



Medicaid | Marketplace | Medicare

Chasing the Chart

The role of our providers in the lives of health plan members and operations is critical. We are so appreciative for the high-quality care you deliver and are additionally grateful for the support you provide during busy times like HEDIS season.

Your willingness to respond to requests for medical records allows Sunflower to meet regulatory requirements and better manage costs and rates. We kindly ask that you provide records in a timely fashion.

We recognize that frequently many health plans approach you for records at the same time. This ties up valuable provider resources, so we are always looking for ways to streamline the retrieval process. To alleviate administrative burden and costs, if you have an Electronic Medical Record (EMR) system through which records can be obtained, we welcome a discussion about the appropriate access.

Sunflower Health Plan has created a timeline and background information to assist in the planning for high-traffic periods during the year.

PROGRAM	DEFINITION	REQUIREMENTS
HEDIS (Healthcare Effectiveness Data and Information Set) Audit	HEDIS is a performance measurement tool that is coordinated and administered by NCQA and used by CMS for monitoring the performance of managed care organizations. HEDIS is a retrospective review of services and performance of care. Results are used to measure performance, identify quality initiatives, and provide education programs for providers and members.	<ul style="list-style-type: none"> For CMS/NCQA and HHS Medicaid Medicare (Wellcare) Marketplace (Ambetter) Annual Audit Vendors: <ul style="list-style-type: none"> Change Health Ciox Health
RADV (Risk Adjustment Data Validation) Chart Retrieval	HHS RADV stratifies its sampling among adult, child and infant patients by metal levels (silver, gold, platinum) offered through the qualified health plans. A random sample of 200 patients with a variety of risk scores and Hierarchical Condition Categories (HCCs) is chosen to prove the validity of the HCC value that was paid to the health plan by CMS for the reported ICD-10 code.	<ul style="list-style-type: none"> For CMS/HHS Marketplace (Ambetter) Medicare (Wellcare) Annual Audit Internal Record Retrievals Vendors: <ul style="list-style-type: none"> Optum Health Ciox Health Cognisight (Coding)
Risk Adjustment "Suspecting"	"Suspecting" is the process of identifying additional health conditions through a review of medical records. Medical records are chosen based on member/patient demographics and other claim activities. Records are reviewed and coded for additional health conditions that fall into an HCC category.	<ul style="list-style-type: none"> Marketplace (Ambetter) Medicare (Wellcare) One to two times a year Internal Record Retrievals Vendors <ul style="list-style-type: none"> Change Health Ciox Health

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
HEDIS		Hybrid Chart Retrieval (Ciox/Change Healthcare)				Year round Gap Closure						
RADV					Benefit Year RADV Retrieval							
Risk Adjustment Suspecting	Previous Year Chart Retrieval									Current Year Chart Retrieval		

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