STATEMENT OF WORK (SOW)

FOR MEDICARE ADVANTAGE (MA) RISK ADJUSTMENT DATA VALIDATION (RADV) RECOVERY AUDIT CONTRACTOR (RAC)

I. Statutory Background and General Purpose

The Medicare Recovery Audit Program began as a three-year demonstration authorized by Congress in section 306 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) (P.L. 108-173). The demonstration was conducted in six states from March 2005 to March 2008, and its purpose was to determine if Recovery Auditor Contractors (RACs) could effectively identify improper claims paid under Medicare Part A and Part B. This initial pilot program succeeded in returning millions of dollars in overpayments to the Medicare Trust Funds.

Based on the success of the Recovery Audit demonstration, section 302 of the Tax Relief and Health Care Act of 2006 (TRHCA) (P.L. 109-432) created a permanent Medicare RAC program and added a new paragraph (h) to section 1893 of the Act that required CMS to establish a nationwide RAC program for Medicare Part A and Part B by January 1, 2010. Specifically, the statute states:

> (1) Under the Program, the Secretary shall enter into contracts with recovery audit contractors in accordance with this subsection for the purpose of identifying underpayments and overpayments and recouping overpayments under this title with respect to all services for which payment is made under this title. Under the contracts—
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> (A) payment shall be made to such a contractor only from amounts recovered;
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> (B) from such amounts recovered, payment—
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> (i) shall be made on a contingent basis for collecting overpayments; and
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> (ii) may be made in such amounts as the Secretary may specify for identifying underpayments; and
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> (C) the Secretary shall retain a portion of the amounts recovered which shall be available to the program management account of the Centers for Medicare & Medicaid Services for purposes of activities conducted under the recovery audit program under this subsection.
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> (4) Audit and recovery periods.—Each such contract shall provide that audit and recovery activities may be conducted during a fiscal year with respect to payments made under this title—
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> (A) during such fiscal year; and
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> (B) retrospectively (for a period of not more than 4 fiscal years prior to such fiscal year).

Section 6411(b) of the Patient Protection and Affordable Care Act of 2010 (PPACA) (P.L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (HCERA) (P.L 111-152), requires expansion of the RAC program to Medicare Part C and Part D.

CMS is currently exploring strategies for expanding the RAC program to Medicare Part C. The purpose of this draft Scope of Work is to solicit comment on, and interest in, CMS entering into a contract with a RAC to identify underpayments and overpayments and recouping overpayments associated with diagnosis data submitted to CMS by Medicare Advantage Organizations. CMS currently conducts Risk Adjustment Data Validation (RADV) audits to validate the accuracy of diagnosis data submitted to CMS for payment by Medicare Advantage Organizations and to recover net overpayments associated with inaccurate diagnosis data.

This draft SOW describes the Part C RAC's role in the existing RADV audit process, referred to herein as the Comprehensive RADV audits, and their role in additional audits of diagnosis data submitted to CMS by Medicare Advantage (MA) Organizations, referred to herein as Condition-Specific RADV Audits.

Errors and omissions in the diagnosis data submitted to CMS by Medicare Advantage Organizations are the drivers of the 9.5% improper payment rate in Medicare Part C. Currently, CMS audits 30 Medicare Advantage Organization contracts (approximately 5%) per payment year. CMS is considering contracting with a Part C RAC to increase the number of Medicare Advantage Organization contracts that are subject to some type of RADV audit for each payment year. Our ultimate goal is to have all MA contracts subject to either a Comprehensive or Condition-Specific RADV audit for each payment year.

II. Risk Adjustment and RADV Background

A. Risk Adjustment in MA

The Balanced Budget Act (BBA) of 1997 mandated that payments made to Medicare managed care organizations be adjusted to reflect the relative health status of their enrollees. Risk adjustment improves the accuracy of Medicare's payments to MA organizations and reduces the incentives for plans to risk select only the healthiest beneficiaries.

Under risk adjustment, CMS calculates a risk score each year for each MA enrollee. The risk score reflects CMS' prediction of each beneficiary's likely relative cost based on their demographic characteristics and health conditions (e.g., diabetes). CMS determines the health conditions for each beneficiary using diagnosis information reported to CMS by their MA organization. Risk scores are calculated using the CMS Hierarchical Condition Category (CMS-HCC) risk adjustment model.

B. Risk Adjustment in MA: Diagnosis Data submission

MA organizations are required to submit to CMS diagnosis information (i.e., "risk adjustment data") for their enrollees.

All diagnosis codes submitted to CMS for Medicare Advantage risk adjustment must meet a number of requirements. They must:

- Be documented in the medical record.
- Be documented as a result of a face-to-face visit.
- Come from acceptable data sources (inpatient, outpatient, physician, - see the Medicare Managed Care Manual, Chapter 7 – Risk Adjustment for more information, which may be found at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c07.pdf).
- Be submitted at least once during the risk adjustment data-reporting period.
- Be coded according to the ICD Clinical Modification Guidelines for Coding and Reporting.

Chronic conditions must meet all of the above requirements each year in order to be acceptable for risk adjustment.

C. Comprehensive RADV Audits

CMS conducts RADV audits for the purpose of ensuring the accuracy and integrity of risk adjustment data and conducting overpayment recovery from MA organizations. Under Comprehensive RADV Audits, CMS selects a subset of MA plan contracts to audit for each payment year and selects a statistically-valid sample of enrollees for each audited contract. Audited MA organizations submit medical record documentation to CMS for each of the diagnoses that they reported to CMS for enrollees in the audit sample. The focus of RADV is on reviewing the plan-submitted medical record documentation to verify diagnoses submitted by MA organizations for payment. Beginning with the RADV audits for payment year 2011, CMS uses the sample results to calculate an extrapolated overpayment estimate for each audited contract and recovers overpayments based on the extrapolated estimate.

In April 2010, CMS published the Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs [CMS-4085-F], which provided an administrative appeals process under RADV. The regulation allows for an appeal of medical record review findings and of the payment error estimate calculation for RADV audits. In January 2014, CMS published the Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs for Contract Year 2015 [CMS-4159-P], which finalized in regulation changes to the administrative appeals process under RADV.

On February 24, 2012, CMS released the "Notice of Final Payment Error Calculation Methodology for Part C Medicare Advantage Risk Adjustment Data Validation Contract-

Level Audits". The final methodology, which can be found at: http://www.cms.gov/Plan-Payment/02_PaymentValidation.asp, provides the sampling methodology and payment error calculation methodology for the Comprehensive RADV Audits.

The Centralized Data Abstraction Tool (CDAT) is the CMS system that supports the collection and processing of all RADV data and medical records, medical record review, and RADV data management. All communications throughout the RADV process between the MA contract and CMS are conducted via CDAT. All documentation requests are uploaded electronically into CDAT, including copies of both electronic and paper medical records. When referenced in this statement of work, the word CDAT means the current system as it exists or another system supporting the RADV audits as specified by CMS. Because the Part C RAC will be using CDAT or another system as specified by CMS, the Part C RAC will not require its own system with an authority to operate.

