2026 Edifecs: Concurrent Risk Adjustment (CRA)- Process Flow

Program Objective: Utilizing provider billing workflow to promote complete and accurate diagnosis coding on claims before submission

Timeline	2026 Program Launch – April 2026
Inclusion Criteria	• Active Members at time of Roster creation • Members will be cross-referenced to participating PCPs and TINs
2026 Enhancements	• Hierarchal condition mapping – limits rejections if another condition in same category closes gap • Provider specialty/Dx matching – limit rejections to diagnoses that would be addressed by specialist • Member/NPI exclusions – limit rejections on the member/provider level
Benefits	**CareSource** **Improved Accuracy in Claims:** Identifying potential gaps in diagnosis coding before claims are submitted **Enhanced Quality Incentives Alignment:** Accurate coding supports better alignment with quality incentive programs, potentially improving overall performance metrics
	Provider **Self-Audit Capability:** Providing historic information helps ensure complete and accurate diagnosis submissions, reducing the need for external chart reviews **Improved Patient Care**: By identifying overlooked chronic conditions, providers can engage with patients about their health, potentially leading to better care coordination and health outcomes **Alignment with Other RA Programs (IOA/CVP):** Opportunity to review claims and medical records before submission to ensure accuracy; Addressing care gaps presented in IOA/CVP programs reduces CRA rejections
	Member **Accurate Representation of Health Status:** Ensure members' chronic conditions are accurately captured, which is crucial for care and eligibility for additional benefits **Enhanced Care Coordination:** With accurate diagnosis coding, members can receive more tailored preventive services and care, improving their overall health outcomes **Informed Healthcare Encounters:** Program supports more informed discussions between providers and members regarding health conditions, leading to better treatment effectiveness

CRA: Program Process Flow

Program Objective: Utilizing provider billing workflow to promote complete and accurate diagnosis coding on claims before submission

Provider Submits claim to CareSource

CareSource reviews the claim and sends back a notification (277CA) if:

- historic chronic condition diagnosis codes are not present AND
- conditions have not been captured on prior claims in same calendar year

Provider reviews medical record for DOS:

- If diagnoses were discussed, add and RESUBMIT
- If diagnoses were not addressed, RESUBMIT with no changes

CareSource processes claim through adjudication workflow

- Claim will not be rejected again for the same reason

Edifecs CRA Provider Educational Session

Questions about our Edifecs CRA program?

Contact **raproviderengagement@caresource.com**

Edifecs Concurrent Risk Adjustment (CRA) Process and Overview

Get a fast-track overview of Edifecs Concurrent Risk Adjustment Program in a short 15 min webinar with our CareSource Provider Educators

Topics:

- ✓ What is the Edifecs CRA Program?
- ✓ Benefits of the Program
- ✓ How it works!
- ✓ Steps to Resubmission
- ✓ Open Floor Q & A

Scan the QR code or click on the link to Register!

https://forms.office.com/r/uG52jAD52z

Provider Education

Questions about any of our Risk Adjustment programs?

Contact **raprovidereducation@caresource.com**

Risk Adjustment Overview and Documentation Best Practices

Get a fast-track overview of Risk Adjustment and Documentation Best Practices in a short 15 min webinar with our CareSource Provider Educators

Topics:

- ✓ Government Oversight
- ✓ Overview of Risk Adjustment
- ✓ Documentation Best Practices
- ✓ Common Documentation Errors
- ✓ Open Floor Q & A

Scan the QR code or click on the link to Register!

https://forms.office.com/r/Y7X5uKAAtc