

# Master the Maze of Medicare Advantage RADV Audits

Presented By:



# Webinar Participant Tips

- All participant lines are muted. To protect your privacy, you will only see your name and the presenters names in the participant box.
  - To submit a question to the presenters any time during the event;
  - In the Event window, in the Panels drop-down list, select Q & A.
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# Today's presenters



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*Clinical Content Management – Medical  
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**Wolters Kluwer, Health Language**



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*Risk Adjustment SME, Senior Consultant*  
**Wolters Kluwer, Health Language**

# After today's session you be better prepared to

- ▶ **Ensure your audit readiness plan leaves no room for dead ends**
- ▶ **Establish a clear path to:**
  - 1) Address potential quality problems in your risk adjustment programs before you're audited
  - 2) Ensure that your tools and processes help you seamlessly navigate RADV audits



QUESTION

Who here is currently going through a RADV audit?

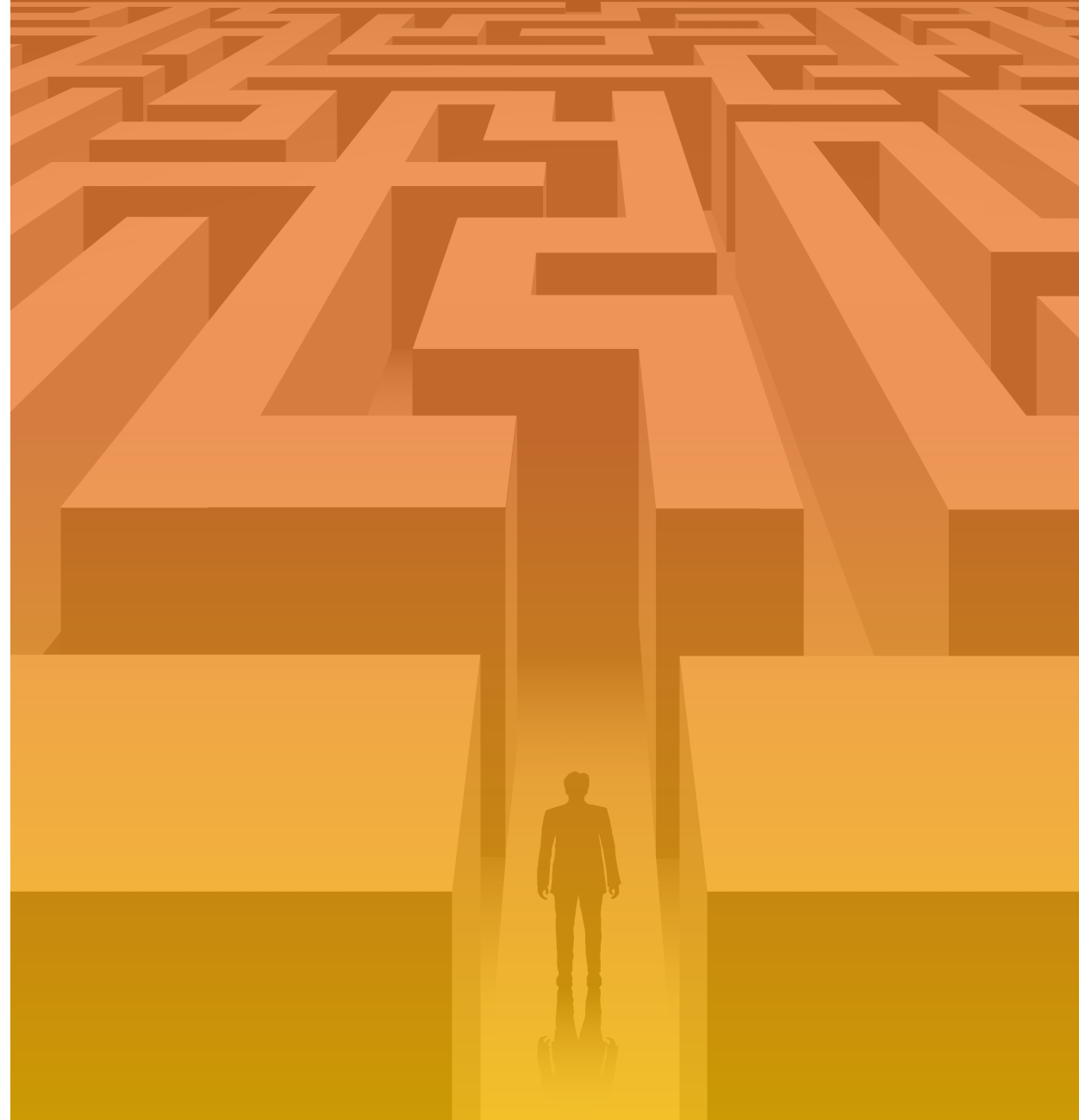
- a. I am a currently going through one.
- b. I have gone through one in the past.
- c. Haven't gone through one (*yet*).
- d. Whew, glad it's not my job!

