

Additional Documentation Request

ABC Provider
Attn: Contact
Medical Center Drive
PO Box 999999
Somewhere, WV 26505

Re: ABC Provider – PROV#

The Centers for Medicare & Medicaid Services (CMS) has retained Cotiviti, Inc., to carry out the Recovery Audit Contractor (RAC) program. The RAC program, mandated by Congress, is aimed at identifying Medicare improper payments.

This notice is to request documentation for the claim(s) shown in the enclosure.

In accordance with 42 USC 1320(c) (5) (A) (3) and §1833 of the Social Security Act, you must provide documentation upon request to support claims for Medicare services. This request is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which allows release of information without explicit patient consent for treatment, payment, and health-care operations.

All documentation should be submitted to Cotiviti according to the enclosed instructions **within 45 days of the date of this request**. Your response is required even if you are unable to locate the requested documentation.

Please review the following page for submission instructions. The required documentation may vary depending on the type of review. If we have requested documentation for more than one type of review, for your convenience we have grouped these claims together and provided the requirements for each.

If you have any questions regarding this request, please contact us.

Sincerely,

Cotiviti Provider Service
866-360-2507
RACInfo@Cotiviti.com

Note: Representatives are available Monday through Friday, 8:30 a.m. to 6:30 p.m. EST. Check the status of your claim review, update your contact information, see review rationales, and export your data using the Cotiviti Provider Portal at www.Cotiviti.com/RAC.

Enclosures:

- Submission Instructions Claim List & Audit Rationale
- Medical Record Request Limits

Submission instructions

Please submit the following applicable components of the medical record and/or other documentation you deem appropriate to support payment of the claim(s) listed below.

- Face sheet
- Discharge summary
- History & Physical
- Emergency Room records
- All nursing notes
- ER nursing notes
- Consultations
- Physician orders
- Therapy Treatment Plan and Notes
- Physician progress notes
- Laboratory reports
- Radiology reports
- Operative reports
- Pathology reports
- ICD-10-CM codes submitted
- Physician query
- Medication Administration Records

Mail

Cotiviti recommends the use of a trackable method of mail submission and accepts deliveries from all carrier services. To avoid unnecessary denials based on non-receipt of documentation, please follow these instructions:

- No staples. However, you may use paperclips and/or rubber bands to organize the record(s).
- A copy of this letter should be the first document in your submission.
- If there are multiple claims in the request, a separator must be used in between the documentation for each. The following are the instructions for that separator:
 - Use the appropriate page from the claim listing as a separator.
 - Simply copy the page, place an X in the empty box in the left margin that corresponds with the claim number, and use that as a coversheet for that claim's documentation.
 - If you are submitting one record that applies to multiple claims in this request, you may place an X in multiple boxes for the corresponding claim numbers.

Cotiviti, Inc.
Hillcrest III Building, Suite 150
731 Arbor Way
Blue Bell, PA 19422

CD / DVD / USB

Medical record documentation may be copied digitally onto a CD, DVD, or USB drive, then mailed to us. For the submission to be valid, please go to www.Cotiviti.com/RAC, and view Submit Documentation for the required formatting instructions.

Secure electronic submission

The preferred method of electronic submission is directly through esMD. Contact your Health Information Handler (HIH) to see if they have that connectivity. To see a complete list of capable HIHs, visit www.CMS.gov, and search "ESMD." Cotiviti also has a secure connection directly with CIOX Health.

Fax to 203-529-2995

Due to the inconsistent quality and reliability of fax transmission, we do not recommend single fax transmissions over 50 pages, and we highly recommend a single transmission for each individual claim

record. With each transmission, you must include a copy of the claim listing as described above in the "Mail" section.

Claim status: www.Cotiviti/RAC

Cotiviti's Provider Portal will give you the current status of any claim that is under review. You will know when a claim is selected even before you receive the ADR in the mail, and you can see the review results 24/7. The portal does not confirm when your documentation is received, rather when it is matched to the individual claim(s). Please allow 2-4 business days from receipt of your documentation for the portal to reflect it has been matched to its corresponding claim(s).

Provider Name: [REDACTED]
Request #: [REDACTED]
Request Date: YYYY-MM-DD 00:00:00

RATIONALE: [REDACTED]

Claim / Ref#	Med Rec #	Begin DOS	End DOS	Mem DOB	Member	Patient Ctl #	Mem Last Nm
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

RATIONALE: [REDACTED]

Claim / Ref#	Med Rec #	Begin DOS	End DOS	Mem DOB	Member	Patient Ctl #	Mem Last Nm
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Reminder: A copy of this request letter must be submitted as the first page accompanying your documentation. If the request is for multiple claims, simply place an X in the empty box in the left margin that corresponds with the claim number, and use that as a separator/coversheet for that claim's documentation. See the "Submission instructions" section above for more detail.

**Medical record request limits
inserted here**