D. Key Contractors Involved in the RADV Audit Process

There are several key CMS RADV contractors that support the RADV process:

- Lead Analytic Contractor
  The lead analytic contractor conducts the sampling and prepares the enrollee and HCC level data that is communicated to the MA contracts throughout the RADV audit process.

- Secondary Review Contractor
  The Secondary Review Contractor provides a control in the medical record review process. This contractor re-reviews the documentation, where HCC support is missing, in order to validate the initial findings and to confirm that there may be an overpayment problem.

- Centralized Data Abstraction Tool Contractor.
  The CDAT contractor manages the system which facilitates all project communications, supports the medical record reviewers in the coding process and tracks review findings.

III. RADV Audit Tasks

Working independently and not as an agent of the Government, the Part C RAC shall furnish all the necessary services, qualified personnel, material, equipment, and facilities, not otherwise provided by the Government, needed to perform the SOW. This includes all personal computers, printers and equipment to accomplish the work described in the SOW throughout the contract period of performance. CMS will provide minimum administrative support which may include standard system changes when appropriate, help communicating with contractors, policies interpretations as necessary and other support deemed necessary by CMS to allow the Part C RAC to perform its tasks efficiently. CMS will support changes it determines are necessary but cannot guarantee timeframes or

constraints. The Part C RAC will be required to adapt to changes in RADV audit policy, operations, and CDAT (or other system as specified by CMS).

The Part C RAC shall identify both sufficient personnel and appropriately skilled professional personnel to complete the specific tasks contained herein to be conducted by the Part C RAC. Under all circumstances, the Part C RAC shall conform to all requirements for confidentiality of beneficiary and MA organization level data (paper and electronic).

The COR will approve the project plan as well as all correspondence and written documentation, including reports, letters, and training manuals. All written documentation and communication shall be submitted to the COR in draft form, in a manner allowing sufficient time for reviews, edits and approvals as determined by the COR, and shall be produced in final form at the discretion and approval of the COR. The Contractor shall conform to all requirements for confidentiality of beneficiary and MA organization level data (paper and electronic).

Within this SOW, references to "medical record(s)" includes all documents requested from and submitted by MA organizations for the purposes of these RADV audits, including but not limited to medical records, CMS-Generated attestations, coversheets and appeals documentation.

The Part C RAC may NOT attempt to identify any underpayments and overpayments and recoup overpayments other than as described in Task 1 or Task 2.

TASK 1. COMPREHENSIVE RADV AUDITS

Comprehensive RADV audits are comprised of the steps described below.

Step 1: Selection for audit/sampling
Step 2: Intake documentation review
Step 3: Medical record review
Step 4: Payment error calculation, issuing audit reports and demand letters
Step 5: Administrative appeals process

The steps are described below, including specific Part C RAC tasks for the Comprehensive RADV Audits. The Part C RAC tasks are also summarized in Figure 1. Part C RAC Roles in Comprehensive Audit Process.

FIGURE 1: PART C RAC ROLES IN COMPREHENSIVE RADV AUDIT PROCESS

Step 2: Intake Documentation Review

- Part C RAC reviews medical record documentation for validity. Only valid medical record documentation moves forward for medical record review.

Step 3: Medical Record Review

- Part C RAC reviews valid medical record documentation to determine whether the diagnosis(es) submitted by the MA organization are present and whether additional payment diagnoses are supported. The Part C RAC conducts a complete code of the entire medical record.

Step 4: Payment Error Calculation, Issuing Audit Reports and Demand Letters

- Part C RAC supports the payment error calculations.
- Part C RAC prepares audit reports for each audited MA contract.
- Part C RAC issues demand letters for MA organizations that elect not to appeal.

Step 5: Administrative Appeals Process

- Part C RAC provides appeals support as necessary.
- Part C RAC updates the audit reports and payment error estimates and issues demand letters to MA organizations, as applicable, at the conclusion of the first phase of appeal (Reconsideration).

Step 1: Selection for audit/sampling. CMS will select MA contracts to audit for each payment year. For the selected contracts, the Lead Analytic Contractor will apply the Comprehensive RADV Audit sampling methodology to select a statistically-valid sample of beneficiaries. The Lead Analytic Contractor will prepare an audit package for each MA contract that identifies beneficiaries in the audit sample and the diagnoses submitted to CMS by the MA organization for these beneficiaries. This package is sent to the MA contracts via CDAT and serves as the detailed medical record request.

Step 2: Intake documentation review. MA organizations selected for audit will submit medical record documentation to CDAT (or other system as specified by CMS) for beneficiaries and diagnoses in the audit sample. The Part C RAC will review the medical record documentation to determine compliance with RADV Audit documentation

requirements, as specified by CMS (e.g., the record must be from the appropriate time period and must be a hospital inpatient, hospital outpatient or physician record). As a control measure, the Secondary Review Contractor will review and confirm or overturn each medical record documentation finding determined to be invalid by the Part C RAC. Only valid medical record documentation moves forward for medical record review.

Step 3: Medical record review. If the medical record documentation was determined valid in Step 2, the Part C RAC will review the medical record documentation to determine whether the documentation supports the diagnoses submitted by the MA organization for payment and whether the documentation supports additional payment diagnoses not submitted by the MA organization.

The Part C RAC will review the medical records and abstract all ICD-9-CM *(International Classification of Diseases, Ninth Revision, And Clinical Modification)* codes or ICD-10-CM *(International Classification of Diseases, Tenth Revision, And Clinical Modification)* codes, as applicable. In other words, the Part C RAC will conduct a complete code of the entire medical record. The Part C RAC will code in accordance with International Classification of Disease, Ninth or Tenth Revision Clinical Modification guidelines (ICD-9-CM or ICD-10-CM), as appropriate. Coders must demonstrate acceptable coding accuracy in order to participate in the coding process as defined by CMS upon commencement of a CMS audit (see Subtask 1I. Internal Quality Control and Inter-Rater Reliability).

CMS controls the development and updating of a Coder Guidance document for Comprehensive RADV Audits. The Part C RAC shall work with CMS and its contractors to update, develop and/or maintain a Coder Guidance document that coders may reference when reviewing medical records for the presence of diagnosis codes. As requested by CMS, a panel of coders shall convene to identify and clarify ambiguous ICD-9/10-CM codes and incorporate their recommendations into the Coder Guidance document.

