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CY 2027 Risk Adjustment Readiness Checklist

(Unlinked CRRs • Audio-Only • Encounter-Based Integrity)

Use this to pressure-test 2026 workflows against 2027 CMS expectations.

1) Exposure Assessment (Start Here)

- What % of current RAF is supported by **chart review-only diagnoses**?
- Of those, what % are **unlinked CRRs** (not tied to a risk-eligible encounter)?
- What % of diagnoses originate from **audio-only encounters**?
- Which vendors, specialties, or provider groups rely most heavily on these pathways?
- Do we know this **by contract / line of business / provider type**?

If you can't answer these in <30 days, you already have risk.

2) Encounter Linkage Integrity

- Every risk-adjustment diagnosis can be traced to:
 - A **specific beneficiary**
 - A **risk-eligible encounter**
 - A **valid CPT/HCPCS + POS**
 - A **date of service that aligns to the diagnosis**
- Chart review findings are:
 - Linked to an **existing encounter**, OR
 - Routed back to the provider for **new documentation during a valid visit**

No diagnosis is submitted **solely because it was found in a chart**.

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3) Chart Review Workflow Redesign

- Chart review is used to:
 - Validate completeness of documentation
 - Support provider education
 - Identify **missed clinical opportunities**

Chart review is **NOT** the final submission source unless encounter-linked.

- Clear internal rule:
“If it’s not encounter-linked, it doesn’t count.”
- Vendors are contractually required to deliver:
 - Encounter IDs
 - Service types
 - Submission-ready audit trails

4) Audio-Only & Telehealth Guardrails

- Inventory all **audio-only visit pathways** (modifier 93 / FQ, where applicable).
- Identify when audio-only is the **sole source** of risk-eligible diagnoses.
- Define rules for:
 - When diagnoses must be **reconfirmed in a subsequent encounter**
 - When audio-only visits are **documentation-support only**
- Providers understand that **not all telehealth diagnoses = RAF credit**.

5) Provider Education (Re-Training Required)

- Training emphasizes **how diagnoses count**, not just how to document.

Providers can answer:

- What condition am I assessing?
 - What **clinical evidence** supports it?
 - What is my **assessment & plan**?
 - What **encounter type** am I in?
 - How does this flow to **submission**?
- Education tailored by:
 - PCP vs specialist
 - In-person vs telehealth
 - MA vs dual vs SNP populations

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6) Vendor Oversight & Contracts

- Vendor value props reviewed for:
 - “Code capture” language
 - Lack of encounter linkage
 - Retro-only RAF promises
- Contracts require:
 - Encounter-linked outputs
 - Audit-ready documentation
 - Transparency into methodology
- Performance metrics include:
 - % encounter-linked diagnoses
 - EDS acceptance rates
 - Audit survivability

7) Submission, EDS & Reconciliation

- EDS submissions are:
 - Timely
 - Complete
 - Matched to encounter data
- Reconciliation processes exist for:
 - Rejected diagnoses
 - Mismatched encounters
 - Late submissions
- Finance, ops, and risk teams share **one source of truth**.

8) Audit & Compliance Readiness

- Every diagnosis can survive:
 - RADV-style scrutiny
 - Source-of-truth validation
 - Encounter traceability review
- Internal audits test:
 - Encounter linkage
 - Documentation sufficiency
 - Submission logic
- Compliance is embedded before submission, not after.

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9) 2027 Scenario Modeling

- Model RAF impact assuming:
 - 0% credit for unlinked CRRs
 - Reduced audio-only eligibility
 - Higher audit sensitivity
- Identify:
 - High-risk contracts
 - High-risk providers
 - High-risk vendors
- Build mitigation plans in **2026**, not 2027.

Bottom Line

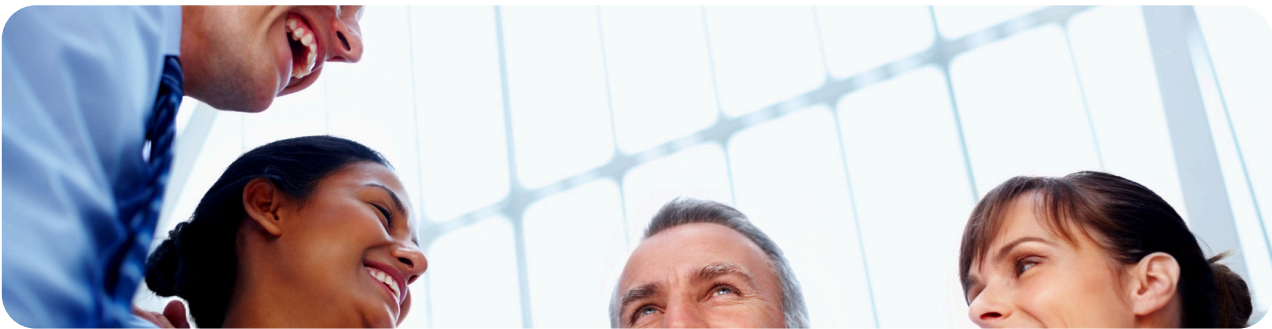
If your current model depends on:

- ✗ “We’ll find it in the chart later”
- ✗ Unlinked CRRs
- ✗ Audio-only diagnoses as primary RAF drivers

...then **CY 2027 will force a reset.**

The organizations that win will be those who shift now to **encounter-based, audit-ready risk operations.**

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CY 2027 Risk Adjustment Readiness

Customized by Plan Type + Vendor Scorecard + 30-60-90 Day Remediation Plan

I. Checklist – Customized by Plan Type

A. Medicare Advantage (MA / MAPD)

Primary Risk: RAF overreliance on chart review, weak encounter linkage, vendor-driven retro capture

Must-Have Controls

- ≥95% of risk-adjustment diagnoses tied to **risk-eligible encounters**
- Clear prohibition on **unlinked CRRs** as payment drivers
- Audio-only encounters flagged and monitored
- Provider education focused on **assessment + plan within valid encounter types**
- EDS timeliness tracked weekly, not quarterly

Red Flags

- ▶ Vendors promising “RAF lift” without encounter evidence
- ▶ Chart review as a submission source rather than a validation tool
- ▶ Late EDS files masking encounter integrity gaps

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B. D-SNP / FIDE SNP

Primary Risk: Delegated provider variability + supplemental benefit documentation gaps

Must-Have Controls

- ❑ Encounter linkage verified across **medical + behavioral + LTSS-adjacent** workflows
- ❑ Care coordination documentation aligned to **risk-eligible visit types**
- ❑ Supplemental benefit documentation clearly separated from RAF submission logic
- ❑ Provider education customized for **complex, multi-condition members**

Red Flags

- ▶ Care management notes treated as encounter substitutes
- ▶ High RAF concentration in a small number of providers
- ▶ Vendors blurring the line between social needs and risk eligibility

C. ACO REACH / MSSP-Adjacent Risk

Primary Risk: Misalignment between clinical workflows and CMS encounter expectations

Must-Have Controls

- ❑ All suspecting routed into **documented, billable encounters**
- ❑ Retrospective review used only for **gap identification**, not submission
- ❑ Clear separation between **quality abstraction vs risk adjustment evidence**
- ❑ Provider education anchored in **problem-oriented assessment**

Red Flags

- ▶ EHR notes without discrete diagnoses tied to assessment/plan
- ▶ Population health workflows assumed to satisfy RAF
- ▶ No internal audit of encounter traceability

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II. Vendor Risk Adjustment Scorecard

(Use this for current vendors + new RFPs)

Scoring Scale

- Green (2) = Fully aligned with CY 2027 expectations
- Yellow (1) = Partial alignment / remediation required
- Red (0) = High risk / misaligned

Domain	Key Question	Score
Encounter Linkage	Can every diagnosis be tied to a specific, risk eligible encounter?	
CRR Dependency	% of RAF from unlinked chart review diagnoses	
Audio Only Usage	Clear rules for when diagnoses do NOT count	
Audit Trail	Can vendor produce CMS defensible documentation?	
Provider Education	Focused on how diagnoses count, not just documentation	
Transparency	Clear methodology, no black-box RAF claims	
EDS Support	Submission + reconciliation included	
Compliance Alignment	Acknowledges CMS 2027 direction explicitly	

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Interpretation

- 14–16: Strategic partner
- 9–13: Conditional (remediation plan required)
- ≤8: Replace or significantly restructure

III. 30–60–90 Day Remediation Plan

Days 0–30 | Diagnose & Quantify

🎯 Goal: Know your exposure

- Quantify RAF tied to:
 - Unlinked CRRs
 - Audio-only encounters
- Identify highest-risk vendors, providers, and contracts
- Inventory chart review workflows and submission paths
- Apply vendor scorecard to all active partners
- Brief executive leadership with **financial exposure ranges**

Deliverables

- Exposure heat map
- Vendor scorecard results
- Executive risk memo

Days 31–60 | Redesign & Control

🎯 Goal: Stop future leakage

- Redesign chart review workflows to be **encounter-linked by default**
- Update vendor contracts and SOW language
- Implement provider documentation retraining (targeted, not generic)
- Define hard rules for audio-only diagnosis handling
- Build internal audit checkpoints **before submission**

Deliverables

- Updated workflows & SOPs
- Revised vendor requirements
- Provider education materials

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Days 61–90 | Operationalize & Monitor

🎯 Goal: Make it stick

- Launch encounter-first operating model
- Begin monthly RAF integrity reporting:
 - % encounter-linked diagnoses
 - EDS acceptance rates
 - Audit failure trends
- Run mock RADV-style audits
- Finalize 2027 RAF forecast under new assumptions

Deliverables

- Ongoing monitoring dashboard
- Audit readiness report
- 2027-aligned RAF forecast

Bottom Line

CMS is moving risk adjustment from **volume-driven capture to evidence-driven accountability.**

Organizations that:

- ✓ Redesign workflows in 2026
- ✓ Demand encounter-linked evidence
- ✓ Hold vendors to audit-ready standards

...will enter 2027 **ahead of the curve**, not reacting to it.