



Region C Recovery Audit Contractor (RAC)

December 1, 2009

Subject: Additional Documentation Request

Provider Name
Attn: Contact Name
Address 1
Address 2

Re: Provider Name

Dear Medicare Provider,

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

This notice is to request documentation for the claims listed in the attachment.

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 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.

You will be reimbursed for the cost of providing copies of the additional documentation only for inpatient hospital claims. Payment will be issued to you within 45 days of the Connolly receiving the additional documentation. Payment will be in the amount of \$0.12 cents per page, plus shipping cost if mailed via USPS regular mail.

You may submit this documentation by postal mail, via fax (203-529-2995) or as images on CD/DVD. Documentation can be mailed to:

Connolly Healthcare
Attention: Medical Record Department
The Navy Yard Corporate Center, One Crescent Drive, Suite 300A
Philadelphia, PA 19112

Requirements for submitting imaged documentation on CD or DVD can be found at www.Connollyhealthcare.com/RAC.

*****A copy of this request letter along with the attached spreadsheet must be affixed to the requested additional documentation when mailing the records to Connolly Healthcare.*****





Please bundle documents for each claim separately to enable us to confirm receipt of documents.

Please submit the following applicable components of the medical record and/or other documentation to support payment of these claims:

- 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-9-CM codes submitted
- Physician query
- Medication Administration Records

Questions regarding this request should be directed to RAC Customer Service General Inquiry at 866-360-2507 (Press 4).

Sincerely,

Connolly Customer Service
866-360-2507 (Press 4)

Enclosure:

REMINDER:

*****A copy of this request letter along with the attached spreadsheet must be affixed to the requested additional documentation when mailing the records to Connolly Healthcare.*****



One Crescent Drive, Suite 300/Philadelphia, PA 19112 (p) 866.360.2507 (f) 203.529.2995

www.connollyhealthcare.com/RAC/

OMB Control #: 0938-0969



Provider Name: Unknown
Request #: 20091201100655727-100271
Request Date: 2009-12-01 00:00:00

Reason for Request:

Claim / Ref#	Med Rec #	Begin DOS	End DOS	Mem DOB	Member	Patient Ctl #	Mem Last Nm
0000000000000000	000000	00/00/00	00/00/00	00/00/00	0000000000000000	0000000000000000	Unknown

Reason for Request:

Claim / Ref#	Med Rec #	Begin DOS	End DOS	Mem DOB	Member	Patient Ctl #	Mem Last Nm
0000000000000000	000000	00/00/00	00/00/00	00/00/00	0000000000000000	0000000000000000	Unknown

Claim / Ref#	Med Rec #	Begin DOS	End DOS	Mem DOB	Member	Patient Ctl #	Mem Last Nm
0000000000000000	000000	00/00/00	00/00/00	00/00/00	0000000000000000	0000000000000000	Unknown

Reason for Request:

Claim / Ref#	Med Rec #	Begin DOS	End DOS	Mem DOB	Member	Patient Ctl #	Mem Last Nm
0000000000000000	000000	00/00/00	00/00/00	00/00/00	0000000000000000	0000000000000000	Unknown

SAMPLE

