Region _X_Recovery Audit Contractor (RAC)

Date:

Reference ID:

Attention:

Address:

NPI:
PTAN:
Phone:
Fax:

Request Type & Purpose: *Additional Documentation Required and Request for Medical Records*

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS) continually strives to reduce improper payment of Medicare claims. The Recovery Audit Program, mandated by Congress, and supported by SSA §1893(f)(7) and SSA §1893(h)(1) and (3), has been developed to assist in accomplishing this goal. Additional information on the RAC Program may be found at: RAC website link or https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program.

Reason for Selection
1) Complex review(s) approved by CMS:
The Recovery Auditor is requesting additional documentation for these claims as part of a payment review based on an issue that has been approved by CMS. The CMS approved new issues involved are detailed in the attachment. Please refer to the enclosed Claims Selected for Review Pull List for a list of selected claims.

Our analysis constitutes new and material evidence that establishes good cause for reopening as required under 42CFR 405.980(b) and 42 CFR 405.986. The results of our analysis justified reopening, including, but not limited to, reopening pursuant to §1869(b) (1) (G) of the Social Security Act and 42 CFR 405.980(a) (1). Pursuant to applicable Medicare reopening regulations, including without limitation the Medicare Claims Processing Manual, Chapter 34, Section 10.6, the claims noted on the attached Pull List were selected for review for an overpayment or underpayment as applicable, for the following reasons:

1. *There is New and Material Evidence that was not available or known at the time of the determination or decision and may result in a different conclusion; and*
2. *The evidence that was considered in making the determination or decision clearly shows on its face that an Obvious Error was made at the time of the determination or decision.*

New and Material Evidence and Obvious Error made at the time of the initial determination include:

a. *Improper or incorrect application of Medicare billing or coding requirements;*
b. *The medical or other necessary records associated with the claim were not reviewed prior to the initial determination, a coverage or coding determination based upon the information on the claim and its attachments could not be made and there is a high probability that the records do not support the services paid or the service is not covered, and copies of medical records are therefore needed to provide support for the claim; and*
c. *At the time of the initial determination, data analysis techniques, editing and/or review processes were not applied to the claim.*

Action: Additional Documentation

Federal law and Social Security Acts 42 USC 1320(c)(5)(A)(3) (SSA section 1156), Social Security Act §1833(e)(42 USC 1395), SSA 1815 (42 USC 1395G(A)), and Medicare Program Integrity Manual, Chapter 3, Section 3.2.3, requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. Providers/suppliers are required to send supporting medical records to the Recovery Auditor program. ***Providing medical records of Medicare patients to the Recovery Auditor program does not violate the Health Insurance Portability and Accountability Act (HIPAA).*** *Patient authorization is not required to respond to this request.*

Medical Record Limits have been provided by CMS, and separated by Physician and Facility. For Facility, the limits are calculated by NPI and are subject to change based on audit results. For additional information, please visit https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Resources *or https://racinfo.hms.com/home*

Note: ADR Limits are populated on the top of the pull list including the claim detail for each ADR letter.

When: mm/dd/yyyy

*Please provide the requested documentation by mm/dd/yyyy (date populate should equal 45 days from the date populated on page 1 of this letter.). A response is still required by mm/dd/yyyy even if you are unable to locate the requested information. Providers may request at least one extension for the submission of additional documentation by contacting Provider Relations via email xxxx@.com (**RAC Email address)** or (XXX)XXX-XXXX.*

Consequences

If the provider/supplier fails to send the requested documentation or contact CMS by MM/DD/YYYY the Provider's/supplier's Medicare contractor may initiate claims adjustments or overpayment recoupment actions for these undocumented services. As outlined in the RAC Statement of Work (SOW) the RAC will make at least one attempt to contact the provider/supplier via phone, email or mail, to request the documentation before the claim is submitted to the Medicare Contractor for adjustment. Providers may request at least one extension for the submission of additional documentation by contacting Provider Relations via email RAC Email address or (XXX)XXX-XXXX.

