

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

APRIL 8, 2022

HIGHMARK'S RETROACTIVE CHART RETRIEVAL PROGRAM

Highmark is performing our Retroactive Chart Retrieval Program for Medicare Advantage (MA) and Affordable Care Act (ACA) charts. Below are answers to the most frequently asked questions.

Q1: Why is Highmark requesting MA and ACA medical record information for the Highmark Retroactive Chart Retrieval Program?

A1: As a holder of an MA contract and issuer of qualified health plans under the ACA, Highmark is required to ensure the accuracy and integrity of risk adjustment data submitted to the Centers for Medicare & Medicaid Services (CMS).

This review of the medical record documentation is intended to confirm that complete and accurate documentation exists in support of chronic illnesses and conditions diagnosed during member encounters. All diagnosis codes submitted must be documented in medical records as a result of a face-to-face visit. The diagnosis must be coded according to the CMS *International Classification of Diseases (ICD), Clinical Modification Guidelines for Coding and Reporting*.

Q2: Did Highmark recently perform a retroactive chart retrieval in our offices?

A2: Yes, it is possible. Due to different timelines for the MA and ACA chart retrieval review processes, Highmark must conduct chart retrievals multiple times each year, which may cause an overlap. Chart retrievals for ACA charts took place in October 2021 through March of 2022. Chart retrieval for Highmark MA members is scheduled to begin this month (April 2022).

Q3: Is this an audit?

A3: No, this is not an audit.

Q4: Are we required to participate in the Highmark Retroactive Chart Retrieval Program?

A4: Yes, Highmark requires that requested medical records be supplied per provider contracts. As a network provider, you are required to submit these records without charge.



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- Q5: Will our claims be adjusted for participating in the retroactive chart retrieval?**
A5: No, there are no financial ramifications (i.e. adjustments to claims) as a result of participating in this medical record review.
- Q6: Why can't Highmark get the information via the claims I submitted?**
A6: The diagnosis information from claims data Highmark has may be incomplete. Historically, there has been diagnosis-related information contained in medical records that does not get reported to Highmark via claims data. This chart retrieval and medical record review program helps Highmark get a complete account of all diagnosis codes that are effectively supported by medical record documentation. This data then helps Highmark evaluate the specificity of the ICD-10-CM diagnosis coding substantiated in the medical record.
- Q7: Do I have to supply all requested charts?**
A7: Yes, you must supply all the requested charts. All requested medical records need to be reviewed in order to effectively evaluate the completeness of medical record documentation per member for encounters associated with various confirmed and suspected chronic conditions.
- Q8A: Behavioral Health Providers: Do I have to send the complete medical records for each of the requested charts?**
A8A: No, Highmark is requesting that Behavioral Health providers only provide chart information that specifically supports and substantiates Behavioral Health diagnoses and was obtained during a face-to-face encounter with a member. This type of chart information is most often found in initial visit evaluations and subsequent treatment plans. Highmark is not requesting counseling and therapy session notes.
- Q8B: All Other Providers: Do I have to send the complete medical records for each of the requested charts?**
A8B: Yes, you must send the complete medical records for each requested chart.
- Q9: Who are the record retrieval vendors that are authorized by Highmark to contact us?**
A9: Highmark will be working with CIOX Health to retrieve MA and ACA medical records in this year's Retroactive Chart Retrieval Program. You will be contacted by either CIOX Health or an assigned Highmark representative, most likely via telephone, to verify the retroactive membership list, then the request and list will be mailed or faxed to you.
- Q10: What should I anticipate once my practice is contacted?**
A10: Either CIOX Health or your assigned Highmark representative will work with you to identify the requested charts and discuss the most efficient methods of submission available to you. This partnership will allow charts to be submitted within 30 days of contract.
- Q11: What if I am not sure we can meet the requested deadline?**
A11: Submissions of all requested charts are expected within 30 days of contact. Highmark vendors make every effort to collaborate with you to explore options that will allow submission of charts on time.

Q12: What if I haven't provided services to members identified in this review and/or do not have the requested charts?

A12: Please advise CIOX Health or your assigned representative of this during the initial outreach to your office. Since paid claims are used by Highmark to select charts for this retrieval and medical record review, Highmark will work with you to identify any claims submission errors.

Q13: Does releasing member charts to the vendor comply with the Health Insurance Portability and Accountability Act (HIPPA)?

A13: Yes, fulfillment of this retroactive chart retrieval request complies with applicable laws, rules, and regulations, including HIPPA. Providers are permitted to disclose protected health information (PHI) to Highmark without direct authorizations from the member when both you and Highmark have a relationship with the member, the information relates to the relationship, and the disclosure is for payment of certain health care operations purposes*.

Q14: Will the review take records from my office?

A14: No, the reviewers will not take records from your office. The original medical records are your property and will stay in your office. Records may be scanned, copied, or downloaded, but only for use by medical coders.

Q15: Who do I contact if I have questions?

A15: If you have questions pertaining to the request that you received for charts, please contact CIOX Health (**877-445-9293** or chartreview@cioxhealth.com) or your assigned Highmark representative.

If you have general questions about the retroactive chart retrieval program for MA and ACA charts, contact your Provider Relations Representative or the Provider Service Center at **866-588-6967**.

*Code of Federal Regulations 45CFR 164.506(c)(4)