



RADV Audit Playbook: Slam Dunk Strategies to Avoid Costly Turnovers

Presented By: Wolters Kluwer, Health Language



Meet Our Expert Speakers



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Today's Game Plan

1st Half

Preparation Wins Championships: How to set your team up for success before the opening tip-off

Halftime

Making the Right Plays: How to choose the best records to submit under pressure

2nd Half

Defensive Adjustments: Strategies to ensure your charts and coding can withstand review

Final Buzzer

Avoiding Costly Turnovers: Common mistakes that derail audits—and how to avoid them

Overtime

Technology as Your MVP: How the right tools and tech can lead your team to victory



RISE

The Ref Is Watching: Why RADV Matters

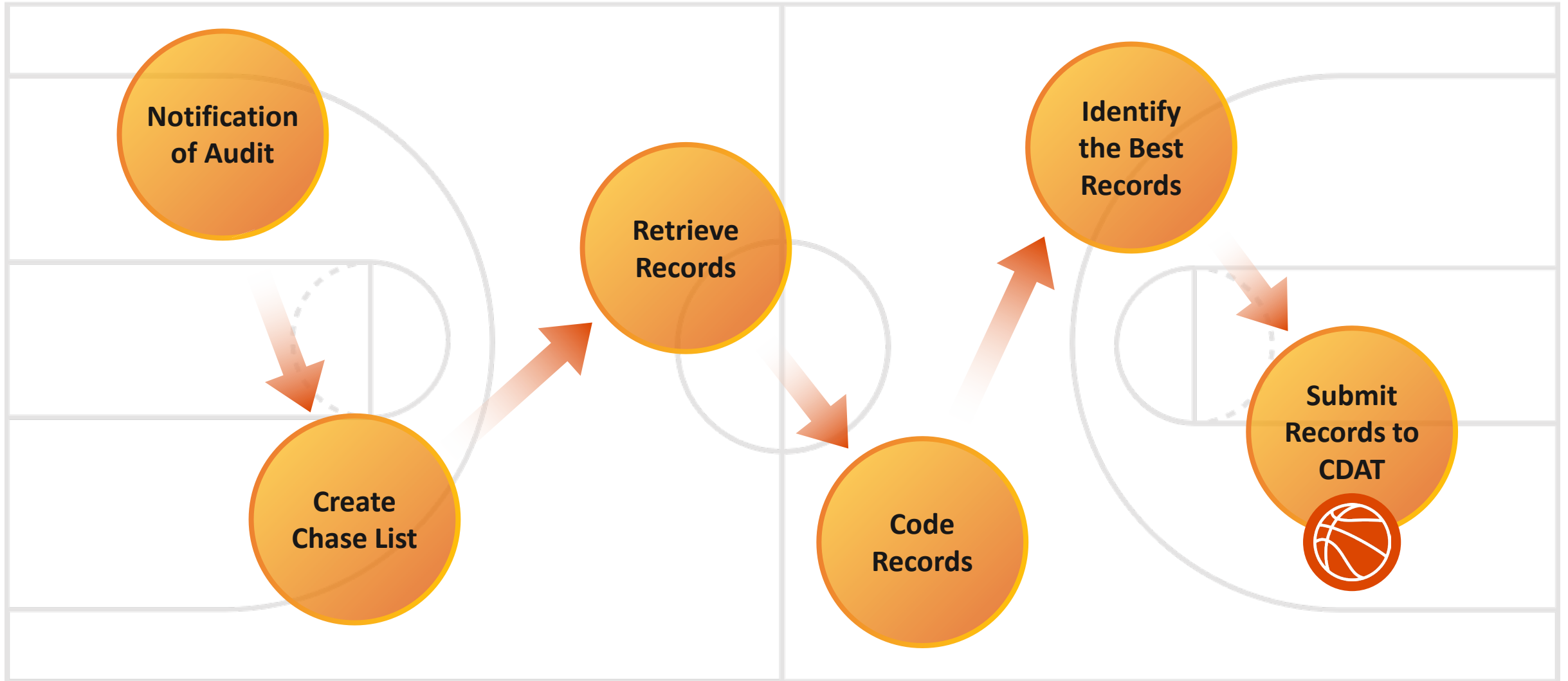


2026 CMS Updates

- Accelerated audit strategy (PY2020–2024)
- Sample- 35–200 enrollees based on plan size
- 2 records per HCC
- 5-month submission window
- Approximately every 3 months audit cadence
- Secure new technology, powered by artificial intelligence
- Expanded workforce

Audits Are Expanding. Timelines Are Tightening. Oversight Is Accelerating.

RADV Audit Full Court Press



Pregame Jitters

Scale and coordination required

Not a typical retrospective project

Current methods (spreadsheets) are not going to cut it

Operational lift concerns



1st Half – Preparation Wins Championships: How to set your team up for success before the opening tip-off



Team coordination

- Analytics
- Coding
- Retrieval



Planning workflows

- Utilizing technology
- Aligning with vendors
- Familiarizing team with CMS coding guidelines

Survey Question

For the next RADV audit, what technology do you have in place to respond to the audit?

A

Vendor technology with AI-assisted coding software

B

Internally developed tools or databases

C

Spreadsheets

D

Completely outsourced to a vendor

E

Unsure

Half-time – Making the Right Plays: How to choose the best records to submit under pressure

➤ Ensuring documentation met CMS requirements

- DOS and note type
