

It's not IF, it's *WHEN*: *Best Practices to Survive a RADV Audit*



Wolters Kluwer



RISE

Survey Question #1

What does RADV stand for?

R-Risk

R-Really

A-Adjustment

A-Anxious over

D-Data

D-Diagnoses

V-Validation

V-Validating

Who here has survived a RADV audit?

- a. I am a survivor
- b. Haven't gone through one (*yet*)

TODAY'S AGENDA

- Latest industry news and challenges facing MAOs RA practices
- Current state of RADV audit regulations – what that means for your MAO
- How to prepare for and successfully survive a RADV audit
- Latest technology to help support your team moving forward

Latest industry news and challenges facing MAOs RA practices

- RADV Final Rule
- New Version 28 Model, CY 2024
- OIG Workplan
- CMS Website Updates

REMEMBER
It's not IF, it's ~~WHEN~~ NOW!



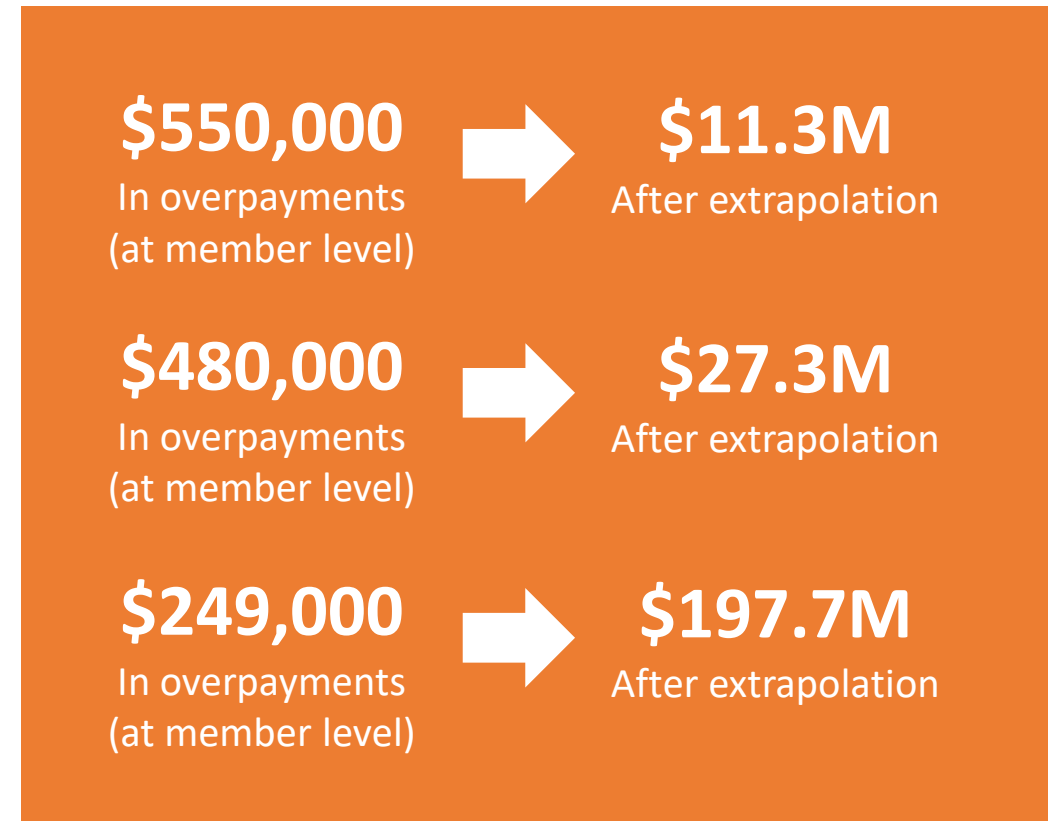
Current state of RADV audit regulations – what that means for your MAO

CMS Final Rule on repayment methodologies

- Retroactivity
- Extrapolation
- Fee for Service Adjuster (FFSA)

"It is also expected that the use of extrapolation will incentivize MAOs to take meaningful steps to reduce improper risk adjusted payments in the future."