# Risk Adjustment Data Validation (RADV) Audit Overview

- **WHO:** Centers for Medicare and Medicaid Services (CMS) audits Medicare Advantage Organizations (MAOs)
- **WHY:** CMS has an obligation to ensure the payments in the Medicare program are accurate to safeguard taxpayer dollars
- **WHAT:** Confirm that the diagnoses submitted for risk adjustment payment are supported by medical documents
- **WHEN: *Now!*** 60 Part C contracts were chosen for PY2018 RADV audit



# Master the Maze to Navigate RADV Audits



# Dead End #1

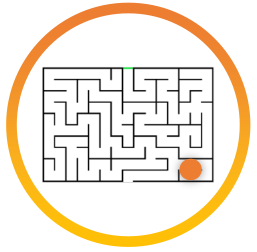


Thinking only large Medicare Advantage plans get selected for a RADV audit



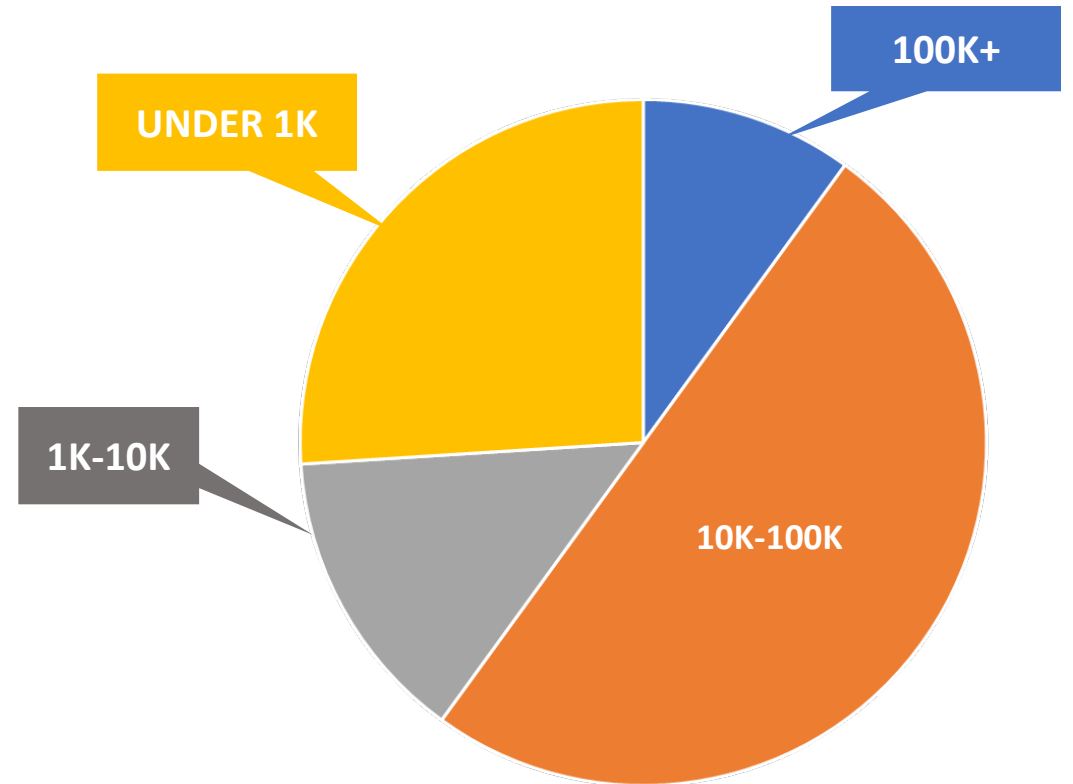


# Nearly half of health plans selected in the current audit have less than 10K members



## Clear Path

- ▶ Monitor CMS audit methodologies for the latest selection criteria
  - ▶ Plans that did not perform well in CPI's improper payment prediction models
  - ▶ Plans that rely heavily on chart review diagnoses
- ▶ Monitor results of regulatory audits
- ▶ Track trends in your coding patterns and claims data for areas of risk



