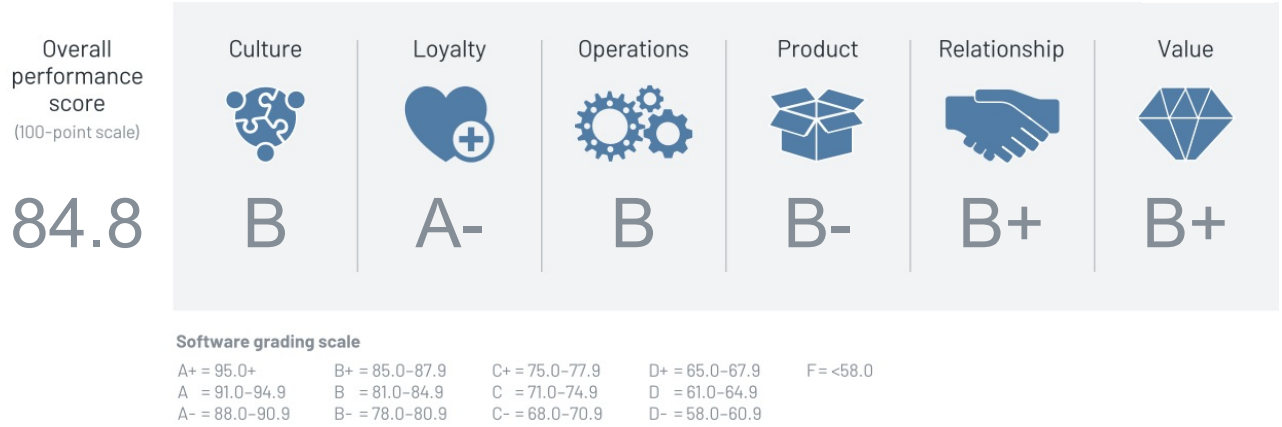
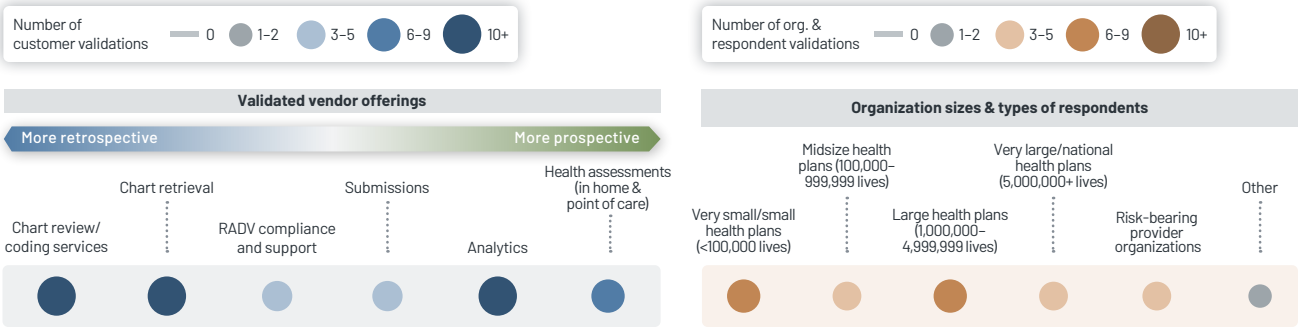


Figure 30 **Snapshot of Episource Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, individual and/or health insurance marketplace
Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)
State government programs (i.e., Medicaid, CHIP, other state programs)
Value-based contracting, delegated risk, and/or accountable care organization (ACO)

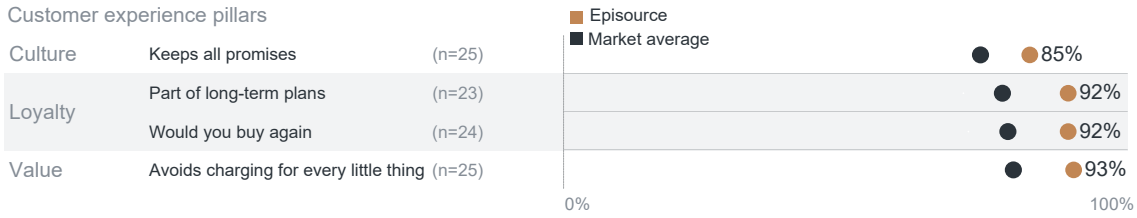
Episource is seen as a partner who helps customers fully utilize the broad solution. Respondents appreciate the direction the vendor is moving in, stating that they have become more proactive and the project managers have improved. The solution's chart retrieval and chart review also often exceed customers' expectations. The few very frustrated customers report they often experienced issues with the health assessments, which Episource has since discontinued. A couple of newer customers note the vendor overpromised the solution's capabilities during the sales process.

⊕ *"I have a great relationship with Episource. They take all of our demographic data and put it into the system. The system gives us our risk adjustment factor scores and tells us what our gaps are, how we can improve, and what we need to do. The system can also show us how we can increase our scores. With the vendor's analytics, we get every piece of information on the patient that we need. The vendor's search engine and analytic tool also provide information for HEDIS measures. The vendor gets all the data from our lab and our x-rays as well. Episource provides doctors with a complete and large report. They have a very robust template for annual wellness visits."* —Director

⊖ *"There is some detail in the reporting that is lacking. The management of some of our projects, including chart collection, has been not quite as strong as we would like, and the work required to complete health risk assessments hasn't gone well for us. We are not sure whether we are going to continue using the system. The vendor lacks the ability to forward digital monitors to members so that they can capture blood pressure and weight during a health risk assessment via telehealth. That is a problem for us."* —Director of risk adjustment

Figure 31 **Episource—Standard Numeric Indicators**
(1–9 scale)

Figure 32 **Episource—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



EXL EXLClarity

Figure 33 **EXL—Customer Experience Pillars**
(n=12)

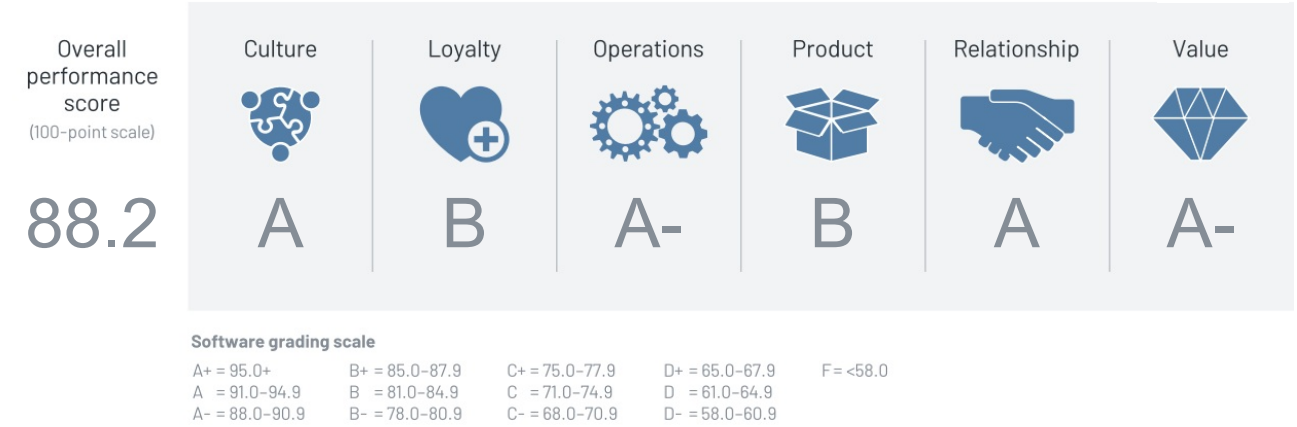
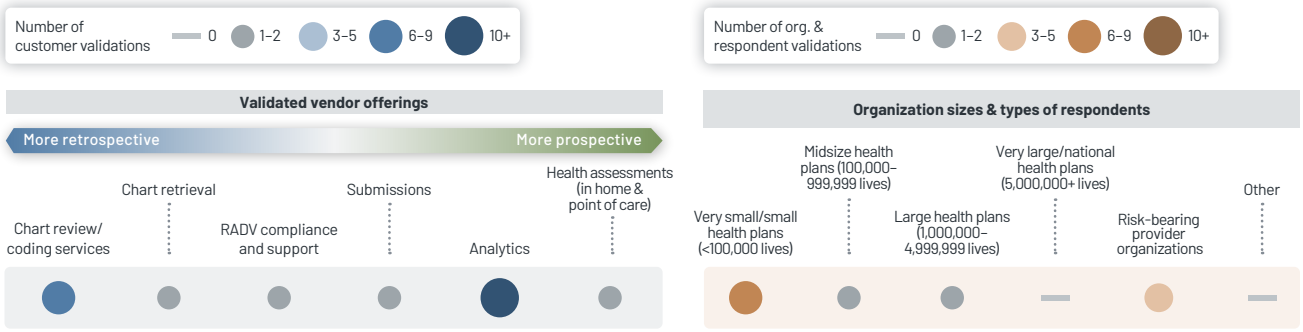


Figure 34 **Snapshot of EXL Performance and Validated Customer Use**
Hollow circle=limited data



Validated Lines of Business:

Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)

EXL's easy-to-use, intuitive solution is mostly used by small and midsize health plans and provider organizations, who say the strong analytics help them better capture codes, improve care gaps, and gain visibility to both predict progress and provide individual performance feedback. Respondents also highlight that the vendor is a strong, responsive partner who provides regular meetings, additional training as necessary, and needed reports. Going forward, customers want EXL to continue to expand their offering and deliver more AI/predictive capabilities. A couple of frustrated respondents mention that the vendor recently raised their prices.

