



Re: Medical record request to comply with Centers for Medicare & Medicaid Services Risk Adjustment Data Validation Audit

Dear

The Centers for Medicare & Medicaid Services (CMS) requires that all individual and family plans under the Affordable Care Act (ACA) meet standards for data submission and coding accuracy. To meet this requirement, we perform annual reviews of selected medical records to ensure that they properly reflect the clinical conditions of our customers. Please note that this review complies with the Department of Health and Human Services' (HHS) Risk Adjustment Program, and is not a payment audit.

We are requesting one or more medical records from you in connection with services you provided to Cigna Healthcare customers enrolled in Individual & Family Plans during the 2023 calendar year. Your immediate attention to this request is appreciated.

Next steps

In order to make this process as efficient as possible for you, we have partnered with an independent company, CIOX Health, to help us retrieve these medical records. Please note that CIOX is bound by the terms and conditions of our agreement with them, as well as requirements under the Health Insurance Portability and Accountability Act (HIPAA), to maintain the confidentiality of any protected health information they receive from you on our behalf.

Enclosed is a list of Cigna Healthcare customers whose records have been identified for review. Please provide a copy of these records within **10 days** of this request for each of the patients and applicable dates of service identified on the enclosed list. Instructions for medical record submission are included with this letter. Please note that records should *not* be sent directly to CMS.



The request for medical record documentation includes the following for each patient listed:

For providers:

- Progress notes from face-to-face or telehealth office visits
- History and physical exam
- Consultation notes and reports
- Demographic sheet
- Active problem list
- Assessment and plan
- Signature page with credentials and date of signature (handwritten or electronic)
- Signature log

For hospitals:

- Progress notes
- History and physical exam
- Consultation notes and reports
- Radiology reports
- Prescriptions for laboratory services
- Discharge summary
- Emergency room records
- Operative or procedure notes
- Newborn records (mother's chart)

All records must be signed and include the patient's name, their date of birth, and the provider's credentials (e.g., MD, DO, NP).

For behavioral and mental health providers

Please provide information that supports behavioral and mental health diagnoses (including diagnosis description) that were obtained during a face-to-face or telemedicine encounter with the patient. Please note that we are *not* requesting counseling and therapy session notes.

Note: *Qualified licensed providers who are prohibited from furnishing a complete medical record under applicable state privacy laws should provide a signed attestation to this effect. This attestation should*

include the patient's name, sex, date of birth, current status of all mental or behavioral health diagnoses, and dates of service. This attestation should be signed by the provider and include a statement that they are prohibited from providing a complete medical record according to applicable state privacy laws.

Additional information

Thank you in advance for your prompt response to this request. If you have any questions related to the return of the requested medical records, please contact CIOX Health at 877.445.9293 between 8:00 a.m. to 9:00 p.m. ET, Monday through Friday, or by email at chartreview@cioxhealth.com.

If you have any questions about the federal HHS Risk Adjustment Program, please email CignahealthcareHCP@cignahealthcare.com, or contact a member of our Risk Adjustment Team at 860.787.4374. Please have your Outreach ID and Chart ID available, which are included with this letter.

Thank you for the care you provide to our customers.

Sincerely,

Tricia Davenport

Tricia Davenport Chart Administration & Interoperability Senior Manager
Cigna Healthcare Individual & Family Plans

Enclosure

Behavioral and Mental Health Note:

If you are prohibited from furnishing a full mental or behavioral health record by state or federal privacy laws, you may furnish a mental or behavioral health assessment similar to that which you routinely prepare for validation of a mental or behavioral health diagnosis. The health assessment should contain: (i) the enrollee's name; (ii) gender; (iii) date of birth; (iv) current status of all mental or behavioral health diagnoses, and (v) dates of service, as well as your signature and credentials. For HHS-RADV purposes, you are required to attest that relevant state or federal privacy laws prohibit you from providing the full record. "Psychotherapy notes," a subset of mental and behavioral health information that receives special protections under 45 CFR 164.501 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, are not required for the purposes of HHS-RADV.

Confidentiality

Cigna Healthcare has entered into a Business Associate Agreement with CIOX Health in accordance with the privacy regulation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This agreement allows CIOX Health to perform medical record retrieval involving the use or disclosure of individually identifiable health information on behalf of Cigna Healthcare. In addition, it only permits CIOX Health to use the information as permitted in accordance with the Business Associate Agreement. The regulations promulgated under HIPAA are the federal rules that govern the privacy of an enrollee's protected health information (PHI), and establish requirements for the use and disclosure of PHI by physicians/health care professionals and Cigna Healthcare in connection with their "health care operations" activities. HIPAA allows a covered entity to disclose PHI to another covered entity for the health care operations of the entity receiving the information, without an enrollee's authorization or consent, under certain circumstances. Under this provision, you are permitted to disclose PHI to CIOX Health, as CIOX Health is a Business Associate of Cigna Healthcare and acting on behalf of Cigna Healthcare.

In adopting this regulation under HIPAA, the Department of Health and Human Services (HHS) explicitly recognized in the preamble to the HIPAA privacy regulations that Cigna Healthcare may need to obtain PHI from physicians and other health care professionals for the plans' quality-related activities, accreditation, and performance measures. HHS confirmed that the provision "was intended to allow information to flow from one covered entity to another for activities important to providing quality and effective health care."

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