Distribution of health plans selected by size for PY2018 RADV Audit

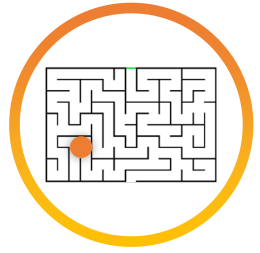
# Dead End #2



Believing if your internal coding accuracy is 95% that you would perform well in an audit



# Close the gap on quality - confirm chart coding accuracy is higher than 95%

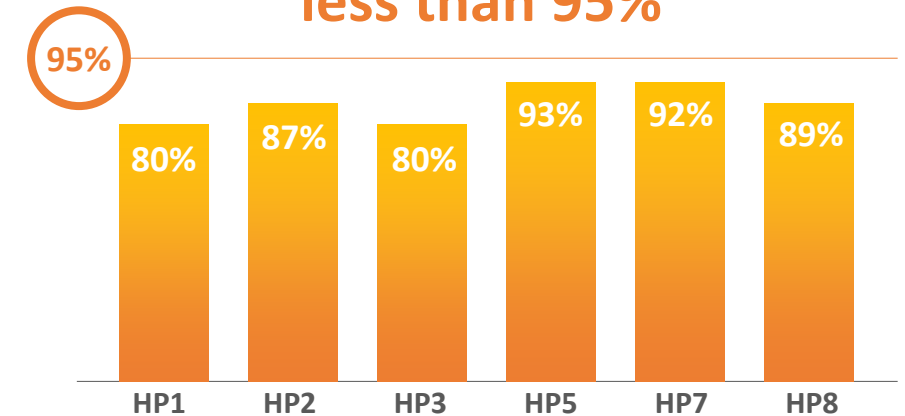


## Clear Path

- ▶ Utilize the OIG toolkit to inform of high-risk areas
- ▶ Perform robust retrospective chart reviews
- ▶ Submit deletions if issues were found
- ▶ Explore tooling to improve chart review accuracy and increase oversight of your coding vendors
- ▶ Perform mock RADV audits and proactively identify charts with a quality issue

Majority of MAOs in OIG RADV-like audits scored

**less than 95%**



Sample accuracy rates of health plans in OIG RADV-like audits

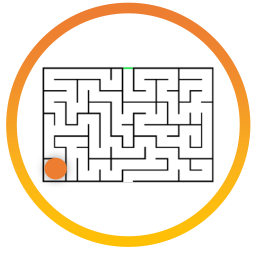
# Dead End #3



Assuming if you are selected for an audit, you'll have plenty of time to prepare



# Medicare Advantage plans have only about 22 weeks to complete an audit



## Clear Path

- ▶ Explore available technology prior to being notified of an audit
- ▶ Get contracts in place with chart retrieval and technology vendors
- ▶ Define roles and teams that are needed to support the audit

### 3 IMPORTANT DATES TO REMEMBER

The following are important dates to remember for the PY 2018 MA contract-specific audit:

- MR submission window opens: November 14, 2024
- Hardship Exception Request deadline: March 3, 2025
- MR Submission Deadline (window closes): April 21, 2025

QUESTION

If pulled into an audit today, how prepared do you feel?

- a. I feel totally prepared and ready to go!
- b. I feel unprepared, I'm scared!
- c. I really don't know what to feel.
- d. Whew! I'm glad it's not my job to manage!

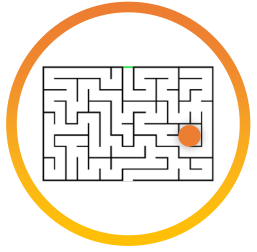
# Dead End #4



Thinking you can  
rely solely on a  
chart retrieval  
vendor to obtain  
all charts



# Managing chart retrieval is your responsibility



## Clear Path

- ▶ Prioritize chart chase list
- ▶ Monitor your chart retrieval vendor
- ▶ Have a contingency plan in place for missing charts
- ▶ Involve provider relations early to help obtain difficult-to-retrieve charts





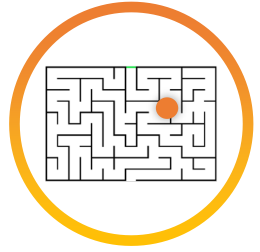
# Dead End #5



Presuming if the diagnosis is in the encounter, it will be validated



# All necessary elements must be present within the encounter to support a CMS-HCC



## Clear Path

- ▶ Follow guidance within ICD-10-CM, AHA Coding Clinic and CMS Medicare Managed Care Manual
- ▶ Utilize CMS RADV Medical Record Checklist and Guidance
- ▶ Ensure that RADV reviewer guidance is being followed
- ▶ Invest in software that identifies correct requirements

