

# Provider Update

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## Retrospective Medical Record Review Program Launches

Risk adjustment is the method used by CMS to adjust the capitated payment made to Medicare Advantage plans based on demographic characteristics and health status, *represented by diagnosis data and disease interactions*, of each member enrolled in our plans.

This relies on the timely and accurate collection and submission of member diagnosis data each year

All diagnosis data must be supported by the member's medical record documentation

Federal regulations require us to review and validate medical records to avoid underpayments and overpayments

### Program details

Our retrospective medical record review initiative is a risk adjustment program **intended to identify and capture previously undocumented or new diagnosis data that might have been missed** due to coding and/or technical limitations

We contract with Verscend Health, formerly Verisk, to conduct Provider outreach requesting medical records with dates of service **for the target year (2016) through present day**, then review and code the record.

### What you need to know

**Jaime Marcotte, Retrospective Risk Program Lead, is managing this initiative.**

Should you have any questions regarding this program please do not hesitate to contact Jaime at [Jaime.Marcotte@anthem.com](mailto:Jaime.Marcotte@anthem.com) or 314-925-6094.

### Frequently Asked Questions – Retrospective Medical Chart Review

#### What is the Retrospective Medical Record Review?

Our Retrospective Medical Record Review program is **intended to identify and capture previously undocumented or new diagnosis data that might have been missed** due to coding or data challenges

We contract with Verscend Health, formerly Verisk, exclusively for this effort

#### What services is Verscend performing on behalf of Amerigroup\* Community Care?



Verscend is contracted to retrieve the targeted member medical records, review the record, and code the record based on ICD-10-CM coding guidelines & requirements

A data extract including the coded conditions are sent to Amerigroup

**Is the retrospective medical record review an audit?**

This is NOT a retrospective claims validation audit

**What dates of service are included for the 2017 initiative?**

Scope includes 2016 date of service through current day

**Are all Medicare Advantage members targeted?**

No. Amerigroup conducts a complex effort synthesizing claims and pharmacy data with enrollment data

Persistent members targeted with the highest probability of identifying undocumented or new diagnosis data

**What is the provider notification process?**

Beginning in early May, Verscend will initiate the record retrieval process. The process begins with telephonic or fax outreach to the provider which is followed by a written request.

The written request includes:

- Role of Verscend
- Purpose of the medical record retrieval request
- Action being requested (*i.e. submission of the entire medical record*)
- Name of the member
- Dates of service being requested

**When does the provider need to submit the requested medical records?**

The provider should supply the medical records within two weeks following receipt of the request

Verscend will work with the provider throughout 2017 to obtain the requested records if the volume is large

**What should the provider do if the provider did not actually see the member during the requested date(s) of service?**

The provider should return the request to Verscend with an explanation that no information relative to the request appears on the patient's medical record

**How does the provider submit a medical record? Are there different submission options?**

The medical record(s) may be returned to Verscend using the following methods:

1. Mail: Prepaid Postage
2. EMR Integration (Remote access to Provider's EMR system by Verscend)
3. Secure FTP Transfer
4. Provider Portal Upload (**Contact Jaime Marcotte for details regarding this option**)
6. Onsite Scanning (**Reserved for providers with large record requests**)

**What arrangements can be made for providers that received a request for a large number of medical records?**

Verscend will make available onsite scanning services for those providers who receive a request for a large number of medical records

**Is the provider required to comply with the request for medical records?**

In accordance with the language in the provider agreement/terms and conditions of payment, **all providers** are required to comply with Amerigroup's request for medical records

**Does the provider need a HIPAA authorization or release to supply the medical records?**

No. The collection of risk adjustment data and request for medical records to validate payment made to Medicare Advantage organizations is considered a health care operation and, as such, does not violate the privacy provisions of

HIPAA (CFR 164.502)

**Who can I contact if I have questions?**

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\*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.