"EXL makes things about us. They figure out a way to have their platform, analytics, staffing, and resources benefit what we are doing. They are great listeners. They really take the time to understand what our goals are, even if they aren't industry standard. They are willing to help us push forward toward the goals. That is what makes them amazing partners." —Director

"I would like to see more trending data from EXLClarity. That would be useful." —Manager

Figure 35 **EXL—Standard Numeric Indicators**
(1–9 scale)

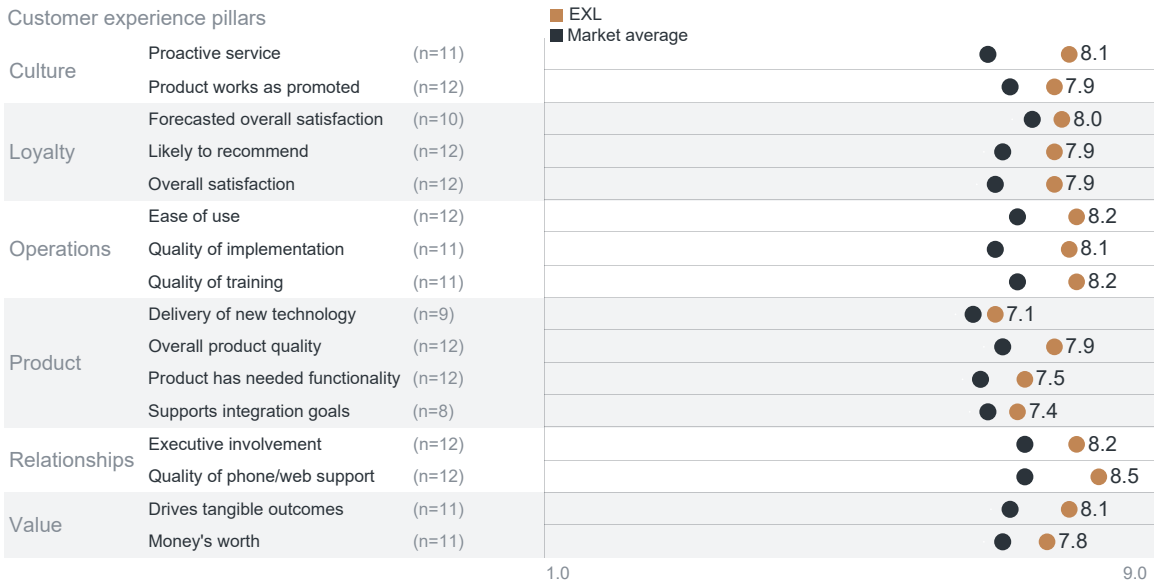
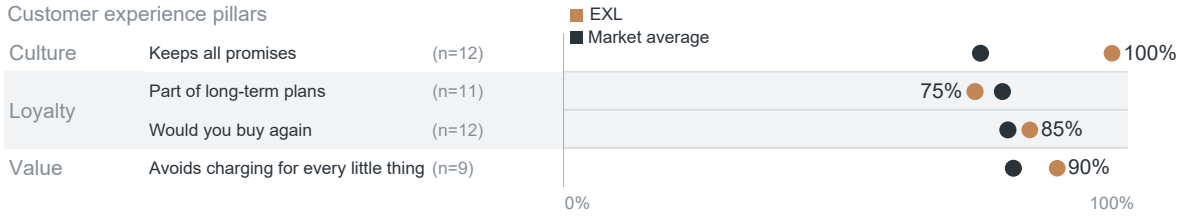


Figure 36 **EXL—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Health Fidelity by Edifecs Lumanent

Figure 37 **Health Fidelity by Edifecs—Customer Experience Pillars**
(n=11)

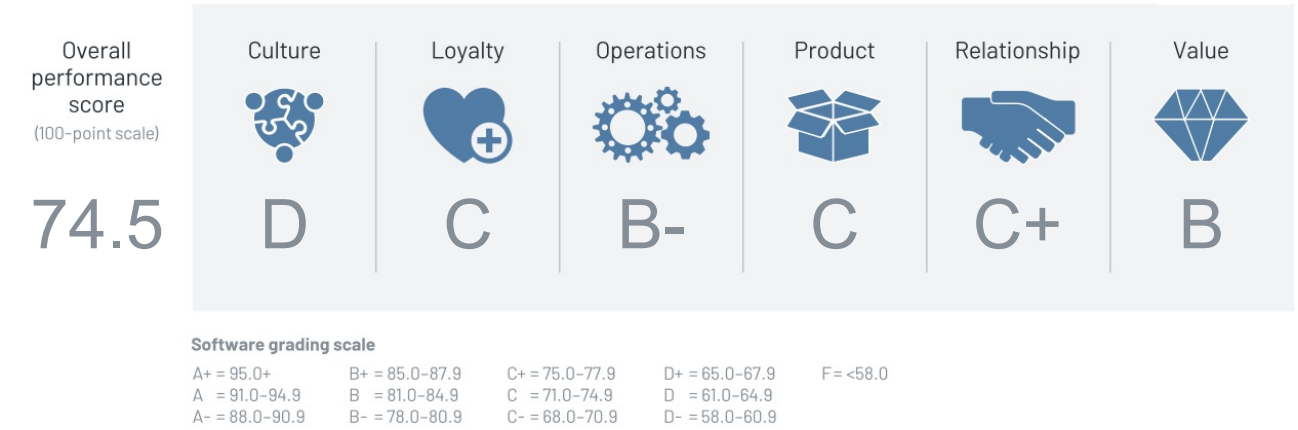
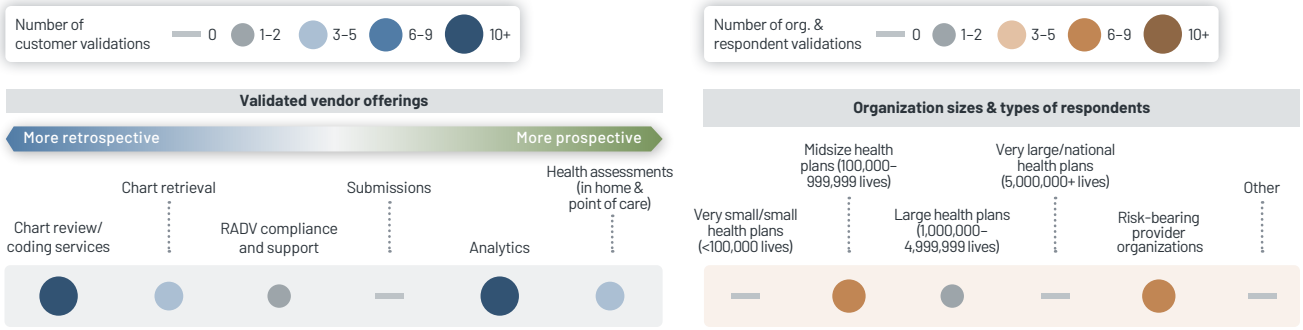


Figure 38 **Snapshot of Health Fidelity by Edifecs Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, individual and/or health insurance marketplace
Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)
State government programs (i.e., Medicaid, CHIP, other state programs)

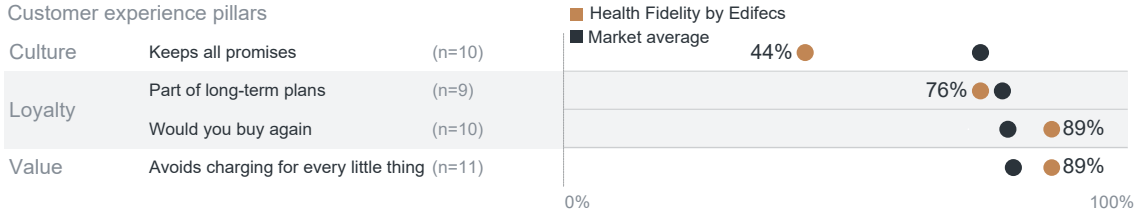
Customers of Health Fidelity (who was acquired by Edifecs in 2021) appreciate the solution for its unique use of NLP to find missing HCC codes. Compared to the value they received from previous investments, many respondents have seen an ROI, especially from the post-encounter functionality; several report false-positive issues with this functionality. Since the acquisition, customers have generally seen a decline in the vendor's proactivity, service, and delivery. They also state that turnover has led to a loss of expertise and an inadequate bench. Regarding functionality, many are frustrated with the product not working as expected, citing poor integration, the lack of real-time data, and reporting/dashboard inadequacies. These challenges are leading several respondents to consider other options on the market. Overall, customers are worried about whether the vendor will be able to deliver according to their promises and customers' expectations.

