10 Best Practices For an HHS-RADV IVA Audit



It is important to be prepared for your HHS-Risk Adjustment Data Validation (RADV) Initial Validation Audit (IVA). This annual procedure assesses your organization's coding accuracy that helps determine the magnitude of payment adjustment that will occur amongst ACA plans in the same state. While achieving a 0% error rate is highly desired, elimination of all errors takes great care and coordination, so it is best to be proactive!

HDVI has just completed its second year as an Initial Validation Auditor. Our team sat down to review the cycle and identified our top 10 Best Practices to prepare you and your team for the 2017 HHS-RADV IVAAudit:



1. **Gather your team early.** Assemble your team early in the year, including the selection of an IVA Auditor. Meet as a group in April to start planning for the audit and evaluate options with third-party chart vendors. Additionally, decide how to minimize chart volume, define escalation paths, and include internal groups such as provider services.

2. **Determine payment choices.** Decide, in advance, if you will pay Providers and third-party copy services for charts, or if you will establish a threshold that you will not deviate from. Work closely with your Provider/network services team to prepare information on provider contract terms related to chart collection fees. A thoughtful approach here is critical to effectively managing through this process.



3. **Develop a detailed audit work plan.** Leverage the experience of your IVA Auditor in identifying each aspect of the work required. Don't underestimate the upfront work required to get your data mapping complete or the time required at the end for your SO to review and sign-off on the results.



4. Consider conducting routine risk adjustment initiatives.

Using a year-round approach to retrospective chart review can help enhance coding accuracy, optimize coding strategies, and reduce the risk of claims error submission to the EDGE server. Additionally, this spreads record retrieval costs over 12 months, which can help with financial planning, and reduces physician abrasion by eliminating seasonal spikes.





5. **Conduct internal audits**. The best way to prepare your team for audits is to perform your own audits. This can help clear up any conflicts, misunderstandings, and overlooks.



6. **Match internal team members with IVA Auditor personnel.** Remember to identify key leaders in each functional area for clarity. We have provided a suggested list of matched IVA Roles & Responsibilities below, as a starting point for this best practice.

IVA Roles & Responsibilities



7. Identify key personnel to be a point of contact and manage your team during audit. A Senior Official or an alternate SO should be accessible and available throughout the audit and be able to access the CMS audit tool. Don't wait until your final submission before having your SO access the audit tools. Assign the IVA Manager role to a well experienced and active project team member.



8. Attend weekly HHS-RADV Series Training sessions.

Stay up-to-date and current with instructions from CMS. Regular attendance on these calls will keep your team informed of the changes CMS announces periodically that can have a high impact on the audit process. Schedule regular debriefs with your IVA entity to discuss what was heard and conclusions drawn.



9. **Master the Data Preparation.** Someone from your EDGE team should be meeting with your IVA Auditor prior to CMS Sample Generation, to identify data sources and understand the data requirements of the Auditor.





10. **Coordinate retrieval efforts.** A successful audit requires good collection rates and your IVA Auditor will need your help in decision making. Additionally, make use of charts you already have in-house when confronted with Provider issues. With a 200-member sample every chart can make an impact.

Please contact sales@healthdatavision.com to learn more about our IVA offering.