The Part C RAC will conduct all medical record reviews in CDAT (or other system as specified by CMS) unless instructed otherwise by CMS in writing. Medical records will be released for Part C RAC review via CDAT (or other system as specified by CMS) on a rolling basis as they are received from the MA organizations. The Part C RAC shall provide sufficient, qualified coding staff to pull a medical record task from CDAT (or other system as specified by CMS) within 5 business days of the medical record entering the Part C RAC's CDAT queue; and complete the review within 14 calendar days of the medical record task entering the Part C RAC's CDAT queue. The Part C RAC may request a waiver from CMS if an extended timeframe is needed due to extenuating circumstances.

The Part C RAC will input diagnosis codes supported by medical record documentation into CDAT (or other system as specified by CMS) in accordance with CMS' policies and procedures. CDAT will map the diagnosis codes input into CDAT (or other system as specified by CMS) to CMS-HCC(s). CMS may recall a Part C RAC finding from either the intake documentation review or the medical record review step at any time and for any reason.

The number of medical records reviewed by the Part C RAC will be determined by CMS based on a variety of factors including: the number of audited contracts, the sampling methodology, and CMS' rules regarding the number of records that may be submitted by an audited MA organization for a given CMS-HCC. CMS reserves the right to further limit the time period and/or medical records available for Part C RAC review if CMS believes it is in the best interest of the Medicare program to limit review. This notice shall be in writing, may be by email, and will be effective immediately.

After the Part C RAC has completed medical record review, the Secondary Review Contractor will review the medical record documentation to determine whether the documentation supports the diagnoses submitted by the MA organization for payment and whether the documentation supports additional payment diagnoses not submitted by the MA organization. The determination of the Secondary Review Contractor will stand (e.g. if the Part C RAC determines an audited CMS-HCC is discrepant and the Secondary Review Contractor subsequently determines the audited CMS-HCC is discrepant, the CMS-HCC will remain discrepant. If the Part C RAC determines an audited CMS-HCC is discrepant and the Secondary Review Contractor determines the audited CMS-HCC is present in the subject medical record, the Secondary Review Contractor's determination will stand and the finding will be reversed from "discrepant" to "confirmed"). MA organizations may appeal discrepant CMS-HCCS, which result in a payment recovery, through the RADV administrative appeals process.

Step 4: Payment Error Calculation, Issuing Audit Reports and Demand Letters.

The Lead Analytic Contractor will calculate the impact of discrepant CMS-HCC findings on the sampled enrollee risk scores and extrapolate these findings to the MA contract level to estimate a contract level payment error. The Lead Analytical Contractor will apply the CMS methodology to determine these findings. The Part C RAC will support the payment error calculation at CMS direction. If there are discrepancies between the Part C RAC and Lead Analytical Contractors, the Lead Analytic Contractor will review the Part C RAC's work under this step and make a final determination to CMS.

The Part C RAC will prepare Audit Reports for each plan contract per CMS instruction. MA organizations will then have an opportunity to appeal through the process known as Reconsideration, which is the first phase of the RADV administrative appeals process.

For MA organizations that elect not to appeal, the Part C RAC will issue demand letters approved by CMS.

The Part C RAC will update the Audit Report and payment error estimates and issue demand letters to audited MA organizations, as applicable, at the conclusion of Reconsideration.

Depending on the number of times a record is reviewed, there may be several times a payment error is calculated and the results communicated to MA organizations via RADV

Audit Reports (after the initial medical record review, and as needed, after subsequent phases of appeals).

Each time the audit reports are prepared, the Lead Analytic Contractor will validate the results, prior to them being returned to the MA contracts.

Step 5: Administrative appeals process. See Subtask 1L.

The following are subtasks, which should be conducted within the context of the general RADV steps described above.

Subtask 1A. RADV Audit Planning and Implementation: Security and Tracking Plan (associated with steps 1-5)

The Part C RAC shall provide and implement a written Security and Tracking Plan covering all aspects of this contract. A draft of this document shall be submitted to CMS within three (3) weeks of the contract date of award. The Part C RAC shall edit, revise, and/or amend the document according to CMS requirements. The Security and Tracking Plan shall describe how the Part C RAC shall maintain oversight of the physical location of the medical records (if applicable) and shall utilize CDAT (or other system as specified by CMS) to track the movement and location of the medical records files and other documentation through the various stages of the RADV process. The procedures set forth under this subtask shall be in collaboration with the system requirements for CDAT (or other system as specified by CMS) as necessary. In the event that off-site storage of any medical records or files related to this contract is necessary, then the Part C RAC shall obtain prior approval from CMS and abide by all security requirements for transferring any records or files. Within this plan, the Part C RAC shall propose a plan for mitigating risk associated with potential data breaches, and also for recognizing, addressing, and reporting data security issues as they arise, according to CMS requirements. The Part C RAC's Security and Tracking Plan may be incorporated into CMS' SOP.

Subtask 1B. Documentation and Medical Record, Management, and Destruction (associated with steps 1-5)

The Part C RAC shall develop and implement a CMS-approved plan for documentation and medical record management and destruction. A draft of this document shall be submitted to CMS within three (3) weeks of the contract date of award. The Part C RAC shall store and dispose of the medical records in accordance with CMS guidelines (if applicable), and as instructed by the COR and/or GTL. The Part C RAC shall further submit confirmation/documentation to the COR ensuring that confidential records are stored as appropriate and in a manner that the information cannot be compromised. The requirements of the CMS' Data User Agreement shall be followed for all data used under this contract. The Part C RAC shall retain and manage all medical records as specified by CMS. The Part C RAC shall work with the COR and/or GTL to determine whether to retain, destroy or forward medical record copies to another Contractor and/or CMS. Management

of medical records shall include making copies of the medical records as directed by the COR and/or GTL.

Subtask 1C. Process Plan: Intake Documentation and Medical Record Review (associated with steps 2 and 3)

The Part C RAC shall prepare and submit a Process Plan document describing the protocols for its review of physician, hospital inpatient and hospital outpatient medical records for the dates of services provided by CMS, in a format acceptable to CMS. This document may be incorporated into CMS' SOP. The document shall: (1) build upon existing RADV processes; (2) incorporate protocols for using industry standards for accurate coding practices; and, (3) at a minimum, include implementation of the following details that are specific for RADV project processes:

1. The process for reviewing the medical records.
2. Allocation of medical records to coders to ensure timely completion of coding by the Part C RAC. Include a process to escalate medical records when a coder has questions about a particular medical record and requires clarification. Include a process to send medical records to the QA panel.
3. Quality control protocol for achieving IRR according to a protocol to be determined by CMS.
4. Application of coding guidelines based on a date of service and provider type indicated by the MA organization.
5. Physician review protocol to be incorporated into the overall processes, utilizing physicians as necessary for confirming correct ICD-9/10 assignments, overseeing rater-to-standard testing to improve coding decisions based on clinical knowledge, addressing ambiguity in the clinical, documentation, and developing HCC review protocol guidelines. Physician reviewers are not required to be ICD-9/10 coders; these clinicians advise coders of the clinical context surrounding the diagnosis.

