

Be Prepared: Proactive Steps to Mitigate RADV Exposure

Presented By:

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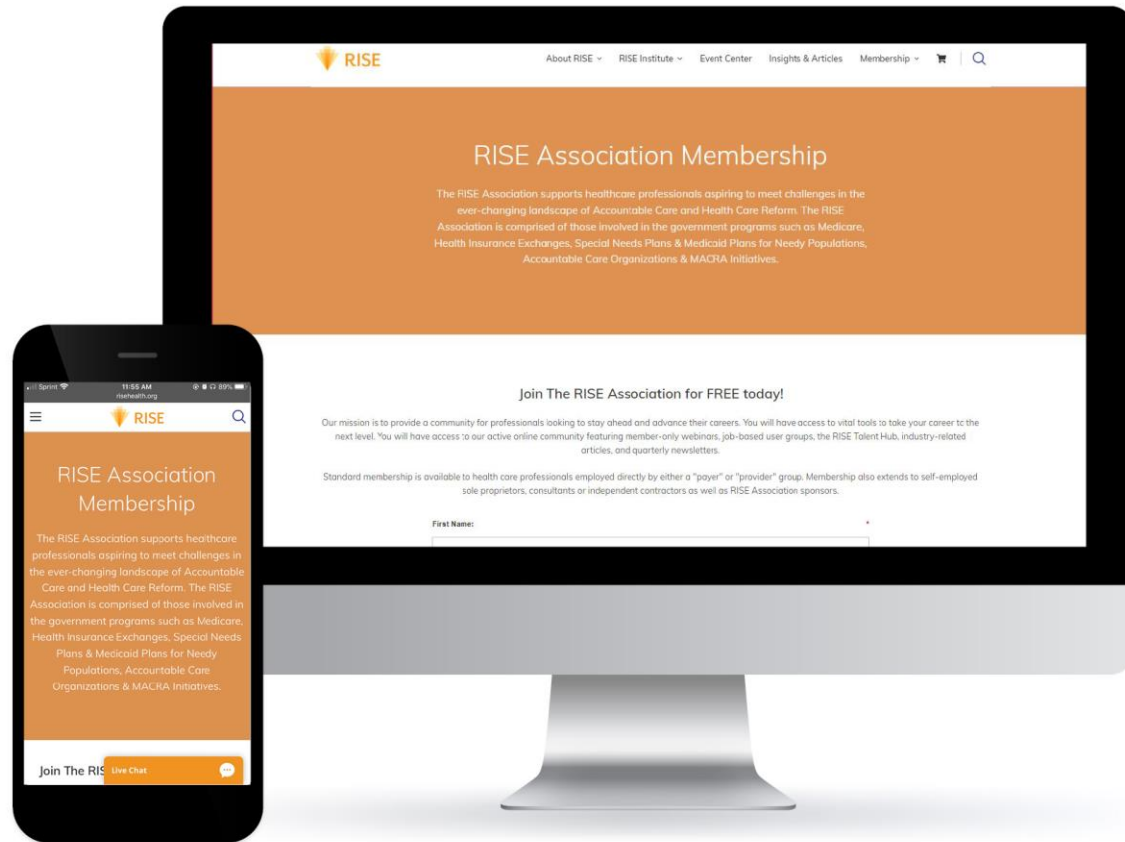
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Today's Agenda

- RADV in the news / recent enforcement actions
- Being prepared starts with a “balanced coding approach”
- Performing concurrent & retro coding programs
- Where to focus - outliers and special programs
- Case Study: use of tools and vendor resources
- Tips to ensure a successful RADV audit

Quick Refresher: What is a RADV?

- Risk Adjustment Data Validation audit
- Two types of audits – Contract (random or targeted) and National
- Contract audit includes a random sample of up to 201 enrollees from each contract selected for audit
 - Beneficiaries chosen based on clinical data and enrollment data, including length of Medicare coverage.
- National audits include smaller samples from across MAOs to estimate the MA improper payment rate

RADV in the News

CMS has reported it plans an increase in RADV audits in 2020 due to heightened scrutiny on MA program payments

- OIG Study conducted due to concerns over use of chart reviews and found almost always used to add (not delete) diagnoses
- Kaiser Health News sues CMS to release RADV results, believe audits will reveal \$100M+ in overpayments
- Members of Congress urging CMS to further investigate MA overbilling, recoup overpayments, and prevent future payment errors
- CMS proposal to expand the impact of RADV by extrapolating error rates found in a random sample to the full membership
- Impact of COVID-19?

Recent Enforcement Activity

Freedom Health

Agreed to settle allegations around the submission of 'unsupported diagnosis codes to CMS' which resulted in overpayments (\$31.7M)

Health Plans

Continue to be under review for inflated risk scores and incomplete documentation resulting in improper MA payments

Providers

Also facing scrutiny related to billing practices and ability to support submitted diagnosis codes

You can't prevent a RADV...

...But you can be prepared!

