



**Calendar Year
2011, 2012, and 2013
Contract-level
CHECK-IN**

**July 11th, 2019
1:30 to 3:00 p.m., ET**

Logistics

- To submit or withdraw questions by phone:
 - Dial *# (star-pound) on your phone's keypad to ask a question.
 - Dial *# (star-pound) on your phone's keypad to withdraw your question.
- To submit questions by webinar:
 - Type your question in the text box under the 'Q&A' tab.

Contract-level RADV Team

Center for Program Integrity (CPI)

Alec Alexander – Center Director
George Mills, Jr. – Deputy Director

Jonathan Smith – Program Manager (RADV Team)

RADV Team Members

Beth Schalm	Gulnur Freeman
Brenda Marie Johnson	Joanne Davis
Esmail Essajee	Larry Johnson
Evan Boyarsky	Mary B. Walker
Delois Newkirk	Melissa Heesters

Agenda

RADV Policy
and
Requirements

Inquiries
submitted to
CMS

Understanding
Reporting and
Results

Questions and
Answers

RADV Process



RADV Regulations

- RADV audits are conducted in accordance with 42 Code of Federal Regulations (CFR) §422.310 and 42 CFR §422.311.
- Subsection 422.310(e) requires MA Organizations, providers, and practitioners to submit accurate medical records for the validation of risk adjustment data as required by CMS.

RADV Policy

- CMS is legislatively mandated to risk adjust Medicare Part C payments, validate the payments (diagnoses), and report a Part C payment error rate.
- RADV is CMS' primary strategy to address the Part C error rate.
- RADV validates diagnoses submitted for payment.

Medical Record Review Process

The process begins with:

- Submitted record with Coversheet adheres to CMS Submission Instructions.
- Medical record processes through the CDAT system.
- Complete review of the medical record and appropriate supporting data.

Inquiries Submitted to CMS



National vs. Contract-level RADV

Question: How do we compare the results of the Contract-level audit to the error rates from the National audit?

Answer: The rates are different and not meant to compare across the RADV Contract-level recovery and the National payment error results. The enrollee sampling methodology is different between the two audits: the National audit assesses the program level measurement of error whereas the Contract-level essentially reviews submitted medical records for improper payment at the Contract-level.

Finalized Reports

Question: Results showing in the Plan Feedback Report (PFR) are ‘preliminary.’ Since the audit submission period is closed should these reports show as final?

Answer: The PFR does not display the final RADV audit outcomes. The PFR report identifies an exact match of audited enrollee CMS-HCC(s) with CMS-HCC(s) found during medical record review (MRR). Other CMS-HCCs and those within hierarchies found during MRR will be included in the RADV Audit Report.

Disagree with Preliminary Findings

Question: Are plans able to appeal any preliminary findings or do we need to wait until the final report is completed? Where is the appeals process information?

Answer: The Plan Feedback Report details coding results after medical record intake and abstraction and is intended to provide plans with preliminary review findings. The PFR is not intended to provide appeals process information. After issuance of the RADV Audit Report, MA Organizations will receive further instructions on how to appeal medical record review Determinations and Payment Error Calculations via the appeals process.

Understanding Reporting and Results



Plan Feedback Report Overview

- The Plan Feedback Report (PFR) provides MA Organizations with feedback from the medical record review (MRR) process and preliminary MRR findings. The report displays MRR results *based only on exact match with the audited CMS-HCCs*.
- The PFR also provides key metrics around the audited enrollees, audited CMS-HCCs, and top invalid medical record reasons.
- MA Organizations can view details for each medical record submission including the submission date, validity status, invalid reason(s) if applicable, and initial preliminary coding determinations.

Difference between PFR and CPFR

- The **CON11, 12, and 13 Plan Feedback Report (PFR)** is based on the enrollee CMS-HCCs audited in the CON11, 12, and 13 audit samples. The samples are complete. The report includes information based on static data which does not include associated payment information.
- The **CON14 Continuous Plan Feedback Report (CPFR)** provides early feedback on the MRR process progress and preliminary MRR findings for an active sample. The CPFR includes associated payment information, additional columns to reflect the blended models, and dynamic data which is regularly updated based on current findings.

