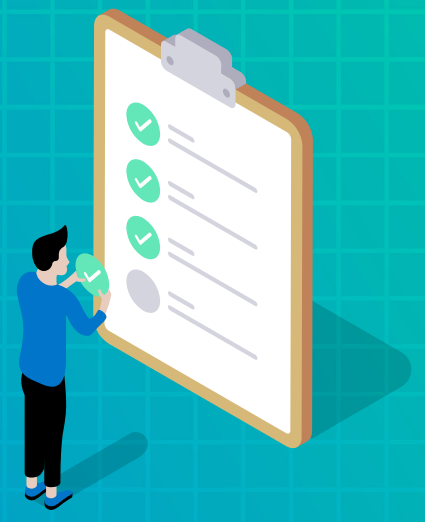


## Medicare Advantage Audit: Your 7-Step Checklist to Get Ready

A massive change has reshaped Medicare Advantage audits: The Centers for Medicare & Medicaid Services (CMS) has expanded its annual audits to include all eligible MA contracts. Here's a checklist to help you get ready, achieve a clean audit, and stay compliant.



### STEP 1

#### Prepare for Risk Adjustment Data Validation Review

Audits focus on Risk Adjustment Data Validation (RADV), verifying accurate diagnosis coding and ensuring medical records support reported diagnoses.

##### You Need

A robust compliance program and coding team to expand monitoring, review compliance programs, and audit data accuracy.

##### Medix Helps

With nearly 25 years of experience with MA plans and CMS audits, we help you create a strategy and build a team to ensure a successful audit outcome.



### STEP 2

#### Assemble Your Audit Team Rapidly

Build your dedicated audit team, including the points of contact — up to seven — allowed under CMS rules.<sup>1</sup>

##### You Need

Robust health information management (HIM) teams, risk adjustment professionals, coders, and compliance auditors.

##### Medix Helps

Provides rapid access to vetted, specialized talent for audit teams, relieving your team of the time and resource burden of hiring and accelerating readiness — at 3x the speed of the industry.



### STEP 3

#### Bolster Your Documentation and Coding Accuracy

Review and update all coding practices to align with CMS guidelines; implement rigorous internal audit processes.

##### You Need

Clinical documentation integrity (CDI) specialists, compliance analysts/officers, medical coders, and audit specialists/auditors.

##### Medix Helps

Offers candidates with expertise in CDI, compliance, medical coding, and fraud/abuse/waste detection.



### STEP 4

#### Strengthen Your Compliance Framework

CMS recommends auditing 5 to 10 medical records per physician or more than 5 records per federal payer. Address findings proactively.

##### You Need

Staff trained in current CMS regulations and documentation standards.

##### Medix Helps

Offers skilled talent with up-to-date experience in health insurance and MA plans.



### STEP 5

#### Prepare for Provider Relations Impact

Anticipate increased scrutiny on provider networks, potentially straining provider resources and relationships.

##### You Need

Effective communication and support staff for your main-line team.

##### Medix Helps

Placing talent with the soft skills needed in provider relations.



### STEP 6

#### Gather Essential Documentation

Maintain accurate, complete encounter data, member records, claims data, compliance plans, contracts, marketing materials, and financial records.

##### You Need

A fully staffed HIM team, coders, and compliance staff as they deal with audit needs.

##### Medix Helps

Short-term staffing solutions provide secondary support during audit season.



### STEP 7

#### Get Audit-Ready Talent Quickly

Protect your integrity. Maintain your Star Ratings. Accelerate audit readiness. Medix is your partner for MA plan audit success. We find the talent you need to achieve a clean audit quickly.

**6.33 days**

Medix's average time to find auditors (*industry average is 36 days*)

**10.23 days**

Medix's overall average time-to-fill (*industry average is 35 days*)

**3x**

How much faster Medix is than the industry average