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Date: April 25, 2018

To: Issuers, or applicable Initial Validation Auditors, or Medical Record Retention Companies

From: Erin Sutton  
Deputy Director, Payment Policy & Financial Management Group  
Center for Consumer Information & Insurance Oversight  
Centers for Medicare & Medicare Services

Re: Resource for Auditors: Medical Record Request for the HHS Risk Adjustment Data Validation Program (HHS-RADV) Memorandum

The attached memorandum is provided by CMS to issuers (or their designated company, such as an Initial Validation Audit Entity or a medical record retention company) as a resource that could be utilized to assist in their efforts of obtaining medical records from health care providers for the purpose of the HHS-RADV program. The memorandum should only be used for the purposes stated therein.



Date: April 25, 2018

To: Hospitals, Physicians and Practitioner Health Care Providers

From: Erin Sutton  
Deputy Director, Payment Policy & Financial Management Group  
Center for Consumer Information & Insurance Oversight  
Centers for Medicare & Medicare Services

Re: Medical Record Request for the HHS Risk Adjustment Data Validation Program (HHS-RADV)

The Department of Health and Human Services (HHS) is required to validate annually the accuracy of risk adjustment data submitted by a health insurance company with risk adjustment covered plans in the individual and small group health insurance markets through the validation of medical records for States where HHS operates the risk adjustment program.<sup>1</sup> This process is known as the HHS-operated Risk Adjustment Data Validation (HHS-RADV) program.

**You are being asked to respond to a medical record request under the HHS-RADV program by a health insurance company, or its delegated entity, as a part of a random sample audit. The audit pertains to services provided during the 2017 calendar year.** The entity sending this request has determined that one or more of your patients is part of an HHS-RADV random sample. The 2017 HHS-RADV medical record review process begins in early June 2018. Your immediate attention to these requests is appreciated so that health insurance companies are not penalized for failure to validate medical records pertaining to your patient(s). These requests are applicable to all providers, whether or not the provider has a contractual agreement with the health insurance company.

Please send all medical records requested directly to the requesting insurance company or its delegated entity. Please **do not forward any medical records to CMS or its contractors.**

We request that you act swiftly to this request and thank you in advance for your cooperation. If you have questions regarding this letter or the HHS-RADV program generally, please do not hesitate to contact us with questions via email at [CCIIOACARADatavalidation@cms.hhs.gov](mailto:CCIIOACARADatavalidation@cms.hhs.gov).

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<sup>1</sup> Section 1343 of the Patient Protection and Affordable Care Act (Pub. L. 111-148) established a permanent risk adjustment program. HHS operated the PPACA risk adjustment program for the 2017 benefit year in all States and the District of Columbia.