"The core product's NLP engine is the best in the industry. It is mature and competitive. When I talk about the vendor's product, that engine is something I recommend. It is a better engine for people who have been in the business longer. I think the product is a best-of-breed product. It brings value. When I look at who the competitors are in the market, I don't think they have more to offer. If somebody were looking for an end-to-end population health management system that included risk adjustment, then that is not what Health Fidelity's system is. When I talk to peers, I would ask whether they were just looking for risk adjustment. If they were, then I would recommend Lumanent. If they wanted more than risk adjustment but wanted risk adjustment to be part of the solution, then I would steer them to a product that is more end to end." —Chief of analytics

"I have had experience with Health Fidelity. Now, Health Fidelity has been acquired by Edifecs, so our project has unfortunately been fraught with problems, unclear information, and data issues. I have not been a happy camper. Health Fidelity has really good technology, but they don't seem to have the people that we need to support the technology or the customers and make Lumanent effective. I have brought that issue to Health Fidelity's attention, and they have admitted that, through the acquisition, they have lost their collective experience because there has been turnover. Health Fidelity is not a huge company, but a lot of information is in their people's heads. So during the acquisition process, new people have come in, and the tool has been different. It has been hard for the vendor to have a really good handoff process, and that really shows. Health Fidelity's tool works, but if we make mistakes with other things, then we don't get the effectiveness and impact of the tool." —Director of risk adjustment

Figure 39 **Health Fidelity by Edifecs—Standard Numeric Indicators**
(1–9 scale)

Figure 40 **Health Fidelity by Edifecs—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Inovalon ONE Platform Risk

Figure 41 **Inovalon—Customer Experience Pillars**
(n=16)

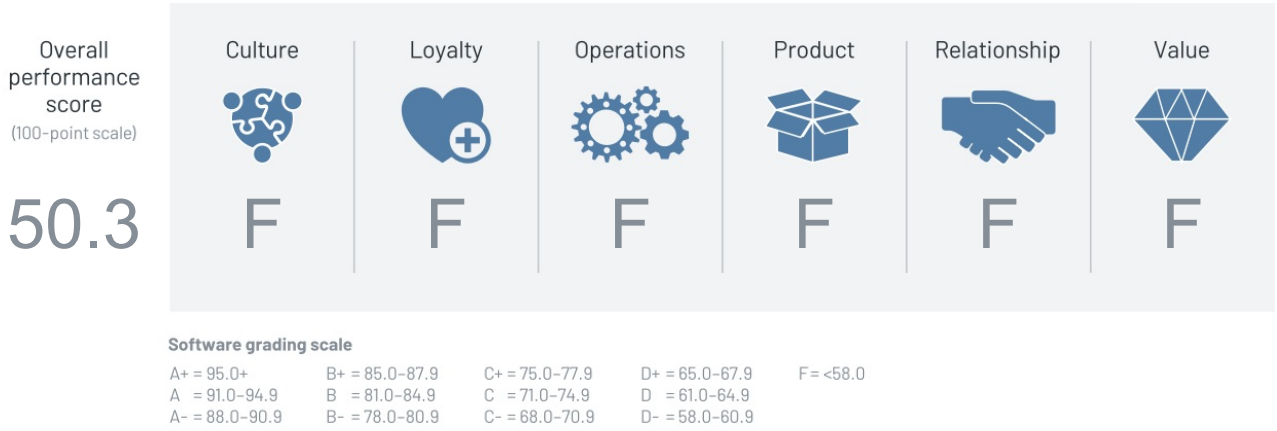
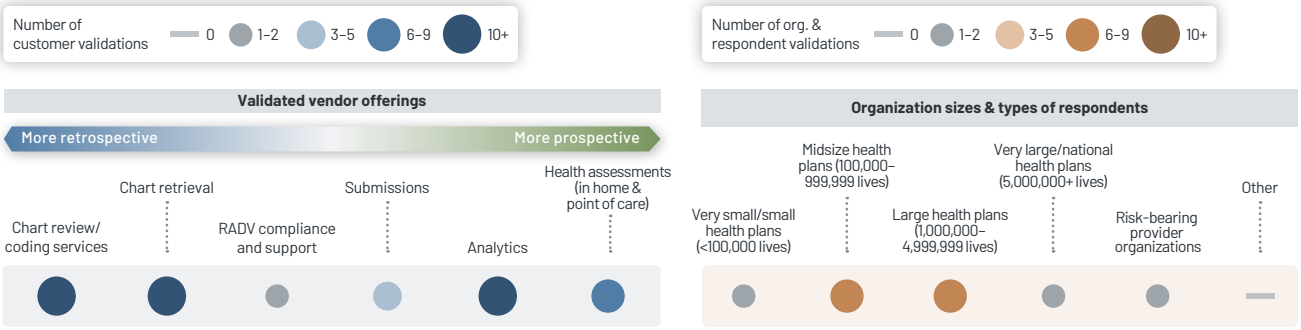


Figure 42 **Snapshot of Inovalon Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)
Value-based contracting, delegated risk, and/or accountable care organization (ACO)

Validated customers of Inovalon are mostly midsize to very large health plans, as well as some provider organizations. The solution is used across more areas than other risk adjustment solutions, and customers also often mention using Inovalon's payer quality solution. Most Inovalon customers are dissatisfied with their experience. The 33% of respondents who would buy the solution again say the training the vendor provided during the implementation helped set their organization up for success. Additionally, in order to successfully achieve outcomes (which include cost savings, useful analytics, and good retrieval rates), satisfied customers report they need to work closely with the vendor and have their own internal QA process. The 67% of respondents who would not buy the solution again are frustrated with the large expense, unobtained outcomes, and overpromising. Those who are least satisfied report experiences discovering that something wasn't delivered even though the vendor stated it was, leading these customers to distrust the vendor and wonder whether they will deliver promised new technology. Over half of all interviewed customers are looking to replace the vendor.

⊕ *"Inovalon was very engaged. I launched prospective in-home health assessments and video health visits for our health plan in the middle of a pandemic. My incumbent vendor, who we have been with for 10 years, was 50% under the goal and couldn't perform. Inovalon more than doubled their performance. They knew where to do only the virtual health visits. They knew which conditions we could close and capture virtually and which conditions might require an in-person visit. Inovalon supported us to be efficient and lean, and that was huge. They made a difference. When I have thousands of virtual health visits and in-home health assessments, those add up. But Inovalon helped us save a lot of money."* —Director of risk adjustment

⊖ *"Inovalon overpromises and underdelivers consistently. There is a lack of support. The account management doesn't seem to be consistent. The attention and focus required for that are not a primary concern at Inovalon. I feel like Inovalon is just focused on getting business. We have used them in a couple of different areas, and neither area has gone well. We won't work with them in the future."* —Director of risk adjustment

Figure 43 **Inovalon—Standard Numeric Indicators**
(1–9 scale)

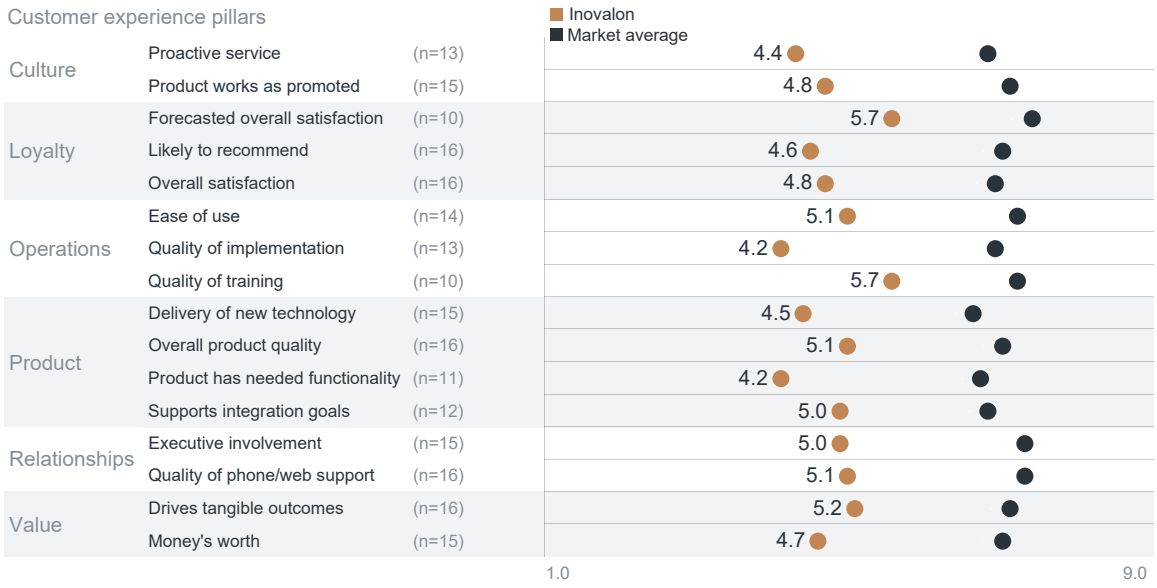
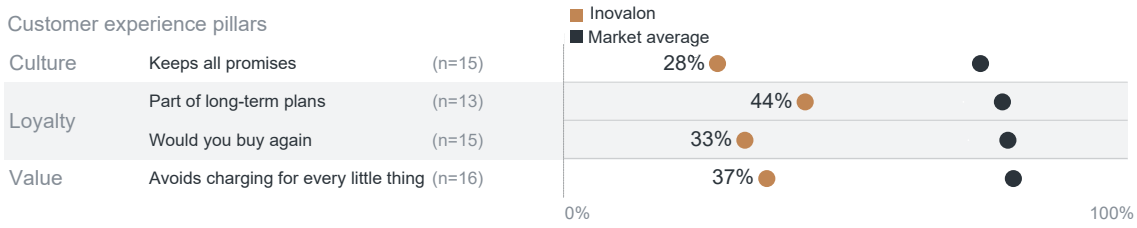


