

HCC RISK MANAGEMENT SOLUTIONS: RADV AUDIT SERVICES

CMS has issued forewarnings of Risk Adjustment Data Validation (RADV) Audits for Medicare Advantage Plans (MAPs) AS A MAP, HOW CAN WE PREPARE FOR A RADV AUDIT?

MAPs have been placed on notice that CMS will shortly begin a continuing cycle of RADV audits to validate each Plan's submitted RAPS data in terms of HCCs and RxHCCs, which are based on the documented diagnoses and reported ICD-9-CM codes. These Medicare Part C & D audits come with all of the audit liability that other similar federal activities carry for Medicare Parts A & B, such as those under the False Claims Act and related Fraud, Waste & Abuse (FWA) mandates for errors uncovered by federal entities such as the OIG, the four RACs, the CERT organizations and the Medicare Administrative Contractors (MACs). MAPs should begin preparing now for these imminent Medicare Parts C & D federal audits.

Peak Health Solutions' **HCC Risk Management Solutions** contain products that allow for structured audit and pre-audit services to assist your Plan to become CMS-RADV audit ready, as well as more flexible services tailored to each MAP's unique and varied needs.

WHAT SERVICES DOES PEAK PROVIDE THAT CAN ASSIST MAPS TO BECOME CMS-RADV AUDIT READY?

Peak's HCC Risk Management Solutions match each MAP's specific needs to a Peak "audit readiness" HCC Risk Management service. Aside from assisting your Plan through a true CMS-RADV Audit, Peak's services include the following:

RADV PRE-AUDIT SERVICES focus on assisting your Plan to become CMS-RADV audit ready by analyzing medical records (MRs) for the purposes of assessing documentation integrity according to CMS guidelines, validating and comparing ICD-9-CM code data to that which has been reported to CMS via the RAPS files, identifying all errors including incorrect or invalid ICD-9-CM codes as well as missed or unreported ICD-9-CM data, and reviewing your Plan's internal operations relevant to the MR request and fulfillment and physician query processes. The case selection is wider than the typical CMS-RADV Audit and provides your Plan with detailed information about your pre-audit readiness, including all areas of deficiency in need of remediation.

RADV MOCK AUDIT SERVICES focus on performing a RADV audit in a similar manner CMS will perform this activity, identifying and requesting a certain number of HCC/RxHCC cases (typically 200 patient cases) and then meticulously reviewing those records with the purposes of confirming reported diagnoses as well as identifying related ICD-9-CM coding errors, and uncovering provider documentation errors that can invalidate the reported HCCs / RxHCCs and negatively impact your Plan's overall Risk Adjustment Factor (RAF) score.

POST RADV MOCK AUDIT SERVICES (See "HCC Educational Services" Handout) assists the MAP in correcting errors uncovered during Peak's mock audit process. These remediation services will follow the final audit report in terms of error correction and can include (a) clinical documentation improvement (CDI) and documentation correction services; (b) ICD-9-CM coding fortification services; and (c) MR documentation processing and fulfillment recommendations including MR management recommendations.

POST CMS-RADV AUDIT "Appeals & Rebuttals" Services assists the MAP in the official CMS appeals process for errors cited against the Plan by the CMS-RADV Audit Team. Using the CMS-RADV Audit Team's findings, Peak will help guide the Plan through the structured rebuttal processes including (a) assisting with the Plan's attestation statement collection process from Providers; (b) advising as appropriate on the document dispute process; and (c) working with the Plan's accounting team to assist in the appeal / rebuttal of CMS' calculation of Risk Adjustment Factor payment as these data are derived from and relate to the documentation and coding processes involved in capturing valid HCCs and RxHCCs.

TAILORED MAP RADV AUDIT Services are a customizable and scalable set of services that can assist in numerous areas depending on your Plan's specific needs. Examples of services performed are: (a) **Targeted Audit Services** for pre-identified "problem" providers to assess the data integrity and potential audit liability based on documentation assessment and ICD-9-CM data validation; (b) **Educational and "How-To" CDI Sessions** for specified providers to strengthen documentation content by following CMS guidelines; and (c) **Diagnosis Coding primers** or refreshers for targeted physician practices with high claims error rates in terms of ICD-9-CM coding.

