

Calendar Year 2023 (CY23) Medicare Part C Improper Payment Measure (Part C IPM) Medical Record Selection and Submission Quick Reference Guide



Use the *CY23 Part C IPM Medical Record Selection and Submission Quick Reference Guide* to help your Medicare Advantage (MA) Organization identify key considerations and quick tips for:

- [Selecting a valid medical record](#)
- [Selecting a record that supports the enrollee's audited Centers for Medicare & Medicaid Services-Hierarchical Condition Category \(CMS-HCC\)](#)
- [Submitting a valid CMS-Generated Attestation \(if applicable\)](#)
- [Completing the Medical Record Coversheet during the submission process](#)

Links to [additional resources](#) are also provided at the end of this guide.

Note: *Verifying the items referenced in this guide does not guarantee a valid medical record submission.* CMS' medical record reviewers must review the entire medical record to determine if the record is valid and supports the enrollee's sampled CMS-HCC.

Key Considerations for Selecting a Valid Medical Record

The following items affect medical record validity. Keep the following items in mind when selecting a medical record for the CY23 Part C IPM.

Enrollee Name

- ✓ Confirm the name on the record is the **sampled enrollee's** name.
- ✓ Confirm the sampled enrollee's name is on all pages of the record.

Quick Tip – Handling slight name variations, in enrollee names, such as the use of a middle initial or changes in last name due to divorce and/or marriage:

The Medical Record Coversheet provides an area to input a beneficiary's name and date of birth, and a field for corrections. The correction field identifies a discrepancy between the name on the medical record and the name listed in the Health Plan Management System (HPMS) and the enrollee file. For example, to indicate a middle name error, or an alteration using the first initial instead of a name, use this section to make the correction. We recommend verifying the name on the coversheet. If there are any discrepancies, make the correction on the Medical Record Coversheet. CMS reviews these corrections to confirm the enrollee is valid.

Date(s) of Service

- ✓ Confirm the date(s) of service is within the data collection period (between 1/1/2022 – 12/31/2022 for CY23). For inpatient records, the discharge date must be in 2022.

Need more guidance? Refer to page 9 of the *Part C IPM Medical Record Submission Instructions*.*

Signature

- ✓ Ensure the record is signed and dated promptly by the provider who performed the visit. Records signed in response to the Part C IPM audit are not acceptable.
- ✓ Ensure the signature is a valid handwritten or electronic signature. Stamped signatures are **not** acceptable.
- ✓ If an **outpatient** record is missing the signature, work with the provider to complete a CMS-Generated Attestation to include with the medical record submission. Only CMS-Generated Attestations (template provided in HPMS) should be submitted. Non-CMS attestations will not be accepted.

Need more guidance? Refer to pages 10 and 15-17 of the *Part C IPM Medical Record Submission Instructions*.*

Source/Credential/Specialty

- ✓ Ensure the record contains a valid specialty/credential for the provider that performed the visit. A full list of valid risk adjustment specialty types is available in the "Appendix A: CMS-HCCs and Physician Specialties" section of the *Part C IPM Medical Record Submission Instructions* on pages 25-27.*
- ✓ If an **outpatient** record is missing the provider's credential, work with the provider to complete a CMS-Generated Attestation to include with the medical record submission.
- ✓ **Diagnostic radiology** is **not** a valid source for Part C IPM.
- ✓ Telehealth visits are considered a valid source for dates of service within the data collection period (1/1/2022 – 12/31/2022).

Need more guidance? Refer to pages 9 and 15-17 of the *Part C IPM Medical Record Submission Instructions*.*

Document Quality

- ✓ Submit an electronic medical record (EMR) when available. CMS-HCCs submitted with EMRs are associated with lower discrepancy rates than CMS-HCCs without EMR submissions.
- ✓ Ensure the copy quality is not too light, too dark, obscured, or illegible.
- ✓ Ensure the pages of the record are in order and properly oriented.
- ✓ Confirm there are no missing pages.
- ✓ Ensure there is only one record in the submission.

Quick Tip – MA Organizations cannot delete previously submitted medical records:

MA Organizations may not delete previously submitted medical records; however, MA Organizations may submit additional medical records for a sampled CMS-HCC. The only time a submitted medical record can be deleted is when a Protected Health Information (PHI)/Personally Identifiable Information (PII) issue is discovered (i.e., the record submitted is for an enrollee not included in the CY23 sample). In this case, the Medical Record Review Contractor will delete the record.

*Plan users who have access to the Health Plan Management System (HPMS) Part C IPM module can download these additional materials from the Document Library. The materials are also publicly available on the [CMS.gov Part C IPM website](#).

Key Considerations for Selecting a Record to Support Audited CMS-HCC(s)

In addition to including all the elements of a valid medical record, the record must also support the enrollee's audited CMS-HCC(s).

CMS-HCC Validation Issues

- ✓ Confirm the medical record supports the audited CMS-HCC. Watch for these common documentation issues that may lead to an unsupported CMS-HCC:
 - Diagnosis is not documented (for example, Diabetes Mellitus is documented without complications or there is no documentation of drug/alcohol dependence).
 - An acute diagnosis is only listed on a problem list or past medical history and not documented as a current condition.
 - The diagnosis is listed as "possible" or with other non-confirmed language on an outpatient visit.
 - Body Mass Index is documented but no associated diagnosis (such as obesity) is documented as a current condition.
 - A coding guideline dictates that two conditions cannot occur together (for example, a congenital form versus an acquired form of the same condition).
- ✓ Remember that one medical record may support multiple CMS-HCCs for an enrollee (if applicable) and each supported CMS-HCC should be listed on the coversheet.