The Intake Documentation and Medical Record Review Process Plan will be submitted to CMS for review and approval. The Part C RAC will make edits to this process plan per direction from CMS and will implement the final plan. This process plan may be subject to change, at the direction of CMS, over the course of conducting the indicated tasks.

Subtask 1D. Process Plan: Collaboration and Support for Appeals Processes (associated with step 5)

The Part C RAC shall prepare and submit a Process Plan document describing the protocols for services provided by the Part C RAC under the Collaboration and Support for Appeals Processes task in a format acceptable to CMS. This document may be incorporated into CMS' SOP.

The Collaboration and Support for Appeals Processes Plan will be submitted to CMS for review and approval. The Part C RAC will make edits to this process plan per direction from CMS and will implement the final plan. This process plan may be subject to change, at the direction of CMS, over the course of conducting the indicated tasks.

Subtask 1E. CDAT Training (or other system as specified by CMS) (associated with steps 2-5)

The Part C RAC shall attend all trainings on CDAT (or other system as specified by CMS) as directed by CMS. The trainings shall be scheduled on dates and at locations to be determined by CMS. CDAT trainings are typically conducted prior to the submission period for MA organizations and prior to period of coding by medical record reviewers. The Part C RAC shall follow protocols for utilizing CDAT (or other system as specified by CMS) for the purposes of its reviews. The Part C RAC shall also incorporate the applicable CDAT (or other system as specified by CMS) training sections into its medical record review staff training.

Subtask 1F. Medical Record Review Staff Training (associated with steps 2, 3, and 5)

The Part C RAC shall prepare training materials and conduct in-person training at the Part C RAC's site for the Part C RAC's team of medical record reviewers and all appropriate staff that will contribute to the RADV audit(s), in accordance with CMS' policies and procedures. The Part C RAC shall utilize information gained from the Process Plan: Review for CMS-HCCs under Task 2C as the basis for the training strategy, and implement the final training protocol approved by the COR and/or GTL. The Part C RAC shall provide the COR and/or GTL with the draft written training strategy. Upon approval from the COR and/or GTL, the Part C RAC shall submit a final training CMS-approved training plan. The draft shall be submitted to the COR and/or GTL at least one (1) week in advance of each training. Ongoing training shall be provided for the Part C RAC's staff as needed, and initial training shall be provided for all coders before they begin work on the RADV audit(s). To promote consistency in training medical record review staff, the Part C RAC shall plan accordingly to include CMS staff and staff from the Secondary Review Contractor, Independent Coding Consultant, LAC and/or CDAT Contractor at its training(s). The training strategy and materials may be incorporated into CMS' SOP. It is expected that there would be at least one training session per MA organization submission window, with the possibility of 1-3 additional trainings per submission window if inter-rater reliability among medical record reviewers is incorrect, at the request of medical record reviewers, and/or at the discretion of CMS.

Subtask 1G. Attend Risk Adjustment Data Validation Contractor Training (associated with steps 2, 3, and 5)

CMS will organize an initial training for all contractors participating in the RADV audit. This training is typically conducted prior to the submission period for MA organizations and prior to the period of coding by medical record reviewers. CMS may organize

additional trainings and meetings on an ad hoc basis to provide additional information and guidance to the Part C RAC. The Part C RAC shall attend the initial training and any additional trainings and meetings, not to exceed two per audit and as directed by CMS.

Subtask 1H. Attend and Contribute to Technical Data and Operations Meetings (associated with steps 2, 3, and 5)

At CMS request, the Part C RAC shall attend, assist with developing agenda and discussion documents, and contribute to technical and data operations meetings that will be conducted by the CDAT Contractor. These meetings will be conducted primarily by teleconference, with no more than six in-person technical data and operations meetings per year. These meetings will provide a forum to discuss and plan for data and operational requirements, staff trainings for medical record review, use of CDAT (or other system as specified by CMS), and the overall project management. The meeting agendas shall include proposed data requirements, medical record review guidance, quality assurance plans and project planning feedback from the medical record review contractors. The Part C RAC shall submit written proposed draft agenda and discussion topics to the COR and/or GTL in advance of these meetings. Upon approval from the COR and/or GTL, the Part C RAC shall finalize the information and submit final approved information to be inserted into the meeting agenda by the CDAT Contractor.

The Part C RAC shall provide written feedback to the COR and/or GTL on the proposed data and operational plans and requirements within two (2) business days following meetings and/or receipt of proposals from other RADV participants. The feedback shall, at a minimum, identify issues and concerns from the Part C RAC regarding implementation plans and, as necessary, recommendations for alternative implementation plans.

Subtask 1I. Internal Quality Control and Inter-Rater Reliability (associated with steps 2, 3, and 5)

The Part C RAC will implement quality assurance monitoring of the intake process and will immediately report aberrant findings to CMS. The Part C RAC will make changes to the intake process to correct inaccurate intake determinations per direction from CMS.

Upon CMS direction, and according to a protocol established by CMS, the Part C RAC shall implement an initial inter-rater reliability (IRR) evaluation of each coder before the coder begins coding of live medical records and shall check coding consistency on an ongoing basis throughout the review process. CMS expects an IRR of 95% or higher, which means that each coder's results are in agreement with another coder's results 95% of the time. If a coder fails to meet CMS' IRR standards, CMS may limit the coder's role or remove the coder from the review process entirely. The Part C RAC shall continue to monitor IRR of all coders and provide appropriate remediation or dismissal.

CMS may request the Part C RAC to prepare, interpret, and respond to weekly IRR and coding consistency reports for coders and physician review. The Part C RAC shall submit these reports to the COR and/or GTL upon CMS' request. The Part C RAC may be directed

by the COR and/or GTL to revise its input data as necessary, based on meeting outcomes. The Part C RAC shall provide a detailed justification and implement any follow-up action as required to achieve the appropriate outcomes. The Part C RAC shall be prepared to discuss with the COR and/or GTL and other RADV contractors all data findings pertaining to review and IRR outcomes.

CMS conducts at a minimum an annual review of Contractor activities. If CMS has evidence to believe a Contractor is not accurately reviewing intake documentation or medical records, or is not reviewing them in accordance with CMS instruction or established protocols, CMS will issue a warning in writing to the Part C RAC. It also shall include the documentation citations that support the conclusions, and a CMS allotted time frame for Contractor correction. If the issue continues, CMS will consider recalling such reviews from the Part C RAC, and may direct the review of the medical records to another CMS contractor.

Subtask 1J. Payment Error Calculation, Issuing Audit Reports and Demand Letters (associated with step 4)

The LAC will determine enrollee and contract level findings. The Part C RAC will prepare draft Audit Reports for each audited contract following the CMS protocol. The Part C RAC will submit the draft Audit Reports to CMS and upon CMS approval will coordinate the release of the finalized reports via CDAT or other system specified by CMS.