WHAT IS THE GENERAL PROCESS FOR A PEAK RADV MOCK AUDIT & THE OTHER PEAK HCC AUDIT SERVICES?

Peak has developed a fast-track system using state-of-the-art programming to guide and support the Plan through these processes. To mirror CMS' methodology and approach (as much as possible), Peak will request and/or assist the Plan in selecting – depending on the HCC Risk Management services the Plan has chosen – a minimum of 200 MR cases for patients with a specified number of HCC assignments, e.g., 200 cases for patients with three (3) or more HCCs or RxHCCs, or any combination of thereof. These cases may range from **pre-selected members** by the Plan or patients treated by **targeted providers** that the Plan has pre-identified, or they can be cases comprised of high dollar, high risk patient profiles meeting criteria the Plan has chosen to audit.

Once those cases are identified, Peak works with the Plan to contact the providers, collect the data for all pre-identified DOS, examine the supporting documentation and carry out the mock audit or other audit services. Solid communication lines between Peak and the Plan are established immediately and given priority during the entire auditing process. A final report of findings and recommendations is provided to the Plan in short order.

ASIDE FROM PREPARING FOR A CMS-RADV AUDIT, WHAT ARE THE IMMEDIATE BENEFITS OF PEAK'S RADV AUDIT SERVICES?

- Identifying ICD-9-CM code assignment errors and enhancing current and future coding accuracy.
 - Assessing medical record documentation for errors, inconsistencies and/or ambiguities.
 - Identifying HCC cases ineligible for CMS reporting due to documentation deficiencies, e.g., provider identifier errors and invalid medical records per CMS guidelines.
 - Identifying potential problems with the intrinsic provider query process (as related to the Plan's current MR request process or medical necessity process).
 - Proactively identifying potential HCC-suspects for future CMS reporting.
 - Other RADV audit objectives: opportunities for provider education (CDI, coding, etc.), identifying providers requiring monitoring because of continuing documentation errors, identifying physician practices with high claims error rates (i.e., incorrect ICD-9-CM codes), etc.
- ... and very importantly
- **Optimizing the Plan's Risk Adjustment Factor Score.**

WHAT ARE THE CONTINUING LONG-TERM BENEFITS OF PEAK'S RADV AUDIT SERVICES?

1. Be CMS-RADV Audit "Ready": The major advantage of Peak's pre-CMS audit services lies in the fact that the Plan is prepared for the inevitable CMS-RADV audit. By having Peak perform pre-audit services, the Plan will have a very good idea how it will fare under a true CMS-RADV audit, be able to identify potential "trouble spots" that could come under fire from CMS, as well as have certain documentation images on hand in case those profiles are pulled for the actual CMS-RADV audit team. *Readiness for the actual RADV audit will be less burdensome and the Plan can rest assured the culled information is as accurate as possible, thereby minimizing audit liability.*

2. Provide CDI & Coding Remediation, Decreasing Potential Errors Uncovered By CMS: Provider documentation forms the basis of the Plan's HCC Risk Adjustment Factor score. By following Peak's post-audit recommendations the Plan can better target areas in need of immediate documentation and coding remediation as well as identify certain providers and physician practices in need of coding and documentation improvement and educational sessions. *This CDI & Remediation process lets you strengthen the basis for all of your patients' risk scores before ever being audited by the CMS-RADV Audit Team.*

3. HCC Profile Management: A lasting advantage of Peak's pre-CMS audit services is that the Plan can monitor and control its HCC profiling processes by being aware of its areas of strengths and weaknesses, particularly in documentation and coding, enabling the Plan to:

- Take steps to correct and/or strengthen areas of deficiency, such as provider documentation.
- Correlate high claims error rates due to discrepant ICD-9-CM coding with specific physician practices, and proactively target those practices for opportunities in ICD-9-CM coding improvement.

As a result of all of these efforts, the Plan can better position itself to mitigate and manage CMS-imposed audit liability arising out of participating provider errors.