



## Plan Feedback Report (PFR)

### Introduction:

CON11, CON12, and CON13 MA organizations can access a report called the Plan Feedback Report (PFR), which was designed with the MA Organization needs in mind. This report increases transparency by providing feedback on the medical record review (MRR) process progress and preliminary MRR findings. This report also provides key metrics around the audited enrollees, audited CMS-Hierarchical Condition Category (CMS-HCC)(s), and top invalid medical record reasons. MA organizations can see a detailed view of each medical record submission including the submission date, validity status, invalid reason(s) if applicable, and initial preliminary coding determinations. Confirmed MA organization users can access the report directly through the CMS RADV Report Portal using multi-factor authentication (MFA) called Okta.

***PFR Disclaimer:** The Plan Feedback Report results are preliminary and must not be viewed as final. The reported outcomes of medical record review are based only on exact match with the audited CMS-HCCs. Interaction CMS-HCCs or other CMS-HCCs identified within hierarchies are not included. In addition, no demographic components are included.*

### Supported Browsers:

1. Google Chrome (recommended)
2. Internet Explorer V9 and above

**NOTE:** The data within the figures below is not real data and was created to characterize the type of data available to the MA organizations when accessing and viewing the Plan Feedback Report.

### Login Information:

**URL:** <https://sasweb.radvcdat.cms.gov>

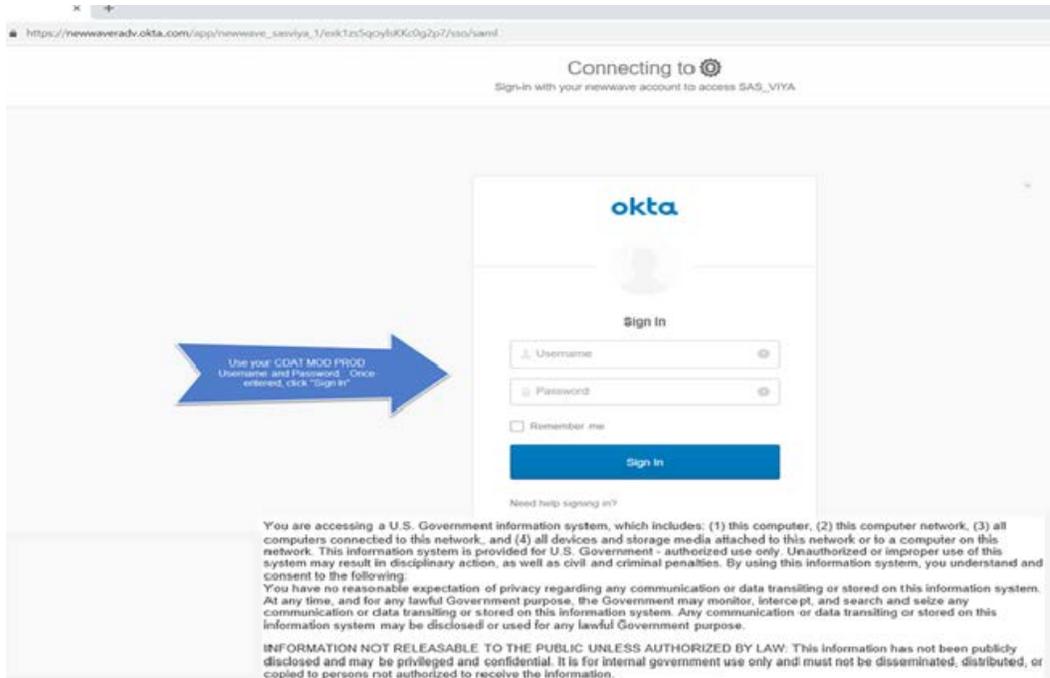
### User Name and Password:

Each MA organization-approved user accesses the report at <https://sasweb.radvcdat.cms.gov> and must enter a valid CDAT user ID and password. The PFR uses the same credentials that plan users use for the CDAT application login. As with CDAT, 2<sup>nd</sup> factor authentication is also required to access the report.