Figure 44 **Inovalon—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



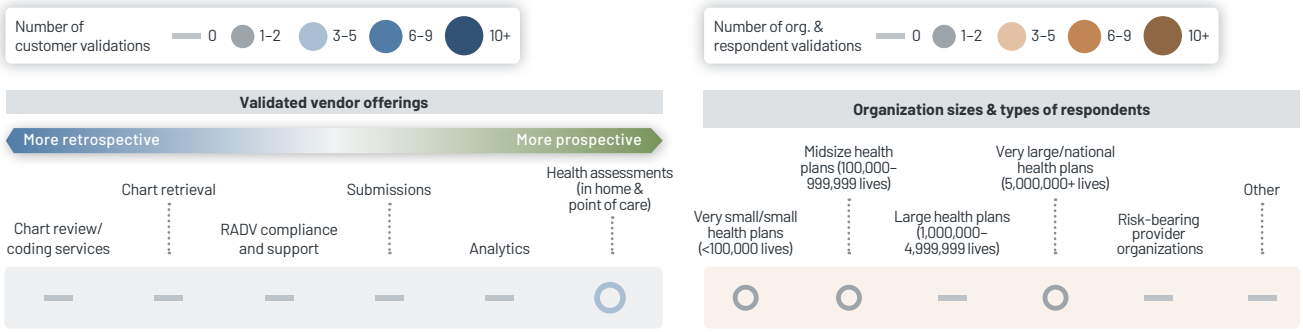
Matrix Medical Network In Home Health Assessments

Figure 45 **Matrix Medical Network—Customer Experience Pillars**
(n=3)

*Limited data

Figure 46 **Snapshot of Matrix Medical Network Performance and Validated Customer Use**

Hollow circle=limited data



Validated Lines of Business:

Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)

Data is limited for Matrix Medical Network, but customers state positive experiences using the vendor's comprehensive home assessment services. They find the vendor provides competitive rates and is a good partner in engaging members. Customers also report that the hired nurses are excellent and bring insights that shape and personalize members' care. The vendor is noted for being less flexible than desired, removing some of their offerings (such as the mobile health clinic services), and leaving customers to feel stuck following the status quo. Of the three interviewed customers, only one stated that the vendor is part of their long-term plans.

⊕ *"Matrix Medical Network's service is spectacular. The vendor is easy to work with, and we have had so many positive customer outcomes because they go into our members' homes. When a patient comes into a provider's office, the patient has to dress up, take a bath, and put their best foot forward, and that gives the facade that everything is good. When Matrix Medical Network goes into the home, they see the things the patients don't want anyone to see. They see that the air conditioning is broken. They see the broken windows and the leaky roof, and they see the trip hazards all over the house. They see all those things, and they share that information with us. We have so many great stories because our members write us letters or call in saying how thankful they are for their experience with Matrix Medical Network."* —Manager of risk adjustment

⊖ *"Matrix Medical Network is not in our long-term plans because another vendor has multiple lines of service and can give us good data, so we won't need Matrix Medical Network. Matrix Medical Network's decision to get rid of the mobile clinic buses also played a role in our decision to leave Matrix Medical Network. It seemed like a very fast decision, and that left us scrambling during the pandemic. So the vendor just didn't fit right for us. Matrix Medical Network's service is awesome, and they do a great job of hiring good nurses, so their service wasn't a problem. Our decision to leave Matrix Medical Network was more of a leadership decision."* —Director of risk adjustment

Figure 47 **Matrix Medical Network—Standard Numeric Indicators**
(1–9 scale)

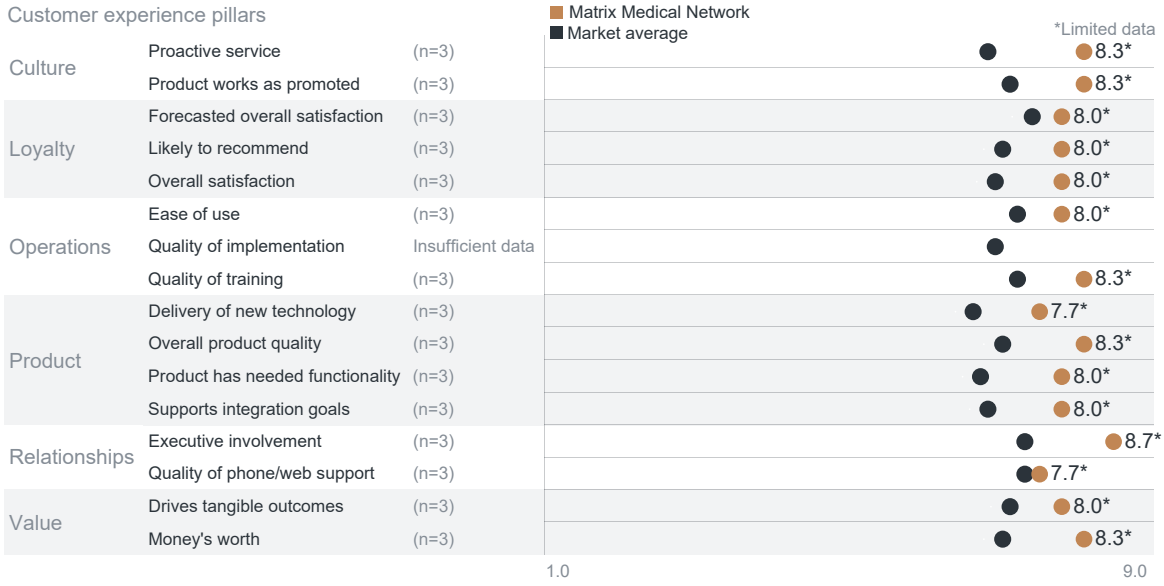
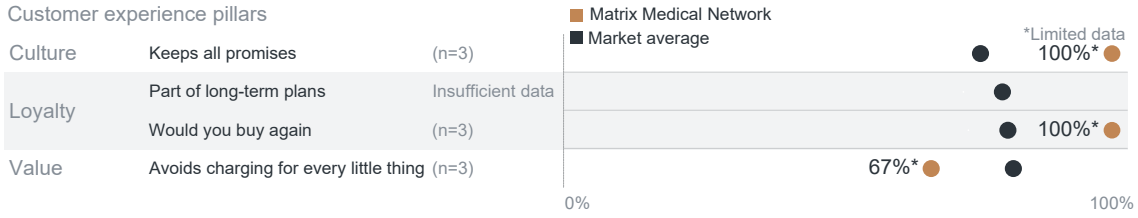


Figure 48 **Matrix Medical Network—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



MedInsight Risk Analytics

Figure 49 **MedInsight—Customer Experience Pillars**
(n=22)

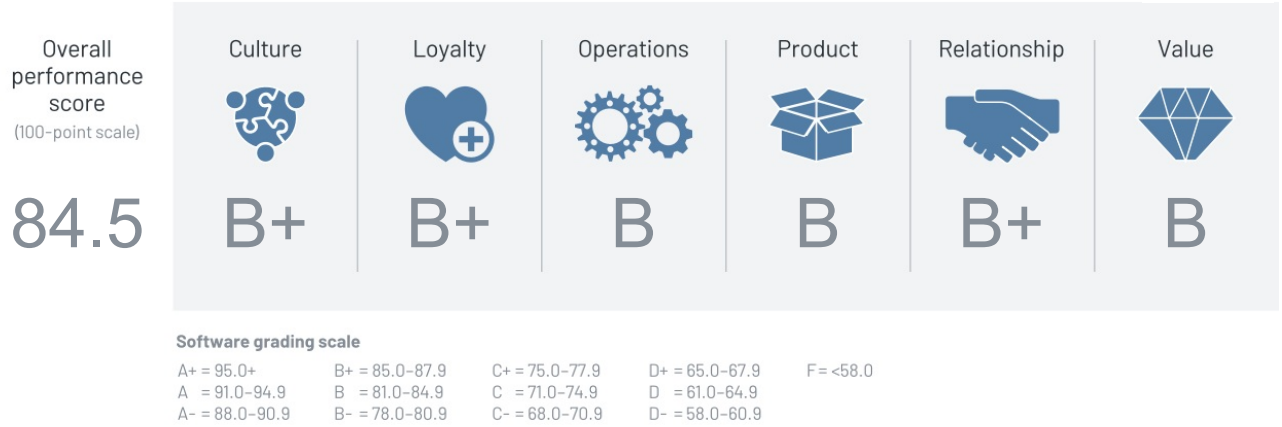
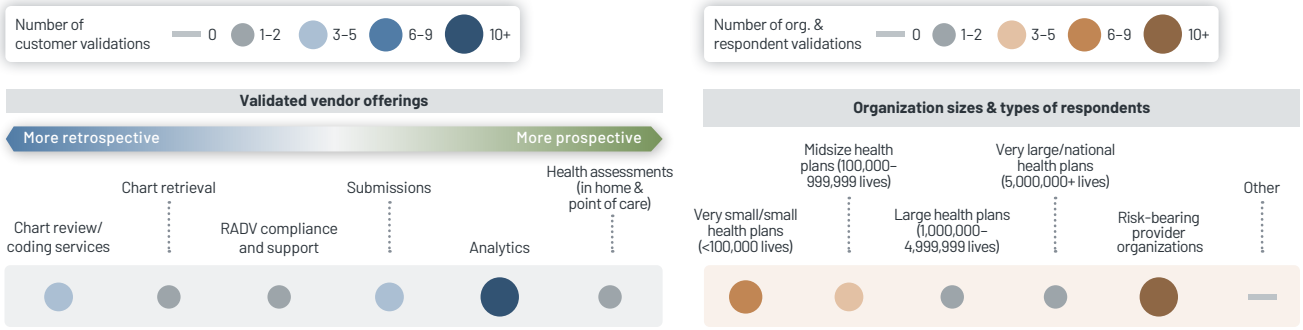