For MA organizations that elect not to appeal, the Part C RAC will issue demand letters per CMS instruction. The Part C RAC will prepare draft letters for each audited MA contract with net overpayments. Upon CMS approval, the Part C RAC will issue the letters.

The Part C RAC will update the Audit Report with revised payment error estimates and issue demand letters to audited MA organizations, as applicable throughout the appeal process. For each iteration, the Part C RAC will prepare a draft report and/or draft demand letter for CMS approval and upon approval will issue the finalized reports and/or demand letters.

The amounts identified in the demand letters will be recovered from MA organizations through routine CMS payment processes. At the conclusion of the Reconsideration phase of the administrative appeals process, CMS will pay Part C RAC's contingency fee according to contractual terms.

The Part C RAC will prepare a HIPAA compliant and 508 compliant version of each Audit Report, suitable for posting to CDAT or other system specified by CMS.

The Part C RAC shall not have any authority to reduce, compromise, and/or settle any identified or possible overpayments or underpayments.

Subtask 1K. Documentation (associated with steps 2 through 5)

In addition to the documentation requirements described elsewhere, the Part C RAC will be subject to a number of documentation requirements per CMS direction. They include:

- The Part C RAC shall clearly document in CDAT (or other system as specified by CMS) the rationale for its underpayment and overpayment determinations. This rationale shall list the review findings including a detailed description of any identified ICD-9/10-CM codes. The Part C RAC shall ensure it is identifying pertinent facts contained in the medical record to support its review determinations. Each rationale shall be specific to the individual medical record reviewed. The determination of an overpayment or an underpayment will be based on the definitions and criteria specified by CMS.

- Overpayments & Underpayments Report: The Part C RAC, on a monthly basis, shall provide the COR and/or GTL with detailed information concerning overpayments and underpayments that have been identified. The Part C RAC shall have supporting documentation for all line items on the report. This report shall be due no later than the fifth (5th) business day of the following month. Task 3 specifies additional information required in the monthly progress reports.

- Standard Operating Procedures (SOP) Contribution and Implementation: RADV Contractor and Staff Training. The Part C RAC shall prepare and submit a draft written plan for training of Part C RAC staff. This document may be incorporated into CMS' SOP.

- Contribution to Overall Comprehensive RADV Standard Operating Plan (SOP): The Part C RAC shall collaborate with CMS to contribute to an overall comprehensive RADV Standard Operating Plan (SOP). Upon CMS request, the Part C RAC shall submit a draft of SOP contributions to the COR and/or GTL for comment and revision. It shall be comprised of a chronology and documentation of plans for activities described in this contract, at CMS' discretion, and shall include any other relevant information and appendices. The Part C RAC shall make specified changes and submit final SOP contributions for the COR's and/or GTL's approval. The Part C RAC shall submit the finalized elements of its SOP contributions to CMS.

Subtask 1L. Appeals (associated with steps 5)

MA organizations may appeal the medical record review determinations and/or the payment error calculation. Per §422.311, the RADV audit appeals process begins at the MA organization's election for Reconsideration, in which CMS reviews the medical record and payment error calculation again. The Reconsideration results can be appealed to the Office of Hearings, which can finally be appealed to the CMS Administrator, whose decision is final.

If an MA organization chooses to appeal the medical record review determinations and/or the payment error calculation, the Part C RAC shall assist CMS with support of the determination throughout the applicable administrative appeals process and, where applicable, an appeal to the appropriate Federal court. Specifically, the Part C RAC shall provide RADV appeals support to CMS and its designated contractors by providing relevant information upon request by the COR and/or GTL. This includes providing supporting documentation (including the medical record) with appropriate reference to Medicare statutes, regulations, manuals and instructions, providing assistance, and supporting CMS at any hearings associated with the determination, when requested by CMS. The Part C RAC shall provide written documentation to clarify and explain specific protocols and processes that were implemented, and justifications for different medical record review findings and decisions, when requested by CMS. For example, this may include providing medical record documentation for a sampled beneficiary, or the actual medical record reviewed by the Part C RAC and coding opinions. Upon direction by the COR and/or GTL, the Part C RAC shall provide the requested documentation and support including participating in conferences, hearings and litigation related to RADV medical record request, intake, and review, and provide relevant information upon CMS' request. The Part C RAC shall have an appeal overturn rate of less than 10% at the first level of appeal of Reconsideration. CMS expects the Part C RAC to fully cooperate in providing appeals support, which shall comply with 42 C.F.R. §422.311 and CMS' protocol.

Additionally, the Part C RAC shall provide support, as needed, for disputes outside of the formal administrative appeals process.

Subtask 1M. Collaboration with CMS RADV Contractors (associated with steps 2 through 5)

The Part C RAC shall collaborate and coordinate with other CMS RADV contractors. These contractors include, but are not limited to, the Secondary Review Contractor, the Lead Analytic Contractor (LAC) and the CDAT contractor. The Part C RAC will participate in meetings with other RADV contractors and will collaborate with them to ensure accurate and timely intake and medical record review findings.

TASK 2. CONDITION SPECIFIC RADV AUDITS

Condition Specific RADV Audits will be conducted for a subset of MA contracts not subject to a Comprehensive Audit for any given payment year. The focus of Condition Specific Audits will be a set(s) of HCCs determined to have a higher probability of being erroneous, for example, it may be decided that the hierarchy of HCCs relating to 'diabetes' should be the subject of this targeted review. It may further be decided that certain plans have characteristics which suggest they are more likely to have diabetes coding discrepancies. Under this Condition Specific Audit protocol, this subset of identified plans would be subject to a targeted medical record review of diabetes.

The sampling and, if applicable, payment error extrapolation methodology for each Condition Specific Audit will be developed by the Lead Analytic Contractor and must be approved by CMS. This methodology will then be given to the Part C RAC for use to complete the below subtask.

The Part C RAC's responsibilities for this task are the same as those identified under Task 1, except that Step 1 under Task 1 would be replaced by the following:

> **Step 1 for Condition-specific RADV Audit: Selection of HCCs and MA Contracts for Audit.** The Part C RAC will propose criteria to identify diagnoses and/or conditions that are more likely to be subject to risk adjusted payment error because they are not supported by medical record documentation. The Part C RAC will propose these criteria, along with support and drawbacks, to CMS for consideration. The Part C RAC will also provide the MA contracts that would be selected if such criteria were applied. Under this contract, the Part C RAC may seek access to RAPS data and/or encounter data to assist in targeting MA contracts and specific HCCs. Upon approval by CMS, the Part C RAC may proceed with the audit for the selected MA contracts and conditions. The scope and number of Condition Specific Audits will be determined by CMS. As a result, there is no guarantee for the Part C RAC of a minimum volume of Condition Specific Audits.