### Accessing the PFR (Figure 6.1):

1. Enter the PFR address in the *Internet address* field: <https://sasweb.radvcdat.cms.gov>.
2. Enter the **CDAT user ID** in the *Username* field.
3. Enter the **CDAT user password** in the *Password* field
4. Click **Sign In**

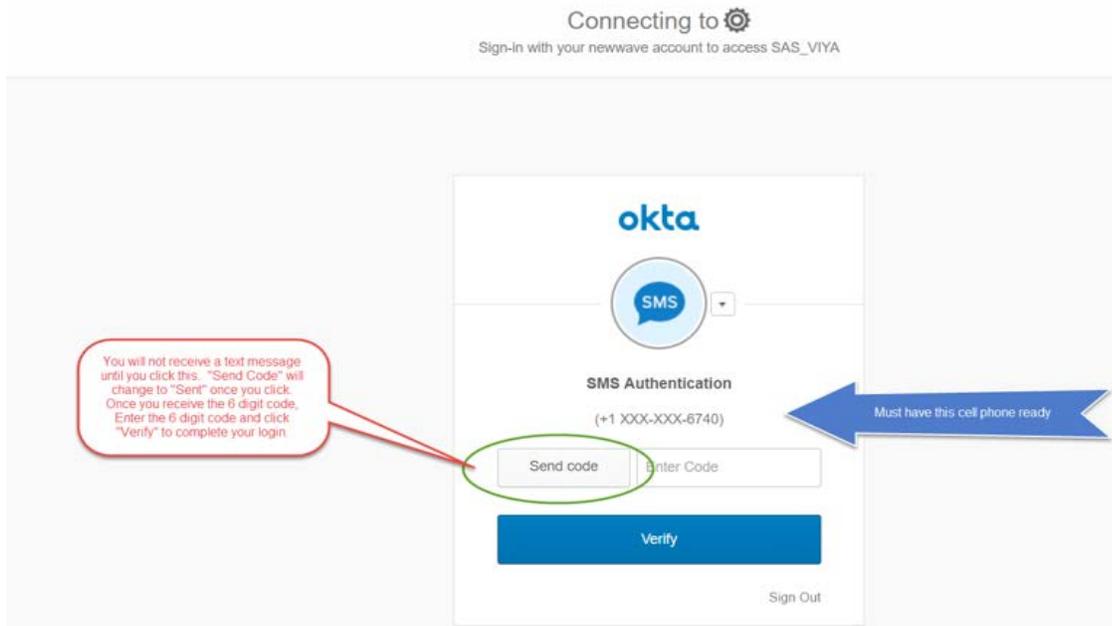
**Figure 6.1** PFR Sign In



After entering credentials, users are directed to the second step of authentication, the Okta Multifactor Authentication Page (**Figure 6.2**).

**Figure 6.2** For Illustration Purpose - Okta Authentication Token Request

Note: Below figure is an illustration of the Okta authentication using the text message method. This view may be different based on the type of 2<sup>nd</sup> factor authentication you have configured to access the CDAT application.



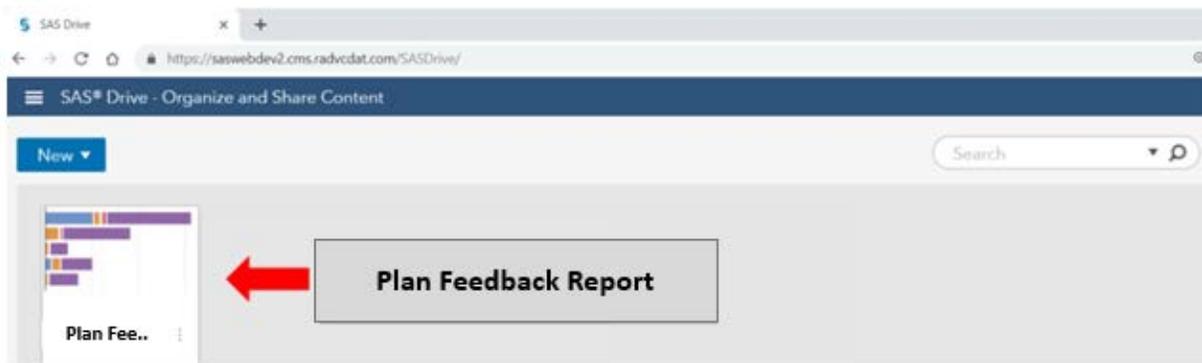
The report user must have access to the cell phone belonging to the telephone number listed in the authentication screen to receive the authentication token code.

