

Provider Update

2015 Retrospective Medical Record Review Program

Medicare Revenue Management & Reconciliation is pleased to announce the 2015 *Retrospective Medical Record Review Program* has launched.

Background

Risk Adjustment is the method used by CMS to adjust the capitated payment made to Medicare Advantage plans based on demographic characteristics and health status, *represented by diagnosis data*, of each member enrolled in our plans.

- This relies on the timely and accurate collection and submission of member diagnosis data each year
- All diagnosis data must be supported by the member's medical record documentation
- Federal regulations require us to review and validate medical records in order to avoid underpayments and overpayments

Program Details

- Our Retrospective Medical Record Review initiative is a Risk Adjustment program **intended to identify and capture previously undocumented or new diagnosis data that might have been missed** due to coding or data challenges
- We contract with Verisk Health (*formerly MediConnect*) to conduct Provider outreach requesting medical records with dates of service **for the target year (2014) thru present day**, then review and code the record. (*Historically, this could reach 700,000 records*)

What You Need to Know

- Provider outreach is expected to begin by Monday, June 15th
- **Matt Cogdill, Manager of Retrospective Risk Programs, will be managing this initiative.** Should you have any questions regarding this program please do not hesitate to contact Matt at brian.cogdill@anthem.com.

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Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.

