Medical Chart Reviews: Frequently Asked Questions

Background

Who is Inovalon? What services does it provide?
Blue Cross Blue Shield of Michigan contracts with Inovalon, an independent company, to perform medical chart reviews and submit risk-adjustment data to Centers for Medicare & Medicaid Services on Blue Cross’ behalf.

Why are you reviewing the patient’s charts?
The review helps us confirm suspected chronic conditions that haven’t been submitted on a claim for the service date range in question. Conditions that are actively being treated or those that may affect the patient’s treatment should be reported on a claim at least once a year.

All Medicare Advantage organizations must submit complete and accurate data to CMS.

They can also help by identifying members who may benefit from our care and disease management programs.

Do patients need to authorize Inovalon to review their charts? Will my patient information be secure?
No, patients don’t need to authorize a chart review. Inovalon must protect, preserve and maintain all protected health information. Please be assured you can release this information to Inovalon without the signed consent of your patients. This is allowed under the Health Insurance Portability and Accountability Act Privacy Rule, which permits providers to release certain Protected Health Information to health plans and their business associates for the purpose of health operations and risk management.

Do I have to comply with chart review requests?
If you are a contracted Medicare Plus Blue℠ PPO provider, you must participate in the chart review request. Please refer to the Medicare Plus Blue PPO Manual, available on bcbsm.com/provider/ma.

I want to participate but can’t right now.
Call Inovalon at 1-800-390-3180 to see if you may postpone your review.
Chart documentation

Why not look at past claims for the suspected diagnosis codes?
Physicians should evaluate members with chronic conditions at least annually and conditions should be reported on the associated claim. Without this claim information, CMS assumes the member is cured of conditions like diabetes, congestive heart failure and pulmonary disease.

What does Inovalon want included in chart documentation?
Include the following documents for each chart identified on the chart pull list:

- Discharge, consult and pathology summaries and reports
- Surgical procedures and operating room summaries
- Subjective and objective assessments and plan notes
- Pertinent laboratory and study summaries

Each documented patient encounter must contain a date, the provider’s complete signature and credentials. You don’t need to rewrite credentials if preprinted on the letterhead or signature document.

I don’t treat this patient for a chronic condition. Why do I have to include these diagnoses codes on his or her claims?
If the patient has one or more chronic conditions, it may affect:

- Time you spent discussing and counseling about the condition
- Appropriate care for another condition you are treating
- Prescribed treatment plan and medications

Inovalon has already been to my office. Why do they want another review?
Inovalon conducts several different reviews each year. Each review covers a different time frame. If the same patient chart is requested, the review is for a different time frame. The same or different diagnoses may be suspected in a different time period.

Why does Inovalon ask for so many charts?
The volume of members selected for each site depends on the number of Medicare Advantage members treated at that site and the diagnoses previously submitted for those members by your office or another provider.
Can I give a medical record to Inovalon in another format?
Records may be delivered to Inovalon by various methods:

• You can download records to a CD or flash drive. Contact Inovalon and request information on how to submit records by CD or flash drive.
• You may grant Inovalon access to electronic medical record systems either on-site or remotely. During on-site reviews, Inovalon staff won’t be able to import electronic records. They can, however, scan printed copies of your records.
• You may fax five or fewer records to Inovalon at 1-800-863-4360. You may also ask Inovalon to convert an on-site review to a chart request.
• Charts can be uploaded to Inovalon’s secured FTP site. Request this method when you speak to the Inovalon representative.
• You may also use Inovalon’s FedEx account number to send and track the records.

For more information about the alternative delivery methods please contact Inovalon at 1-800-390-3180.

I treated the patient in a hospital or nursing home and don’t have the records listed in the chart request. Do I need to obtain those records?
No, just let Inovalon know where to find those records.

I received a chart request but the member isn’t my patient. What should I do?
Call Inovalon at 1-800-390-3180. We determine the review site by the provider address on file. If there is more than one physician at an address, it may have been incorrectly considered a single physician site.

I’m located at a large hospital with physician offices billed through the hospital. Can these requests be submitted to a central contact?
E-mail a list of providers to marevenuemgtops@bcbsm.com. Include the following information:

• The site ID
• Practice name
• Providers’ names, addresses, phone numbers and primary contact

What if I receive multiple chart pull lists with different site identifiers?
Contact Inovalon to have the site IDs combined to supply all records from one location or to establish one central contact.
I’m not comfortable faxing patient information. How else can I send it?
Protected health information is safe and secure when faxed to Inovalon. You may also use Inovalon’s FedEx account number to send and track the records.

**Reimbursement**

**Will I be reimbursed for copying patient records?**
Yes. We reimburse you $5 for each individual chart from a provider’s office and $5 per care episode at hospital facilities. We only reimburse for our own Medicare Advantage members. We do not honor requests for other plans, including any Blue Care Network Medicare Advantage plans.

**Why doesn’t your reimbursement match the Michigan Legislature Medical Records Access Act (Act 47 of 2004) Section 333.26269 Fee Sec. 9?**
Section 333.26271 (applicability of act to third-party payer), Section 11, shows that this act doesn’t apply to:

- Copies of medical records for a third-party payer
- An insurer, as defined in section 106 of the insurance code of 1956, 1956 PA 218, MCL 500.106
- A self-funded plan

**Who do I contact for reimbursement?**
or email us at [marevenuemgtops@bcbsm.com](mailto:marevenuemgtops@bcbsm.com) to request this form. You may fax your invoice to us at **1-800-431-9451**. Most requests are processed within 30 to 45 business days.
Resources

Where can I find information on CMS coding guidelines?
Specific national coding guidelines are located here:

We can process up to:
• Four diagnoses on a CMS-1500 paper claim
• 18 diagnoses on a UB-04 paper claim
• 27 diagnoses on an electronic 837 claim

What do I do if the person from Inovalon missed the appointment?
First, verify your appointment with Inovalon. Then call your provider consultant or email us at marevenuemgtops@bcbsm.com including the following details: Inovalon employee who was to visited your office, your name, your site ID number and the scheduled review date along with your contact information.

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