

MedAssurant

Frequently asked questions

Medicare PLUS BlueSM



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

1. Who is MedAssurant? What do they do?

MedAssurant gathers data and provides analytic services for numerous companies. BCBSM contracts with them to submit Risk Adjustment Processing System data to Centers for Medicare & Medicaid Services and to perform medical chart reviews.

2. Why are you reviewing the patient's charts?

We review charts to make sure conditions listed in the medical record are included on claims. For example, members using certain drugs, durable medical equipment, skilled nursing facilities and home health care should have specific conditions submitted.

3. Why not look at past claims for the suspected diagnosis codes?

Physicians should evaluate members with chronic conditions 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.

4. Do I have to participate?

Yes, you must participate. See Page 11, of the [2008 Terms and Conditions](#) and Page 8, section 6 of the [2009 Terms and Conditions](#).

All Medicare Advantage organizations must ensure that complete and accurate data is submitted. The reviews verify we have the appropriate risk scores. CMS bases plan payments on these risk scores. They also allow members to benefit from care and disease management programs that:

- Encourage healthy life choices.
- Support members with complex health issues.
- Keep the members' premiums as low as possible by obtaining the correct payment amount from CMS for each member.

5. I do not have a contract with Medicare Advantage. Am I required to participate?

Yes. If you were deemed for that episode of care you must participate in the review. See our [terms and conditions](#) for deeming information.

6. I want to participate but can't right now. May I postpone the review?

Call MedAssurant as you may be able to postpone your review.

7. Do patients need to authorize MedAssurant to review their charts? Will my patient information be secure?

No, patients do not need to sign for a chart review. MedAssurant must protect, preserve and maintain all protected health information.

8. Will we receive feedback on charts reviewed?

Yes. We will distribute the findings within eight weeks after the data submission deadline. The data submissions deadlines are as follows:

- Process 1: First Friday in March
- Process 2: First Friday in September
- Process 3: January 31

9. I do not treat this patient for a chronic condition. Why do I have to include such diagnoses codes on their claims?

If the patient has one or more chronic conditions it may impact the:

- Time you spend discussing and counseling about the condition
- Education as to how a chronic condition impacts another condition you are treating
- Treatment plan and medications prescribed

Specific national coding guidelines for diagnoses are on Page 70, item K at cdc.gov/nchs/data/icd9/icdguide.pdf.

We can process up to:

- Four diagnoses on a CMS-1500 paper claim
- Eight diagnoses on an electronic CMS-1500 claim
- 10 diagnoses on a UB-04 (paper or electronic) claim

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10. What chart documentation is MedAssurant looking for?

For each chart, fax, mail or provide for the dates of service listed on the chart pull list the following documents:

- Discharge, consult, and pathology summaries and reports
- Surgical procedures and operating room summaries
- Subjective, objective, assessment and plan notes
- Where appropriate, pertinent laboratory and study summaries

Each document must contain the provider's complete signature, credentials and date. You don't need to rewrite credentials if preprinted on the letterhead.

11. MedAssurant has already been to my office. Why do they want another review?

Each review covers a different time frame. If the same patient chart is requested, the review is for a different time frame. The same diagnosis may be suspected in a different time period or different diagnoses are suspected in a different period.

12. Why does MedAssurant ask for so many charts?

MedAssurant reviews 12 months of information at a time.

13. Can I give a medical record to MedAssurant in another format?

Download the records to a CD and submit it directly to MedAssurant, just be sure to contact them before you send it. During onsite reviews, MedAssurant staff will scan printed copies of your records, but they are not able to import electronic medical records. If your system allows direct access MedAssurant can view your records offsite.

14. I treated the patient in a hospital or nursing home and don't have the records in the chart request handy. Do I need to obtain those records?

No, just let MedAssurant know where to find those records.

15. I received a chart request but the member is not my patient. What should I do?

Notify MedAssurant of any discrepancies. We determine the review site by the provider address on file. If there is more than one physician at an address, it may have incorrectly been considered one site.

16. 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 be submitted through a central contact. Include the following information:

- The site ID
- Practice name
- Providers' names, addresses, phone numbers and primary contact

17. What if I receive multiple chart-pull lists with different site identifiers?

Contact MedAssurant to have the site IDs combined, to supply all records from one location or to establish one central contact person.

18. Can I fax records to MedAssurant?

You may fax five or fewer records to MedAssurant. You may also ask MedAssurant to convert an onsite review to a chart request.

19. I'm not comfortable faxing patient information. How else can I send it?

PHI is safe and secure when faxed to MedAssurant. You may also use MedAssurant's FedEx account number to send and track the records.

20. What do I do if the person from MedAssurant missed the appointment?

First, verify your appointment with MedAssurant. Then call your provider consultant or e-mail us your site ID number and review date.

21. Will I be reimbursed for copying patient records?

Yes. We reimburse for unique member reviews at \$3 for those started before April 1, 2009 and \$5 for those started on or after April 1, 2009.

22. Your reimbursement does not 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 does not 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, or a self-funded plan.

23. Who do I contact for reimbursement?

Send an e-mail to us to receive an optional form. Most requests are processed within 14 days.

24. Will BCBSM reimburse me for all of the charts included in the MedAssurant request?

No. We only reimburse for our own members. We will not honor requests for other plans, including Blue Care Network Advantage.

Contact information

MedAssurant phone: 800-390-3180

BCBSM e-mail: marevenuegmtops@bcbsm.com

MedAssurant fax: 800-863-4360