November 20, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Administrator Verma:

The Healthcare Leadership Council (HLC) appreciates the opportunity to comment on the Administration's recently released request for information (RFI) on "Using Advanced Technology in Program Integrity," specifically as it relates to Risk Adjustment Data Validation (RADV) audits.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient centered approach.

HLC strongly supports efforts to improve program integrity and reduce fraud and abuse within the Medicare program. Through Medicare Advantage (MA), private health plans are providing for an ever-growing population of Medicare beneficiaries with comprehensive, coordinated care. However, contract-level RAD-V audits which are the primary program integrity tool used in MA- can be very expensive, time-consuming, and burdensome for the Centers for Medicare and Medicaid Services (CMS), health plans, providers and suppliers.

Advanced Technologies for CMS to use in Medicare Advantage and for CMS Contract- Level Risk Adjustment Data Validation (RADV) Audits

Questions on Advanced Technologies for CMS to use in Medicare Advantage and for CMS Contract-Level Risk Adjustment Data Validation (RADV) Audits
CMS seeks feedback on how to improve the process for transferring medical records from MA organizations and how to better use artificial intelligence (AI) and machine learning (ML) technologies in MA.

HLC recommends CMS consider the use of computing technologies, such as AI or other ML to relieve both Medicare Advantage Organizations (MAOs) and providers' burden as it relates to RADV audits and documenting the existence of chronic conditions for purposes of risk adjustment.

CMS could invest in the use of ML, combined with appropriate privacy protections, to verify Medicare members have a chronic condition and that their diagnosis is supported by current records. CMS has access to a variety of medical record data from traditional Medicare and MAOs from encounter data submissions. CMS could develop algorithms to analyze whether a member has a chronic condition or continues to have a condition that may resolve. This would alleviate the burden on MAOs and providers to verify a chronic condition yearly as part of risk adjustment and for RADV audits. This would reduce the burden to both the MAO and to the provider to submit a record to verify the condition, and additionally reduce the costs to MAOs and providers by a reduction in costs for the time it takes to reach out and to send medical records to verify chronic conditions annually. Leveraging this type of technology to verify medical diagnoses makes sense, especially with easily verifiable conditions that do not change from year to year.

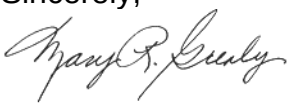
CMS may also want to consider developing analytics to reduce its own burden as well as MAOs and provider burden for RADV audits with certain analytics. If a member is part of a sample set for a contract level RADV audit, CMS could use claims data and run analytics to verify the coding and diagnosis are supported by medical records. CMS could further use analytics from providers it does not currently accept for risk adjustment to verify a beneficiary has a certain diagnosis such as use of pharmacy (Part D data) records. MAOs invest significant time analyzing records for RADV audits, time conducting outreach to secure records, and invest time in reviewing records to submit the five best records to support payments. MAOs also incur costs for records transmittals. If CMS deployed some type of AI fully or partially, it would reduce burden significantly throughout the system.

Additionally, CMS could use ML tools to verify that the codes and diagnoses that providers' bill Medicare for payment (or the MAO) meet Medicare criteria and coding guidelines. MAOs would be able to encourage physicians and other providers to use such tools before submitting claims to increase accuracy and ease the burden for providers and can use the same technology to verify before paying a claim. This would also help reduce rejected claims and reduce the need for providers to refile claims, thus, permitting more efficient billing and claims payment.

Thank you for the opportunity to provide comments on this RFI on "Using Advanced Technology in Program Integrity." HLC looks forward to continuing to working with you

on our shared priorities. If you have any questions, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or dwitchey@hlc.org.

Sincerely,



Mary R. Grealy
President