



ND

COTIVITI

Cotiviti - <<suite #>>
<<<Cotiviti Address Line 1>>>
<<<Cotiviti Address Line 2>>>
<<< City, State Zip>>>

<<Date>>

CCV - Request for Medical Records

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

Fax: <<Fax Number>>

Attention: Medical Records Department

Dear <<<Provider Name>>>:

Cotiviti, on behalf of Blue Cross Blue Shield of North Dakota (BCBSND), is conducting an inpatient claim review. Providers are required to supply medical records for the inpatient claims listed on Attachment A. Failure to respond within 60 days will result in a claim denial and recoupment of claim payments. Any further opportunity for payment of the claim is waived by the provider for failure to respond timely.

Please provide the following records for each claim:

- | | |
|---------------------------------------|----------------------------------------------------|
| 1. DRG Coding Summary | 7. Radiology Records |
| 2. Discharge Summary | 8. Emergency Dept Physician Record (if applicable) |
| 3. History and Physical | 9. Physician Queries (if applicable) |
| 4. Progress Notes and Doctor's Orders | 10. Operative Report (if applicable) |
| 5. Consult Notes | 11. Ventilator Record (if applicable) |
| 6. Lab Records | |

Please note: In an effort to support compliance with the Paperwork Reduction Act (44 U.S.C. 3501 et seq.) we are requesting the minimal records necessary. However, if the requested information does not support reimbursement for the claim, please send any additional information necessary to support the claim as originally submitted.

Neither Cotiviti nor BCBSND will reimburse the cost of copying or mailing medical records. Please ensure that any third-party vendors used to fulfill medical record requests know that any charges for these services are billed to you, the provider. If there are extenuating circumstances under which you cannot provide the medical record within 45 calendar days of this letter date, or if you have any questions about the medical record retrieval process, please contact Cotiviti Retrieval Operations Center at 1-833-931-1789, Monday – Friday from 7:30am to 6:30pm CST/CDT.

We appreciate your cooperation with this medical record request and look forward to working with you.

Sincerely,

Cotiviti

Enclosure: Attachment A

The materials in this document are private and contain Protected Healthcare Information. If you are not the intended recipient, be advised any unauthorized use, disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited. If this document is received in error, please immediately notify the sender via return mail or telephone.

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross Blue Shield Association. The Blue Cross®, Blue Shield®, Cross, and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Cotiviti is an independent company offering payment integrity services on behalf of Blue Cross Blue Shield of North Dakota.



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Attachment A

Please send all documentation within 60 calendar days.

Payment Accuracy Audit

**DUE TO THE TIME SENSITIVE NATURE OF THIS REQUEST
PLEASE DO NOT SEND THIS REQUEST TO ANY PRINTING/COPY SERVICES**

Please send medical records with a copy of this letter within 60 calendar days in one of the following ways to Cotiviti:

- o Upload to our Secure Portal at www.submitrecords.com. Simply click on the "Submit Records" button and enter your password: <<Password>>
- o Securely faxing to <<Fax Number>>
- o Mailing the records directly to Cotiviti. Please mark the envelope "Confidential" and send to:

**C/O Cotiviti-<<Suite #>>
Address Line 1
Address Line 2
City, State Zip**

- o Remote EMR access:

Cotiviti will work with you to set up a secure, remote connection to your EMR system.

Please call 1-833-931-1789.

Special Notes:

If you have any questions, please contact Cotiviti Retrieval Operations Center at 1-833-931-1789, Monday – Friday from 7:30am to 6:30pm CST/CDT.

Request Group ID:

Request ID	Patient Name	Patient Account #	Patient DOB	Subscriber ID
Payer Claim #	Cotiviti ID #	Dates of Service	Paid Amount	Medical Record Number
Provider Name	Provider ID	Provider Address		

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<<<Cotiviti Address Line 2>>>
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<<Date>>

Letter of Authorization

To: <<< Provider Name >>>

This letter grants authorization to Cotiviti and its agents, to review all applicable medical records for claims submitted to Blue Cross Blue Shield of North Dakota (BCBSND).

Blue Cross Blue Shield of North Dakota requests and authorizes Cotiviti and its agents to review and audit all medical records applicable to claims, including the hospital and other medical bills for all members enrolled in the plan.

Photocopies of this letter shall have the same force and effect as an original copy.

Please contact your BCBSND Provider Partners, (Prov.partners@bcbsnd.com) with any questions regarding this letter of authorization.

Sincerely,

Greg Glasner, MD
Chief Medical Officer
Blue Cross Blue Shield of North
Dakota

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