Figure 50 **Snapshot of MedInsight Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, individual and/or health insurance marketplace
Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)
State government programs (i.e., Medicaid, CHIP, other state programs)
Value-based contracting, delegated risk, and/or accountable care organization (ACO)
Specialty (dental, vision, behavioral health)
Third-party administrator

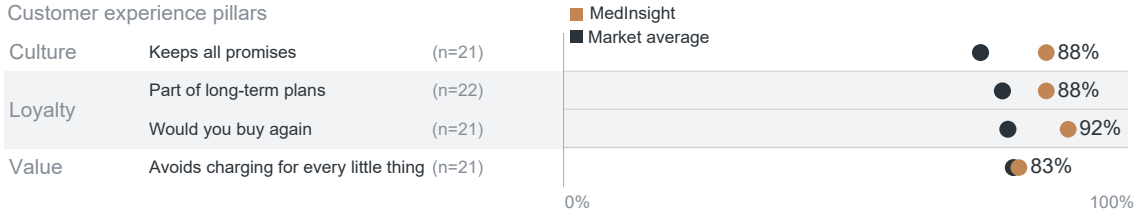
MedInsight offers a risk and quality analytics platform that provides prospective and retrospective performance views, enabling users to better benchmark, find care gaps, and identify risk. Customers praise the customizability and helpful support. Due to the solution's complexity and customizability, a few customers would like more training from MedInsight on how to better use the solution. MedInsight has rolled out a new UI and cloud functionality, and customers want continued AI/ML innovation and broader use cases. Provider customers (who tend to be the most frustrated) often mention the need for better EMR integration.

"The support has been great. We communicate with the vendor all the time. We are able to schedule meetings and talk directly to helpful individuals. For example, with a version upgrade, we were able to talk to someone so that we could understand what differences would be in the new version and what they really meant." —VP

"Over the past year and a half, MedInsight's turnaround time to address issues has increased. We have had a lot of difficulty with monthly data refreshes. The vendor really needs to focus on the deterioration of customer service and on making sure that they find a way to fix things before customer service deteriorates further. The customer service has certainly been a source of frustration for me and my team." —Director

Figure 51 **MedInsight—Standard Numeric Indicators**
(1–9 scale)

Figure 52 **MedInsight—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Optum Risk Adjustment Solutions

Figure 53 **Optum—Customer Experience Pillars**
(n=4)

*Limited data

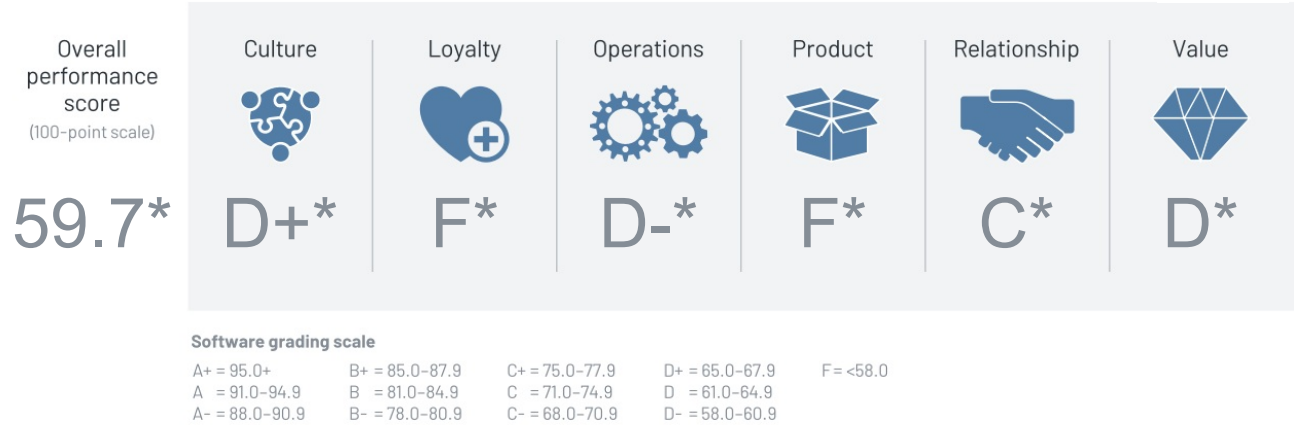
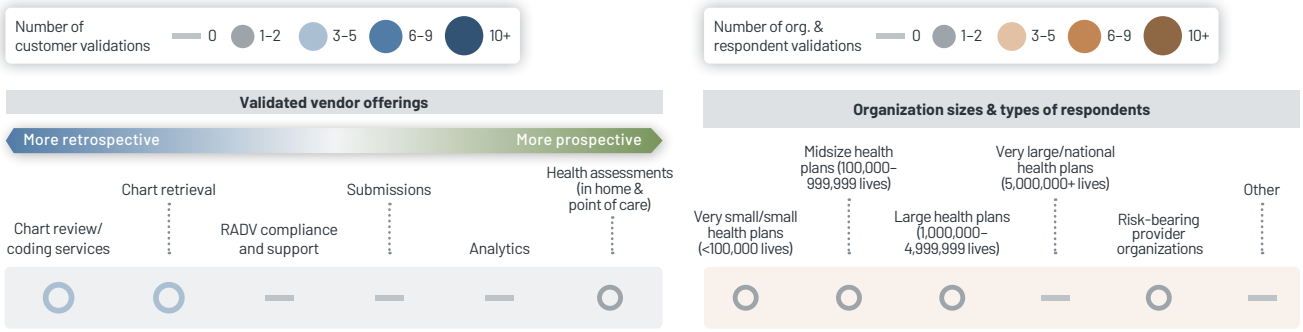


Figure 54 **Snapshot of Optum Performance and Validated Customer Use**
Hollow circle=limited data



Validated Lines of Business:

Commercial programs, individual and/or health insurance marketplace
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)
State government programs (i.e., Medicaid, CHIP, other state programs)

The limited number of interviewed Optum customers report that the solution does well with collecting charts, forecasting future adjustments, and retrospectively looking at claims. A couple of respondents feel they have a good vendor relationship and their account manager is great to work with; these respondents also note difficulty getting issues solved due to the vendor being siloed. Optum's training receives mixed reviews—one respondent said the training was helpful and part of their package, whereas another said the training wasn't available unless they asked for it. Out of the four organizations interviewed for this report, only one shared that Optum is part of their long-term plans. Customers who are leaving cite inconsistent, outdated data and upgrades that break the solution. Other commonly reported functionality problems include integration troubles, an old UI, and dashboard issues.

⊕ *"Training has always been part of Optum's packages. Optum has also been good about making refresher courses available to us as needed. They have gone through a couple of iterations of their product. One of the changes was pretty significant, and Optum made training available. We had to have a couple of different training sessions for a certain aspect. Optum was pretty good about that."* —Director of enterprise risk management

⊖ *"We are going to do an RFP to get competitive bids to replace this product. Optum has been having challenges with their data analytics. We have had severe delays with our analytics and inaccuracies in the data that has loaded through Optum's systems. That has caused a significant number of challenges for us. These challenges have been going on for over a year without resolution. We have made multiple escalations. To the vendor's credit, they have been trying to fix things, but they haven't been able to. Our platform is currently displaying old data, so we have been delayed in getting some analytics. The solution has some challenges with member and PCP connections. We have also had challenges with providers being able to self-serve and get network access to view all of our clinical information. There are significant gaps in the system. Optum just doesn't have a solution for our problems yet."* —Director

Figure 55 **Optum—Standard Numeric Indicators**
(1–9 scale)

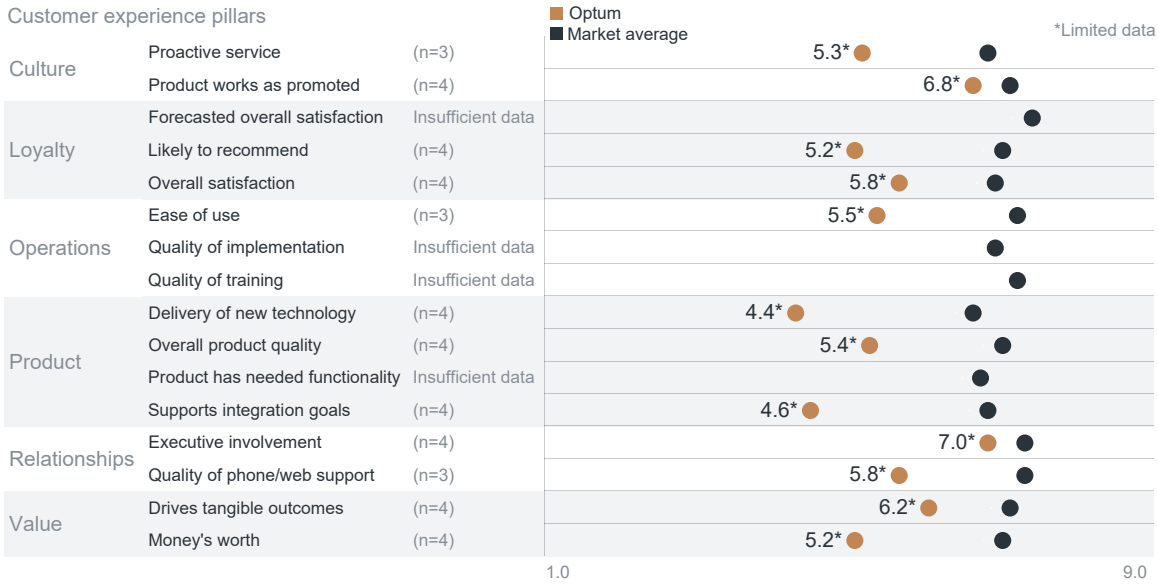
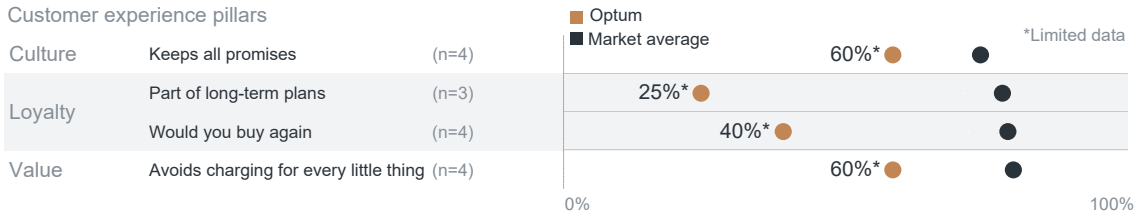


