



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Request for Medical Records Risk Adjustment Data Validation (RADV) Audit (Marketplace)

Dear Provider,

Under the Affordable Care Act, Molina Healthcare of Washington is participating in the US Department of Health and Human Services (HHS) Centers for Medicare and Medicaid Services (CMS) Risk Adjustment Data Validation (RADV) Audit for calendar year 2018. RADV Audit consists of a Health Status Audit which includes medical record validation. Molina Healthcare has contracted with Independent Validation Audit entity Cognisight, LLC to conduct this audit. Molina is requesting your cooperation by providing specific medical records in your office to Molina's record retrieval team.

A separate request packet will be sent to your office and once requested, please securely send requested medical records within **3-5 business days** to the contact/Fax number provided in your packet.

Cognisight needs the following chart components for services provided in 2018 (if available):

- All documentation for face-to-face encounters between the patient and the provider
- Correspondence from all consulting providers
- Emergency visit notes
- Inpatient hospital notes (admission history and physicals, progress notes, consult notes, operative reports and discharge summaries)
- Pathology reports
- Medication lists
- Signature logs

HHS requires each note to be fully legible, signed, credentialed and dated. Therefore, Cognisight will review the records you provide to make sure they meet these requirements. If the information provided is illegible, a signed attestation from the provider may be requested.

Since this is a government mandated audit, it is your obligation to provide medical records or obtain records from your vendor and submit the requested medical records with no charge to Molina Healthcare, Inc. **Please do NOT mail, fax, or email any invoice/pre-payment invoice requests.** Thank you for your cooperation.

We greatly appreciate your immediate attention to this matter. If you have any questions, please contact Monica Velarde at (888) 562-5442 ext. 110131.

Best Regards,

Sam Leilabadi, MD
Medical Director
Molina Healthcare of Washington

Enclosure: Included with this communication is a formal memo from CMS providing additional information on the RADV.



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.¹ 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.

¹ 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.