5. Click **Send Code** to receive a 6-digit code on the cell within few seconds.
6. Enter the **6-digit code** received via text on the linked cell phone in the **“enter code” text box**,
7. Click **Verify**.

### Plan Feed Report Portal:

The user is directed to Plan Feedback Report launch page within the CMS RADV Report Portal (**Figure 6.3**).

**Figure 6.3** CMS RADV Report Portal

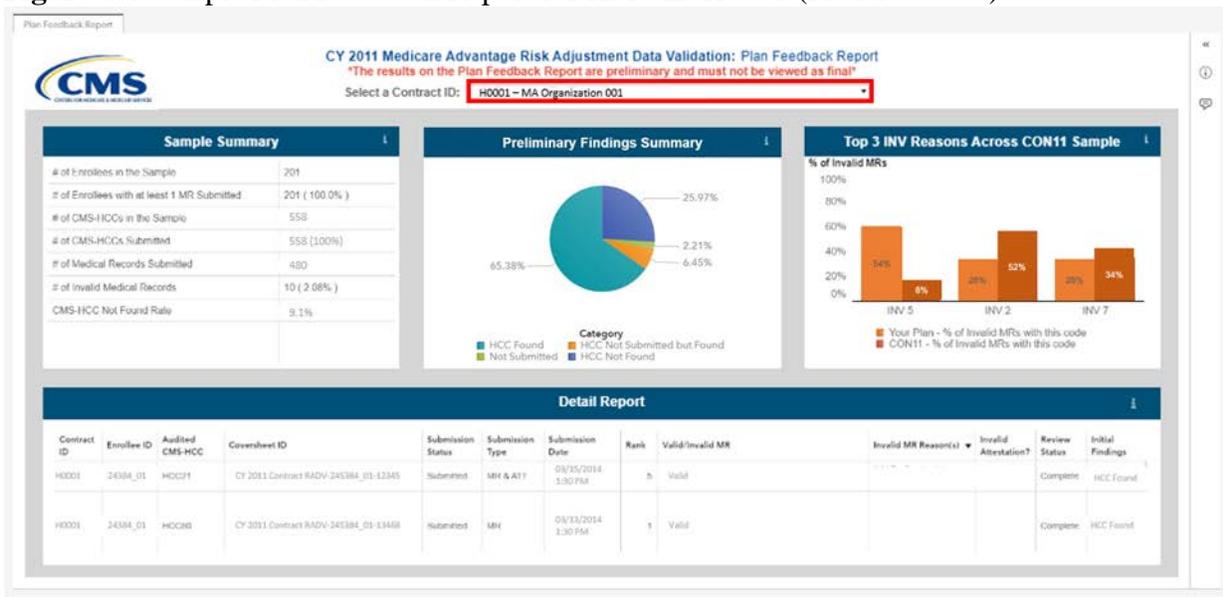


The page contains an icon to the Plan Feedback Report.

- Double click the **icon** to view the report. The report will open within the same browser tab.

## Plan Feedback Report (PFR) Details:

**Figure 6.4** Sample Plan Feedback Report for HMOID H0001 (Fictitious data)



When assigned as a point of contract (POC) for more than one HMOID, the user may have access to more than one contract's (i.e., HMOID) PFR. All the HMOIDs that the user is authorized to access will be available in the **Select a Contract ID dropdown** at the top of the report. User can select a HMOID to view a specific contract's Plan Feedback Report.

An explanation of each report section is provided below.

The **Sample Summary** section (**Figure 6.5**) provides the following Plan key metrics around the audited enrollees and submissions:

- # of Enrollees in the Sample:** Number of enrollees in the Plan audited for the RADV Sample.
- # of Enrollees with at Least 1 Medical Record Submitted:** Number and corresponding percentage of the sampled enrollees with a minimum of one submission.
- # of CMS-HCCs in the Sample:** Number of audited CMS-HCCs associated with the # of enrollees in the RADV Sample.

- *# of CMS-HCCs Submitted*: Number of audited CMS-HCCs associated with the medical records submitted.
- *# of Medical Records Submitted*: Number of medical records submitted for the audited enrollee/CMS-HCCs.
- *# of Invalid MRs*: Number and percentage of the submitted medical records deemed invalid.
- *CMS-HCC not Found Rate*: Percentage of the submitted audited CMS-HCCs that were not found.

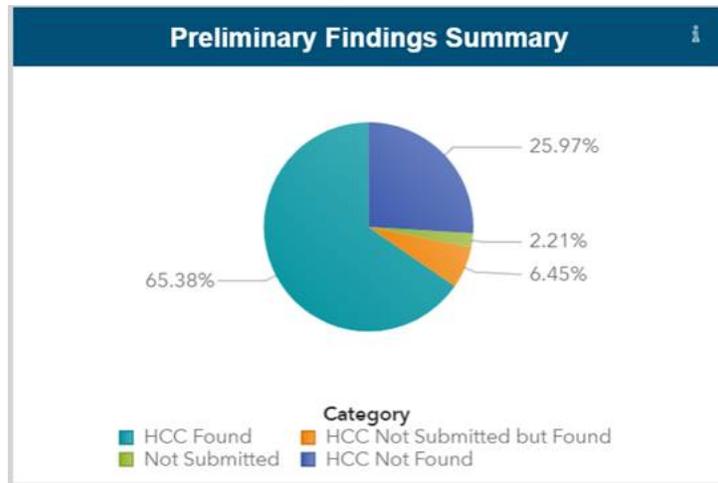
**Figure 6.5** Sample Summary Section

Sample Summary	
# of Enrollees in the Sample	201
# of Enrollees with at least 1 MR Submitted	201 ( 100.0% )
# of CMS-HCCs in the Sample	558
# of CMS-HCCs Submitted	558 (100%)
# of Medical Records Submitted	480
# of Invalid Medical Records	10 ( 2.08% )
CMS-HCC Not Found Rate	9.1%

The **Preliminary Findings Summary** section (**Figure 6.6**) displays the CMS-HCC submission status. Plans can see preliminary findings for their submitted audited CMS-HCCs.

- **Not Submitted**: Percentage of audited CMS-HCCs for which a medical record was not submitted.
- **HCC Found**: Percentage of audited CMS-HCCs that were found in either review step in the coding process.
- **HCC Not Found**: Percentage of audited CMS-HCCs that were not found after final (Discrepant Confirmation) review step.
- **HCC Not Submitted but Found**: Percentage of audited CMS-HCCs for which a medical record was not submitted, but the audited CMS-HCC was found on another medical record for the same enrollee.

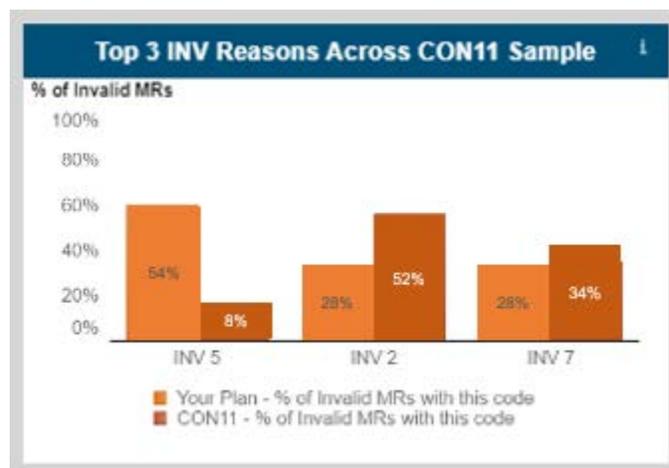
**Figure 6.6 Preliminary Findings Summary**



The **Top 3 INV Reasons** section (**Figure 6.7**) shows the top invalid reasons for an individual Plan as compared to all Plans across the entire RADV Sample.

- **Your Plan - % INV MRs with this code** – Percentage of plan specific medical records with an Invalid Code/Reason
- **CON Sample - % INV MRs with this code** - Percentage of all medical records with an Invalid Code/Reason.

**Figure 6.7 Top 3 Invalid Reasons**



The **Detail Report** section (**Figure 6.8**) displays details for each of the Plan’s submissions to substantiate the audited CMS-HCCs for the enrollees. Key information provided includes: submission type, the validity of the Medical Record, INV reasons for MRs that were deemed invalid, attestation status, if attached, and the status of the submission review. The last column displays preliminary CMS-HCC findings.

**Figure 6.8** Detail Report (Fictitious data)

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	24384_01	HCCP1	CY 2011 Contract RADV-245384_01-12345	Submitted	MR & ATT	09/15/2014 1:30 PM	5	Valid			Complete	HCC Found
H0001	24384_01	HCCB8	CY 2011 Contract RADV-245384_01-13456	Submitted	MR	09/13/2014 1:30 PM	1	Valid			Complete	HCC Found

The **Detail Report** (**Figure 6.8**) provides the following:

- **Contract ID:** The contract’s identifier and name, also known as the HMOID.
- **Enrollee ID:** Masked ID for the enrollee selected for this audit.
- **Audited CMS-HCC:** CMS-Hierarchical Condition Category (CMS-HCC) for which the contract received risk adjustment payment in the sampled CY.
- **Coversheet ID:** The unique identifier assigned to the Medical Record Coversheet and attached file (i.e., medical record, attestation) upon submission to CDAT.
- **Submission Status:** Status of the submissions for the enrollee and audited CMS-HCCs.
  - **Submitted:** Medical Record (MR) was submitted to validate the corresponding enrollee/CMS-HCC combination.
  - **Not Submitted:** a MR was not submitted to validate the corresponding enrollee/CMS-HCC combination.
- **Submission Type:** Indicates the status of the submission based on selection made by your MA organization on the submitted Medical Record Coversheet.
  - **No MR:** Medical Record Coversheet submitted without a medical record.
  - **MR:** Medical Record Coversheet submitted with a file containing one (1) medical record.
  - **MR & ATT:** Medical Record Coversheet submitted with a file containing one (1) CMS-Generated Attestation and one (1) medical record.
  - **<Blank>:** No submission received for the specified enrollee/CMS-HCC Combination.
- **Submission Date and Time:** Date and time the submission was uploaded to the CDAT system. All times are in Eastern Standard Time (EST).
- **Rank:** The rank assigned to the Medical Record Coversheet as indicated by your MA organization.
- **Valid/Invalid MR:**

- **Valid:** Submitted medical record is valid.
- **Invalid:** Submitted medical record is invalid and cannot be used to validate the audited CMS-HCC(s).
- *Invalid MR Reason(s):* Column is populated when the submitted medical record is Invalid. One or more of the invalid codes and corresponding disposition will display.
  - **INV1 - Wrong record/no name**
  - **INV2 - Missing signature**
  - **INV3 - Name variation**
  - **INV4 - Date Missing** (*For CON 11 - Date missing or date mismatch*)
  - **INV5 - Invalid Source**
  - **INV7 - Unacceptable credential/specialty**
  - **INV14 - Date outside data collection period**
  - **INV15 - Incorrect/Invalid provider type**
  - **INV17 - Unacceptable medical record documentation**
  - **INV20 - Other**
- *Invalid Attestation:* Populated for invalid medical record submissions.
  - **Valid:** Attestation associated with the medical record is valid
  - **Invalid:** Attestation associated with the medical record is not valid
- *Review Status:* Status of the submission's medical record review coding process.
  - **Completed** - Medical record completed all coding steps.
  - **<Blank>** - A submission was not received for the specified enrollee/CMS-HCC Combination.
- *Initial Findings:* Populated when a medical record submission was submitted for a specified enrollee.
  - **HCC Found:** Audited CMS-HCC was found within the submission during the coding process
  - **HCC Not Found:** Audited CMS-HCC was not found within the submission during the coding process.
  - **HCC Found on another MR:** Audited CMS-HCC was not found on the Medical Record in question (or the Medical Record in question is Invalid), but the audited CMS-HCC was found on a different Medical Record for the same enrollee in the coding process.
  - **N/A:** The Medical Record in question is Invalid and the audited CMS-HCC was not found on a different Medical Record for the same enrollee in the coding process.

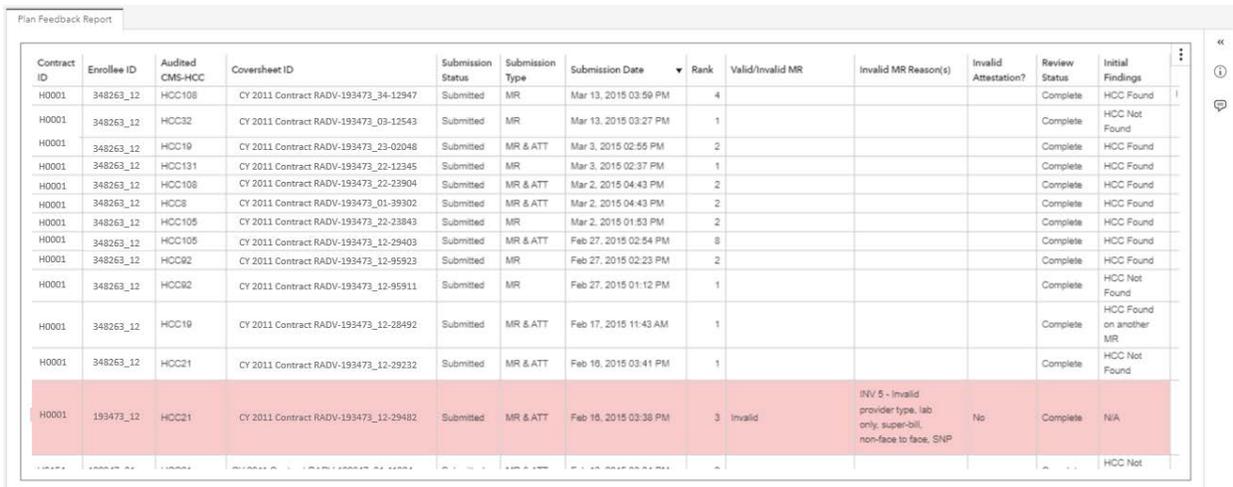
The detailed view of the report section can be expanded to a full page. Click on the **three dots** in the upper right corner of the page and select **Maximize** from the menu (**Figure 6.9**) to view the report in a Full-Page View (**Figure 6.10**).

**Figure 6.9** Maximize Detail Report to Full-Page View (Fictitious data)



Submission Status	Submission Type	Submission Date	Rank	Valid/Invalid MR	Invalid MR Reason(s)	Invalid Attestation?	Review Status	Initial Findings
Submitted	MR & ATT	Apr 29, 2015 05:04 PM	1				Complete	HCC Found
Submitted	MR & ATT	Mar 19, 2015 08:30 AM	1				Complete	HCC Found
Submitted	MR	Mar 13, 2015 03:59 PM	4				Complete	HCC Found
Submitted	MR	Mar 13, 2015 03:59 PM	4				Complete	HCC Found
Submitted	MR	Mar 13, 2015 03:59 PM	4				Complete	HCC Found

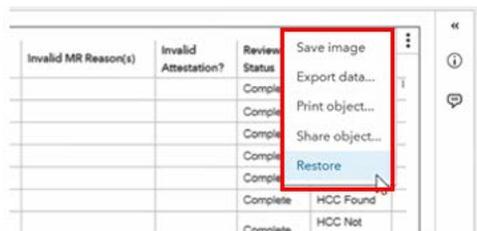
**Figure 6.10** Full-Page View of Detail Report (Fictitious data)



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	348263_12	HCC108	CY 2011 Contract RADV-193473_34-12947	Submitted	MR	Mar 13, 2015 03:59 PM	4				Complete	HCC Found
H0001	348263_12	HCC32	CY 2011 Contract RADV-193473_03-12543	Submitted	MR	Mar 13, 2015 03:27 PM	1				Complete	HCC Not Found
H0001	348263_12	HCC19	CY 2011 Contract RADV-193473_23-02048	Submitted	MR & ATT	Mar 3, 2015 02:55 PM	2				Complete	HCC Found
H0001	348263_12	HCC131	CY 2011 Contract RADV-193473_22-12345	Submitted	MR	Mar 3, 2015 02:37 PM	1				Complete	HCC Found
H0001	348263_12	HCC108	CY 2011 Contract RADV-193473_22-23904	Submitted	MR & ATT	Mar 2, 2015 04:43 PM	2				Complete	HCC Found
H0001	348263_12	HCC8	CY 2011 Contract RADV-193473_01-39302	Submitted	MR & ATT	Mar 2, 2015 04:43 PM	2				Complete	HCC Found
H0001	348263_12	HCC105	CY 2011 Contract RADV-193473_22-23843	Submitted	MR	Mar 2, 2015 01:53 PM	2				Complete	HCC Found
H0001	348263_12	HCC105	CY 2011 Contract RADV-193473_12-29403	Submitted	MR & ATT	Feb 27, 2015 02:54 PM	8				Complete	HCC Found
H0001	348263_12	HCC92	CY 2011 Contract RADV-193473_12-95923	Submitted	MR	Feb 27, 2015 02:23 PM	2				Complete	HCC Found
H0001	348263_12	HCC92	CY 2011 Contract RADV-193473_12-95911	Submitted	MR	Feb 27, 2015 01:12 PM	1				Complete	HCC Not Found
H0001	348263_12	HCC19	CY 2011 Contract RADV-193473_12-28492	Submitted	MR & ATT	Feb 17, 2015 11:43 AM	1				Complete	HCC Found on another MR
H0001	348263_12	HCC21	CY 2011 Contract RADV-193473_12-29232	Submitted	MR & ATT	Feb 18, 2015 03:41 PM	1				Complete	HCC Not Found
H0001	193473_12	HCC21	CY 2011 Contract RADV-193473_12-29482	Submitted	MR & ATT	Feb 18, 2015 03:38 PM	3	Invalid	INV 5 - Invalid provider type, lab only, super-bill, non-face to face, SNP	No	Complete	N/A
												HCC Not

Click on the **three dots** in the upper right corner of the page and select **Restore** from the menu (**Figure 6.11**) to navigate back to the report page shown in **Figure 6.4**.

**Figure 6.11** Restore Full-Page View to Report View (Fictitious data)



Invalid MR Reason(s)	Invalid Attestation?	Review Status	Initial Findings
		Complete	HCC Found
		Complete	HCC Not

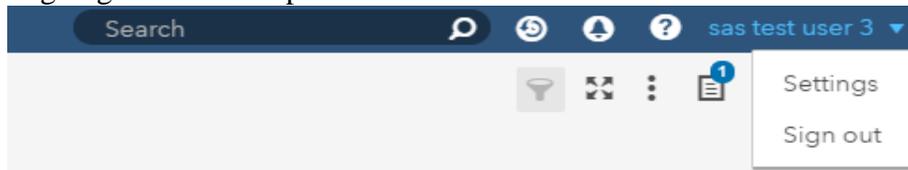
**Available Report Features:** Report users view and select available features by clicking on the three dots and clicking on the desired feature (as shown in **Figures 6.9** and **6.11**) in the top right corner. Explanations of each feature on this report are provided below:

- *Save Image:* Save.png formatted image of the current view or full report.
- *Export Data:* Download.tsv or .xlsx or .csv format of the data. Users can select all variables or limited variables to download.
- *Print Object:* Print the current view by selecting Print Object. To ensure the dashboard view scales correctly upon printing, select an A3 paper size for printing to paper or PDF.
- *Share Object:* Share the link to an image with other authorized Plan Report Users.
- *Maximize/Restore:* View the item in full screen mode (Maximize) and original (Restore) view. For list tables, the maximize and restore options can be found by clicking the three dots in the upper right corner. For all objects that are not list tables, select the four arrows pointing outwards (⌵) to expand the view and then select the four arrows pointing inwards (⌵) to return to the original report view. These buttons can also be found in the upper right corner of each object below the three dots.

### Logging out of the PFR:

- Click on the **username (Figure 6.12)** on top right side of the report’s portal and select the **Sign Out** button.

**Figure 6.12** Signing out of the Report Portal



### PFR Helpdesk/Support:

The CMS RADV Team is available to provide support for any PFR related questions or concerns.

- For Plan Feedback Report-related questions please email with the subject **‘PFR Support’** to:
  - For CON11 – radvCON11@radvdat.com
  - For CON12 – radvCON12@radvdat.com
  - For CON13 – radvCON13@radvdat.com
- Support hours are 9:00 a.m. to 6:00 p.m. ET