- RADV audits will continue, and likely increase in intensity
- Proactively implementing the right coding programs will mitigate risk
- Waiting until an audit occurs is too late
- Up front investment will ensure the best audit outcomes

Start with a "Balanced Coding Approach"

- ✓ Align key stakeholders on your organization's philosophy to its coding programs
- ✓ A "balanced approach" means looking both ways (adds & deletes) when conducting chart reviews and coding audits
- ✓ When reviewing chart documentation for potential new codes, consider also confirming codes previously submitted through encounter data
- ✓ Mix blinded coding with code validation, and consider multiple levels of QA
- ✓ Outcome provides the "best record" for future RADV and opportunity to proactively retract unsupported codes

Concurrent and Retrospective Reviews

Concurrent Review

- Where possible, perform a concurrent review prior to billing
- Provide real-time feedback and track coding accuracy at the provider level
- Benefit: ensures every HCC diagnosis on claim has “best record”

Retrospective Review

- Use to identify and code conditions that are not in claims data, and validate those that are
- Opportunity to obtain and review all available charts (prior to an audit) and focus on specific areas where there may be data gaps
- Don't forget specialists

Align on your coding standards and stick to it

Where to Focus: Outliers and Special Programs

- 1 Re-capture or re-code chart review programs
- 2 “Suspect” chart review programs
- 3 Physician outreach / query programs
- 4 Health assessments
- 5 Common errors, new codes, and changes to CMS-HHS requirements

Use of Tools and Vendor Resources

One Platform For:

- ✓ Risk and HEDIS
- ✓ NLP based coding
- ✓ Concurrent and retrospective
- ✓ Vendors and Internal staff
- ✓ Chart acquisition and repository
- ✓ Monitoring quality
- ✓ Tracking and monitoring your RAF score
- ✓ Comprehensive provider education
- ✓ Single reporting and dashboards

Increased Accuracy
for Risk Adjusted and
Diagnosis Coding



Improved Data for
better input around
care



HEDIS and Stars
Capture



Improve Provider
Education by
providing feedback



EMR Integration

Utilizing technology for actionable Provider Education

- Being able to show real-results to providers for targeted education

Provider Education Report

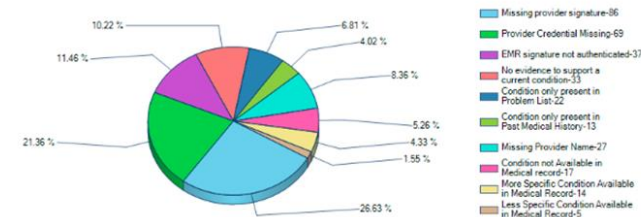
Client:

Project:

Group By:

As of Date:

| Error Code | Description | Count |
|------------|-----------------------------------------------------|-------|
| 1 | Missing provider signature | 86 |
| 2 | Provider Credential Missing | 69 |
| 3 | EMR signature not authenticated | 37 |
| 5 | No evidence to support a current condition | 33 |
| 6 | Condition only present in Problem List | 22 |
| 7 | Condition only present in Past Medical History | 13 |
| 8 | Missing Provider Name | 27 |
| 10 | Condition not Available in Medical record | 17 |
| 11 | More Specific Condition Available in Medical Record | 14 |
| 12 | Less Specific Condition Available in Medical Record | 5 |



| Provider NPI | Provider Name | Specialty | Chase Count | Diagnosis Count | HCC Codes |
|--------------|------------------------|-----------|-------------|-----------------|-----------|
| 1851508998 | Mandapat, Aimee L. | 44 | 4 | 5 | 1 |
| 1730284241 | Nikonchik, Andrea S. | 37 | 3 | 2 | 1 |
| 1033394903 | Williams, Ann | 50 | 1 | 1 | 1 |
| 1194805374 | Manohar, Chenguttal J. | 11 | 2 | 2 | 1 |
| 1275508089 | Firdaus, Irfan | 90 | 1 | 3 | 1 |

Getting the most out of your reviews

- GeBBS performed a level 2 review on a plans MA population. GeBBS was provided the original coded data and by doing a complete review GeBBS was able to find additional HCC's in 50% of the charts reviewed.
- GeBBS performed level 1 review along with NLP powered technology and complete coder review.
 - Increased productivity
 - Able to identify adds as well as deletes within same review
 - Providing a more comprehensive risk adjustment look for each member.

Tips to Ensure a Successful RADV Audit

Build your Team

- Select internal and external resources, clinical documentation SMEs, don't forget project management and IT

Education & Incentives

- Engage your providers with education, consider incentives to enable more efficient access to medical records

Hospitals & Other Sources

- Establish arrangements with hospitals and other providers that care for your members to access data and charts

Internal Audit

- Establish routine audit frequency, and internally track/report results

Policy & Procedure

- Consider creating a policy & procedure for RADV and other external audits

Stay Informed

- Track CMS-HHS guidance, industry resources, and litigation

Questions?



THANK YOU

