

Calendar Year 2021 (CY21) Medicare Part C Improper Payment Measure (Part C IPM) Medical Record Guidance



This guidance may help to determine a medical record's suitability for the Medicare Part C Improper Payment Measure (Part C IPM) activity. Any items checked "No" may indicate that the record will not support a Centers for Medicare & Medicaid Services-Hierarchical Condition Category (CMS-HCC). This checklist is for your use in preparing for the Part C IPM activity and should not be submitted to the Health Plan Management System (HPMS). For guidance on answering these questions, refer to the **Calendar Year 2021 (CY21) Medicare Part C Improper Payment Measure (Part C IPM) Medical Record Submission Instructions**.

Yes No

- | | | |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the medical record correspond to the correct enrollee? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the medical record correspond to the correct calendar year for the payment year of the Part C IPM activity? For example, for 2021 payments, validating records must be from calendar year 2020. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the date of service documented match the face-to-face visit? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the medical record legible? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the medical record originate from a valid provider type (Hospital Inpatient, Hospital Outpatient, or Physician)? For guidance, please refer to the second footnote on page 6 of the <i>CY21 Part C IPM Medical Record Submission Instructions</i> . |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there valid credentials and/or is there a valid physician specialty documented on the medical record? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the medical record contain a signature from an eligible risk adjustment physician/practitioner? |
| <input type="checkbox"/> | <input type="checkbox"/> | If the Physician/Hospital Outpatient medical record does not contain a valid credential and/or signature, is there a completed CMS-Generated Attestation for the date of service? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the medical record contain a diagnosis? Does the diagnosis support a CMS-HCC? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the diagnosis support the requested CMS-HCC? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the medical record support more than one CMS-HCC? If so, select all applicable CMS-HCCs on the Medical Record Coversheet and submit the medical record only once . |

Note: Information contained in this document is intended to provide general guidelines for representatives of Medicare Advantage (MA) Organizations selected for Part C IPM. Selecting "Yes" for all the items in this checklist does not guarantee that the documentation that you submit for review will validate the CMS-HCC under review. CMS may still determine that the medical record documentation does not validate the sampled CMS-HCC. Submission of medical record documentation for the Part C IPM must comply with all CMS instructions.

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In addition to the guidance found in the *CY21 Part C IPM Medical Record Submission Instructions*, consider the following best practices, which are based on past Part C IPM experiences:

- If the condition warrants an inpatient hospitalization, the CMS-HCC may be supported by an inpatient record. Examples of such conditions may include septicemia, cerebral hemorrhage, cardio-respiratory failure, and shock. For these conditions, an inpatient record, a standalone inpatient consultation record, or a standalone Discharge Summary may be appropriate for submission.
- When possible, obtain a medical record from the specialist treating the condition (e.g., an oncologist for a cancer diagnosis). These medical records may be more likely to sufficiently document the condition.
- Pay special attention to cancer diagnoses. Annotations indicating “history of cancer,” without an indication of current cancer treatment may not be sufficient documentation for validation. For example, if your MA Organization submits a medical record that indicates a patient has a history of cancer that was last treated outside the data collection year, the CMS-HCC may not be validated.
- When selecting medical records for submission, pay special attention to the problem list on electronic medical records. Coders will only consider those conditions on problem lists that are currently active when reviewing the record to validate the CMS-HCC(s). Often, in certain systems, a diagnosis never drops off the list even when the patient is no longer living with the condition. Conversely, the problem list may not document the CMS-HCC your MA Organization submitted for payment.
- Any problem list should be included in the Medical Record File and not only referenced.
- Medical records submitted to validate CMS-HCCs that encompass additional manifestations or complications related to the disease should include language from an acceptable physician specialty that establishes a causal link between the disease and the complication. An acceptable medical record that clearly defines the complication or manifestation and expressly relates it to the disease may validate the CMS-HCC. A medical record that does not do so may not validate the CMS-HCC.
- If a Physician or Hospital Outpatient medical record is missing a provider’s signature and/or credentials, consider using the CMS-Generated Attestation that was provided with your data. CMS will only review CMS-Generated Attestations for the Part C IPM.
- Minimum requirements for Hospital Inpatient medical records submitted for the Part C IPM must contain an admission and discharge date. In addition:
 - Hospital Inpatient medical records must include the signed Discharge Summary (or discharge note for admissions less than 48 hours).
 - Standalone consultations must contain the consultation date and must be submitted as a Physician provider type.
 - Standalone Discharge Summaries submitted as Physician provider type must contain the discharge date.
- If the medical record supports more than one of the audited CMS-HCCs for the enrollee, select all applicable CMS-HCCs on the Medical Record Coversheet and submit the record only **once**.

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