Risk Adjustment Audit Readiness

Risk adjusting plan payments is the mechanism CMS uses to make appropriate and accurate payments for Medicare Advantage plan members and ACA enrollees. Risk adjusted payments from CMS are lower for the healthier plan members and higher for plan members with higher than expected costs.

It is critical for plans to have compliant and effective procedures in place to ensure risk information is captured accurately and submitted timely to ensure CMS is making appropriate risk adjusted payments for each plan member.

The OIG and CMS have historically reviewed plan processes for submitting and validating risk adjusted payments. Risk adjustment audits are expected to continue, and to potentially increase in both frequency and intensity, to ensure that plans are connecting risk payments to increased utilization and ensuring that plan members are receiving the care that is supported by the payments.



Does your organization check all the Risk Adjustment boxes?



Demonstrate compliance with CMS rules, Federal laws and guidance for Medicare Advantage and ACA plans



Operational areas are prepared for an OIG or CMS risk adjustment process audit



Encounter data submission accuracy and processes reviewed



Training complete for Encounter Data Processing System (EDPS) and Edge Server



Chart Review best practice approach is developed and executed



BluePeak risk adjustment mock audits are designed to prepare plans for risk adjustment audits and boost operational performance.

Risk adjustment mock audits include:

- Evaluation of policies, procedures, and reports
- Effectiveness review of plan processes supporting EDPS/EDGE files
- Chart review processes for deployment of best practices
- Review of provider engagement and communications procedures
- Review of reporting processes including auditing and monitoring for accuracy



Achieve risk adjustment audit readiness in as little as 12 weeks



Risk Adjustment Mock Audits can be customized to fit the specific needs of YOUR plan



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