Welcome!

Let’s warm up, please put your answers in the chat :)

1. **Where are you from & what’s your role at your organization?**

Defensible by design: How AI automates audit-ready documentation

Presented By:

Dana McCalley - VP of Value-Based Care, Navina
Tina Tolliver, M.Jur., CCEP, CHPC, LPEC, CHCQM-PSRM - Compliance, Ethics & Risk Strategist | TCT14 Integrity Partner
Daniel Adler, Esq. - Senior Associate General Counsel, Agilon Health

RISE

Webinar Participant Tips

- All participant lines are muted.
- 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.
- Type your question in the Q&A box.
- Click “Send”.

Today’s panel

Dana McCalley, MBA
VP of Value-Based Care, Navina

Connect with me

Tina Tolliver, M.Jur.
CCEP, CHPC, LPEC, CHCQM-PSRM
Compliance, Ethics & Risk Strategist

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Daniel Adler, Esq.
Senior Associate General Counsel,
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UPCOMING COURSE: VBC 301

Operating high-performance VBC programs at scale

Day 1 · Sept 15

VBC infrastructure and contracting strategy

- Scaling across payers and contracts
- Clinical workflow alignment
- Payer strategy and growth
- AI tools for physicians in VBC

Day 2 · Sept 16

Audit-ready documentation and care gap closure

- RADV scrutiny and MA compliance
- Prospective vs. retrospective capture
- Documentation integrity at scale
- AI at the point of care

Day 3 · Sept 17

Optimizing clinical and financial performance

- Utilization and quality outcomes
- Contract performance levers
- Total cost of care strategies
- Financial sustainability in VBC

navina | OUT-OF-POCKET

RISE

September 15-17 | 12-1:30 PM ET

Would you like to be auto-registered for the VBC 301 course?

What's driving your interest in audit-ready documentation today?

Where documentation fails

At visit

- Clinician does not have clinical evidence to diagnose the patients complexities. No treatment rendered
- Not coded to highest specificity
- Lack of MEAT documentation
- Encounter Accountability: point-of-service documentation standard - same day or next business day (CMS Pub. 100-04,Ch. 12, §30.6.1)
- Documented clinical hold only for a stated reason (e.g., pending test results)

At review

- Lack of documentation to support the patient's condition was addressed for that DOS
- Care not rendered, must recall the patient
- Incorrect ICD-10 selected in the encounter. Documentation supports a different code
- Weekly deficiency report → tiered escalation → Medical Director engagement
- Consequences for continued non-completion: reduced RVUs → schedule restriction → deadline → termination

At Audit

- Review of Medical Record
- Substantiation of codes billed and supporting documentation
- Pass vs Fail Audit Findings
- Claw backs if failed audits
- EQIP: Price → Capture → Validate → Deliver — every finding priced against its federal penalty equivalent, not just scored pass/fail
- AI-assisted MEAT validation before submission, with a full audit trail

Where does your organization currently stand in using AI for compliance and audit-readiness?

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Would you be interested in a conversation with our team about how Navina approaches audit-ready documentation at the point of care?

Resources from today's discussion:

Document	What it is	Where it comes up
Encounter Accountability P&P	Point-of-service documentation completion & escalation model	"At Visit" - early, where documentation fails
EQIP Program Overview	The real audit program: Price, Capture, Validate, Deliver	"At Audit" - the audit and monitoring discussion
60-Day Overpayment Rule	What changed federally; action steps by stakeholder	After a gap is confirmed - bridges audit to disclosure
When Correction Fails	The two self-disclosure mechanisms and the governance layer	Closing arc - when correction alone isn't enough

Q&A Session

Thank You!