September, 2010

To: Medicare Advantage Providers

RADV & Provider Obligations

This bulletin applies to Medicare Advantage providers.

Each year, the Centers for Medicare & Medicaid Services (CMS) randomly selects Medicare Advantage (MA) health plans to participate in the targeted risk adjustment data validation (RADV) audit. The purpose of this audit is to verify the accuracy of diagnosis data that was sent to CMS for medical services that were provided to health plan members for dates of services that occurred during the RADV audit period being reviewed. We expect that the next targeted RADV audit will require medical record documentation for dates of services during the 2007 calendar year.

So, at this point it's important to consider one of your obligations as a provider that may have treated a member during 2007. The RADV audit process will start with a request from the health plan to provide 2007 calendar year medical record documentation for members you have treated during 2007 and whose name appears on the CMS RADV audit sample list. As a Medicare Advantage provider, you are required to comply with this request for two important reasons. First, CMS requires that the Medicare Advantage health plan and its providers provide medical records for purposes of verifying diagnosis data (42 CFR 422.310). Second, Medicare Advantage health plans and providers are required to maintain records for a period of no less than 10 years (42 CFR 422.504(a)(14)(d)) and are obligated to provide CMS with access to facilities and records used in determining payments to the health plan. (42 CFR 422.504(e)(2)).

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