
Date: 7-31-19

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) **SPECIAL NOTE: DO NOT SEND MEDICAL RECORDS TO CMS**

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. You must provide the medical record(s) to the requesting entity and not CMS. Do not forward any medical records to CMS or its contractors. Medical records received by CMS will be destroyed.

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.

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.