



Frequently Asked Questions (FAQs)

Highmark Inc. Retrospective Chart Review Program for Medicare Advantage and Affordable Care Act Charts

Updated March 2021

1. Why is Highmark Inc. (“Highmark”) requesting Medicare Advantage and Affordable Care Act medical record information for the Highmark Retrospective Chart Retrieval Program?

As a holder of a Medicare Advantage contract and issuer of qualified health plans under the Affordable Care Act (“ACA”), Highmark is required to ensure the accuracy and integrity of risk adjustment data submitted to The Centers for Medicare & Medicaid Services (“CMS”). All diagnosis codes submitted must be documented in the medical record and must be documented 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*.

2. Did Highmark recently perform a retrospective chart retrieval in our offices?

Yes, it is possible. Due to different timelines for the Medicare Advantage and ACA chart retrieval and review processes, Highmark must conduct chart retrievals multiple times each year. These retrievals may overlap. Chart retrievals for ACA charts took place in October through March of 2021. Chart retrieval for Highmark Medicare Advantage members is scheduled to begin in April of 2021.

3. Is this an audit?

No, this is not an audit. This is a review of the medical record documentation which is intended to confirm that complete and accurate documentation exists in support of chronic illnesses and conditions diagnosed during patient encounters.

4. Are we required to participate in the Highmark Chart Retrieval Program?

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.

5. Will our claims be adjusted as a result of participating in the retrospective chart retrieval?

No, there are no financial ramifications (i.e., adjustments to claims) to Providers as a result of participating in this medical record review.



6. Why can't Highmark get the information for the claims data submitted by Providers?

Highmark already has some diagnosis information from claims data, but it 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 is intended to get a complete account of all diagnosis codes that are effectively supported by medical record documentation, and to evaluate the specificity of the ICD-10-CM diagnosis coding substantiated in the medical record.

7. Do I have to supply all of the requested charts?

Yes, you must supply all the requested charts. Highmark has an obligation to ensure that all diagnosis data submitted to CMS is supported by medical record documentation. 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.

8. Do I have to send the complete medical records for each of the requested charts?

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 patient. 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.

9. Who are the record retrieval vendors that are authorized by Highmark to contact us?

Highmark will be working with two vendors to retrieve Medical Advantage and ACA medical records in this year's Retrospective Chart Retrieval Program:

- CIOX Health

You will be contacted by your assigned vendor, most likely via telephone, to verify the retrospective membership list, then the request and list will be mailed or faxed to you.

10. What should I anticipate once my practice is contacted?

The assigned vendor 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 contact by the assigned vendor.



11. What if I am not sure we can meet the requested deadline?

Submissions of all requested charts are expected within 30 days of contact by the assigned vendor. Highmark vendors make every effort to collaborate with Providers to explore options that will allow submission of charts on time.

12. What if I haven't provided services to patients identified in this review/ or do not have to the requested charts?

Please advise your assigned vendor 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.

13. Does releasing member charts to the vendor comply with the Health Insurance Portability and Accountability Act (HIPAA)?

Yes, fulfillment of this retrospective chart retrieval request complies with applicable laws, rules and regulations, including HIPAA. Providers are permitted to disclose protected health information (PHI) to health plans without direct authorization from the patient when both the Provider and health plan had a relationship with the patient, the information relates to the relationship and the disclosure is for payment of certain health care operations purposes*.

14. Will the reviews take records from our office?

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.

15. Who do I contact if I have questions?

If your question pertains to the request that you received for charts, please contact your assigned vendor using the contact information below.

- CIOX Health may be reached at 877-445-9293 or chartreview@cioxhealth.com

If you have general questions about the Retrospective Chart Retrieval Program for Medicare Advantage and ACA charts, contact either your Provider Relations representative or the Provider Service Center at 866-588-6967.

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

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