

From Audit to Advantage: Turning RADV readiness into a prospective risk strategy

Presented By:

Gary Pilling II - President of VBC Health Advisors LLC

Dr. Carlos Rodriguez - VP of Risk Adjustment & Clinical
Performance , **Aegis**

Jonathan Meyers - CEO, Seldon Health Advisors



Webinar Participant Tips

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- Type your question in the Q&A box.
- Click “Send”.

Today's panel



Gary Pilling II, MBA
President of VBC Health Advisors LLC



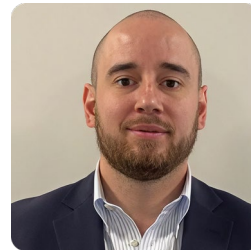
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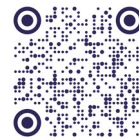
Jonathan Meyers
CEO, Seldon Health Advisors



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Carlos Rodriguez
VP of Risk Adjustment & Clinical
Performance



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Where is your organization sitting today in terms of shifting to prospective risk adjustment?



The differences between

Prospective Coding

- Suspect conditions identified before the visit
- Supports pre-visit planning and in-visit documentation
- Reduces end-of-year cleanup

Concurrent Coding

- Review during or immediately after visit
- Near real-time clarification and coding
- Requires coder or reviewer involvement

Retrospective Coding

- Weeks or months after the visit
- Labor-intensive review to capture missed conditions
- Higher potential for coding discrepancies

CMS updates you need to know:

RADV Expansion

- **Audit Scope:**
From 60 → ~550 MA plans/year
- **Medical Record Reviews:**
Up to 200/plan based on plan size
- **Workforce Surge:**
40 → 2,000 coders
- **Backlog Clearance:**
2018-2024 audits by 2026
- **Overpayment Recovery:**
Joint effort with HHS-OIG

MA Final Notice

- **Encounter -linked diagnoses:**
Only diagnoses documented during qualifying patient visits will count for MA risk adjustment payments starting 2027.
- **Retrospective chart reviews:**
Unlinked chart review diagnoses will no longer generate reimbursement.
- **Provider workflow shift:**
Focus moves to prospective, point-of-care HCC capture and MEAT documentation during visits.

Online course: Level up your VBC

PART 1:

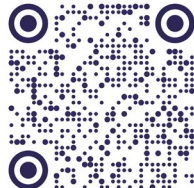
Intro to VBC and Risk Adjustment

From payment models and policy shifts to HCC coding, RAF scoring, and the impact of CMS-HCC V28.



Gary Pilling II, MBA

President of VBC Health Advisors LLC & Former SVP at agilon health



WATCH ON-DEMAND

PART 2:

Delivering quality care & data-driven gap closure

How Stars, HEDIS®, and eCQMs drive rewards — and how data and AI turn care gap insights into action.



Michael S. Barr, MD
Bvn President and Founder of MEDIS, LLC & Former EVP, NCQA

PART 3:

Utilization management & financial performance in VBC

Optimize utilization, boost margins, and navigate RADV audits and AI governance with confidence.



Jonathan Meyers, FSA, MAAA
CEO, Seldon Health Advisors



What is the biggest barrier to moving risk capture upstream in your organization?



Where does AI play a role in your risk adjustment workflows today?



Turning data into action: The real impact of AI at the point of care

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Andrew Behan
VP Customer Success, Navina



Rajun Gurunathan, MD, FACP
CMO, Hackensack Meridian Health



Justin F. Klamerus, MD, MMM
EVP and CCO, McLaren Health Care



Mandy Bodily-Bartrum
SVP of Infection Prevention, Quality, and
Data Analytics, Vibra Healthcare



Mike Hancock, MHA
AVP of Proactive Care Operations, Canyons
Region Intermountain Proactive Care
Support Services



Q&A Session

Thank You!