Additional & Hierarchical HCCs

The PFR provides “exact match” outcomes...

- The PFR is based on the audited enrollee CMS-HCCs provided in the CON11, 12, and 13 audit samples. The outcome displayed in the report is determined based on the exact match of the CMS-HCC found during MRR to audited CMS-HCC.

...but it does not provide hierarchies and additional:

- The Plan Feedback Report is not intended to provide feedback on additional or hierarchical CMS-HCCs.
- Hierarchies and additional CMS-HCCs are not considered an exact match and are displayed as "HCC Not Found" in the Plan Feedback Report.

Sample Plan Feedback Report



CY 2012 Medicare Advantage Risk Adjustment Data Validation: Plan Feedback Report

The results on the Plan Feedback Report are preliminary and must not be viewed as final

Select a Contract ID:

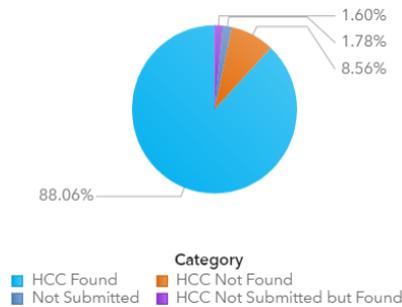
1

Sample Summary

# of Enrollees in the Sample	201
# of Enrollees with at least 1 MR Submitted	200 (99.50%)
# of CMS-HCCs in the Sample	561
# of CMS-HCCs Submitted	551 (98.22%)
# of Medical Records Submitted	526
# of Invalid Medical Records	32 (6.08%)
CMS-HCC Not Found Rate	8.71%

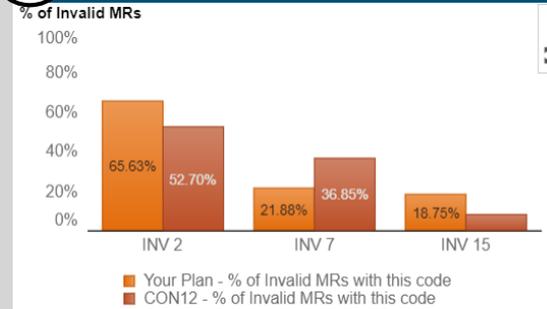
2

Preliminary Findings Summary



3

Top 3 INV Reasons Across CON12 Sample



4

Detail Report

Contract ID	Enrollee ID	Audited CMS-HCC	Coversheet ID	Submission Status	Submission Type	Submission Date	Rank	Valid/Invalid MR	Invalid MR Reason(s) ▲	Invalid Attestation?	Review Status	Initial Findings
H0001	294839_01	HCC79	CY 2011 Contract RADV-294839_01-3940	Submitted	MR	May 10, 2016 10:07 PM	3				Complete	on another MR
H0001	294839_01	HCC92	CY 2011 Contract RADV-294839_01-0001	Submitted	MR	Mar 23, 2016 08:19 AM	1				Complete	HCC Found on another MR HCC Found

Note: Data on report is fictitious



Interpreting the “Not Found Rate”

The percent of CMS-HCCs “Not Found” in the Sample Summary box and the Preliminary Findings Summary pie chart are calculated differently.

Formula for the “Not Found Rate”* in the **Sample Summary**:

$$\% \frac{\text{Number of CMS-HCCs that were not found during MRR}}{\text{Total number of CMS-HCCs submitted on valid medical records}}$$

