

**CY 2015 Proposed Changes to MA & Part D
Cognisight Client Communication
For PACE Plans**

As part of Cognisight's ongoing information sharing with our clients, this document describes the latest proposed regulations from CMS regarding Contract Year 2015. **PLEASE NOTE: This information is specific to the provisions that affect the improvement of payment accuracy via Risk Adjustment.**

On January 10, 2014, the *Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs* were posted to the Federal Register. Described below is a summary of these regulations. (For those plans that would like to provide feedback to CMS, the Comment Period closes March 7, 2014 at 5:00 EST.)

Risk Adjustment Data Requirements Provision

Medical Record Reviews

Beginning 1/1/15, Medical Record Reviews cannot be designed to only identify diagnoses that would trigger additional payments; methodologies must be designed to also identify errors with submitted risk adjustment diagnoses.

Cognisight will be submitting comments that support the concept of a 'bi-directional' review but warn about the provider abrasion if not done carefully. Cognisight has a variety of approaches to help your plan comply with this new requirement. We can support you with Cognisight chart reviews and the validation of your internally conducted chart reviews.

Improving Payment Accuracy

January 31 Deadline

CMS proposed the deletion of the January 31 deadline and replacing it with a statement that CMS will announce the final deadline; also includes overpayments.

Cognisight recommends aggressive chart review and regular RAPS/EDPS file creations be done early, often and in advance of the customary January 31 sweep. This is in anticipation of uncertainty around the cutoff and potential short lead time.

Redacts Following a Final Deadline

CMS proposed a new provision for redacts after the final deadline. There is no additional guidance at this time.

Cognisight will continue to monitor the regulatory landscape for future guidance around the proposed regulations. Cognisight will provide comments regarding ample, but not overly generous lead times. Cognisight will also provide comments around CMS processing timeframes – recognizing CMS has to currently “shut down” many of their processes to process these types of transactions.

RADV Appeals Simplification

The proposed language suggests combining two processes that are currently separate, each with three steps, into one process with three steps:

- Medical record + payment error calculation
- Reconsideration > Hearing Officer Review > CMS-Administrator-Level Review

CMS has also proposed minor changes: changing some definitions/terminology, clarifying what is/isn't eligible for an appeal; clarifying the manner & timing of the appeal. In addition, CMS is specifying that a Health Plan's burden of proof standard for payment calculation errors is proposed to extend to medical chart review.

Cognisight will continue to fully support all requirements of a RADV.

Expanding Scope

The proposed language expands authority to enable HHS and the HHS Secretary to audit. This sets the stage for the potential of more than 30 contract level RADV audits per year.

We hope this summarized information is helpful to you. Please keep in mind that we have only highlighted the proposed changes that impact Risk Adjustments. There are many other changes contained in the CMS document.

As always, we're happy to address any questions or concerns that you may have regarding this information. If so, please contact << Insert AM Information >> at your convenience.

Thank you very much.