

PROVIDER FAQ

Medical Record Reviews

- **What is risk adjustment?**

Risk adjustment is a form of predictive modeling introduced by the Medicare Modernization Act of 2003. It gauges the risk that a member will incur medical expenses above or below an overall average over a defined period of time. Risk adjustment assists in the financial forecasting of future medical need. The more severe or complex a diagnosis, the higher the risk value that is assigned. The concept was introduced to minimize the incentive to choose enrollees based on their health status. It is designed to encourage competition among health plans based on quality, efficiency, and premium stabilization.

<https://www.cms.gov/CCIIO/Resources/Presentations/Downloads/hie-risk-adjustment-methodology.pdf>

- **Why is risk adjustment important?**

Accurate risk categorization identifies members for disease management interventions and assists in the financial forecasting of future medical need.

- **What is the medical record review (MRR)?**

It is a quality review, for evidence that important health care has been delivered and documented by any of the care providers who have recently treated and had claims paid for our patient. Performance on these measures cannot be determined from claims alone, therefore the records must be retrieved from provider offices and systems.

- **Who will perform the review?**

We have engaged with **Change Health** to perform a full review of medical records. This company has extensive experience in conducting quality reviews.

- **When will the MRR happen?**

The record retrieval period will be April 2023-December 2023. This process will be recurring annually for Medicare chart chase, however, is subject to change based on CMS extensions and time frames.

- **How will the records be obtained?**

Change Health will directly contact the providers for record retrieval. They will also supply a member list to providers with the records requested.

- **What if my facility uses a copy center?**

Change Health may engage with third party copy centers, to assist with the medical record retrieval for risk adjustment services for our members. It is important to indicate where these requests need to be triaged to.

- **Why are you reviewing the patients' charts?**

All contacted organizations must submit complete and accurate data to Centers for Medicare & Medicaid Services. The review helps us confirm suspected chronic conditions that haven't been submitted on a claim for the service date range in question. Conditions that are actively being treated or those that may affect the patient's treatment should be reported on a claim at least once a year. These reviews can also help identify patients who may benefit from our care and disease management programs

- **Do patients need to authorize **Change Health** to review their charts? Will my patients' information be secure?**

Patients don't need to authorize a chart review. **Change Health** must protect, preserve and maintain all protected health information. You can release this information to **Change Health** without the signed consent of your patients. This is allowed under the Health Insurance Portability and Accountability Act, or HIPAA, Privacy Rule, which permits providers to release certain protected health information to health plans and their business associates for the purpose of health operations. Behavioral health providers may release encounter notes billed with evaluation and management codes without a signed consent from their patients. Providers aren't required to provide psychotherapy notes, which require a patient's authorization prior to disclosure.

- **Do I have to comply with chart review requests?**

If you're contracted with us, you must participate in the chart review and provide the charts requested. If there are any questions about your contract, please contact your provider relations (PR) representative.

- **I'm not a contracted provider, do I need to participate with the chart review request?**

The risk adjustment chart review project is a CMS and NCQA requirement for the health plan. Despite not being contracted, CMS allows for the payor to receive records, therefore providers are encouraged to participate.

- **We sent in charts for HEDIS, why can't you use these for the chart review?**

We are working on mechanisms to reduce duplicate chart requests. One challenge has been that both programs request different information for their review, thus it is possible more documentation will be abstracted.

- **How can I reschedule an appointment if I can't participate right now?**

Call **Change Health** to ask about rescheduling your review.

- **Why not look at past claims for the suspected diagnosis codes for risk adjustment?**

Physicians should evaluate members with chronic conditions at least annually, and conditions should be reported on the associated claim. Without this claim information, CMS assumes the member is cured of conditions such as diabetes, congestive heart failure and pulmonary disease.

- **What is necessary to include in the chart documentation for risk adjustment?**

Include the following documents for each chart identified on the chart pull list:

- Patient Demographic Sheet
- History & physical records, progress notes and consultations
- Discharge record, consult and pathology summaries and reports

- Surgical procedures and operating summaries
 - Subjective and objective assessments and plan notes
 - Diagnostic testing including but not limited to cardiovascular diagnostic testing reports (EKG, Stress test, Holter monitors, Doppler studies), interventional radiology (MRA, catheter Angiography, etc.), neurology (EEG, EMG, nerve conduction studies, sleep studies)
 - Emergency and Urgent Care records
 - Consultation reports
 - Specialist Notes
 - Procedure notes/reports
 - Valid signature with credentials
- **Do I need to follow CMS signature requirements?**

Yes, medical records must be signed and credentialed by providers, according to CMS accepted provider signature requirements listed below:

 - Handwritten signature or initials over a typed or printed name
 - Illegible signatures must have the name of the provider listed in the letterhead or be on a page that shows the providers identity
 - The credential of provider giving the services must be listed somewhere on the medical record next to the provider's signature or printed with the provider's name on the group practice's site.
 - If the provider isn't listed on the stationary, credentials must be part of his or her signature.

If electronic signatures are used, the system must authenticate the physician's signature at the end of each note. Examples of acceptable electronic signatures are:

- Electronically signed by
- Authenticated by
- Completed by
- Finalized by
- Validated by

Electronic signatures must include the practitioner's name and credentials and the date signed. Signature stamps are only permitted for authors with a physical disability.

For more information, visit: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf

- **Change Health** has already been to my office. Why do they want another review?

Change Health conducts several reviews each year. Your office might be contacted more than once each year. If you receive more than one review request, it will be due to one of the following reasons:

 - The request is for different patients.
 - The request is for the same patients, but the review is for different dates of service.

- **Why does Change Health ask for so many charts?**

The volume of members selected for each site depends on the number of members treated by [Health Plan]at that site and the diagnoses previously submitted for those members by your office or another provider.

- **Can I give a medical record to Change Health in another format?**

You can either fax records to Change Health or mail records to vendor address

For more information about these and other delivery methods — including additional ways to submit digital files — please contact Change Health

- **I received a chart request, but the member isn't my patient. What should I do?**

Call Change Health. We determine the review site by the provider address on the claim. If there is more than one provider at an address, it may have been incorrectly considered a single provider site.

- **I'm located at a large hospital with physician offices billed through the hospital. Can these requests be submitted to a central contact?**

Call Change Health with a list of providers. Please include the following information:

- The Location ID
- Practice name
- Providers' names, addresses, phone numbers and primary contact

- **Is member consent required prior to sending in records?**

No, we are in compliance with all HIPAA privacy and confidentiality rules for disclosing personal health information and all other related laws and regulations and Change Health may act on behalf of us. Unless the data requested is specifically protected by Federal or State law, the release of records without member consent, is allowed under HIPAA. As well, when our members sign up for our health plan, they consent to our obtaining their medical records.

- **I'm not comfortable faxing patient information. How else can I send it?**

Protected health information is safe and secure when faxed to Change Health. If you prefer to ship the records, they can be sent to Change Health. Another option is to provide electronically.

- **Will I be reimbursed for copying patient records?**

You will be reimbursed for copying patient records if your contract with us allows for payment for medical records.

- **You should contact Change Health directly if you have any questions, including:**

- A scheduled appointment is missed
- You have additional questions about the medical record review process or your appointment
- You want to pursue alternative means to deliver the records
- Any questions not covered