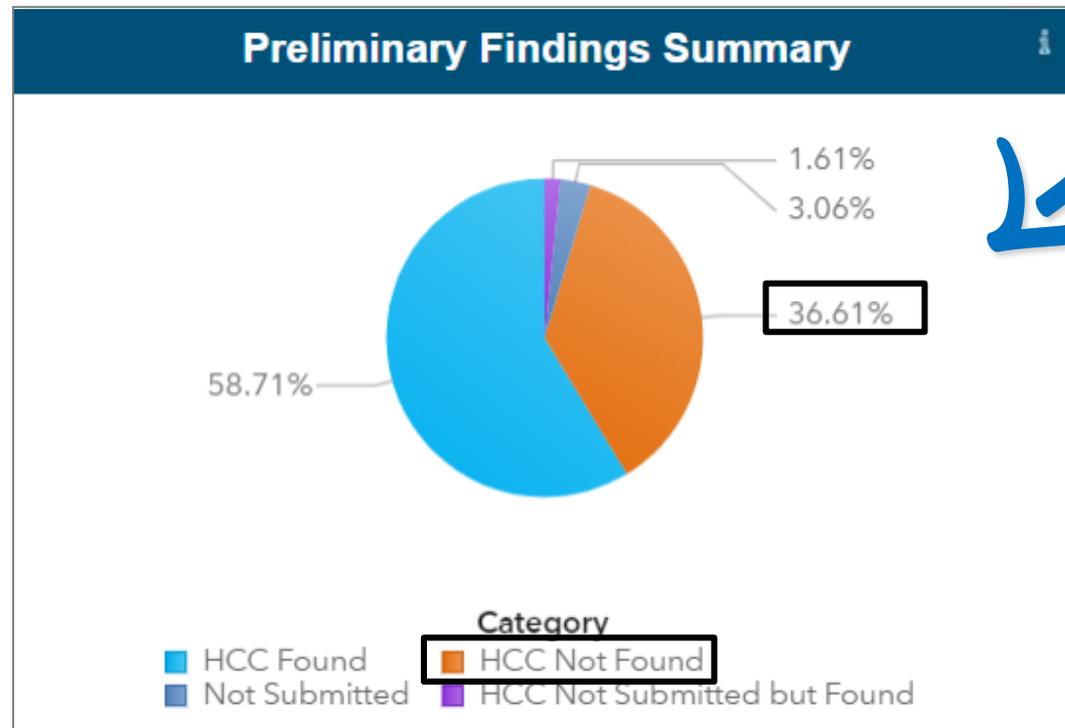
Sample Summary	
# of Enrollees in the Sample	201
# of Enrollees with at least 1 MR Submitted	196 (97.51%)
# of CMS-HCCs in the Sample	620
# of CMS-HCCs Submitted	599 (96.61%)
# of Medical Records Submitted	541
# of Invalid Medical Records	48 (8.87%)
CMS-HCC Not Found Rate	37.77%

Note: Data on chart is fictitious

*HCCs that are submitted on invalid medical records are not included in calculation.

Interpreting Percent “HCC Not Found”

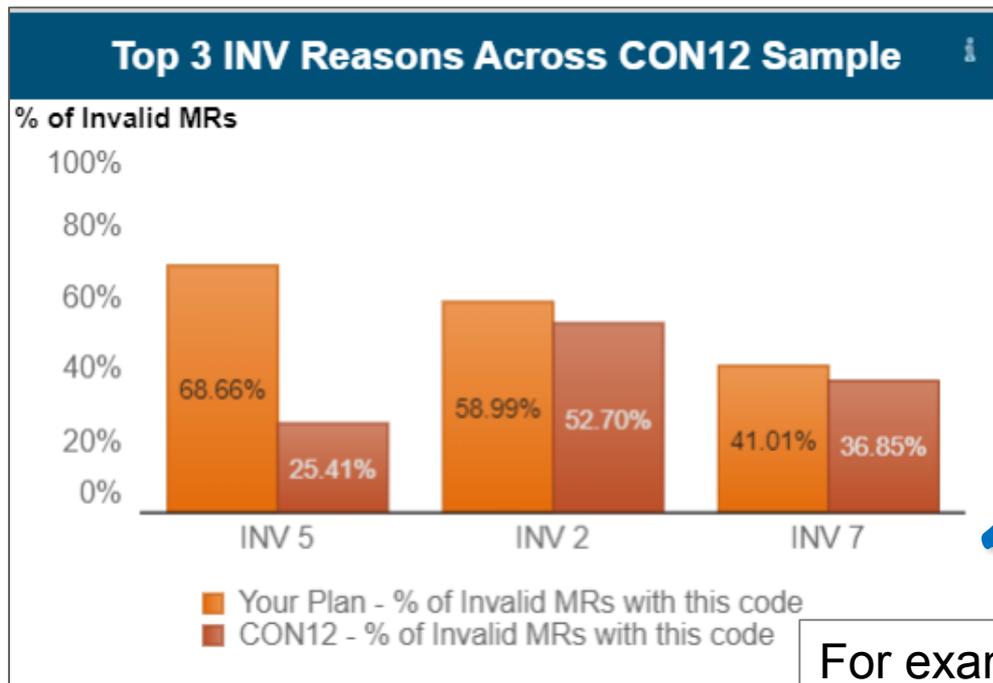
$$\% \frac{\text{Number of audited CMS-HCCs not found during MRR}}{\text{Total number of audited CMS-HCCs}} = \text{“HCC Not Found” in the Preliminary Findings Summary}$$