- CMS



High-level overview of a RADV audit

- ✓ Subset of Part C contracts are chosen
- ✓ Beneficiaries chosen using suspected prospective targeting model
- ✓ Timeframe: 20-25 weeks
- ✓ Interim deadlines
- ✓ Retrieve and review charts
- ✓ Submit charts to CDAT



Tips and tricks for surviving a RADV audit

1

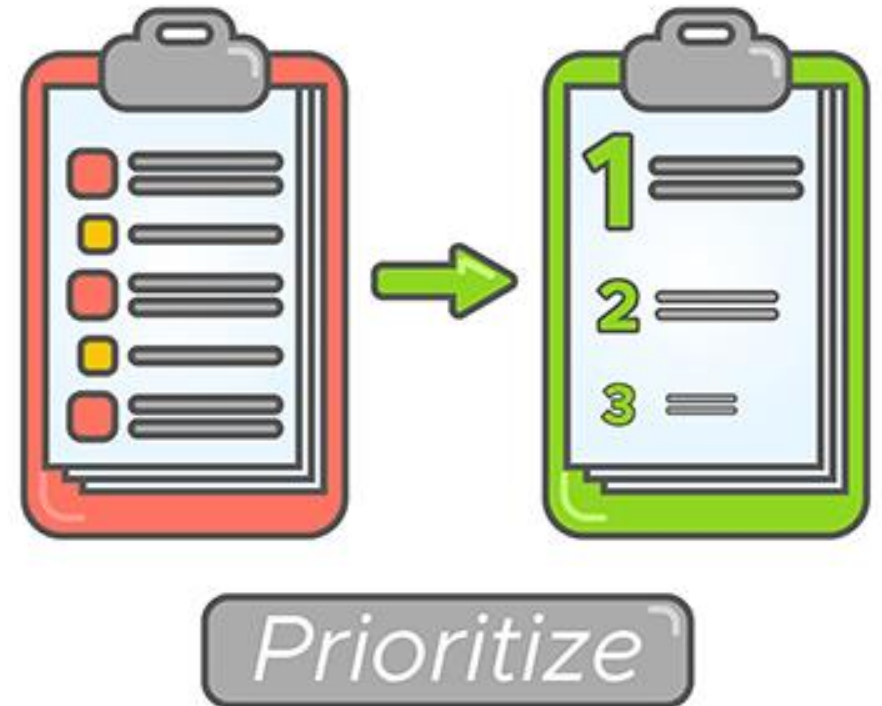
**BE ORGANIZED AND
GET PREPARED**



Tips and tricks for surviving a RADV audit

2

**PRIORITIZE &
RETRIEVE THE
BEST CHARTS**



Tips and tricks for surviving a RADV audit

3

**KNOW YOUR CODING
GUIDELINES AND RADV
MEDICAL RECORD REVIEWER
GUIDANCE**



Tips and tricks for surviving a RADV audit

4

**FOLLOW CMS
RULES FOR
SUBMISSION**

Centers for Medicare & Medicaid Services Risk Adjustment Data Validation (RADV) Medical Record Checklist and Guidance

This checklist list has been provided to Medicare Advantage contracts involved in RADV audits. This list may help to determine a medical record's suitability for RADV. Any items checked "no" may indicate that the medical record will not support a CMS-HCC.

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| <input type="checkbox"/> | <input type="checkbox"/> | Does the diagnosis support the requested HCC? |

Tips and tricks for surviving a RADV audit

5

**SUBMIT YOUR
BEST CHARTS**

According to FY 2022 Improper Payment Measure Payment Error Rate results, **CMS identified over \$1.2 Billion dollars in underpayments**

More than 40 percent of patients' chronic conditions are never reported by their providers

Tips and tricks for surviving a RADV audit

6

**REVIEW RESULTS
& MAKE CHANGES
IF NECESSARY**



Tips and tricks for surviving a RADV audit

7

BE PREPARED TO
APPEAL DENIALS

The screenshot shows the CMS.gov website with the following structure:

- Header: CMS.gov Centers for Medicare & Medicaid Services. Navigation links: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, Outreach & Education. Search icon.
- Breadcrumbs: Research, Statistics, Data & Systems > Medicare Advantage Risk Adjustment Data Validation Program > Appeals Process
- Left sidebar menu:
 - Medicare Advantage Risk Adjustment Data Validation Program
 - Appeals Process (selected)
 - RADV Training
 - Resources
- Main content area:
 - Section: Appeals Process
 - Item 01: Level I: Request for Reconsideration
 - Item 02: Level II: Request for CMS Hearing Official Review
 - Item 03: Level III: Request for CMS Administrator Review
 - Text: CMS will provide updates on the RADV appeals process. Please check back for updates soon!
 - Page Last Modified: 06/06/2023 08:50 AM
 - Link: [Help with File Formats and Plug-ins](#)

Survey Question #2

In the event your MAO gets selected for the next inevitable RADV audit, what technology do you have in place to complete your audit?