**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.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is the record for the correct enrollee?
<input type="checkbox"/>	<input type="checkbox"/>	Is the record from the correct calendar year for the payment year being audited (i.e., for audits of 2013 payments, validating records should be from calendar year 2012)?
<input type="checkbox"/>	<input type="checkbox"/>	Is the date of service present for the face to face visit?
<input type="checkbox"/>	<input type="checkbox"/>	Is the record legible?
<input type="checkbox"/>	<input type="checkbox"/>	Is the record from a valid provider type? (Hospital inpatient, hospital outpatient/physician)
<input type="checkbox"/>	<input type="checkbox"/>	Are there valid credentials and/or is there a valid physician specialty documented on the record?
<input type="checkbox"/>	<input type="checkbox"/>	Does the record contain a signature from an acceptable type of physician specialist?
<input type="checkbox"/>	<input type="checkbox"/>	If the outpatient/physician record does not contain a valid credential and/or signature, is there a completed CMS-Generated Attestation for this date of service?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a diagnosis on the record?
<input type="checkbox"/>	<input type="checkbox"/>	Does the diagnosis support an HCC?
<input type="checkbox"/>	<input type="checkbox"/>	Does the diagnosis support the requested HCC?

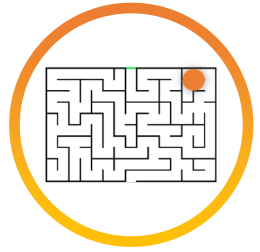
# Dead End #6



Assuming your only option is to use spreadsheets to navigate a RADV audit



# A fit-for-purpose software solution exists to empower your team



## Clear Path

- ▶ Explore AI-assisted software that is intentionally designed to support RADV audits

FEATURE	SPREADSHEET	FIT FOR PURPOSE TECHNOLOGY
Recommends the best charts to submit for highest validation rates	—	X
Project management tool designed to optimize response to audits	—	X
Visibility into audit progression and patient and project level	—	X
Assigns confidence levels scoring to diagnoses	—	X
Identifies hierarchy comparison	—	X
Suggests ICD-10 diagnosis codes related to model version of audit	—	X
Auto populates note type, DOS, physician, page	—	X
Avoids keystroke errors	—	X
Extracts clinical insights from text	—	X
Real-time analytics of productivity and accuracy metrics	—	X

## QUESTION

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

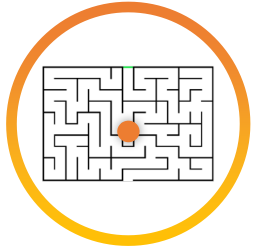
# Dead End #7



Being convinced that you only need to submit the records where the diagnosis originated



# Any acceptable encounter that supports the HCC within the audited year can be submitted



## Clear Path

- ▶ Review all encounters to find the best instances of the audited HCC
- ▶ Submit up to 5 encounters per HCC to ensure the best chance at validation
- ▶ Look for opportunities to submit a higher version of the HCC submitted



# Dead End #8

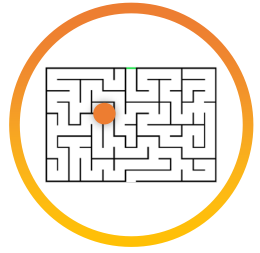


Assuming a few  
small errors  
won't make a big  
difference





# Extrapolation means error rates are applied across the member population



## Clear Path

- ▶ Engage proactive strategies
- ▶ Perform broader retrospective coding
- ▶ Track and trend prior audit results
- ▶ Invest in provider education
- ▶ Perform targeted internal audits
- ▶ Submit deletions prior to an audit

## OIG RADV-Like Audit Results

Plan	Accuracy Rate	Extrapolated Amount
HP1	80%	\$130,000,000
HP2	87%	\$59,000,000
HP3	80%	\$117,000,000
HP5	93%	\$5,000,000
HP7	92%	\$54,000,000
HP8	89%	\$197,000,000

