

**Centers for Medicare & Medicaid Services
Risk Adjustment Data Validation (RADV) Medical Record Checklist and Guidance**

This checklist list was provided to plans involved in the calendar year (CY) 2009 and CY 2010 national RADV audits. This list may help to determine a record's suitability for Risk Adjustment Data Validation (RADV). Any items checked "no" may indicate that the record will not support a CMS-HCC.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the record for the correct enrollee? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the record from the correct calendar year for the payment year being audited (i.e., for audits of 2011 payments, validating records should be from calendar year 2010) |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the date of service present for the face to face visit? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the record legible? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the record from a valid provider type? (Hospital inpatient, hospital outpatient/ physician) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there valid credentials and/or is there a valid physician specialty documented on the record? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the record contain a signature from an acceptable type of physician specialist? |
| <input type="checkbox"/> | <input type="checkbox"/> | If the outpatient/physician record does not contain a valid credential and/or signature, is there a completed CMS-Generated Attestation for this date of service? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a diagnosis on the record? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the diagnosis support an HCC? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the diagnosis support the requested HCC? |

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When submitting a record for RADV, consider the following:

- If the condition warrants an inpatient hospitalization, the HCC may be supported by an inpatient record. Examples of such conditions may include septicemia, cerebral hemorrhage, cardio respiratory failure, and shock. For these conditions, an inpatient record, a stand-alone inpatient consultation record, or a stand-alone discharge summary may be appropriate for submission.
- When possible, obtain a record from the specialist treating the condition, e.g. an oncologist for a cancer diagnosis. These records may be more likely to sufficiently document the condition.
- Pay special attention to cancer diagnoses. A notation indicating “history of cancer,” without an indication of current cancer treatment, may not be sufficient documentation for validation. For example, if in an attempt to validate HCC 10 (Breast, Prostate, Colorectal and Other Cancers and Tumors) a Medicare Advantage contract submits a record that indicates a patient has a history of cancer that was last treated outside the data collection year, the HCC may not be validated.
- When reviewing medical records, pay special attention to the problem list on electronic medical records. Often, in certain systems, a diagnosis never drops off the list, even if the patient is no longer suffering from the condition. Conversely, the problem list may not document the HCC your MA contract submitted for payment.
- Any problem list in submitted documentation should be included and not just referenced.
- Records submitted to validate HCCs that encompass additional manifestations or complications related to the disease (e.g. HCC 15, Diabetes with Renal Manifestations or Diabetes with Peripheral Circulatory Manifestations) should include language from an acceptable physician specialist which establishes a causal link between the disease and the complication. An acceptable record that clearly defines the complication or manifestation and expressly relates it to the disease may validate the HCC. A record that does not define and link this relationship may not validate the HCC.
- If a physician or outpatient record is missing a provider’s signature and/or credentials, consider using the CMS-Generated Attestation that was provided with your data. CMS will only consider CMS-Generated Attestations for RADV.
- Minimum requirements for inpatient records state that these must contain an admission and discharge date. In addition
 - inpatient records must include the signed discharge summary,
 - stand-alone consultations must contain the consultation date, and
 - stand-alone discharge summaries submitted as physician provider type must contain the discharge date

Information contained in this document is intended to provide general guidelines for representatives of Medicare Advantage (MA) contracts selected for Risk Adjustment Data Validation (RADV). The guidance provided here does not guarantee that the documentation that you submit for review will validate the HCC under review. The Centers for Medicare & Medicaid Services (CMS) may determine the validity of medical record documentation based on criteria other than those described herein. Submission of medical record documentation for RADV must comply with all CMS instructions.