Providers/suppliers will receive a Review Results Letter after a claim determination has been made on these claims. If an underpayment or overpayment is identified, there is a 30-day Discussion Period in which a request may be submitted to the RAC for the opportunity to discuss the results and provide additional information to support the original payment before the claim(s) will be sent to your Medicare Administrative Contractor (MAC) for adjustment.

Instructions

1. *The documentation submitted for this review must be a copy. Do not submit original documentation.*
2. *A copy of this additional documentation request Pull List should be affixed to the documentation. Please bundle documents for each claim separately to enable us to ensure receipt of all requested documents.*
3. *Providers/suppliers are responsible for obtaining supporting documentation from third parties (hospitals, nursing homes, suppliers, etc).*
4. *Refer to the Supporting Documentation attachment for a list of required supporting documentation to be submitted.*
5. *The Recovery Auditor is required to reimburse providers for the submission of Medical Records for the following claim types only: Acute Care Inpatient Prospective Payment System Hospital Claims and Long Term Care Hospital Claims.*
6. *If you meet the Medicare definition of one of these provider types, you will be reimbursed for the cost of providing copies of the additional documentation for inpatient hospital claims only. Payment will be issued to you within 45 days of receiving the additional documentation.*
7. *Payment will be in the amount of $.12 per page for reproduction of PPS provider records and $.15 per page for reproduction of non-PPS institutions and practitioner records, plus first class postage. Providers (such as critical access hospitals) under a Medicare reimbursement system receive no photocopying reimbursement. The amount per page will not exceed this quantity, and the maximum payment to a provider for records received via esMD shall not exceed $27.00(including a $2.00 transaction fee). The maximum payment for records not received via esMD shall not exceed $15.00(including first class postage).*
8. *Please do not include Powers of Attorney, Living Wills, Correspondence, or Prior Episodes of Care.*
9. *Note: Requirements for customizing a provider's mailing address, submitting imaged documentation on CD or DVD, confirm receipt of medical records, check the status of claim review, CMS Approved Concepts can be found at https://racportaladdress.com (RAC portal address) or by calling the Recovery Auditor X Call Center at (XXX) XXX-XXXX.*

Note: Requirements for submitting imaged documentation on CD or DVD can be found at https://racportaladdress.com (RAC portal address) or by calling the Provider Relations at (XXX) XXX-XXXX.

Submission Methods

Providers/suppliers may submit this documentation in any of the following ways:

Direct Upload to the Provider Portal

Requirement for uploading documentation to the secure, web based provider portal can be found at ***https://rac4info.cotiviti.com***

Via postal mail or Encrypted CD/DVD:

Requirements for submitting imaged documentation on CD or DVD can be found at (attach instructions or https://racportaladdress.com (RAC portal address)

1. *Include a copy of the ADR Pull List with your documents.*
2. *Mail to the following:*

Regular Mail:
Company Name
Medical Review
Address Line 1
City, State, Zip Code

Overnight Mail:
Company Name
Medical Review
Address Line 1
City, State, Zip Code

Via fax to:

1. *(XXX) XXX-XXXX*
2. *Include a copy of the ADR Pull List with your documents.*
3. *To ensure timely processing of medical records, please do not bundle or submit comingled records for multiple beneficiaries in one transmission.*

Via Electronic Submission of Medical Documentation (esMD):

1. *Include a copy of the ADR Pull List with your documents.*
2. *Submit your documentation to your CONNECT-compatible gateway or HIH.*
3. *More information on esMD can be found at www.cms.gov/esMD*

Questions

If you have any questions, would like to confirm receipt of submitted documents or would like to check the status of the review, please contact:

Recovery Auditor Provider Relations

Email: *RAC Email Address*
Phone: *(XXX) XXX-XXXX*
Fax: *(XXX) XXX-XXXX*
Mail: *Address Line 1*
Address Line 2
Portal*:* *RAC portal address*

Sincerely,

Company Name

Attachments / Supplementary Information

1. *Claims Selected for Review Pull List*
2. *Additional supporting references from section 1 above*
3. *RAC Website Address*
4. *CMS Website: https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Approved-RAC-Topics*