

# HealthSense 65 Medical Record Audit

## Frequently Asked Questions

### **Do I have to comply with this chart request?**

Yes, as part of your provider agreements with us, you have medical record audit language that requires you to comply with our record requests.

### **I am not a HealthSense 65 provider and the request isn't for a HealthSense 65 member. Why am I receiving this medical record audit request?**

Centers for Medicare & Medicaid Services (CMS) auditors requested a review of all of our claims between 2004 through 2008, both Medicare and non-Medicare. CMS then chose which claims to audit. Regence provided CMS with each provider's address for the claims selected.

The nature of our Regence Medicare Cost Contract reimbursements include consideration of non-Medicare claims payment levels. We represent to CMS what our overall claims experience is (Medicare and non-Medicare claims). Therefore, because non-Medicare claims are used in our calculation for determining our payment levels for Medicare reimbursement, CMS requests to audit some non-Medicare claims as well.

### **Why are we asking for the chart for a dependent enrolled on a commercial group or individual product as part of this audit?**

As indicated above, the nature of our Medicare Cost Contract reimbursements include consideration of non-Medicare claim payment levels. Therefore, non-Medicare claims are subject to testing under CMS rules.

### **Why have medical records been requested for services provided before 2004 when the original letter stated the audit is for 2004 through 2008?**

If there is a significant time delay for processing and/or reprocessing a claim for services provided before 2004, the claim may be factored into a later cost contract year, depending on the length of the delay. If this situation occurs, you may receive an audit request because the claim was processed and/or reprocessed during the 2004 through 2008 time period and factored into one of the cost contracts for that time period.

### **If the records are in offsite storage, are we still required to provide the requested information?**

Yes. Regardless of where the requested records may be currently located, CMS is requiring that you retrieve those records in order to comply with the audit. This requirement is supported by your provider agreement with Regence.

### **Can I have the records reviewed on our premises instead of faxing or scanning them as requested?**

No. CMS has a limited number of auditors working on the audit. It is therefore not possible to accommodate requests to have records reviewed on a provider's premises.

### **What if we provide the medical records and some sort of discrepancy is identified? Will further auditing be necessary?**

If any discrepancies are discovered, they usually will result in an estimated adjustment to the reimbursement amounts between Regence and CMS. Further auditing is not usually necessary. However, the auditors may have further inquiries regarding any discrepancies to ensure they understand the nature and cause of the issue.