- a. Vendor technology with embedded NLP
- b. Internally developed coding tool
- c. Spreadsheets
- d. Completely outsourced to a vendor
- e. Unsure

Latest technology to help support your team moving forward

Key differentiators of the health language coder workbench

- Foundational understanding of standard and semantically enriched clinical terminologies
- Advanced AI, clinically trained Natural Language Processing (cNLP) technology
- Risk adjustment coding intelligence ensures HCCs coded are in alignment with the official guidelines for compliant coding and reporting
- Intelligent, intuitive user interface for maximum coder efficiency

IMPORTANCE OF UNDERSTANDING CONTEXT

Negation: recognize the difference between “*diabetes*” and “*no diabetes*”

Temporality: recognize the difference between “*history of breast cancer*” and “*breast cancer*”

Experiencer: recognize the difference between “*patients' mother*” and “*patient*”

Certainty: recognize the difference between “*likely atrial fibrillation*” and “*atrial fibrillation*”

Imagine having a doctor or nurse sitting next to the coder...

SURFACED DIAGNOSES & CLINICAL INDICATORS

- Social drinker

Physical Examination:

- Vitals: BP 135/90, R 13, P 80 and irregularly irregular, Weight 167 lbs., Height 5'6"
- HENT: unremarkable
- Neck: supple
- Lungs: clear to auscultation
- CVS: heart irregular rhythm, no murmurs. Mild ankle edema. Pedal pulses 1+ bilaterally
- Abdomen: soft
- Musculoskeletal: Normal strength and gait
- Neurological: oriented times three, normal speech, no weakness in extremities, monofilament foot sensation test notable for decreased sensation on the left.

Assessment

- Hypertension: better controlled on current regimen
- Diabetes control improving with better adherence to diet.
- Paroxysmal atrial fibrillation now on Xarelto and Tikosyn due to elevated stroke risk.
- Type 2 diabetes mellitus with diabetic chronic kidney disease
- Chronic kidney disease, stage 3b. eGFR remains stable. Will optimize treatment for DM and HTN.
- Diabetic polyneuropathy, mild
- Lupus erythematosus, no active disease. Will repeat ESR in two months.

Plan

- Continue current medications
- Follow-up with cardiology for management of atrial fibrillation and anticoagulation.
- Emphasize need for strict adherence to ADA diet
- Referral to podiatry to prevent potential skin lesions
- Return to clinic in 4 weeks or as needed
- Neurology referral

Electronically signed by Richard Rodriguez, MD at 5:30 pm on February 27, 2021

PRE-POPULATED DIAGNOSIS CARD

Suggestions Found + Add Code

Top by DOS All by DOS

Paroxysmal atrial fibrillation
Assessment

ICD Code *
I48.0 Paroxysmal atrial fibrillation

Refine Guidelines

Note Type Encounter Date *

Progress Note Outpatient 02/27/2021

Provider Type
Physician

Provider
Richard Rodriguez, MD Signature

Supporting Documentation
Recommended

- Condition: irregularly irregular
- MedicationStatement: Xarelto
- MedicationStatement: Tikosyn
- Condition: Follow-up with cardiology
- MedicationStatement: anticoagulation

View Less 5 of 5

Related Diagnoses
We were not able to find any related diagnoses for this diagnosis

Comment
Please provide additional details here

CHART TABLE OF CONTENTS

Table of Contents X

Search Q

Sort by: Newest First ∨

- ∧ Progress Note Outpatient 02/27/2021
 - Review Of Systems
 - Social History
 - Physical Exam
 - Assessment
 - Plan
- ∧ Progress Note Outpatient 01/19/2021
 - History Of Present Illness
 - Review Of Systems
 - Social History
 - Physical Exam
 - Assessment Plan
- ∧ Progress Note Outpatient 01/03/2021
 - Review Of Systems
 - Social History

As good as coders are, they aren't analysts

Audit support in a risk management solution

- Must capture and report information in a meaningful way *i.e.* - what was found, on what page, in what section, etc.
- Help coder analyze data to identify best dates of service for highest validation rates
- Strategic recommendation of best dates of service



Project support for the RA manager – the last piece of the puzzle

Happy Health Plan

Assignment: **Coder** | Due Date: **2/1/2024** | Business Line: **Medicare Advantage**

