OPTUM™

Chart Mechanics for Risk Adjustment Data Validation

DATA VALIDATION

Proper chart documentation helps ensure risk adjustment payment integrity and accuracy. Risk adjustment data validation is the process of verifying that diagnosis codes submitted for payment by the Medicare Advantage (MA) organization are supported by medical record documentation for an enrollee.[1]

In order to help meet the Centers for Medicare & Medicaid Services' (CMS) documentation and validation requirements on risk adjustment data submission, refer to the recommended documentation tips below. This is not an all-inclusive listing of CMS requirements and is only a reminder of certain chart mechanics and documentation guidelines.

Chart Mechanics and Documentation Considerations[1]

- **Identify patient (name) and date (of service) (and one additional patient identifier [e.g. date of birth]) on each page of the record[2]**
- Reported diagnoses must be supported with medical record documentation
- Acceptable documentation should be clear, concise, consistent, complete and legible
- Document and report co-existing diagnoses — any that require or affect the care and treatment of the patient that day[3]
- Use only standard abbreviations (acronyms and symbols)
  - » It is NOT appropriate to code a condition that is represented only by an up or down arrow in combination with a chemical symbol or lab abbreviation such as "↑chol" for "hypercholesterolemia"
- CMS requires that the documentation show evaluation, monitoring or treatment of the conditions documented

Authentication by the Provider[1]

All dates of service must be signed (with credentials) and dated by the physician (provider) or an appropriate extender (non-physician practitioner) e.g., nurse practitioner. Stamps of the provider's signature are not acceptable per CMS.

The credentials for the provider of services must be somewhere on the medical record:

- next to the provider's signature, or
- pre-printed with the provider's name on the group practice's stationery

The physician (provider) must authenticate at the end of each note for which services were provided with:

- handwritten signatures, or
- electronic signature

Types of Acceptable Physician (Provider) Signatures and Credentials[1]

- Hand-written signature or initials, including credentials (e.g., Mary C. Smith, MD; or MCS, MD)
- Electronic signature, including credentials
  - » Requires authentication by the responsible provider (for example, but not limited to, "Approved by," "Signed by," "Electronically signed by," "Authenticated by")
  - » Must be password protected and used exclusively by the individual physician (provider)

Signature Logs

Medicare documentation requirements state each patient encounter should include the date and legible identity of the provider.

- Type or print the provider's name in the first column.
- Type or print the provider's credential.
- The physician (provider) should sign his/her legal signature (full name, including credential).
- Under Actual Chart Signature, the provider should indicate all possible ways that he/she would sign the medical record (initials, first initial/last name, etc.).
- The date of implementation of the Signature Log must be on the Signature Log.

Example: Date of Implementation: _____

Provider Name	Credential	Legal Signature	Actual Chart Signature
John Smith	MD		

Your Optum Healthcare Advocate can supply signature logs (to be completed by the provider/practice) upon request.

1. CMS-Centers for Medicare & Medicaid Services, "2008 Risk Adjustment Data Technical Assistance For Medicare Advantage Organizations Participant Guide." Leading Through Change, Inc. 2008 1-49.
2. The Joint Commission, Standards. The Joint Commission, 01 2012. Web. 13 Dec 2012. <http://www.jointcommission.org/mobile/standards_information/national_patient_safety_goals.aspx>.
3. World Health Organization, "International Classification of Diseases, Ninth Revision, Clinical Modification, 6th Ed." National Center for Health Statistics 2011 1-107. Web. 15 Nov 2011.<http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm>