

# Medical Record Requests for Risk Adjustment



As a Medicare Advantage plan, Network Health is required to submit member diagnosis and demographic information to the Centers for Medicare & Medicaid Services (CMS). Health plans like Network Health create internal risk adjustment programs to help monitor their member population, improve quality of care and increase the accuracy and completeness of these data submissions to achieve the most accurate payments from CMS for their member population. The risk adjustment model distributes payments to payers based on an expectation of what the member's health care will cost. For example, a member with type 2 diabetes and high blood pressure merits a higher payment than a healthy patient, as their cost of health care will differ. By risk adjusting plan payments, CMS can make accurate payments to health plans for enrollees with different expected medical costs.

Our review of medical records is a compliance measure to ensure our data submissions and payments from CMS are based upon reliable and accurate records from physicians and facilities. These chart reviews aim both to highlight missing diagnoses and to locate diagnoses that were added in error. Both should be sent to CMS to adjust their payments to us. Our goal is to capture the full burden, no more, no less, of illness each year for our members. CMS has strict criteria concerning the medical record documentation used for risk score calculation. Only records signed by approved provider types for services performed in approved locations can be used for diagnosis validation. While any health care provider with a National Provider Identifier (NPI) may submit claims for payment of services, only face-to-face encounters with approved specialty types are acceptable for abstracting diagnosis codes for risk score calculation.

If a chronic condition is not recaptured from a previous year, the member's risk score will decrease for the current year. Likewise, if additional conditions are reported, the member's risk score will increase from what it was in the previous year. To maintain predictability in health care costs and revenue, Network Health relies on its risk adjustment program and the accurate and consistent submission of all conditions each year.

Providers have an important role to play in our risk adjustment program. An engaged partnership with Network Health is vital to bringing needed and valuable benefits to your patients. For instance, Network Health uses premiums and risk adjustment payments to offer our members enrollment in exercise programs, case or disease management, transportation to medical appointments, and other needed services. We use diagnosis codes submitted on claims to identify what types of programs are needed and who needs them.

You may be contacted by Datavant for release of medical records. These records will not be used for a medical necessity review. A letter outlining the risk adjustment program and a list of requested records will be sent to you, along with several retrieval options to allow you to choose what works best for you and your staff.

If you have any questions, please contact Emily Vander Heiden, manager risk adjustment at 920-628-7107 or [evanderh@networkhealth.com](mailto:evanderh@networkhealth.com).