TASK 3. MEETING REQUIREMENTS

Subtask 3A. Initial Meeting with CMS COR, GTL and CMS Staff

Project Plan- The Part C RAC's key project staff (including overall Project Director and key sub Project Directors) shall meet in Baltimore, Maryland with the COR, GTL, and appropriate CMS staff within two (2) weeks of the date of award (DOA) to discuss the project plan. The specific focus will be to discuss the time frames for the tasks outlined below. The Part C RAC shall provide the COR and/or GTL with minutes from the meeting no more than forty-eight (48) hours after the completion of the meeting, in a form acceptable to the COR and/or GTL. Within two (2) weeks of this meeting, the Part C RAC shall submit a formal project plan outlining the resources and time frame for completing the work outlined. The initial project plan will be for the base period of the contract. It is the Part C RAC's responsibility to update the project plan as new issues arise or new tasks are performed. The initial project plan and any subsequent updates shall be approved by CMS prior to implementation.

The project plan shall include the following:

Contractor Organizational Chart –The organizational chart shall identify the number of key personnel and the organizational structure of the Part C RAC. A detailed organizational chart extending past the key personnel shall be submitted within two (2) weeks of the initial meeting. The Part C RAC shall inform CMS of any changes to the Part C RAC's

organizational chart within seven (7) business days of the Part C RAC's knowledge of the change.

Subtask 3B. Conference Calls

1. On a weekly basis the Part C RAC's key project staff shall participate in a conference call with CMS to discuss the progress of the work, evaluate any problems, and discuss plans for immediate next steps of the project. The Part C RAC shall be responsible for setting up the conference calls, preparing an agenda, documenting the minutes of the meeting and preparing any other supporting materials as needed. Draft agendas shall be furnished to the COR and/or GTL at least twenty-four (24) hours in advance of the meeting. Drafts of meeting minutes shall be furnished within forty-eight (48) hours of the meeting to the COR and/or GTL.

2. On a monthly basis the Part C RAC's key project staff shall participate in a conference call with CMS to discuss findings and process improvements that will benefit CMS in RADV audits in the future. The Part C RAC will be responsible for setting up the conference calls, preparing an agenda, documenting the minutes of the meeting and preparing any other supporting materials as needed. If time allows during the weekly calls, this item may also be fulfilled during one of the scheduled weekly calls.

At CMS' discretion conference calls may be required to be completed more frequently. Also, other conference calls may be required to discuss individual items and/or issues.

TASK 4. ADMINISTRATIVE AND MISCELLANEOUS ISSUES

The Part C RAC shall report potential quality issues immediately to the COR and/or GTL.

Subtask 4A. Monthly Progress Reports

1. The Part C RAC shall submit monthly administrative detailed progress reports outlining all work accomplished during the previous month, except in the case of Task 2 for which weekly detailed progress reports shall be submitted. These reports shall include the following:

    b. Review accomplishments to date, remaining activities to be completed and the status of the project compared with its schedule;
    c. Discuss problems encountered or that are anticipated and their impact on the schedule of the project, or if severe enough, on the overall ability to accomplish the project goals;
    d. Include the Part C RAC's plans to deal with any identified significant problem and if appropriate, new delivery or completion dates shall be proposed;
    e. Include a brief discussion of substantive findings to date;
    f. Issues that have arisen and any anomalies related to any task;
    g. Update of items being reviewed in the next week or month;

h. Update of project plan;
i. Recommended corrective actions for vulnerabilities;
j. Update on how vulnerability issues were identified;
k. Update on JOAs;
l. Action Items

The Part C RAC shall incorporate any final revisions as directed by the COR and/or GTL and upon approval, shall submit the Monthly Progress Report to the COR and/or GTL in electronic form within 10 days of month end.

2. The Part C RAC shall submit monthly financial reports outlining all work accomplished during the previous month. The report shall be broken down into the following categories:

    a. Overpayments identified (in summary and detail) – This report includes reviews where the Part C RAC believes an overpayment exists, but the amount has not yet been demanded by CMS.
    b. Underpayments identified (in summary and detail) – This report includes reviews where the Part C RAC believes an underpayment exists, but the amount has not yet been demanded by CMS.
    c. Overpayments Adjusted- Amounts shall be included on this report if the Part C RAC's overpayment determination has been reversed (decided in the MA organization's favor) (in summary and detail).
    d. Number of reviews performed by the Part C RAC (in summary and detail).
    e. Number of reviews completed within the 5 business day timeframe (in summary and detail).
    f. Number of reviews that failed to be completed within the 5 business day timeframe and the rationale for failure to complete the reviews timely.

All reports shall be in summary format with all applicable supporting documentation.

At CMS discretion, a standardized monthly report(s) may be required. If a standardized monthly report is required, CMS will provide the format.

Unless alternative arrangements are approved, each monthly report shall be submitted by the close of business on the fifth business day following the end of the month. The monthly report shall be sent via e-mail to the COR and the Contracting Officer.

Subtask 4B. Separate Reporting

The reporting and data collection/analysis for each of the major tasks under this contract shall be kept separate and submitted in the appropriate format per the statement of work.

Subtask 4C. Centralized Data Abstraction Tool (CDAT) & Data Accessibility

The Part C RAC must follow CMS instruction to obtain and maintain access to the Centralized Data Abstraction Tool (CDAT) (or other system as specified by CMS). CDAT is a web based application which the Part C RAC shall be required to use when performing all reviews for audited CMS-HCCs in the MA RADV audits. For accessing CDAT, the Part C RAC must be able to be flexible in managing staff schedules, including conducting medical record review activities during non-business hours . The Part C RAC shall be responsible for having the appropriate equipment such as computers configurable to access CDAT with phone at-hand to complete the multi-factor authentication. All reviews conducted by the Part C RAC shall be performed in CDAT unless instructed otherwise by CMS in writing. The Part C RAC shall be responsible for all costs associated with the storage and processing, and protection of any data necessary to accomplish the work associated with this contract.

Subtask 4D. CMS Workgroup Meetings

The Part C RAC shall participate in in-person Workgroup meetings with CMS staff and other RADV contractors. Up to twelve (12) such meetings may be scheduled over the course of the contract. At the direction of the COR and/or GTL, the Part C RAC shall draft, revise, and produce agendas, training materials and post-session reports for all such meetings.

The Part C RAC shall also participate on weekly schedule RADV Operations calls with the Secondary Review Contractor and/or other RADV contractors. At the direction of the COR and/or GTL, the Part C RAC shall draft, revise, and produce agendas, discussion materials and post-session reports for all such meetings.