Note: Data on chart is fictitious

Understanding Top 3 INV Reasons

The Top 3 INV Reasons Across CON11, 12, and 13 box shows the most common invalid MR reasons for an individual MA Organization, compared to the sample.



The information in this graph can help users understand and address causes of invalid MRs.

Note: Data on chart is fictitious

For example, INV 2 (lack of signature) and INV7 (lack of credential) are often the result of illegible signatures and provider names in electronic medical records.

Detail Report Contents

The Detail Report provides MAOs with granular information on submissions to **substantiate audited CMS-HCC(s)** for enrollees:

- Key information includes: submission status and type, INV reason(s) MR was deemed invalid, attestation status (if applicable) and the submission review status.

Contract ID	Enrollee ID ▲	Audited CMS-HCC	Coversheet ID	Submission Status	Submission Type	Submission Date	Rank	Valid/Invalid MR	Invalid MR Reason(s)	Invalid Attestation?	Review Status	Initial Findings
H0001	294839_01	HCC80		Not Submitted							Not Submitted	HCC Found on another MR
H0001	294839_01	HCC79	CY 2011 Contract RADV-294839_01-3940	Submitted	MR	Mar 12, 2015 04:45 PM	9				Complete	HCC Found
H0001	294839_01	HCC79										
H0001	294839_01	HCC79										
H0001	294839_01	HCC74										
H0001	294839_01	HCC71		Not Submitted							Not Submitted	HCC Found on another MR
H0001	294839_01	HCC2										
				Submission Status	Submission Type	Submission Date	Rank	Valid/Invalid MR	Invalid MR Reason(s)	Invalid Attestation?	Review Status	Initial Findings
				Not Submitted							Not Submitted	HCC Found on another MR
				Submitted	MR	Mar 12, 2015 04:45 PM	9				Complete	HCC Found
				Submitted	MR	Mar 12, 2015 04:40 PM	6				Complete	HCC Found
				Submitted	MR	Mar 12, 2015 04:09 PM	8				Complete	HCC Found
				Not Submitted							Not Submitted	Not Submitted
				Submitted	MR	Apr 22, 2015 11:02 AM	3	Invalid	INV 2 - Missing signature	No	Complete	N/A
				Submitted	MR	Mar 12, 2015 04:34 PM	10				Complete	HCC Found

Note: Data on chart is fictitious

- The last column provides information on initial findings. (Note that no financial data is included.)

CMS Support

- Make sure all Technical questions are sent to:
radvcon11@radvcdat.com,
radvcon12@radvcdat.com,
radvcon13@radvcdat.com.
- CMS interacts with Points of Contacts (POCs) approved by the plan CEO or MCO.
- Policy concerns should be addressed to:
radv@cms.hhs.gov.

Questions???



Question Submission

- To submit or withdraw questions by phone:
 - *Dial *# (star-pound) on your phone's keypad to ask a question.*
 - *Dial *# (star-pound) on your phone's keypad to withdraw your question.*
- To submit questions by webinar:
 - *Type your question in the text box under the 'Q&A' tab.*
- Please state your HMOID#.