

Additional Documentation Request



Date

Provider / Contact Name

Provider Name

Provider Address

Provider Address

Provider City and State

Re: Provider Name #123456789

Letter ID: XXXXXX

The Centers for Medicare & Medicaid Services (CMS) has retained CGI Federal, Inc to carry out the Recovery Audit Contractor CGI Federal, Inc program in the state of _____. The RAC program, mandated by Congress, is aimed at identifying Medicare improper payments. CMS has authorized CGI to request records for 1) complex reviews approved by CMS and (2) complex reviews being considered by CGI for submission to CMS for approval.

This notice includes a total of xxx Additional Documentation Requests for the Issue(s) and Claim(s) listed in the attachment.

Additional Documentation Request Limit: XXX every 45 days with a cap of 200

NOTE: The Additional Documentation Request Limit was based on your Tax Identification Number (TIN) and the first three characters of your Zip Code along with the number of claims submitted in 2009.

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 healthcare operations.

1) Complex review(s) approved by CMS

CGI Federal, Inc is requesting additional documentation for these claims as part of a payments review based on an issue that has been approved by CMS. You will receive a Review Results Letter after a claim determination has been made on these claims and, if an overpayment is identified, these claims will be sent to your claims processor for adjustment. The issues involved are detailed in the attachment.

2) Complex reviews being considered by CGI for submission to CMS for approval

As mandated by the RAC Statement of Work (SOW), no improper payments may be recovered until CMS has approved the complex review audit concept associated with a certain claim(s). CGI Federal, Inc is requesting additional documentation on these claims as part of a test claim sample. The purpose of requesting the sample of claims is to assist the RAC and CMS in determining if the audit concept is consistent with Medicare policy. You will receive a Review Results Letter after a claim determination has been made on these claims. However, these claims will not be sent to your claims processor for adjustment unless CMS has approved the complex review audit concept. If CGI Federal, Inc determines that the review of these claims has resulted in an improper payment, but CMS has not approved the audit concept, CGI Federal, Inc will not initiate recovery on these claims, and CGI Federal, Inc will send an additional letter notifying you that their audit for those claims has closed.

All documentation should be submitted to the address or fax number below within 45 days of the date of this notice. Your response is required even if you are unable to locate the requested documentation.

The RAC 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. 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. Payment will be issued to you within 45 days from the RAC receiving the additional documentation. Payment will be in the amount of 12 cents per page plus first class postage for shipping (if mailed).

You may submit this documentation by postal mail, via fax (216-902-3860), or as images on CD/DVD. Documentation can be mailed to:

CGI Federal Inc.
1001 Lakeside Avenue, Suite 800, Cleveland, OH 44114
Attn: RACB

Requirements for submitting imaged documentation on CD or DVD can be found at RACB.cgi.com or by calling the RACB Call Center at 877-316-RACB (7222).

A copy of this letter should be affixed to the documentation. Please bundle documents for each claim separately to enable us to ensure receipt of all requested documents.

Questions regarding this request should be directed to the RACB Call Center at 877-316-RACB (7222).

Sincerely,

Mary Hoffman
RAC Audit Manager
CGI Federal Inc.
Enclosure

1) Additional documentation requested for complex reviews approved by CMS

Good Cause for Issue: (Issue Name)

The documentation is being requested because *[description of the type and nature of the review as approved by the CMS New Issue Review board, as well as the specific justification for the additional documentation request. If appropriate, include a statement that your analysis has established good cause for reopening. For Example:... the medical necessity of cerumen removal in this patient. Our analysis of your Medicare billing history, which suggests that you have consistently submitted claims for this service well in excess of that which could reasonably be expected of a family practitioner, constitutes new and material evidence that establishes good cause for reopening as required under 42 CFR 405.980(b)].*

Please submit the following components of the medical record and/or other documentation to support payment of this claim: (Pull from issue information, such as Entire Record, Radiology Reports, etc).

HIC	Patient Name	Dates of Service	Date of Birth	Medical Record #	Patient Control #	Claim Reference #
1234567890A	Smith, Rose	1/6/2008 - 1/8/2008	1/6/2008	9995757565	1234567890	9995757568
1234567891A	Mark, Chris	1/6/2008 - 1/8/2008	4/7/2008	9995757567	1122334455	9995757569
1234567892A	Anderson, Pat	1/6/2008 - 1/8/2008	6/6/2008	9995757569	9988776655	9995757566

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