



BlueCross BlueShield of South Carolina and
BlueChoice HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Date: _____, 2018

**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 2017 dates of service. Enclosed, you will find the list of members seen by your practice in 2017. **Please provide the entire 2017 medical chart for review.**

Please bear in mind that medical records requested for audit purposes should be provided at no cost to us 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 2017 to us by _____. You can submit the records via fax to 803-419-8191 or via email to RADV.RECORDS@bcbsc.com. If you prefer, you can mail the medical records to:

BlueCross BlueShield of South Carolina
Attn: Nive Raman, PMP, CPC, CRC
Project Manager, Quality Improvement
P.O. Box 6170, AX-310
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. Thank you in advance for your cooperation.

Sincerely,

Nive Raman, PMP, CPC, CRC

Project Manager, Quality Improvement

BlueCross BlueShield of South Carolina/BlueChoice HealthPlan

803-264-4224



BlueCross BlueShield of South Carolina and
BlueChoice HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

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 803-419-8191; or via email to RADV.RECORDS@bcbssc.com. If you prefer, you can mail the medical records to:

BlueCross BlueShield of South Carolina
Attn: Nive Raman, PMP, CPC, CRC
Project Manager, Quality Improvement
P.O. Box 6170, AX-310
Columbia, SC 29260

TAX ID	NPI	GROUP NAME

Member List

MEMBER NAME	MEMBER ID_Card	DOB	Chase ID