

Calendar Year (CY) 2018 DOS Support for the HHS Risk Adjustment Data Validation Program (HHS-RADV) Medical Record Request FAQs

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Why is Highmark Inc. (“Highmark”) requesting Affordable Care Act medical record information for the Calendar Year (CY) 2018 DOS HHS Risk Adjustment Data Validation Program (HHS-RADV) audit?

Federal regulations require Affordable Care Act (ACA) organizations, along with their providers and practitioners to submit medical records for the validation of risk adjustment data (42 CFR §422.310).

Therefore, Highmark may identify one or more of your patients for data validation and request medical records to ensure that valid diagnoses, as a result of services you provided, were sent to the Centers for Medicare & Medicaid Services (CMS).

Is this an audit?

Yes, this is an audit.

You may be asked to respond to a medical record request by an ACA organization, (Highmark). This request is based on diagnosis data submitted to CMS as a result of services you may have provided to ACA beneficiaries during calendar year (CY) 2018. The purpose of this request is to validate diagnoses that were sent to CMS for determining health status-adjusted payments under risk adjustment.

Are we required to participate in the Calendar Year (CY) 2018 DOS HHS Risk Adjustment Data Validation Program (HHS-RADV) audit?

Yes. Highmark requires that requested medical records be supplied per provider contracts. As an ACA Network Provider, you are required to submit these records without charge.

Also, as mentioned above, Federal regulations require you to do so.

Will our claims be adjusted as a result of participating in the Calendar Year (CY) 2018 DOS HHS Risk Adjustment Data Validation Program (HHS-RADV) audit?

No, there are no financial ramifications (i.e., adjustments to claims) to providers as a result of participating in this medical record review.

Why can't Highmark get the information for the claims data submitted by Providers?

The purpose of this request is to validate diagnoses that were sent to CMS for determining health status-adjusted payments under risk adjustment. This is accomplished by getting a complete account of all diagnosis codes that are effectively supported by medical record documentation, and to evaluate the specificity of the ICD-10-CM diagnosis coding substantiated in the medical record.

Do I have to supply ALL of the requested charts?

Yes, you must supply **all** the requested charts. Requests are based on diagnosis data submitted to CMS as a result of services you provided to ACA beneficiaries during calendar year (CY) 2018.

Do I have to send the complete medical records for each of the requested charts?

Yes, you must send the complete medical records for each requested chart.

Who are the record retrieval vendors that are authorized by Highmark to contact us?

Highmark will be working with two vendors and our own internal Highmark Records Retrieval team to retrieve these medical records:

- CiOX Health
- Cotiviti
- Highmark Records Retrieval

You will be contacted by your assigned vendor, most likely via telephone, to verify the retrospective membership list, and then the request and list will be mailed or faxed to you.

What should I anticipate once my practice is contacted?

The assigned vendor will work with you to identify the requested charts and discuss the most efficient methods of submission available to you. This partnership will allow charts to be submitted by **December 6, 2019**.

What if I am not sure we can meet the requested deadline?

Submissions of all requested charts are expected by **December 6, 2019**. Highmark vendors make every effort to collaborate with Providers to explore options that will allow submission of charts on time.

What if I haven't provided services to patients identified in this review and/or do not have the requested charts?

Please advise your assigned vendor of this during the initial outreach to your office. Since paid claims are used by Highmark to select charts for this retrieval and medical record review, Highmark will work with you to identify any claims submission errors.

Does releasing member charts to the vendor comply with the Health Insurance Portability and Accountability Act (HIPAA)?

Fulfillment Physicians and practitioners who submit requested medical records to ACA Organizations are not in violation of the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations. Accordingly, patient-authorized information releases are not required in order for you to comply with this request for medical records.

General Reference: 45 Code of Federal Regulations (CFR) Part 164, Standards for Privacy of Individually Identifiable Health Information, Final Rule.

Will the reviews take records from our office?

The reviewers will **not** take records from your office. The original medical records are your property and will stay in your office. Records may be scanned, copied, or downloaded; but only for use by medical coders.

Who do I contact if I have questions?

If your question pertains to the request that you received for charts, please contact your assigned vendor using the contact information below.

- CiOX Health may be reached at **877-445-9293** or chartreview@cioxhealth.com
- Cotiviti may be reached at **877-489-8437**

If you have general questions regarding the Calendar Year (CY) 2018 DOS HHS Risk Adjustment Data Validation Program (HHS-RADV) audit contact either your Highmark Provider Relations representative or the Highmark Provider Service Center at 866-588-6967.

Information regarding any law or regulation does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws or regulations.