

DOCTUSTECH

# Compliance in the CMS risk-adjustment model

VBC compliance requirements can often seem unclear.  
So what can organizations do about it? We asked the experts.





## Introduction:

Compliance remains a consistent hot-button topic in value-based care in general, and in the CMS [risk-adjustment model](#) in particular. It's something our customers frequently enquire about, and yet it remains a frustratingly vague and confusing subject for organizations wishing to avoid potential penalties. So why is compliance in the CMS risk-adjustment model still so unclear, why are there seemingly no reliable guidelines to refer to, and what can organizations do about it?

DoctusTech caught up with in-house experts Dr. Adam Steele, Director of Quality, and Dr. Farshid Kazi, CEO, to address these questions and more.



**Dr. Kazi**

Co-Founder & CEO



**Dr. Steele**

Director of Quality

## DoctusTech:

It might seem a simple question, but why is compliance such a major concern for VBC organizations?

## Dr. Steele:

*“Compliance is a major issue due to the risk of audit failure. If an auditor finds some non-compliant documentation – even if only a few errors have been made – those findings can be extrapolated into significant penalties.”*

## DoctusTech:

And what do bodies like CMS and the OIG look for in their audits?

## Dr. Steele:

*“All we can really be sure of are things people have been penalized for previously.”*

*“The most common is the use of acute codes when the condition is no longer active. Others include the use of templated notes on physical exams – so the notes are inconsistent with the given diagnosis.”*

**This table shows the five most common causes of audit failure:**

Flagged Cases	Example
Chronic conditions under documented	Diabetes with complications submitted only once in a year
Incorrectly recaptured acute codes	Acute stroke accidentally re-documented on follow-up
Incorrect initial encounter codes	Initial fracture accidentally re-documented on follow-up
Exclusion codes coded together	Diabetes with and without complications submitted together
Missed inclusion codes	Polyneuropathy must be submitted with E53.8 to be accepted

## **Dr. Steele:**

*"But while there are audit standards online and in CMS' training book, these standards aren't necessarily the same things we see organizations get penalized for."*

## **DoctusTech:**

So why aren't the guidelines clearer? Isn't it in everyone's best interests for them to be as transparent as possible?

## **Dr. Kazi:**

*"If you put yourself in CMS' shoes, you're trying to audit highly technical content – you're trying to determine if a diagnosis is accurate or not. That's really difficult if your auditors aren't doctors."*

*"Are your clinicians doing something about the conditions they've diagnosed – are those conditions actually present, are they being managed appropriately, and does the documentation support that? That's all very difficult for non-clinicians to confirm or deny, and by and large, auditors are non-clinicians."*

## **Dr. Steele:**

*"CMS wants to ensure people aren't over coding, and they're relying on contractors to audit that. But they aren't necessarily checking what those contractors are actually auditing."*

*"This all leads to industry standards, guidelines and best practices that are widely accepted as true, but aren't anything you could hold up for appeal in the HHS audit court."*



## Dr. Kazi:

*“For example, it’s widely believed that M.E.A.T is a regulatory requirement, but we’ve seen no clear documentation to say that M.E.A.T criteria is actually required. That’s surprising to a lot of people.”*

### M.E.A.T Criteria:

**Monitor** (look for symptoms, order & review tests/labs, monitor disease progression or regression)

**Evaluate** (evaluate test results and physical exam findings, medication effectiveness and response to treatment)

**Assess** (document or discuss condition, record review, counselling, order further tests)

**Treat** (documentation of care, prescription or continuation of medication, specialist referral, other interventions)

## DoctusTech:

It seems we have a situation where there’s nothing concrete organizations can point to as a set of hard-and-fast regulations for compliance in the CMS risk-adjustment model. But this lack of clarity has led to a virtuous circle, where organizations have little choice but to diagnose accurately, document thoroughly, and ensure patients’ conditions are being managed appropriately.

*To that point, would you say that accurate documentation is at the heart of compliance?*

## Dr. Kazi:

*“Yes, absolutely. To be compliant, you have to teach people how to do the right things proactively. Then check to make sure the work is getting done in the way it was taught.”*

*“And those are the two components of the DoctusTech compliance solution. We have a solution that **teaches doctors** upstream before they make a potential error, and then a solution downstream that **double-checks** whether a mistake has been made in the documentation to ensure organizations stay compliant.”*

Where compliance is concerned, there are few certainties in the CMS risk-adjustment model. But DoctusTech can help your organization improve and maintain documentation accuracy across the five most common causes of audit failure. [Book a demo](#) today to find out more.

# Thank you!

[Demo the app today](#)

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