

Chasing the Chart



With the growing number of people obtaining health insurance coverage, the role of Providers in the lives of health plan Members and operations is critical. We are so grateful for the high quality care you provide the citizens of the Greater Houston region and are additionally grateful for the support you provide health plans during busy times like HEDIS season. Your willingness to respond to requests for medical records allows health plans to meet regulatory requirements and better manage costs and rates. We recognize that frequently many health plans approach you for records at the same time. This ties up valuable Provider resources, so we are always looking for ways to streamline the retrieval process. If you have an Electronic Medical Record (EMR) system through which records can be obtained, we welcome a discussion about the appropriate access.

This year, **Community Health Choice** has produced this timeline and background information that, we hope, will assist you in planning for high traffic periods during the year. Your feedback on offerings like this is also very valuable. Please do not hesitate to let your Provider Representatives know about other ideas or resources that would be helpful.

Program	Definition	Requirements
HEDIS (Healthcare Effectiveness Data and Information Set) Audit	HEDIS is a performance measurement tool that is coordinated and administered by NCQA and used by CMS for monitoring the performance of managed care organizations. HEDIS is a retrospective review of services and performance of care. Results are used to measure performance, identify quality initiatives, and provide educational programs for Providers and Members.	<ul style="list-style-type: none"> • For CMS/NCQA and HHS • Medicaid STAR, CHIP and Marketplace • Annual Audit • Vendors: <ul style="list-style-type: none"> - Attest – Auditor - DST – Software - KDJ – Record Retrieval
RADV (Risk Adjustment Data Validation) Chart Retrieval	HHS RADV stratifies its sampling among adult, child, and infant patients, and by metal levels (silver, gold, platinum) offered through the qualified health plans. A random sample of 200 patients with a variety of risk scores and Hierarchical Condition Categories (HCCs) is chosen to prove the validity of the HCC value that was paid to the health plan by CMS for the reported ICD-10 code.	<ul style="list-style-type: none"> • Marketplace • Annual Audit • Internal Record Retrieval • Vendors: <ul style="list-style-type: none"> - Attest – Auditor - DST – Software and CMS-required Server hosting
Risk Adjustment "Suspecting"	"Suspecting" is the process of identifying additional health conditions through a review of medical records. Medical records are chosen based on Member/Patient demographics and other claim activities. Records are reviewed and coded for additional health conditions that fall into an HCC category.	<ul style="list-style-type: none"> • Marketplace • One to two times a year • Vendors <ul style="list-style-type: none"> - DST – Software - ChartFast and Internal Record Retrieval

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
HEDIS		HEDIS Chart Retrieval										
RADV					Benefit Year RADV Retrieval							
Risk Adjustment Suspecting		Round 2 Chart Retrieval							Round 1 Chart Retrieval			