

Commercial Risk Adjustment Data Validation Call for Medical Records

The Department of Health and Human Services (HHS) requires health plans like Florida Blue to validate the accuracy of risk adjustment data submitted to the Centers for Medicare & Medicaid Services (CMS). This applies to Individual and Small Group health markets.

Per the Affordable Care Act (ACA), all Individual and Small Group products for consumers who are under 65 years of age are now risk adjusted¹. Beginning July through mid-November 2024, if your provider group or facility is selected for this validation, we will review medical records for dates of service in the calendar (benefit) year 2023 for our members². This work is to ensure chart documentation accurately reflects members' clinical conditions and the encounter (claims) data submitted to HHS/CMS for ACA premium stabilization programs is accurate.

Upon receipt of our medical record request, providers, groups, and facilities may **submit the requested medical records by one of the following methods:**

1. **Remote Electronic Medical Record (EMR) Access:** You may grant remote EMR access to Florida Blue. To do so, please contact us via email at commercialroi@bcbsfl.com.
2. **Secure File Transfer:** Secure File Transfer can be established for secure delivery of medical records. If you have an established secure file transfer username and passcode, records may be sent. Otherwise, contact us at the email address above or call 1-904-905-2691 so we may provide you with a temporary username and passcode to access the secure portal.
3. **Fax:** Records may be faxed to 1-904-301-1671.
4. **Email:** Records may be sent via secure email at the email address above. Be sure to include "Secure" in the subject line.
5. **USPS Mail:** Records may be mailed to Florida Blue, Commercial Operations Team, P.O. Box 40008, Jacksonville, FL 32203-0008.

For any questions or concerns, you may contact the Florida Blue Commercial Risk Adjustment Team at commercialroi@bcbsfl.com or call 1-904-905-2691.

¹ A process by which CMS provides payments to health insurance plans that disproportionately attract higher-risk populations such as individuals with chronic conditions.

² Per HIPAA Privacy rules, providers are allowed to disclose protected health information to health plans without authorization from the patient when both the provider and health plan had a relationship with the patient, and the information relates to that relationship [45 CFR 164.506(c)(4)]. For more information about privacy rule language, please visit <http://www.hhs.gov/ocr/privacy>. For more information about medical record audits, please refer to the [Florida Blue Manual for Physician and Providers](#) at FloridaBlue.com; select *Providers* at the top of the page > *Provider Manual*.