Subtask 4E. Ad Hoc Meetings

The Part C RAC shall also be available up to seven (7) times per year for non-trivial consultation with CMS, its contractors, and/or selected MA organizations. This may include site visits to the Part C RAC's location. These calls and meetings may be used as a mechanism for discussing and managing issues as they arise. Non-trivial consultations shall be those which do not relate to ongoing operations and which are expected to require more than 20 but less than 60 man-hours to complete.

Subtask 4F. Corrective Action Associated with Evaluation

CMS will perform an evaluation of the Part C RAC. Advance notice may or may not be given. The RACs must agree to view the evaluation contractor as a representative of CMS and to agree not to require that the evaluation contractor sign any separate agreement with the RAC as a condition for having access to the facilities, data and employees necessary to undertake the necessary reviews. Any finding from the review will require the Part C RAC to submit a corrective action plan to CMS at the direction of the COR and/or GTL.

Subtask 4G. Recalled Audits

CMS may determine that it is in the best interest of the MA RADV RAC Program to cease work in certain areas. CMS may recall an audit from the Part C RAC at any time and for any

reason. Should CMS initiate a recall, the Part C RAC shall immediately stop all activities included in the recall.

Recalls could occur because of additional activity that is occurring by another contractor/entity or lack of adherence by the Part C RAC of any provision of this contract or for some other reason. Recalls are indefinite and may require a corrective action plan to resume activity. Recalls can be MA organization, MA contract, audit, medical record, Coversheet ID, audited CMS-HCC, or enrollee specific. Unless instructed by CMS through technical direction, work previously issued will continue with a contingency fee modified for the recall, as appropriate.

Subtask 4H. Communication with Other CMS Contractors

Joint Operating Agreement: The Part C RAC shall be required to complete a Joint Operating Agreement (JOA) with all applicable CMS contractors (as instructed by CMS). The JOA shall encompass all communication between the contractors. The JOA shall be a mutually agreed to document that is reviewed quarterly and updated as needed. The JOA shall prescribe: 1) agreed upon service levels and 2) notification and escalation mechanisms with CMS involvement.

CMS has the following expectations with regard to the CDAT Contractor, Lead Analytic Contractor, Secondary Review Contractor, and Part C RAC: contractor relationships:

- The CDAT Contractor, Lead Analytic Contractor, Secondary Review Contractors are contractors of CMS and do not take direction from the Part C RAC.
- The COR and GTL for the Part C RAC shall be a party to any and all communication issues between the Part C RAC and other RADV contractors.

Subtask 4I. Support OIG or Other Audits

Should the OIG, CMS or a CMS authorized contractor choose to conduct an audit of the Part C RAC, the Part C RAC shall provide workspace and produce all needed reports and information within one (1) business day of the request, unless otherwise determined.

Subtask 4J. Annual Reports and Final Report

The annual report shall include a synopsis of activities for a given audit year covering all projects under this contract. This includes a draft annual report identifying all overpayments and underpayments identified. It shall include a brief listing of the identification methods and their success or failure.

The Part C RAC shall include any feedback and recommendations for the RAC program, as well as any advantages or disadvantages encountered. From a contractor point of view, the draft final report shall determine if the contract was a success or a failure and provide support for either opinion.

The draft annual report shall be delivered to the COR and GTL in electronic format as one file in Portable Document Format (PDF), with one clearly-marked section containing a 200-word abstract/summary of the final report suitable for submission to the National Technical Information Service.

The draft annual report shall be provided to CMS approximately four (4) weeks prior to final deliverable due dates unless otherwise agreed to. CMS staff will review the materials and provide comments back to the Part C RAC. The Part C RAC will make all CMS revisions and resubmit to CMS for review. The document will be finalized at CMS direction.

Subtask 4K. Return of Materials

Part C RAC shall return to CMS all information related to this SOW in accordance with CMS instructions. All data files, software, programs, computer tapes, interim and final files, and file documentation created under this contract shall be the sole property of CMS. The Part C RAC shall provide all originals and copies to CMS upon request in the appropriate format. They shall not be used for any other purpose other than fulfilling the terms of this contract without the express permission of the CMS Contracting Officer. All case files shall meet the requirements as set by OMB Circular A-130, which can be found at http://www.whitehouse.gov/omb/circulars/a130/a130trans4.html.

Subtask 4L. Transitions: Outgoing Contractors to Incoming Contractors

From time to time in the MA RADV RAC program, transitions from one contractor/s to another contractor/s will need to occur (e.g., when the outgoing contractor/s ceases work and a new incoming contractor/s begins work). It is in the best interest of all parties that these transitions occur smoothly. The transition plan shall include specific dates with regard to each task of the contract. The transition plan shall be communicated to all affected parties by CMS within sixty (60) days of its enactment. The impact to the MA RADV RAC program will be determined within sixty (60) days of the announcement of the upcoming transition. Each impacted contractor will be required to submit a transition plan to CMS for approval.

IV. Schedule of Deliverables

The Part C RAC shall provide the necessary personnel, materials, equipment, support, and supplies to accomplish the tasks shown below in the specified time. The Part C RAC shall complete the evaluation and report to CMS its findings. All work done under this contract shall be performed under the general guidance of the SOW subject to the COR's approval.

Written documents for this project shall be delivered electronically via secure e-mail unless otherwise specified. At present, the CMS standard is Microsoft Word 2010 and Microsoft Excel 2010. This is subject to change, and the Part C RAC shall be prepared to submit

deliverables in any new CMS standard. **All deliverables shall meet all Rehabilitation Act, Section 508 Accessibility Standards.**

Base Period: TBD

Task Number	Deliverable Number	Deliverable	Due Date (DOA = Date of Contract Award)
1	1	Update, develop and/or maintain Coder Guidance document	TBD
1	2	Prepare Audit Reports for each plan contract	TBD
1	3	Issue Demand Letters for MA organizations that elect not to appeal	TBD
1	4	Update Audit Reports and issue demand letters to audited MA organizations, as applicable, at the conclusion of Reconsideration	TBD
1A	5	Security and Tracking Plan	TBD
1B	6	Plan for documentation and medical record management and destruction	TBD
1C	7	Intake Documentation and Medical Record Review Process Plan	TBD
1D	8	Collaboration and Support for Appeals Processes Plan	TBD
1F	9	Medical Record Review Staff Training Plan & Materials	TBD
1H	10	Agenda and discussion topics for Technical Data and Operations Meetings	TBD
1H	11	Written feedback on proposed data and operational plans and requirements	TBD
1I	12	Prepare, interpret, and respond to weekly IRR and coding consistency reports	TBD
1J	13	Prepare Audit Reports	TBD
1J	14	Draft Demand Letters	TBD
1J	15	Update Audit Reports and issue demand letters to audited MA organizations as applicable throughout the appeal process	TBD
1K	16	Document rationale for underpayment and overpayment determinations	TBD
1K	17	Overpayments & Underpayments Report	TBD
1K	18	Written plan for Contractor staff training	TBD
1K		Contributions to RADV Standard Operating	TBD

