

Medical Record Submission Instructions Medicare's CGI RAC Region B

Records are accepted electronically in ESMD (Electronic Submission of Medical Documents), paper, Fax or CD/DVD format.

Due Date: 45 days from the date on the Additional Documentation Request Letter (Medical Record Request Letter).

ESMD: CGI encourages providers to submit medical records via ESMD (Electronic Submission of Medical Data).

- When sending records via ESMD, please include a CASE ID number in your file transmission. Refer to the "ESMD Information Link" on the RACB Website for detailed information and instructions.

Paper Records: Paper medical records must meet the following requirements:

- Free of staples and paperclips.
- Photocopy must be of good quality and legible.
- Include a copy of the CGI RACB Additional Documentation Request Letter (medical record request letter).
- Records may be copied on both sides; top faced and face up.

Faxed Records: Faxed medical records must meet the following requirements:

- Medical records can be faxed to the following numbers. This Fax line is for incoming medical records only.
 - For Illinois, Indiana, Kentucky, Michigan, Ohio, DME and Home Health 1-216-902-3860
 - For Minnesota and Wisconsin 1-866-340-0626
- Medical records submitted via Fax, must be transmitted as individual files (one medical record per transmission) in order for the records to process.
- Multiple medical records in a single file transmission cannot be processed.

CD/DVD: Medical records submitted via CD/DVD must meet the following requirements:

- Scanned image resolution must be 200 dpi and in black and white.
- Image must be in the TIFF, with Group 4 compression, or in PDF format. CGI would prefer the TIFF format. For the use of any other formats, please contact the CGI RAC Region B Call Center at 1-877-316-RACB (7222) prior to sending the files.
- Multipage documents must be saved in one image. For example, a 50 page medical record will be one image file.
- Scanned image must be legible.
- The image file naming convention must be as follows; <Patient Name>_<Admit Date/Date of Service>. For example, if the Patient Name is John Smith and the date of service is October 1, 2008, then the file will be named JohnSmith_10012008.tif.
- Include a copy of the CGI RACB Additional Documentation Request Letter (medical record request letter). You can include the ADR letter on the CD/DVD, but please do not encrypt it. However; all Medical Records must be encrypted.

Medical Record Submission:

- All medical records requested on the ADR should be submitted on a single CD/DVD.
- Individual medical records should **not** be submitted on individual CD/DVDs.
- Label the CD or DVD according to the following naming convention; <Provider Facility Name>_<medical record request letter date in YYYYMMDD format>. Example: MercyHospital_20091212.
- Please send all medical records, both paper and CD or DVD, in tamper proof packaging, such as security mailers, tamper evident mailers, or security labels.

Encryption:

- For security purposes, all images sent via CD/DVD should be encrypted either in a WinZip file that is password protected, or by using PGP encryption.
- Encrypt the CD/DVD only; not the individual medical record files on the ADR Letter.
- Encrypted medical record files cannot be processed.
- For encrypted WinZip files: Use your Additional Documentation Request Letter ID (medical record request letter) as the password. For Providers that use a version of WinZip that requires 8 characters to encrypt, please place zeros BEFORE the Letter ID; i.e. 00075231.
- For encrypted PGP files: Contact CGI RAC Region B prior to shipment to obtain the Public Encryption key. This can be accomplished by calling our CGI RAC Region B Call Center at 1-877-316-RACB (7222).

Send medical records as follows:

Medical records for Indiana, Illinois, Kentucky, Michigan, Ohio, [DME and Home Health](#):

CGI Federal Inc.

Attn: RACB Imaging Dept
1001 Lakeside Ave., Suite 800
Cleveland, OH 44114

Medical records for Minnesota and Wisconsin:

Attn: Medicare Recovery Audit Subcontractor - Region B
PO BOX 72488
Atlanta, GA 31139