Figure 56 **Optum—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Pareto Intelligence Risk Solutions

Figure 57 **Pareto Intelligence—Customer Experience Pillars**
(n=12)

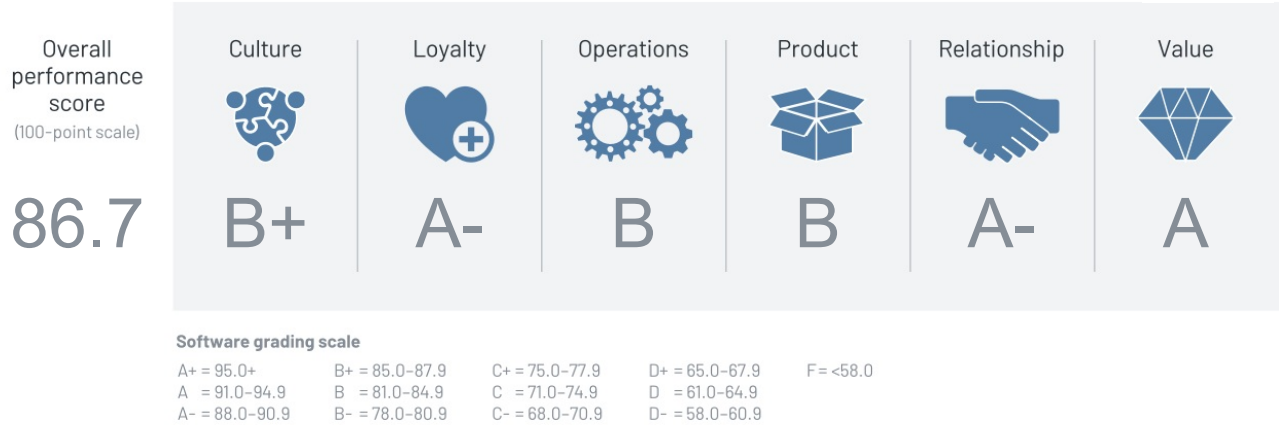
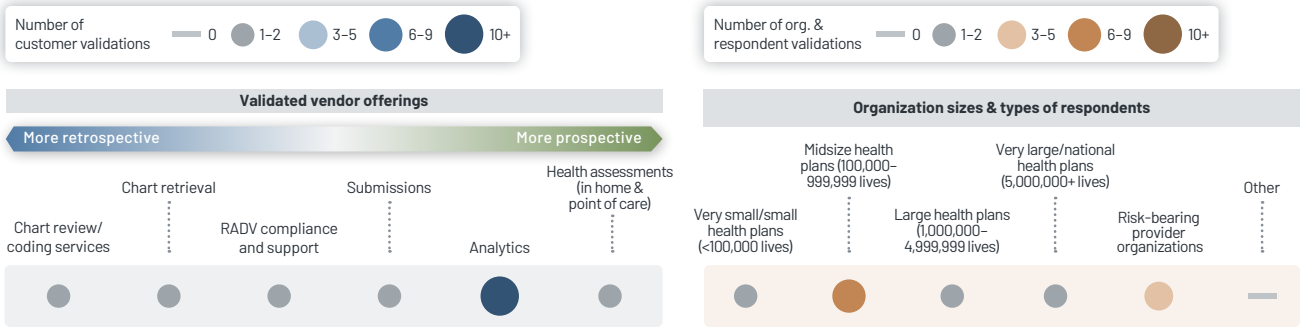


Figure 58 **Snapshot of Pareto Intelligence Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, individual and/or health insurance marketplace
Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)
Value-based contracting, delegated risk, and/or accountable care organization (ACO)
Specialty (dental, vision, behavioral health)

Pareto Intelligence provides analytics-focused services and web-based technology with predictive algorithms that assess risk and create lists of improvement opportunities. Interviewed customers say the solution drives outcomes and appreciate the vendor's partnership, flexibility, and responsiveness. Many respondents note the product can be difficult to use, especially in terms of navigating through all the information; they would also like to see benchmarking functionality in the solution. Additionally, a few respondents report recent bumps in support from staff turnover.

⊕ *"Pareto Intelligence has consistently done a really good job for us. They have a really good process. On one project that we do with Pareto Intelligence, we partner with another vendor as well, and the two vendors work with us very collaboratively. Pareto Intelligence has been very flexible on charges. I have often recommended Pareto Intelligence."* —Director

⊖ *"We get a lot of individual files and reports through Pareto Intelligence's system, and then we have a dashboard that has several views of things that may be related somewhat but not completely overlapping with the report that we are getting. We just have to be able to navigate to the right place. The information that is available through Pareto Intelligence's system is not as easy to assess as it might be in a more fully baked and integrated software solution. What Pareto Intelligence is offering is more of a consulting service with software."* —VP of care analytics

Figure 59 **Pareto Intelligence—Standard Numeric Indicators**
(1–9 scale)

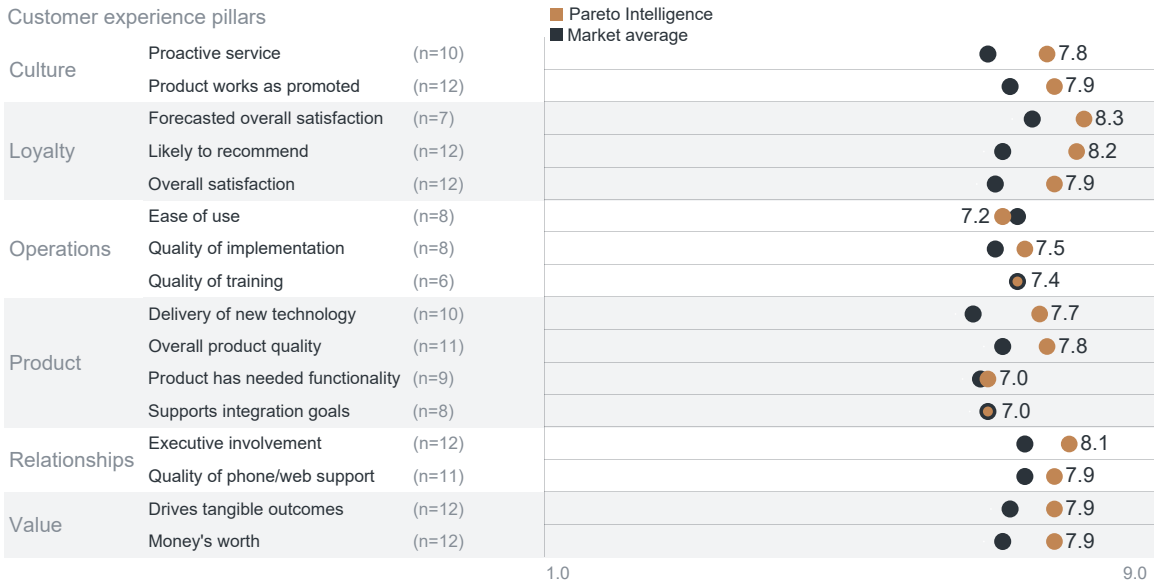
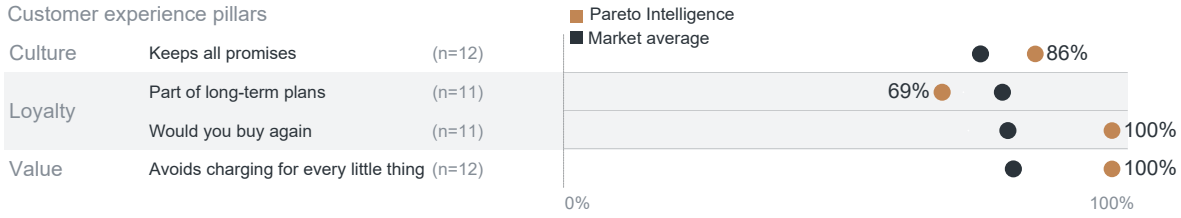


Figure 60 **Pareto Intelligence—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Talix by Edifecs Risk Adjustment and Analytics Solutions

Figure 61 **Talix by Edifecs—Customer Experience Pillars**
(n=8)

