

CMS V28: The PACE Leader's Guide to Protecting Revenue, Documentation, and Audit Defensibility



CMS V28 is not just a model update. It's a test of whether your organization is actually defensible.

CMS-HCC Version 28 (V28) is the most significant shift in Medicare Advantage risk adjustment in more than a decade.

For PACE organizations, it is not a routine update. It is a test of documentation maturity, compliance discipline, and audit defensibility.

Strategies that stabilized revenue under V22 (particularly reliance on high-frequency, lower-acuity HCCs) no longer hold.



CMS has made its direction clear:

- Less tolerance for diagnoses without strong predictive value
- Reduced RAF impact from historically over-weighted conditions
- Higher expectations for clinical validity, specificity, and longitudinal support

The result is: **Revenue protection now depends less on coding volume and more on documentation quality and diagnostic confidence.**

For PACE leaders, the implication is unmistakable: **future revenue protection will be driven less by coding volume and more by documentation quality, diagnostic confidence, and audit defensibility.**

This guide outlines what is changing under V28, why PACE programs are uniquely affected, and the specific operational actions leaders must take now to remain financially resilient and audit-ready in 2026.

Why V28 creates a revenue gap and why PACE feels it differently

1. The Permanent Elimination of “Low-Leverage” HCCs

Under earlier CMS-HCC models, certain diagnoses were commonly captured because they were:

- Prevalent in older populations
- Relatively easy to document
- Financially additive when captured at scale

V28 removes payment for many of these conditions entirely. While clinical care obligations remain unchanged, **their contribution to RAF no longer exists.**

No workflow optimization or education initiative can replace this lost revenue. CMS's policy direction is explicit: payment will follow **conditions that demonstrate sustained cost predictability and clinical impact.**

Programs with weak documentation infrastructure will experience this shift first and most acutely.

2. Documentation Quality Becomes a Primary Revenue Lever

With fewer HCCs carrying payment weight, **every documentation failure now has amplified financial and compliance consequences.**

High-risk patterns frequently identified in audits include:

- Acute diagnoses carried forward as chronic conditions
- Hospital diagnoses reused without outpatient reassessment
- Contradictory copy-forward templates
- Historical conditions documented as active
- Insufficient MEAT support for chronic disease

V28 does not introduce these risks; it **raises the cost of getting them wrong.**

3. “Audit-sensitive HCCs” now carry strategic importance

Terminology note: We use the term **audit-sensitive HCCs** to describe clinically complex, high-evidence conditions that remain risk-adjustable under V28 and are subject to heightened documentation and audit scrutiny. This is not CMS terminology; it is an operational descriptor used to emphasize documentation defensibility rather than diagnostic difficulty.

Historically, clinicians often deprioritized complex diagnoses because they:

- Required imaging or specialist confirmation
- Had nuanced diagnostic criteria
- Offered a limited financial return relative to effort

V28 changes this.

Conditions such as advanced heart failure, complex neurologic disease, severe COPD, and complicated diabetes now represent critical revenue stabilizers, provided they are accurately identified, clinically supported, and defensible in the medical record.

The DoctusTech 6-step v28 survival framework for PACE leaders

Step 1 — Quantify your V28 exposure before you fix anything

Before changing workflows, retraining clinicians, or investing in new tools, leadership must first understand where financial risk actually lives under V28. This step is about establishing a clear baseline, so decisions are driven by data, not assumptions.

At a high level, this means answering one foundational question:

Which diagnoses have historically driven your RAF, and how does that change under V28?

Predictive modeling allows leaders to see which diagnosis groups are losing value, which remain high-impact, and where documentation gaps are most likely to affect revenue. Start by **effectively preparing with these 3 questions**:

1. Which ICD-10 codes are no longer risk-adjustable?

Identify ICD-10 codes that are no longer risk-adjustable, or are weighted less heavily, under V28. Then quantify what disappears or declines under V28.

2. Where are the undercaptured conditions?

Compare documented prevalence against expected clinical benchmarks. Meaningful gaps rarely reflect healthier patients; they more often signal incomplete assessment, missing diagnostics, or documentation inconsistency.

Hypothetical example:

If national data suggest that ~30% of similar older adults have early-stage heart failure, but your PACE program documents only 10%, the issue is unlikely to be patient health, it is more often incomplete assessment, missing testing, or insufficient documentation.

3. Which conditions need testing pathways?

Many of the diagnoses that matter most under V28 cannot be supported without consistent access to diagnostics.

Leaders should identify conditions that require:

- Echocardiograms (heart failure)
- ABI testing (vascular disease)
- Imaging (pulmonary, oncologic conditions)
- Behavioral health screening tools (depression severity)

If these pathways are inconsistent or delayed, documentation will remain incomplete, even when clinicians recognize the condition.

Once these three questions are answered, leadership can act with precision:

- **Education** focuses on diagnoses that still matter under V28
- **Workflow redesign** targets where documentation fails, not everywhere
- **Operational partnerships** align testing access with documentation needs

In short, predictive modeling ensures PACE organizations **invest effort where it protects revenue**, rather than spreading resources thin across low-impact fixes.

Step 2 — Tighten documentation standards immediately

V28 demands **better documentation, not longer notes**.

Priority risk areas to eliminate include:

- Copy-forward inconsistencies
- Assessment and exam misalignment
- Reuse of acute codes in follow-up visits
- Missing specificity and staging
- Insufficient MEAT evidence

Internal review processes are no longer optional. Programs must validate that diagnoses are **clinically supported, internally consistent, and audit-defensible**.

DoctusTech's AI Coder enables continuous, 100% note review—identifying MEAT gaps and internal compliance risks before they become audit findings.

Step 3 — Deliver targeted clinician education on complex conditions

High-impact conditions now require higher diagnostic confidence.

Effective education must focus on:

- Updated diagnostic definitions
- Evidence requirements
- Appropriate specificity
- Longitudinal MEAT documentation

DoctusTech's Mobile Learning App supports this need by delivering short, individualized HCC education directly to clinicians, reinforcing correct documentation behaviors without disrupting care delivery.

Step 4 — Redesign workflows to support complex diagnosis capture

PACE constraints are real: limited imaging access, transportation challenges, and home-based care all complicate diagnostic confirmation.

Under V28, programs that succeed don't move faster. They design intentional pathways for diagnostic validation.

That means:

- Establishing targeted imaging partnerships
- Coordinating diagnostic days to reduce friction
- Standardizing protocols for high-risk conditions

Under V28, success is not about speed. It's about **precision and defensibility**.

Step 5 — Sustain V22 diagnoses through their valid period

Programs should continue to capture valid pre-V28 diagnoses for as long as CMS allows. Even partial-year RAF contribution matters in a compressed environment. This step protects near-term revenue while leadership builds stronger documentation discipline for audit-sensitive HCCs that will drive future performance.

Operationalizing the V28 framework

CMS has defined what V28 requires. The remaining question for PACE leaders is how to execute consistently, at scale, and under audit pressure.

DoctusTech supports that execution with:

AI Coder continuously reviews 100% of clinical notes against MEAT, internal compliance standards, and audit risk.

HCC Patient Diagnosis Assist Platform integrates directly into the EMR to surface conditions at the point of care.

Mobile Learning App reinforces the clinician's confidence through short, customized education delivered to their phones.

Together, these capabilities enable PACE organizations to move from retrospective chart review to **proactive, defensible documentation governance under V28**.

To understand how your organization's current documentation would perform under this framework, DoctusTech offers a focused assessment of audit risk and documentation gaps aligned to V28 expectations. [Book a demo today.](#)