

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

JULY 15, 2022

HHS-RADV AUDIT NOW UNDERWAY FOR CALENDAR YEAR 2021

Every year, Highmark is required to complete the Date of Service (DOS) Health and Human Services Risk Adjustment Data Validation (HHS-RADV) audit. This audit evaluates Affordable Care Act (ACA) medical record information to ensure that accurate diagnoses for services provided to Medicare Advantage (MA) beneficiaries were sent to the Centers for Medicare & Medicaid Services (CMS). This yearly review is essential for determining health status-adjusted payments under risk adjustment.

The calendar year (CY) **2021 DOS HHS-RADV** audit began on **July 5, 2022**, and will continue through **December 31, 2022**.

Below are some of the frequently asked questions Highmark receives about this audit.

Q1: Why is Highmark requesting ACA medical record information for the CY 2021 DOS HHS-RADV program audit?

A1: Federal regulations require ACA organizations and their providers to submit medical records for the validation of risk adjustment data (42 CFR 422.310).

Highmark has identified one or more of your patients for data validation and is requesting medical records to ensure that valid diagnoses were sent to CMS, as a result of services you provided to MA beneficiaries.

Q2: Is this an audit?

A2: Yes, this is an audit.

Q3: Are we required to participate in the CY 2021 DOS HHS-RADV audit?

A3: 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.

Q4: Will our claims be adjusted because of participating in the CY 2021 DOS HHS-RADV audit?

A4: No, there are no adjustments to claims for providers for participating in this medical record review.



This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.

Q5: Why can't Highmark get the information from the claims data I already submitted?

A5: The purpose of this request is to validate diagnoses that were sent to CMS for determining health status-adjusted payments under risk adjustment. This can only be accomplished by obtaining a complete account of all diagnosis codes effectively supported by medical record documentation, and to evaluate the specificity of the ICD-10-CM¹ diagnosis coding substantiated in the medical record.

Q6A: Behavioral Health Providers Only: Do I have to supply all the requested charts? Do I have to send a complete medical record for each of the requested charts?

A6A: No, Behavioral Health providers should only provide chart information that specifically supports and substantiates Behavioral Health diagnoses and was obtained during a face-to-face encounter with a patient. This type of chart information is most often found in initial visit evaluations and subsequent treatment plans. Highmark is not requesting counseling and therapy session notes.

Q6B: All Other Providers: Do I have to supply all the requested charts? Do I have to send a complete medical record for each of the requested charts?

A6B: Yes, you must supply all the requested charts and you must send the complete medical records for each requested chart.

Q7: What vendors are authorized by Highmark to contact me to retrieve these records?

A7: Highmark will be working with Ciox Health and our own internal Highmark Records Retrieval team to retrieve these medical records. You will be contacted by your assigned vendor — most likely via telephone — to verify the retrospective membership list, then the request and list will be mailed or faxed to you.

Q8: What should I anticipate once my practice is contacted?

A8: 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 during CY 2022.

Q9: What if I am not sure we can meet the requested deadline?

A9: Submissions of all requested charts are expected by December 31, 2022. Highmark vendors will make every effort to collaborate with you and explore options that will allow submission of charts on time.

Q10: What if I haven't provided services to patients identified in this review and/or do not have the requested charts?

A10: 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 claim submission errors.

Q11: Does releasing member charts to the vendor comply with the Health Insurance Portability and Accountability Act (HIPAA)?

A11: Yes. Physicians and practitioners who submit requested medical records to ACA Organizations are not in violation of the HIPAA privacy regulations. For that reason, patient-authorized information releases are not required for you to comply with this request for medical records (45 Code of Federal Regulations Part 164, Standards for Privacy of Individually Identifiable Health Information, Final Rule).

Q12: Will the reviews take records from our office?

A12: No, the assigned vendors 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.

Q13: Who do I contact if I have questions?

A13: If your question pertains to the request that you received for charts, please contact Ciox Health, your Provider Relations Representative, or the Highmark Provider Service Center using the contact information below:

- Ciox Health: Call 877-445-9293 or email chartreview@cioxhealth.com
- Provider Service Center: 866-588-6967

¹International Classification of Diseases, Tenth Revision, Clinical Modification.