



Region _4_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.³ The Recovery Audit Program, mandated by Congress, has been developed to assist in accomplishing this goal.

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. 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, these claims will be sent to your claims processor for adjustment. The 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). 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, 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 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.*

When: mm/dd/yyyy

Please provide the requested documentation by mm/dd/yyyy. A response is still required by mm/dd/yyyy even if you are unable to locate the requested information.

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 will initiate claims adjustments or overpayment recoupment actions for these undocumented services.

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 photocopy reimbursement. The amount per page will not*

exceed this quantity, and the maximum payment to a provider per medical record shall not exceed \$25.00

- 8. Please do not include Powers of Attorney, Living Wills, Correspondence, or Prior Episodes of Care.*

Note: Requirements for submitting imaged documentation on CD or DVD can be found at <https://www.racinfo.hms.com> or by calling the Recovery Auditor 4 Call Center at XXX-XXX-XXXX.

Submission Methods

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

Via postal mail or Encrypted CD/DVD:

Requirements for submitting imaged documentation on CD or DVD can be found at <https://racinfo.hms.com>

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

Regular Mail:

HMS Federal

Medical Review

9275 West Russell Road, Suite 100

Las Vegas, Nevada 89148

Overnight Mail:

HMS Federal

Medical Review

9275 West Russell Road, Suite 100

Las Vegas, Nevada 89148

Via fax to:

- 1. XXX-XXX-XXXX*
- 2. Include a copy of the ADR Pull List with your documents.*

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 HIIH.*
- 3. More information on esMD can be found at www.cms.gov/esMD*

Questions

If you have any questions please contact:

- Recovery Auditor Customer Service General Inquiry*
- XXX-XXX-XXXX*
- 9275 West Russell Road, Suite 100
Las Vegas, Nevada 89148*

Sincerely,

Recovery Auditor Region 4

Attachments / Supplementary Information

- 1. Claims Selected for Review Pull List*