Charts | Team | Settings

19 Charts [Upload New Chart](#)

MEMBER	CODES	ADDS	PAGES	PHASE	ASSIGNEE	STATUS
David Smith 061122023	3	3	72	CODE QA DONE 	Sara Jones	IN PROGRESS
Lydia Simon 9869007	6	2	17	CODE QA DONE 	Scott Peterson	IN PROGRESS
Nina Rhodes 648395739	8	-	7	CODE QA DONE 	Mary Black	✓ SUBMITTED
Matt Rucks 364859573	9	1	32	CODE QA DONE 	Ashley Benson	✓ SUBMITTED
Melissa Suez 938457343	11	2	87	CODE QA DONE 	Jamie O'Dell	✓ SUBMITTED
Cheryl O'Connors 9349857343	7	3	32	CODE QA DONE 	Oliver Ray	∞ UNDER REVIEW
Cara Dailey 92384579345	-	-	12	CODE QA DONE 	Denise Ricket	∞ UNDER REVIEW
Kim Johnson 349583434	12	2	14	CODE QA DONE 	Miles Buck	∞ UNDER REVIEW
Elizabeth Davidson 34958745456	19	3	31	CODE QA DONE 	Steve Day	∞ UNDER REVIEW
Matthew Brown 33454366	4	2	9	CODE QA DONE 	Luke Giles	✓ SUBMITTED
Lisa Kipp 3456457566	12	1	19	CODE QA DONE 	Jen Lu	✓ SUBMITTED

1 - 19 of 19 100 ← 1 →

A complete ensemble for a successful RADV audit



**Skilled, coding and
audit resources**



**Fit for purpose clinically
intelligent technology,
designed to support
audit workflows**



**Analysis and
reporting capabilities**



**Strategic
recommendation
of best charts**

Q&A

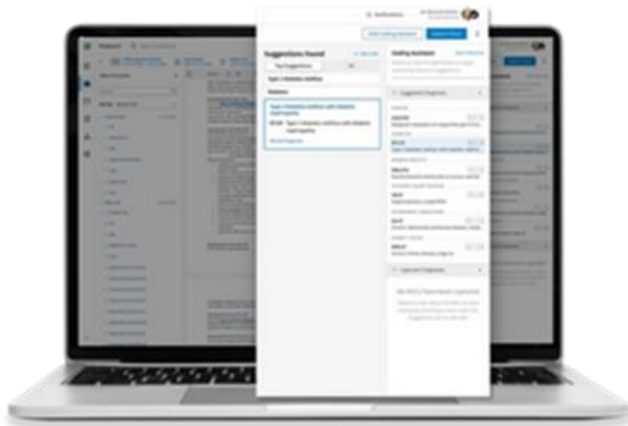
Please reach out, we'd love to connect with you!



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Melissa.James@WoltersKluwer.com



Kimberly Rykaczewski, RN, CPC, CRC
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Kimberly.Rykaczewski@WoltersKluwer.com



Visit our website and reach out today to learn more about the Health Language Coder Workbench!

www.wolterskluwer.com/en/solutions/health-language/risk-adjustment

THANK YOU!

For more information on Health Language Expert Solutions, visit our website & reach out today!



RISE



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Appendix



RISE

Resources

- [Medicare Advantage Risk Adjustment Data Validation Program | CMS](#)
- [Medicare Advantage Risk-Adjustment Data - Targeted Review of Documentation Supporting Specific Diagnosis Codes \(hhs.gov\)](#)
- [Risk Adjustment Data - Sufficiency of Documentation Supporting Diagnoses \(hhs.gov\)](#)

CMS Appeals

Appeals Process | CMS

The screenshot shows the CMS.gov website interface. At the top left is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". To the right are links for "About CMS" and "Newsroom", along with a search icon. Below this is a navigation menu with categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. A breadcrumb trail indicates the current page: Home > Research, Statistics, Data & Systems > Medicare Advantage Risk Adjustment Data Validation Program > Appeals Process. On the left side, there is a sidebar menu with options: Medicare Advantage Risk Adjustment Data Validation Program (highlighted), Appeals Process, RADV Training, and Resources. The main content area is titled "Appeals Process" and features a three-step numbered list: 01 Level I: Request for Reconsideration, 02 Level II: Request for CMS Hearing Official Review, and 03 Level III: Request for CMS Administrator Review. Below the list, a message states: "CMS will provide updates on the RADV appeals process. Please check back for updates soon!". At the bottom of the page, it says "Page Last Modified: 06/06/2023 08:50 AM" and provides a link for "Help with File Formats and Plug-Ins".

CMS checklist

[radv-checklist.pdf \(cms.gov\)](http://radv-checklist.pdf.cms.gov)

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