



**STAY TUNED FOR INFORMATION  
ON HOW YOU CAN WIN ONE  
OF SEVERAL PRIZES – JUST BY  
GETTING YOUR RECORDS IN  
EARLY !**

## The AHCCCS Annual Data Validation Study is Beginning!

May 7, 2010

Dear Care1st Practitioners and Staff and Hospitals and Staff:

Each year as part of a federal requirement, AHCCCS requests medical records from practitioners and hospitals for services provided to AHCCCS members during a previous AHCCCS contract year (this year AHCCCS is reviewing Contract Year 10/1/06 – 9/30/07). The process is referred to as Data Validation. This year, the methodology was revised by AHCCCS and as a result, medical records will be requested from all practitioner types and facilities that rendered care between **2/1/07 – 5/31/07** to the sample of members selected by AHCCCS for the study.

Care1st provided AHCCCS with information on members seen by your office or facility during 10/1/2006-9/30/2007. As a result, AHCCCS may send your office/facility a request for records. The request(s) will come in the form of a packet:

- Each packet sent to your office/facility will contain all of the information necessary to process the request for medical records. You likely will receive requests from AHCCCS for members from multiple plans (i.e. Care1st, Mercy Care, PHP, etc.) Each packet must be completed and returned directly to the appropriate plan.
- All services must be submitted for the dates requested.

Practitioner records must include:

1. All services provided by the practitioner.
2. Outside test results (labs, radiology services, etc.)
3. Letters (or other appropriate documentation) from specialty providers who saw the patient.

Facility inpatient records must include:

1. Discharge Summary (preferred), or History & Physical, or Op Report, or Consultation documentation.
2. Ambulance record if appropriate.

Facility OP records must include:

1. ER Reports, labs, x-rays, outpatient OP reports, therapy documentation, any other outpatient services as appropriate.
2. Ambulance records if appropriate.

Other Instructions (Applicable to All):

1. Ensure the date of birth (DOB) and AHCCCS recipient ID# on the patient medical record matches the DOB and AHCCCS recipient ID# on the Provider Member List when the office has multiple patients with the same name.
2. Records should be fastened with rubber bands or paper/binder clips only. ***Please no staples!***
3. Send **complete** medical records for the timeframe specified above to:

Care1st Health Plan  
Attn: Debbie Muir/Provider Network Operations  
2355 E Camelback Rd, Suite 300  
Phoenix, AZ 85016

Please contact Provider Network Operations at the number below if you have questions regarding requests for medical records for Care1st members.

***THANK YOU VERY MUCH FOR YOUR ASSISTANCE WITH THIS PROJECT!!***

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**Provider Network Operations**  
**Phone 602.778.1800 or 866.560.4042 (Options in order: 5, 7)**  
**Fax 602.778.1875**

Visit our website at [www.care1st.com/az](http://www.care1st.com/az)