	19	Plan (SOP)	
1L	20	Provide supporting documentation and written documentation for appeals support	TBD
2	21	Propose criteria for Condition Specific RADV Audits	TBD
2	22	Update, develop and/or maintain Coder Guidance document	TBD
2	23	Prepare Audit Reports for each plan contract	TBD
2	24	Issue Demand Letters for MA organizations that elect not to appeal	TBD
2	25	Update Audit Reports and issue demand letters to audited MA organizations, as applicable, at the conclusion of Reconsideration	TBD
2	26	Security and Tracking Plan	TBD
2	27	Plan for documentation and medical record management and destruction	TBD
2	28	Intake Documentation and Medical Record Review Process Plan	TBD
2	29	Collaboration and Support for Appeals Processes Plan	TBD
2	30	Medical Record Review Staff Training Plan & Materials	TBD
2	31	Agenda and discussion topics for Technical Data and Operations Meetings	TBD
2	32	Written feedback on proposed data and operational plans and requirements	TBD
2	33	Prepare, interpret, and respond to weekly IRR and coding consistency reports	TBD
2	34	Prepare Audit Reports	TBD
2	35	Draft Demand Letters	TBD
2	36	Update Audit Reports and issue demand letters to audited MA organizations as applicable throughout the appeal process	TBD
2	37	Document rationale for underpayment and overpayment determinations	TBD
2	38	Overpayments & Underpayments Report	TBD
2	39	Written plan for Contractor staff training	TBD
2	40	Contributions to RADV Standard Operating Plan (SOP)	TBD
2	41	Provide supporting documentation and written documentation for appeals support	TBD
3A	42	Initial Meeting Minutes	TBD
3A		Project Plan including Contractor	TBD

	43	Organizational Chart	
3B	44	Weekly conference call agendas, minutes and supporting materials	TBD
3B	45	Monthly conference call agendas, minutes and supporting materials	TBD
4A	46	Monthly/Weekly Progress Reports	TBD
4A	47	Monthly Financial Reports	TBD
4C	48	Return all files	TBD
4D	49	Prepare agendas, training materials and post-session reports for CMS Workgroup Meetings	TBD
4D	50	Prepare agendas, training materials and post-session reports for RADV Operation calls	TBD
4F	51	Complete Statement of Auditing Standards No. 70	TBD
4F	52	Corrective action plan for contractor performance evaluation findings	TBD
4H	53	Complete Joint Operation Agreement	TBD
4I	54	Produce reports and information for other audits	TBD
4J	55	Annual Report	TBD
4J	56	Final Report	TBD
4K	57	Return of Materials	TBD
4L	58	Transition Plan	TBD

Option Year: TBD

Task Number	Deliverable Number	Deliverable	Due Date (DOYA = Date of Option Year Award)
1	1	Update, develop and/or maintain Coder Guidance document	TBD
1	2	Prepare Audit Reports for each plan contract	TBD
1	3	Issue Demand Letters for MA organizations that elect not to appeal	TBD
1	4	Update Audit Reports and issue demand letters to audited MA organizations, as applicable, at the conclusion of Reconsideration	TBD
1A	5	Security and Tracking Plan	TBD
1B		Plan for documentation and medical record	TBD

	6	management and destruction	
1C	7	Intake Documentation and Medical Record Review Process Plan	TBD
1D	8	Collaboration and Support for Appeals Processes Plan	TBD
1F	9	Medical Record Review Staff Training Plan & Materials	TBD
1H	10	Agenda and discussion topics for Technical Data and Operations Meetings	TBD
1H	11	Written feedback on proposed data and operational plans and requirements	TBD
1I	12	Prepare, interpret, and respond to weekly IRR and coding consistency reports	TBD
1J	13	Prepare Audit Reports	TBD
1J	14	Draft Demand Letters	TBD
1J	15	Update Audit Reports and issue demand letters to audited MA organizations as applicable throughout the appeal process	TBD
1K	16	Document rationale for underpayment and overpayment determinations	TBD
1K	17	Overpayments & Underpayments Report	TBD
1K	18	Written plan for Contractor staff training	TBD
1K	19	Contributions to RADV Standard Operating Plan (SOP)	TBD
1L	20	Provide supporting documentation and written documentation for appeals support	TBD
2	21	Propose criteria for Condition Specific RADV Audits	TBD
2	22	Update, develop and/or maintain Coder Guidance document	TBD
2	23	Prepare Audit Reports for each plan contract	TBD
2	24	Issue Demand Letters for MA organizations that elect not to appeal	TBD
2	25	Update Audit Reports and issue demand letters to audited MA organizations, as applicable, at the conclusion of Reconsideration	TBD
2	26	Security and Tracking Plan	TBD
2	27	Plan for documentation and medical record management and destruction	TBD
2	28	Intake Documentation and Medical Record Review Process Plan	TBD
2	29	Collaboration and Support for Appeals Processes Plan	TBD

2	30	Medical Record Review Staff Training Plan & Materials	TBD
2	31	Agenda and discussion topics for Technical Data and Operations Meetings	TBD
2	32	Written feedback on proposed data and operational plans and requirements	TBD
2	33	Prepare, interpret, and respond to weekly IRR and coding consistency reports	TBD
2	34	Prepare Audit Reports	TBD
2	35	Draft Demand Letters	TBD
2	36	Update Audit Reports and issue demand letters to audited MA organizations as applicable throughout the appeal process	TBD
2	37	Document rationale for underpayment and overpayment determinations	TBD
2	38	Overpayments & Underpayments Report	TBD
2	39	Written plan for Contractor staff training	TBD
2	40	Contributions to RADV Standard Operating Plan (SOP)	TBD
2	41	Provide supporting documentation and written documentation for appeals support	TBD
3A	42	Initial Meeting Minutes	TBD
3A	43	Project Plan including Contractor Organizational Chart	TBD
3B	44	Weekly conference call agendas, minutes and supporting materials	TBD
3B	45	Monthly conference call agendas, minutes and supporting materials	TBD
4A	46	Monthly/Weekly Progress Reports	TBD
4A	47	Monthly Financial Reports	TBD
4C	48	Return all files	TBD
4D	49	Prepare agendas, training materials and post-session reports for CMS Workgroup Meetings	TBD
4D	50	Prepare agendas, training materials and post-session reports for RADV Operation calls	TBD
4F	51	Complete Statement of Auditing Standards No. 70	TBD
4F	52	Corrective action plan for contractor performance evaluation findings	TBD
4H	53	Complete Joint Operation Agreement	TBD
4I	54	Produce reports and information for other audits	TBD
4J	55	Annual Report	TBD

4J	56	Final Report	TBD
4K	57	Return of Materials	TBD
4L	58	Transition Plan	TBD