- Provider signature and credentials
 - Attestations

➤ Submitting easy lay ups first

- Multiple HCCs in same encounter
- Diagnosis with supporting evidence
- Inpatient charts

➤ Submitting higher and adds

➤ Not exceeding maximum submission count



2nd Half – Defensive Adjustments: Strategies to ensure your charts and coding can withstand review



Accuracy vs production

- CDI vs. coding



Trusting the technology

- Confidence scoring



High-risk diagnosis codes

- Questionable



Difficult to retrieve charts

- Hardship request

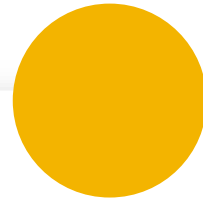
Final Buzzer – Avoiding Costly Turnovers: Common mistakes that derail audits— and how to avoid them

- Comprehensive review of all charts to find the best encounter
- Compliance collaboration on submissions
- Ownership of audit drives stronger outcomes
- Project management and visibility

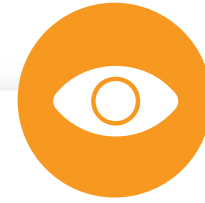




Technology as Your MVP: How the right tools and tech can lead your team to victory



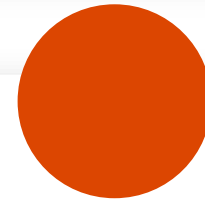
Centralized workflow



Project visibility



Reporting



Documentation to support
future appeals and analytics

Patient Level dashboard to keep your team in sync and on the scoreboard

- Identifies diagnosis that qualify for submission along with a corresponding confidence score
- Identifies hierarchy comparison letting the coder know if the diagnosis was a match, higher, lower or add
- Hyperlink back to the chart for quick review
- Tracks CMS submission information for accurate recording keeping
- Strategically Recommend the Best Encounters to Submit for the Highest Possible Validation Rate

HCC Status

CMS Audited HCCs

- HCC12 ▲ Breast, Prostate, and ...
- C61 Malignant ne... ▲
- HCC19 ● Diabetes without com...
- E11.65 Type 2 diabet... ● +
- E11.9 Type 2 diabet... ●
- HCC79 ● Seizure Disorders and...
- G40.919 Epilepsy, un... ●
- HCC85 ● Congestive Heart Failu...
- I50.9 Heart failure... ● +
- I50.30 Unspecified ... ●
- HCC111 ● Chronic Obstructive P...
- J44.9 Chronic obstr... ●

HCC Adds

- HCC52 ● Dementia without com...