Quick Tip – What to do when a valid medical record to support a CMS-HCC is unavailable:

If an MA Organization does not have a medical record to support an audited CMS-HCC(s), it should select the "No document will be attached for selected CMS-HCC(s)" radio button when completing the coversheet during the submission process in HPMS. The MA Organization will be required to provide a brief explanation detailing why medical record documentation will not be submitted for the selected CMS-HCC(s).

If documentation is found during the submission window, an MA Organization may generate a separate coversheet with documentation attached. Please note that CMS-HCCs without a valid medical record submitted will be marked as discrepant.

Need more guidance? Refer to pages 8-9 of the *Part C IPM Medical Record Submission Instructions*.*

Key Considerations for Submitting a CMS-Generated Attestation (if Applicable)

CMS-Generated Attestations are not required but may be used to resolve signature and credential issues. Consider the following items when completing a CMS-Generated Attestation for submission.

Ensuring a Valid CMS-Generated Attestation

If including a CMS-Generated Attestation with the submission, ensure the attestation:

- ✓ Is a CMS-Generated Attestation (plan-generated and other non-CMS attestations will not be accepted)
- ✓ Is legible, unaltered, and complete. The attestation must include:
 - Name of enrollee
 - Date of service (this should match exactly the date of service on the medical record)
 - Name of the provider who performed the exam
 - Credential of the provider who performed the exam
 - Signature of the provider who performed the exam
 - Date the provider signed the attestation

Need more guidance? Refer to pages 15-17 of the *Part C IPM Medical Record Submission Instructions*.*

Key Considerations for Completing the Medical Record Coversheet

Keep these key considerations in mind when completing the Medical Record Coversheet during the submission process in HPMS.

Selecting the Correct Enrollee for the Submission

- ✓ Submitting a medical record for the wrong enrollee may lead to a PHI/PII issue and will result in an invalid submission.
- ✓ When completing the Medical Record Coversheet, compare the selected enrollee's name and date of birth to the name and date of birth on each page of the medical record to ensure the submission is for the correct enrollee.

Designating All Applicable CMS-HCCs

- ✓ Confirm whether the medical record can support more than one sampled CMS-HCC for the enrollee, if applicable.
- ✓ If the medical record supports more than one sampled CMS-HCC, select **all applicable CMS-HCCs** when completing the Medical Record Coversheet and submit the record only **once**.
- ✓ CMS will not review confirmed duplicate records. Do not submit the same medical record multiple times for the same or different CMS-HCCs.
- ✓ CMS considers the CMS-HCC to be validated if it is found on any submitted medical record for a given enrollee, even when not included on the coversheet.

Key Considerations for Completing the Medical Record Coversheet (Continued)



Selecting the Correct Document Type

The document type designated on the coversheet should match the type of record being submitted:

- ✓ **One Physician Specialist/Hospital Outpatient Record:** This type of record is submitted for one date of service and can be a physician office visit; a standalone hospital outpatient visit (for example, an emergency room visit or outpatient procedure report); a standalone document from an inpatient stay (Consult, Progress Note, History & Physical, Emergency Room or Operative Report); a Health Risk Assessment (HRA); or a visit with a Physical Therapist, Occupational Therapist, or Speech Language Pathologist (not occurring in an inpatient setting).
- ✓ **One Observation Record:** This type of record documents that the patient was admitted and remained in Observation status.
- ✓ **One Hospital Inpatient Record:** This type of record must include both an Admit Date and a Discharge Date/Discharge and can be a full inpatient record or an inpatient rehabilitation record.

Need more guidance? Refer to pages 12-13 in the *Part C IPM Medical Record Submission Instructions*.*



Entering the Correct Date(s) of Service

The date(s) of service on the coversheet should match the date(s) of service on the medical record.

- ✓ For **One Physician Specialist/Hospital Outpatient Record**, enter the one date of service documented in the record.
- ✓ For **One Observation Record**, enter a date range using the first day to the last day of the Observation stay.
- ✓ For **One Hospital Inpatient Record**, enter a date range using both the Admit Date and Discharge Date documented in the record.

Additional Resources

CMS has made a number of resources available for MA Organizations participating in the Part C IPM sample. The following materials are publicly available on the [CMS.gov Part C IPM website](https://www.cms.gov/partc-ipm), as well as in the HPMS Part C IPM module for plan users who have access:

- **Part C IPM Medical Record Submission Instructions:** Provide guidance on participating in the Part C IPM, including medical record selection, submission, and lessons learned.
- **Part C IPM MA Organization Frequently Asked Questions (FAQs):** Provide answers to a wide range of questions CMS commonly receives from MA Organizations.
- **Part C IPM Cancer Supporting Documentation Reference Document:** Provides examples of common cancer documentation scenarios where current versus a history of cancer should be assigned.
- **Part C IPM Provider Source Reference Document:** Provides examples of valid and invalid provider source visits to assist with selecting appropriate documentation for the sample.
- **Instructions for Requesting Access to the HPMS Part C IPM Module:** Provide information for requesting and maintaining access to the HPMS Part C IPM module, CMS' only acceptable forum for participating in the Part C IPM.
- **HPMS Part C IPM Module User Guide:** Provides step-by-step instructions for navigating the HPMS Part C IPM Module, including making a submission and accessing enrollee data, reference materials, and reports.

*Plan users who have access to the Health Plan Management System (HPMS) Part C IPM module can download these additional materials from the Document Library. The materials are also publicly available on the [CMS.gov Part C IPM website](https://www.cms.gov/partc-ipm).