

# Why Do They Want All These Charts?

Here are the reasons behind the Medicare Advantage audits and the grief they create.



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Every month or so a request comes into the office for 45 charts, then 55 charts, then 40 more charts. Are you being audited? They are coming from the Medicare Advantage (MA) plan you participate with. You are not really being audited; THEY are! They are using your documentation and information to show their worth to CMS for payment. They are a risk-based provider of services.

The premise behind the MA plans is that they can provide a better service for cheaper, with better outcomes and potentially less utilization of services. If managed properly, these plans can be an important thing for the patient, the provider, and for the healthcare system. The biggest question has been whether or not they are managed properly. They assume all of the financial risk using the dollars advocated from CMS based on the patients you see. They then pay the bills and have a huge stake in finding all of the potential medical issues and diagnoses for each patient.

CMS allocates a certain amount of dollars to the MA plans for the administration of medical services and

that is mostly based on the sickness of the patients being treated. Typically, the sicker the patient, the more income received by the MA plan to take care of that patient. They use

of the potential disease states, such as diabetes with complications (of any type), wound care, amputees, patients with rheumatoid arthritis and the like to bump up the RAF score

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RAF scores, or the Risk Adjustment Factor scores. Higher risk scores represent patients with a greater than average disease burden (meaning they cost more to care for). Lower risk scores represent a healthier population view but may also falsely indicate a healthy population when there is poor chart documentation or incomplete Medicare risk adjustment coding.

Hence, they need your documentation to send to CMS to show the sickness of the patients you manage. The sicker the patient, the more income they receive to manage that patient. They are looking to find all

and then the monies received to care for those patients.

The CMS Hierarchical Condition Category (HCC) risk adjustment model assigns a risk score, also called the Risk Adjustment Factor or RAF to each eligible Medicare Advantage (MA) beneficiary. A beneficiary's Medicare RAF is based on the beneficiary's health conditions, as well as demographic factors such as Medicaid and disability status, gender, age, and whether a beneficiary lives in the community or in an institution, like a skilled nursing facility. Health plans collect payments for covered mem-

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bers from CMS. A risk adjustment factor system is used to adjust plan payments to ensure fair payment for providing healthcare services and

These plans and population health management have historically been housed and studied only in the primary care world. A specialty (think podiatric medicine and surgery here) that could be involved

charts. MA plans are seeking all of the potential disease states that the PCPs often do not document or even find for that matter, which can elevate the RAF scores for those patients, leading to better capitated funds given them from CMS. They are not really auditing you; they are auditing your notes to find those disease states. A key point to add here... you are usually contractually obligated to provide those charts to the MA plan as part of your agreement. Whether you get paid to provide them is provider, payer, and contract-dependent. **PM**

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benefits for a population of patients, sometimes known as population health management. (PH) The payments are determined by a complex formula that applies the Medicare risk adjustment factor terms to an average payment based on location.

in such a process would be a major breakthrough in how population health is managed. We see sicker patients; we get them better, and we cost the system historically less to do so.

Now you see why they want your



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