

Frequently asked questions and answers: Risk adjustment record retrieval

1. Q: Why do Humana and CarePlus retrieve records for risk adjustment?

A: The risk adjustment record review process helps improve the accuracy of the information Humana and CarePlus submit to the Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health and Human Services (HHS) about the health status of our enrolled members. The risk adjustment models rely on ICD-10-CM diagnosis code specificity. This information could affect future funding or other program decisions made by CMS and HHS.

2. Q: What are the responsibilities of physicians and other healthcare providers?

A: As published by CMS in its training documentation and by Humana and CarePlus in physician training documentation, the responsibilities of physicians and other healthcare providers are as follows:

- Accurately report ICD-10-CM diagnosis codes, including secondary diagnoses, to the highest level of specificity.
- Maintain accurate and complete medical record documentation (ICD-10-CM diagnosis codes submitted must be justified with proper documentation).
- Alert Humana or CarePlus to any erroneous data submitted and follow the procedures for correcting it.
- Report claims and encounter data in a timely manner, generally within 30 days of the date of service (or discharge from a hospital's inpatient facilities).

3. Q: Is a patient-authorized release required to provide this information to Humana or CarePlus?

A: No. Collecting risk adjustment data and requesting medical records to validate payment made to Medicare Advantage organizations (MAOs) does not violate the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Therefore, a patient-authorized release of information is not required to submit risk adjustment data or respond to a medical record request from CMS or an MAO for data validation.

Refer to the following resources for additional questions concerning HIPAA requirements:

- General reference:
 - 45 Code of Federal Regulations (CFR) Part 164, Standards for Privacy of Individually Identifiable Health Information, Final Rule
- On the web:
 - www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/index.html
- CFR references:
 - 45 CFR Part 164, Subpart E, Section 164.501 – Definitions
 - 45 CFR Part 164, Subpart E, Section 164.502 – Uses and disclosures of protected health information: general rules
 - 45 CFR Part 164, Subpart E, Section 164.506 – Uses and disclosures to carry out treatment, payment or healthcare operations