Qualifies for Submission	Score	POC Reviewed Status	Chart ID	DOS Start (Admit)	DOS End (Discharge)	Provider Name	Provider Type	dx	HCC Code Captured	Validation Status	HCC Hierarchy Comparison
Yes	20	Yes	0123456789...	02/14/2021	02/14/2021	Elliot Reid, M.D.	Physician	G30.9	HCC52	Validated	Add
Yes	15	Yes	2110456896...	05/15/2021	05/15/2021	Elliot Reid, M.D.	Physician	E11.65	HCC18	Validated	Higher
Yes	10	No	0213456789...	01/21/2021	01/21/2021	Elliot Reid, M.D.	Physician	E11.9	HCC19	Validated	Match

Centralized project management dashboard to keep your team aligned from tip-off to the final buzzer

The dashboard shows a table of patient data and a sidebar with project status totals. The table has columns for Patient Last Name, Patient First Name, DOB, Total HCCs Being Audited, Total HCCs Left to Submit, Submitted Validated HCCs, Submitted Invalidated HCCs, Total Charts Left to Be Coded, Date of Last Chart Updates, and Total Charts Unreviewed by POC. The sidebar, titled 'Project Status Totals', provides a summary of key metrics.

Patient Last Name	Patient First Name	DOB	Total HCCs Being Audited	Total HCCs Left to Submit	Submitted Validated HCCs	Submitted Invalidated HCCs	Total Charts Left to Be Coded	Date of Last Chart Updates	Total Charts Unreviewed by POC
Fischer	Priscilla	06/17/1955	1	0	1	0	3	01/04/2024	10
Lee	Pat	12/12/1944	5	4	0	1	5	12/20/2023	5
Langley	Ashe	02/24/1936	7	7	0	0	3	12/20/2023	3
Miller	Rex	05/31/1944	10	2	8	0	1	01/03/2024	1
Abel	David	01/21/1948	6	6	0	0	3	01/05/2024	3
Tucci	Olivia	12/29/1945	8	8	0	0	3	12/20/2023	3
Franc	Pierre	07/02/1951	7	7	0	0	3	12/20/2023	3
Slowinski	Grace	12/18/1950	9	9	0	0	3	12/20/2023	3
Duffy	MaryAnn	11/08/1928	11	11	0	0	10	12/20/2023	10
Taylor	Jameson	03/06/1938	8	8	0	0	11	01/04/2024	11
Hawkinson	Joseph	12/20/1943	6	6	0	0	4	12/20/2023	4
Sanchez	Beatrice	10/22/1945	10	10	0	0	9	12/20/2023	9
Mohammed	Shaufiq	06/07/1944	8	8	0	0	3	12/20/2023	3
Brenner	Skip	07/05/1952	7	7	0	0	2	12/19/2023	2
Lipman	Paul	09/16/1949	6	6	0	0	6	12/18/2023	6
Perdic	Beatrice	04/12/1941	12	12	0	0	5	12/17/2023	5

Project Status Totals

- 35 Total Patients
- 252 Total HCC Count for All Patients
- 3 Patients with Any Submitted HCCs
- 1 Patients with All Submitted HCCs
- 32 Patients without Submitted HCCs
- 10 HCCs Validated and Submitted
- 1 HCCs Invalidated and Submitted
- 1 Total Submitted Adds
- 1 Total Submitted Highers

- Visibility into audit progression & submissions at patient & project level
- Tracks number of charts that need to be coded
- Tracks the number of HCCs that need to be submitted
- Tracks submissions with potential repayment offsets

Locker Room Wrap Up & Q&A

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Wednesday, March 25th 10:40-11:25am

Track 3: Regulation in Motion

Control, Transparency, and Trust: Modernizing Risk Adjustment

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