



_experience the commitment™



Medicare Advantage Risk Adjustment Audit and Analysis

A Partner of Choice

CGI is a leader in providing innovative business and technology solutions to the healthcare payer industry. Our clear vision and ability to deliver results has made CGI the partner of choice for many BlueCross BlueShield plans, commercial health insurance companies, government healthcare payers and Prescription Benefit Managers (PBMs). Solutions designed for healthcare payers include:

- CAS 5.0 software for comprehensive claims auditing and fraud and abuse detection
- Clinical and compliance auditing
- Prescription benefit claims auditing and analysis services
- Medicare Advantage and Part D services
- Advanced analytics
- Reimbursement consulting and pricing solutions
- Fraud investigation services including special investigative unit outsourcing and co-sourcing
- SIU training and compliance
- Complete IT services

Now that the Centers for Medicare & Medicaid Services (CMS) has begun using risk adjustment factors based on an enrolled member's health status to adjust capitation amounts, Medicare Advantage Plans must have accurate and complete information for its enrollees. Plans can receive additional payments for members with certain medical conditions.

CMS uses risk adjustment data captured through claims data and submitted by Medicare Advantage Plans to group patients into risk adjustment categories and assign payments based on a member's condition. Plans must ensure the accuracy of risk adjustment data and make certain that providers submit accurate and valid diagnosis codes. Incomplete or inaccurate data can cause plans to receive lower reimbursements.

CGI's Medicare Advantage Risk Adjustment Audit and Analysis component of our Customized Audit System (CAS 5.0), as well as our full range of complementary services, help Medicare Advantage Plans collect, maintain and submit complete and accurate risk adjustment data.

We enable plans to evaluate and audit their medical records review data to assure appropriate CMS Hierarchical Condition Category (CMS-HCC) assignment and accurate payment.

Risk Adjustment Services

Medical Records Review Services – CGI clinical review staff conducts medical records reviews to identify those diagnoses that can be reported for risk adjustment. Service highlights include:

- Audits conducted by certified coders
- Review of medical records from all settings
- Adherence to all official coding rules and CMS guidelines for risk adjustment reporting
- Compliance reviews of reported HCCs

Risk Adjustment Data Analysis Services – CGI helps Medicare Advantage Plans understand their Medicare-enrolled population and identify trends and potential issues that can affect CMS-HCC assignment and capitated reimbursement. The analysis includes reviews of historical claims data, Medicare membership enrollment data and CMS Medicare data and statistics.

Service highlights include:

- Review of plans' historical utilization data, enrollment data and Medicare benchmark data from CMS and other sources
- Analysis to identify potential errors or missing diagnoses on medical records
- Analysis of records review findings for an individual provider
- Analysis to provide important information to plans regarding potential areas of risk in CMS-HCC assignment

Technical Assistance Services – CGI provides technical assistance to help plans collect, maintain and transmit complete and accurate risk adjustment data. Service highlights include:

- Medical records review and data analysis to identify potential technical issues
- Root cause analysis to identify data integrity issues, recommendations and assistance for a detailed corrective action plan

Customized Audit System (CAS 5.0)

An enterprise-wide solution that helps you efficiently predict, identify, manage and analyze your medical and pharmacy claims

Why select CAS 5.0? This browser-based claims audit tool is unique to the industry because it is designed to your specific business rules and reimbursement methodologies. CAS 5.0 is an enterprise-wide solution that can help you:

- **Predict**—Uses advanced algorithms to predict potential hidden patterns and anomalies within the entire claims data universe.
- **Identify**—Identifies the claims that have the highest potential for revenue optimization through a series of edits, allowing you to easily work on these claims.
- **Manage**—Provides an efficient and comprehensive workflow that includes tracking the entire audit process, recording the findings and generating the associated letters and reports so you can spend more time on the review process and less time on administrative tasks.
- **Analyze**—Provides analytical tools that allow you to easily research claims and audit data through a series of views. This is accomplished at the user level, freeing up valuable IT resources.

About CGI

Founded in 1976, CGI is one of the largest independent information technology and business process services firms in the world. CGI and its affiliated companies employ approximately 26,000 professionals. CGI provides end-to-end IT and business process services to clients worldwide from offices in Canada, the United States, Europe and Asia Pacific as well as from centers of excellence in North America, Europe and India.

For more information about CGI, visit www.cgi.com/healthcare or email us at HealthIT@cgi.com.