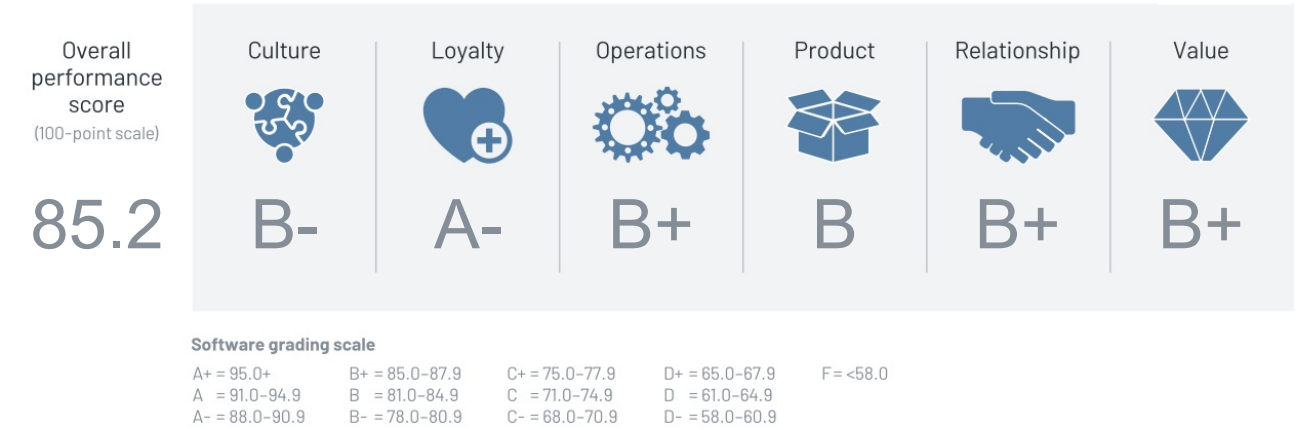
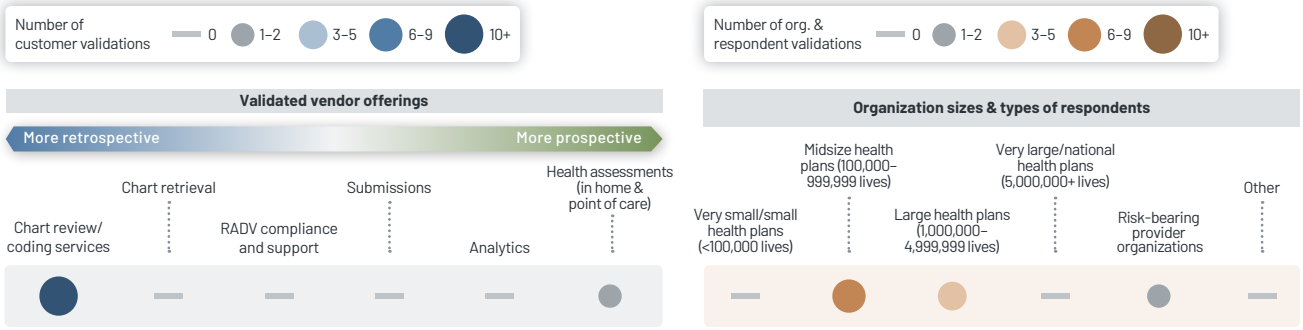


Figure 62 **Snapshot of Talix by Edifecs Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, individual and/or health insurance marketplace
Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)

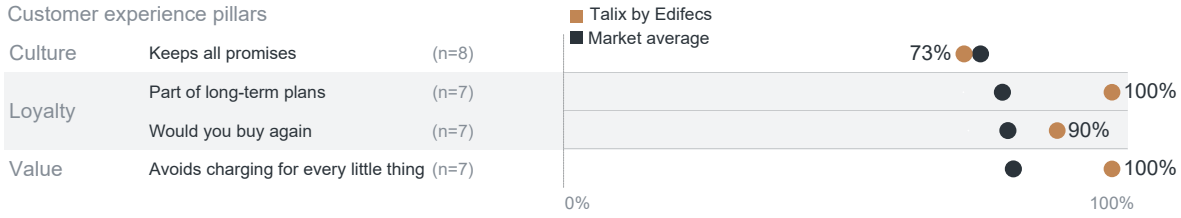
Validated customers of Talix (who was acquired by Edifecs in 2021) are primarily midsize to large health plans; a couple of provider organizations also use the solution. Often described as easy to use, the vendor's offering utilizes NLP to improve the accuracy of chart reviews and coding services. Reported outcomes include better visibility into missed and incorrect diagnoses; a complete, accurate picture of patients/members; more efficiency (which eases chronic disease burden); and reporting that identifies where provider staff needs education. A few respondents mention issues with integration, with one describing it as painful. Before and after the acquisition, customers have experienced challenges with the service, often due to turnover. Some have more recently seen an increase in support and responsiveness; others mention that despite having helpful account managers, the back-end people take longer than desired to solve issues. Multiple respondents also note that updates frequently cause unexpected downtime and that they would like more proactive support from Talix during updates.

⊕ *"When we implemented the NLP solution, it was a really good implementation process, and Talix was very supportive. For the NLP solution, I have heard the training seems to go very well, and the solution is an easy tool to follow."* —Lead consultant for risk adjustment

⊖ *"Talix has recently been acquired. I believe that Talix's product is being combined with another similar product, and the vendor is merging the best of both products together. So the vendor's focus is not on the customer needs right now; instead, their focus is more on building their new product. We are struggling with customer service, and we have a lot of outstanding issues that have lasted for months. We didn't ask for the acquisition. We still have our needs, and we are paying Talix to meet those needs. We have begun looking to see whether Talix's product is really the best option for us out there."* —Manager of risk adjustment

Figure 63 **Talix by Edifecs—Standard Numeric Indicators**
(1–9 scale)

Figure 64 **Talix by Edifecs—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Vatica Health Risk Adjustment and Quality of Care Solution

Figure 65 **Vatica Health—Customer Experience Pillars**
(n=10)

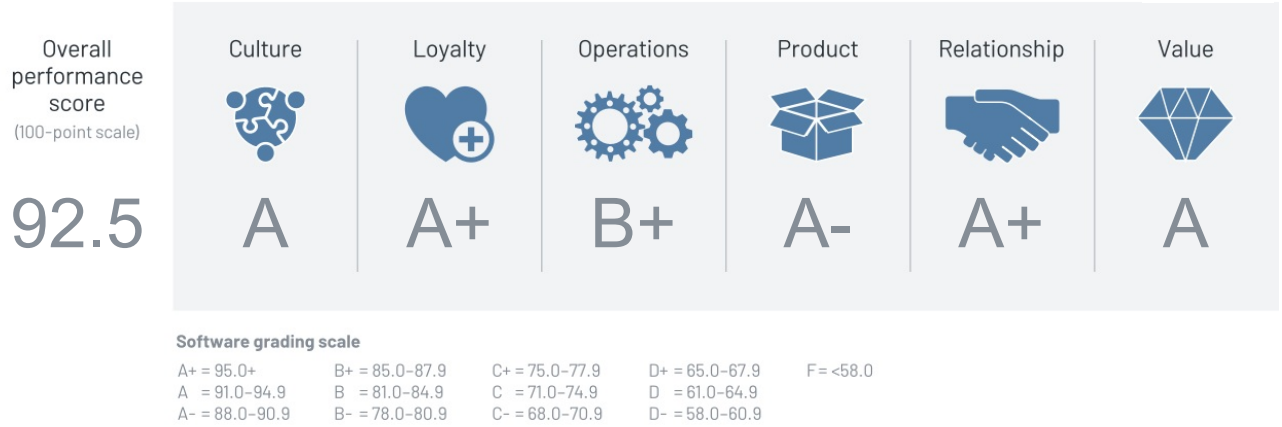
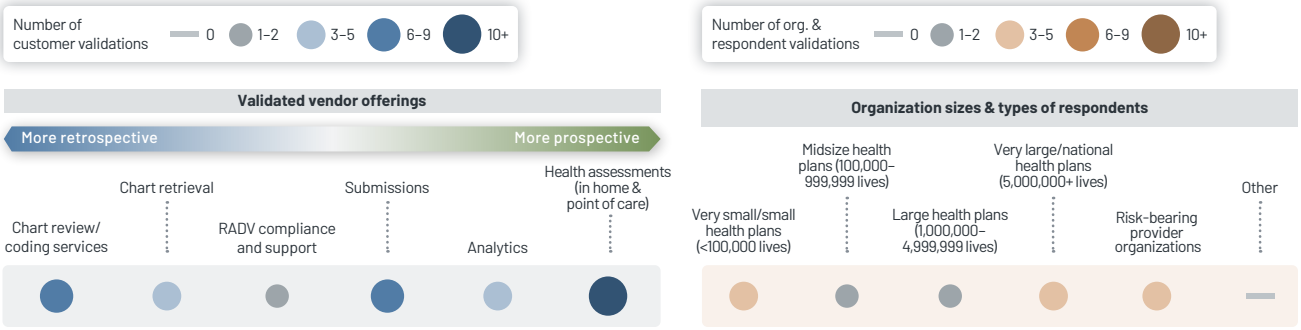


Figure 66 **Snapshot of Vatica Health Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, individual and/or health insurance marketplace
Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)
State government programs (i.e., Medicaid, CHIP, other state programs)

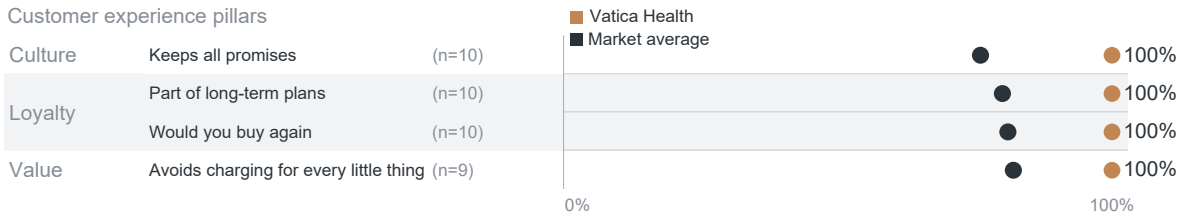
2023 Best in KLAS winner Vatica Health takes a unique, provider-centric approach to risk adjustment by offering point-of-care and at-home health assessments, which provide prospective and retrospective data on patients/members. Both payer and provider users report positive experiences with the vendor's offering, and they say it also supports their strategies in many risk adjustment areas. Reported outcomes include significant provider penetration at the point of care, prospective real-time data during physician visits, decreased care gaps, predictions for future conditions, and proper reimbursement due to accurate HCC codes. Physician users specifically note that the tool fits well into their workflow. A few respondents mention challenges related to initial physician buy-in. Customers note that the vendor could improve their ongoing training and EMR integration.