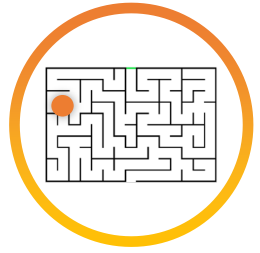
# Dead End #9



Thinking there's nothing you can do to reduce repayment penalties



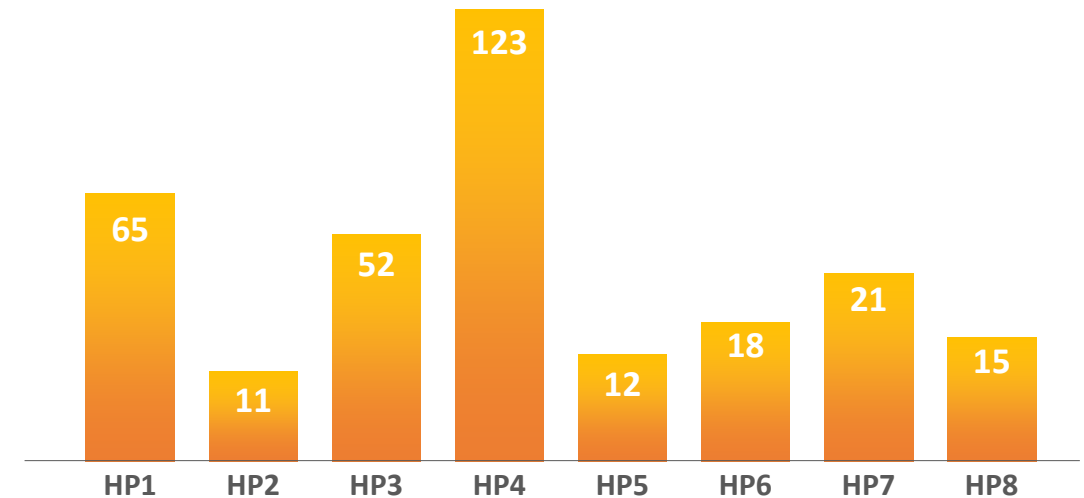
# Additional HCCs submitted during a RADV audit help offset repayment penalties



## Clear Path

- ▶ Review all encounters to find additional HCCs that aren't being audited
- ▶ Submit encounters to CMS that have additional HCC along with an HCC being audited
- ▶ Utilize AI-assisted coding software to help identify all diagnosis that risk adjust

Total additional HCCs found in OIG RADV-like audits



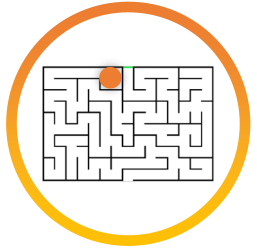
# Dead End #10



Believing after meeting the RADV submission deadline, your work is done



# After the RADV is finished, there is still plenty of work to do!



## Clear Path

- ▶ Trend validation/invalidated results
- ▶ Prepare appeals for any invalidated HCCs
- ▶ Provide feedback to providers
- ▶ Adjust internal coding policies if needed based on results
- ▶ Strategize to improve your RADV audit process for the NEXT audit
  - ▶ PY2019 RADV preparation



# You Mastered the Maze!

Don't forget:

- ▶ Every plan is at risk
- ▶ Preparation starts NOW
- ▶ Coding accuracy alone isn't enough
- ▶ Utilize RADV fit-for-purpose software to successfully navigate audits
- ▶ A RADV audit doesn't end when the final report is issued

# Q&A

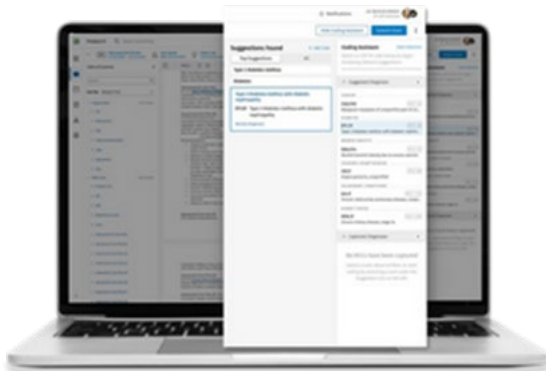
Please reach out, we'd love to connect with you!



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## VISIT US!

**RISE NATIONAL**  
Booth #223  
March 11-14th  
San Antonio, TX



## Attend our roundtable presentation!

March 13<sup>th</sup> at 4:05-5:05 pm  
**RADV Audit MythBusters: Separating Fact from Fiction**



THANK YOU



# Resources

<https://www.cms.gov/files/document/payment-year-2018-radv-questions-and-answers.pdf>

<https://oig.hhs.gov/reports/all/?report-type=Audit&hhs-agency=all&issue-date=all&issue-area=managed-care&financial-group=medicare-c#results>

<https://oig.hhs.gov/reports/all/2023/toolkit-to-help-decrease-improper-payments-in-medicare-advantage-through-the-identification-of-high-risk-diagnosis-codes/>

<https://www.cms.gov/files/document/payment-year-2018-ma-radv-audit-methods-instructions.pdf>

<https://www.cms.gov/files/document/ma-radv-reconsiderations-guidance-01-16-2025pdf.pdf>