



Date: 5-24-19

To: Hospitals, Physicians and Practitioner Health Care Providers

From: Erin Sutton  
Deputy Director, Payment Policy & Financial Management Group  
Center for Consumer Information & Insurance Oversight  
Centers for Medicare & Medicaid Services

Re: Support for Medical Record Requests for the HHS Risk Adjustment Data Validation Program (HHS-RADV)

On behalf of the Secretary of the Department of Health and Human Services (HHS), the Centers for Medicare & Medicaid Services (CMS) is responsible for annually validating the accuracy of risk adjustment data submitted by a health insurance company with risk adjustment covered plans in the individual and small group health insurance markets through the validation of medical records for States where HHS operates the risk adjustment program.<sup>1</sup> This process is known as the HHS-operated Risk Adjustment Data Validation (HHS-RADV) program.

**You are being asked to respond to a medical record request under the HHS-RADV program. You should provide the medical record(s) for the attached medical record request being made by a health insurance company, or its delegated entity, as soon as possible. When fulfilling this request, you must provide the medical record(s) to the requesting entity and not CMS. The current HHS-RADV audit pertains to services provided during the 2018 benefit year.** The entity sending this request has determined that one or more of your patients is part of an HHS-RADV random sample. Because the 2018 benefit year HHS-RADV medical record review process begins in early June 2019, your immediate attention to these requests is appreciated.

These requests are applicable to all providers, whether or not the provider has a contractual agreement with the health insurance company.

As a reminder, please send all medical records requested directly to the requesting insurance company or its delegated entity. **Do not forward any medical records to CMS or its contractors. Medical records received directly by CMS will be destroyed.**

Please act swiftly on this request and thank you in advance for your cooperation. Questions regarding the HHS-RADV audit, requested patient information, or where to send the required medical record should be directed to the entity sending the request (insurance company or designated retrieval company) and not CMS.

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<sup>1</sup> Section 1343 of the Patient Protection and Affordable Care Act (PPACA) (Pub. L. 111-148) established a permanent risk adjustment program. Consistent with section 1321(c)(1) of the PPACA, the Secretary is responsible for operating the program on behalf of any State that elected not to do so. For the 2018 benefit year, HHS operated the HHS operated risk adjustment program in all 50 States and the District of Columbia.



BlueCross BlueShield of South Carolina and  
BlueChoice HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Date: \_\_\_\_\_, 2019

**IMPORTANT  
CMS AUDIT REQUEST**

Dear Provider,

**Why we are writing:**

We are contacting you because we have been notified by the Centers for Medicare & Medicaid Services (CMS) that we have been selected for Risk Adjustment Data Validation (RADV). This audit requires that we submit medical records validating diagnostic information that was previously submitted to CMS through claims.

We want to assure you that there are no financial consequences to you as a result of this audit. Please note this request is not related to previous medical record requests you may have received from us or any other vendor acting on our behalf.

**What you need to do:**

To comply with this audit request, CMS has identified member medical records needed for 2018 dates of service. Enclosed, you will find the list of members seen by your practice in 2018. **Please provide the entire 2018 medical chart for review.**

Please bear in mind that medical records requested for audit purposes should be provided at no cost as a part of your contractual agreement with us. In addition, we do not have any affiliation nor contractual agreement with third-party record retrieval vendors such as Healthport, Ciox, MRO, etc., and as such, are not permitted to contact them on your behalf.

**How to submit the requested records:**

In order to meet the CMS deadline, please submit the required medical records for 2018 to us by \_\_\_\_\_. You can submit the records via fax to 803-419-5715 or via email to [RADV.RECORDS@bcbsc.com](mailto:RADV.RECORDS@bcbsc.com). If you prefer, you can mail the medical records to:

BlueCross BlueShield of South Carolina  
**Attn: ACA RADV Records**  
Quality Improvement, AX-310  
P.O. Box 6170, Columbia, SC 29260

If you prefer to have one of our quality navigators come to your location to pull the records, we will be happy to accommodate your request. Failure to respond to this request will result in an increase in medical record requests and attempts from our staff to schedule on-site visits to assist your practice with retrieval of the needed records.

Please understand it is very important that we receive the requested information in a timely manner and ask that you respond as quickly as possible. Also, please send the requested medical records to us and don't send it to CMS or its contractors. Thank you in advance for your cooperation.

Sincerely,

*Nive Raman, P.M.P., CPC, CRC*

Risk Project Manager, Quality Improvement  
BlueCross BlueShield of South Carolina/BlueChoice HealthPlan  
803-264-4224



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BlueChoice HealthPlan of South Carolina

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**Please return by: Process within 10 business days**

**Please return to:** Send the medical records to us along with a copy of the face sheet via fax to 803-419-5715; or via email to [RADV.RECORDS@bcbsc.com](mailto:RADV.RECORDS@bcbsc.com). If you prefer, you can mail the medical records to:

BlueCross BlueShield of South Carolina

**Attn: ACA RADV Records**

Quality Improvement, AX-310

P.O. Box 6170, Columbia, SC 29260

**If any additional questions regarding this request please contact Patricia McNelly @ 803-382-5231 or Nicole Hurd @ 803-264-3374**

Provider Info-

TAX ID	NPI	GROUP NAME



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## Member List

MEMBER NAME	MEMBER ID_Card	DOB	Chase ID