Cotiviti
<<<Address Line 1>>>
<<<Address Line 2>>>
<<<City, State Zip>>>

<<<Date>>>

CCV - Audit Determination - Change

<<<Provider Name>>>
<<<Provider Address 1>>>
<<<Provider Address 2>>>
<<<City, State Zip>>>

Dear <<<Provider Name>>>:

On behalf of Blue Cross Blue Shield of North Dakota (BCBSND), Cotiviti has completed a review of the following inpatient claim. Based upon the records reviewed, we have determined that a change is required as shown in the audit determination results below. Please follow the instructions below and return your response to Cotiviti within 60 calendar days of this letter date.

If you have any questions, please contact Cotiviti Provider Services at <<< (XXX) XXX-XXXX >>>, Monday – Friday from 7:00 AM to 4:00 PM CST/CDT. Thank you for your cooperation.

Sincerely,

Cotiviti

Patient Account #:	XXXXXXXXXXXXXXXXX	**Subscriber ID:**	XXXXXXXXXXXXX
Facility:	XXXXXXXXXXXXXXXXX	**Dependent ID:**	XXXXXXXXXX
Tax ID:	99-99999999	**Patient Name:**	<<< Last Name, First Name >>>
Provider ID:	999999	**Patient DOB:**	99/99/9999
Payer Name:	<<< Payer >>>	**Patient Gender:**	X
Payer Claim #:	XXXXXXXXXXXXXXXXX	**Date of Admission:**	99/99/9999
Cotiviti ID #:	999999999999	**Date of Discharge:**	99/99/9999
Claim Paid Amount $:	99999999.99	**Adjusted Claim Paid Amount $:**	99999999.99

Date Audit Performed: 99/99/9999

Audit Determination: **<<<Disagree with DRG as submitted – see explanation>>>**

Explanation: <<<Insert audit determination criteria here>>>

<<<Date>>>

CCV- Audit Determination - Change

Patient Account #:	XXXXXXXXXXXXXXXXX	**Subscriber ID:**	XXXXXXXXXXXXX
Facility:	XXXXXXXXXXXXXXXXX	**Dependent ID:**	XXXXXXXXXX
Tax ID:	99-99999999	**Patient Name:**	<<< Last Name, First Name >>>
Provider ID:	999999	**Patient DOB:**	99/99/9999
Payer Name:	<<< Payer >>>	**Patient Gender:**	X
Payer Claim #:	XXXXXXXXXXXXXXXXX	**Date of Admission:**	99/99/9999
Cotiviti ID #:	999999999999	**Date of Discharge:**	99/99/9999

Submitted on Claim			**Post Audit Result**		
Allowed DRG:	170		**Allowed DRG:**	170	
Discharge Disposition:	03		**Discharge Disposition:**	03	
Severity:	XX		**Severity:**	XX	
Birth Weight:	999999		**Birth Weight:**	999999	
Diagnostic Codes:	**ICD Indicator:**	**POA:**	**Diagnostic Codes:**	**ICD Indicator:**	**POA:**
Primary Diag	10	Y	Primary Diag	10	Y
Diag 2	10	Y	Diag 2	10	Y
.			.		
.			.		
.			.		
Diag 25	10	Y	Diag 25	10	Y
Procedure Codes:	**ICD Indicator:**		**Procedure Codes:**	**ICD Indicator:**	
Primary Procedure	10		Primary Procedure	10	
Proc 2	10		Proc 2	10	
.			.		
.			.		
.			.		
Proc 25	10		Proc 25	10	

<<<Date>>>

CCV - Audit Determination - Change

Patient Account #:	XXXXXXXXXXXXXXXXX	**Subscriber ID:**	XXXXXXXXXXXXX
Facility:	XXXXXXXXXXXXXXXXX	**Dependent ID:**	XXXXXXXXXX
Tax ID:	99-99999999	**Patient Name:**	<<< Last Name, First Name>>>
Provider ID:	999999	**Patient DOB:**	99/99/9999
Payer Name:	<<< Payer >>>	**Patient Gender:**	X
Payer Claim #:	XXXXXXXXXXXXXXXXX	**Date of Admission:**	99/99/9999
Cotiviti ID #:	999999999999	**Date of Discharge:**	99/99/9999

Agreement with Determination

If you agree with this decision, please sign and return this letter within 60 calendar days of this letter date to: <<< Cotiviti >>>, <<< Address Line 1 >>>, <<< Address Line 2 >>>, City, State Zip >>>. If no response is received within this timeframe, the claim will be adjusted to reflect this audit determination.

Printed Name	**Signature of Representative**	**Title**	**Date**
_____	_____	_____	_____

Disagreement with Determination

If you disagree with this decision, you have a right to request a reconsideration of the audit determination. Please mail your written reconsideration request, and additional supporting documentation, within 60 calendar days of this letter date to the Cotiviti first reconsideration address below. **Note: Reconsideration instructions enclosed.**

In fairness to all providers, a request for reconsideration received by Cotiviti after the 60-day time limit has ended will result in the claim being adjusted to reflect this audit determination. Any further opportunity for payment or dispute of payment of the claim is waived by the provider for failure to respond timely.

IMPORTANT INFORMATION ABOUT YOUR RECONSIDERATION RIGHTS

Cotiviti conducts audits on behalf of Blue Cross Blue Shield of North Dakota (BCBSND) in accordance with current industry standards and practices. The mission of the Cotiviti clinical and coding auditor team is to provide complete and accurate results with fair perspective.

First Reconsideration

If you disagree with the audit findings and have additional information to supply, you have the right to request reconsideration. To exercise this right, file your written request, along with additional documentation to support reimbursement of the claim as originally billed, within 45 calendar days of this letter date. All requests for review must be in writing and sent to:

Cotiviti
<<<Address Line 1>>>
<<<Address Line 2>>>
<<<City, State Zip>>>

Upon receipt of your reconsideration, Cotiviti will review the original audit determination and any additional information submitted in support of your reconsideration. Cotiviti will send you a reconsideration response within 45 days indicating that the original audit determination has been upheld or overturned, or a new audit determination may be issued. If you disagree with the reconsideration response you have the right to submit a second reconsideration within 45 calendar days of this letter date.

Second Reconsideration

If you receive an unfavorable decision on the first reconsideration, you may file a request for second reconsideration. To exercise this right, file your written request, along with any new supporting documentation to support reimbursement of the claim as originally billed, within 45 calendar days of this letter date. All requests for second review must be in writing and sent to:

Manager of SIU/Provider Audit
Blue Cross Blue Shield of North Dakota
4510 13th Avenue S
Fargo, ND 58121

BCBSND will issue a decision within 45 calendar days of this letter date. In order to ensure that the second review receives a fair and impartial review, the second review will be made by clinicians and/or specialists who did not conduct the original audit of the claim.

This is the final determination; no further review or reconsideration will be accepted by Cotiviti or BCBSND.