

Message

**From:** Rice, Cheri M. (CMS/CM) [/O=HHS EES/OU=FIRST ADMINISTRATIVE GROUP/CN=RECIPIENTS/CN=CHERI.RICE.CMS59728027]  
**Sent:** 10/26/2015 4:05:26 PM  
**To:** Cavanaugh, Sean (CMS/CM) [/O=HHS EES/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Sean.Cavanaugh.CMS]; Harlow, Jennifer A. (CMS/CM) [/O=HHS EES/OU=First Administrative Group/cn=Recipients/cn=jennifer.harlow.cms20728073]  
**CC:** Tudor, Cynthia G. (CMS/CM) [/O=HHS EES/OU=First Administrative Group/cn=Recipients/cn=cynthia.tudor.cms06246732]  
**Subject:** RE: RADV

Another thought is getting more help supporting DOJ whistleblower activity. The volume of these cases is increasing and they often need significant technical assistance from MPPG to evaluate whether to intervene and to support cases they choose to prosecute. We think the whistleblower activity could be as effective – or even more effective – than CMS audits in getting plans to do more to prevent and identify risk adjustment overpayments.

---

**From:** Rice, Cheri M. (CMS/CM)  
**Sent:** Monday, October 26, 2015 12:01 PM  
**To:** Cavanaugh, Sean (CMS/CM); Harlow, Jennifer A. (CMS/CM)  
**Cc:** Tudor, Cynthia G. (CMS/CM)  
**Subject:** RE: RADV

Our regs say that plans must use reasonable diligence to identify overpayments. We have not yet defined what that means.

We could, through regulation, define specific steps a plan must take, at a minimum, to meet that requirement. For example, we could require them to self-audit (i.e., their own RADV audits). We could also revive the NPRM proposal we had that if a plan is checking a medical record for underpayments, they must also look for overpayments.

On the attestation language, we are working now to tighten it up. But without a reg change (as described above), we are limited in how high we set the bar.

We're developing contract-specific coding adjustor options, but those don't address diagnosis error.

---

**From:** Cavanaugh, Sean (CMS/CM)  
**Sent:** Monday, October 26, 2015 11:36 AM  
**To:** Rice, Cheri M. (CMS/CM); Harlow, Jennifer A. (CMS/CM)  
**Cc:** Tudor, Cynthia G. (CMS/CM)  
**Subject:** RADV

What would a list of proposals to strengthen RADV include?

1. Stronger attestation language.
2. Limitations around home visits.
3. Anything else?

Sean Cavanaugh  
Center for Medicare  
[202-690-6301|sean.cavanaugh@cms.hhs.gov](mailto:sean.cavanaugh@cms.hhs.gov)

EXHIBIT

1067

~~2218~~