"I like the operations and what the vendor offers in general. Those things are more appealing to the providers in our network than some of the other risk adjustment offerings we see today. The product is less burdensome on providers, and what appeals to me is that it seems to be a more provider-friendly solution compared to other prospective risk adjustment solutions. Rather than doing in-home assessments with someone who has never seen our members before, the product keeps people with their primary care provider so that, in theory, people can do work with the provider who knows them the best." —CMO

"Vatica Health doesn't have much ongoing training. The training was excellent to start, but a lot of the upgrades come over the internet and are virtual. I don't think I have seen anybody in person, but Vatica Health certainly communicates a lot better than most of the other entities that are similar that I deal with." —CEO

Figure 67 **Vatica Health—Standard Numeric Indicators**
(1–9 scale)

Figure 68 **Vatica Health—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Veradigm Risk Adjustment Analytics

Figure 69 **Veradigm—Customer Experience Pillars**
(n=6)

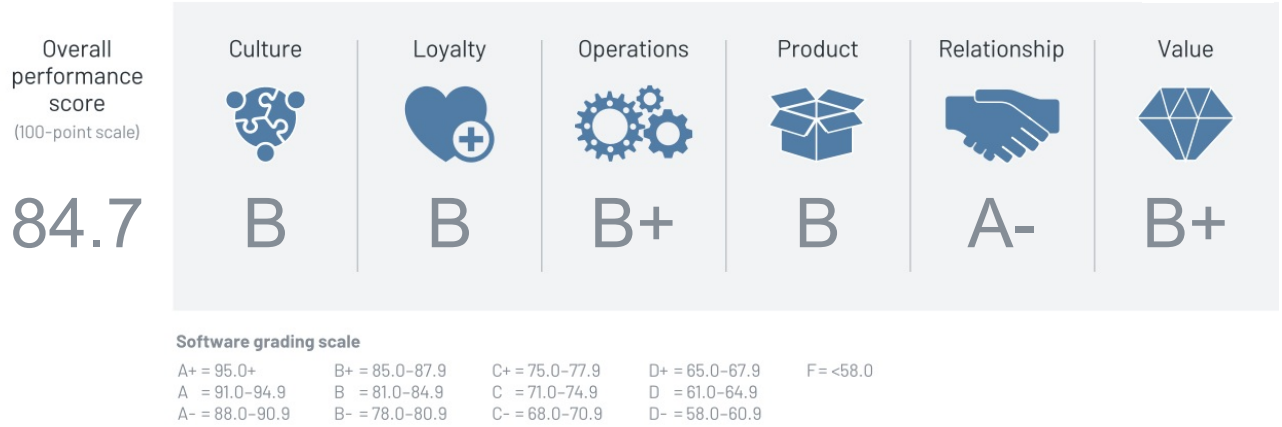
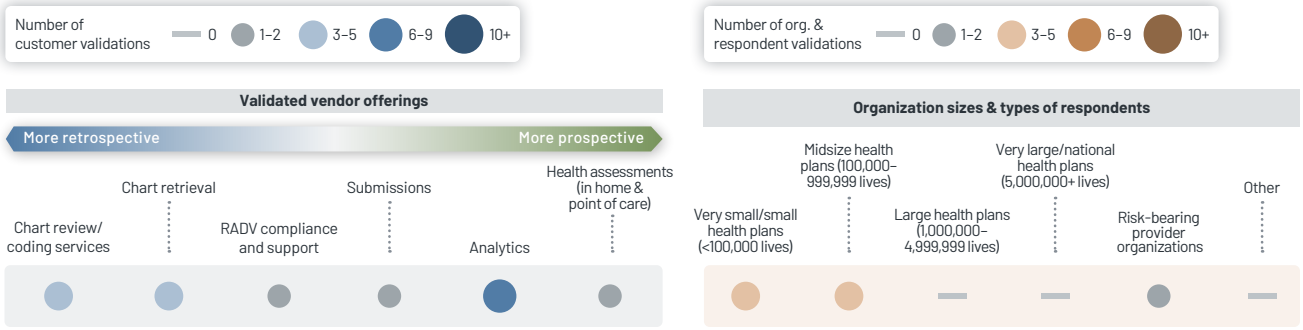


Figure 70 **Snapshot of Veradigm Performance and Validated Customer Use**



Validated Lines of Business:

Commercial programs, individual and/or health insurance marketplace
Commercial programs, large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)
Federal government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)
State government programs (i.e., Medicaid, CHIP, other state programs)
Value-based contracting, Delegated risk, and/or Accountable Care Organization (ACO)

Since Veradigm acquired Pulse8, customers (who are mostly small to midsize health plans) report seeing a stronger partnership thanks to changes in executive leadership. Customers also appreciate Veradigm's willingness to fix problems, develop the solution, meet regularly, and provide account managers who help organizations meet goals. The solution is seen as flexible and helps customers target which patients should meet with a physician; analytics for gap closure is also a strength. A couple of respondents feel the coding services need improvement. There are mixed reviews about implementation and training as well; customers who are least satisfied in this regard share that during their implementation, training was challenging and it was difficult getting integration where they wanted. Additionally, a few organizations note that the solution is expensive and feel that there are reasons to look at other options.

"Pulse8 is good about telling us what they are going to deliver, and they deliver on those things. We don't have any back-and-forth interactions; there is a straight line to what they are going to deliver. We don't have to worry about our staff coming to us and complaining about how things are not being delivered. Pulse8 has been great ever since we bought their product." —CEO

"The implementation was awful. Some of that was our own doing, but there was a lot of miscommunication, so it was really hard to get going and deliver what we expected to deliver. Every implementation since has had its share of issues. The vendor's resources have been limited. However, since the vendor was acquired by Veradigm, things have gone much better. That could be because they now have more resources, so the implementations are smoother. I would tell a peer to be very cautious because the vendor charges a lot." —Director of quality and health management

Figure 71 **Veradigm—Standard Numeric Indicators**
(1–9 scale)

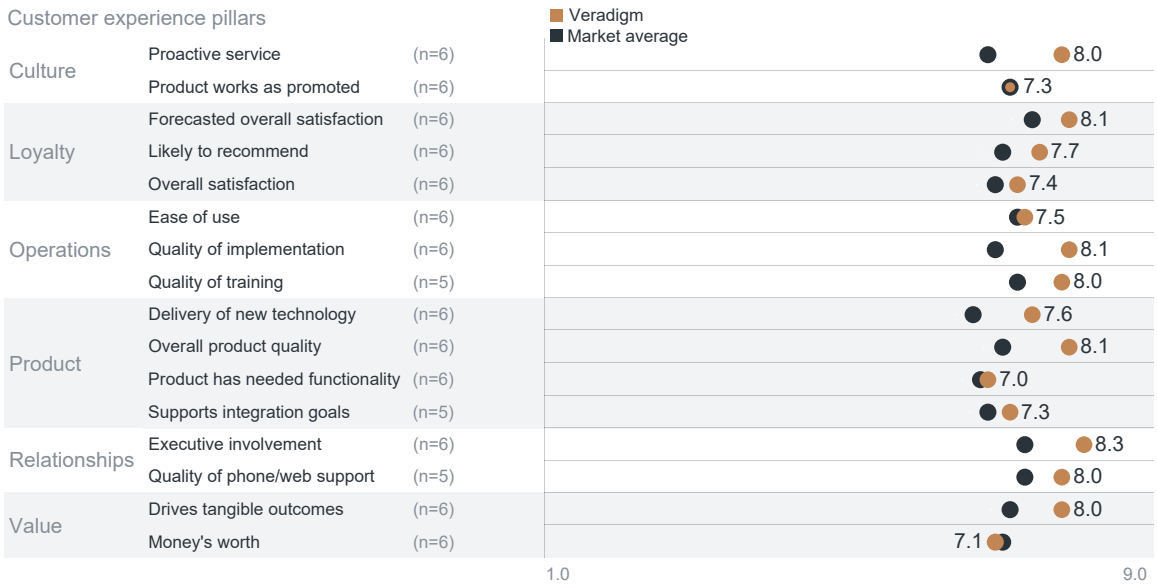


Figure 72 **Veradigm—Standard Yes/No Indicators**
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations