Anthem Blue Cross and Blue Shield

RADV and Provider Obligations

Each year, the Centers for Medicare & Medicaid Services (CMS) randomly selects Medicare Advantage health plans to participate in the National Risk Adjustment Data Validation (RADV) audit. The purpose of this audit is to verify the accuracy of diagnosis data sent to CMS for medical services provided to health plan members for dates of service that occurred during the RADV audit period being reviewed.

This year, we have been selected for the 2013 National RADV audit which will require us to validate diagnosis data of audited members for dates of services during the 2012 calendar year. CMS has selected Medicare Advantage members for the audit from the following contracts: H3655 (Ohio HMO), H5530 (Kentucky Local PPO), and R5941 (Ohio, Indiana, and Kentucky Regional PPO).

It's important to consider your obligations as a provider that may have treated a member during 2012. The RADV audit process will start with a request from the health plan to provide 2012 calendar year medical record documentation for members you treated 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)).

Anthem Blue Cross and Blue Shield brings this message to you because of the critical role you play as a provider and partner. And as a valuable partner, we thank you for helping us achieve our mission...to improve the lives of the people we serve and the health of our communities.

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