

Final Documentation Reminder



Date

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

Re: Provider Name #123456789
Letter ID: XXXXXX

Dear Provider Name:

The Centers for Medicare & Medicaid Services (CMS) has retained CGI Federal Inc. to carry out the Recovery Audit Contractor (RAC) program in the state of _____. The RAC program, mandated by Congress, is aimed at identifying Medicare improper payments.

This is the final reminder regarding requested documentation. The request was sent on [original ADR Letter date] and documentation was due within 45 calendar days (plus 10 calendar days for mailing) from the date of that letter. The original request provided a full description of the issue involved, the records requested, and payment for records, if applicable.

The requested documentation shown on the attached list has not been received to date. Please submit the appropriate records within 15 days from the date of this letter. Your response is required even if you are unable to locate the requested documentation.

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.

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

Letter ID: XXXXXX
Provider Name #123456789



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 additional documentation request 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,

Sabrina Katsaris
RAC Audit Manager
CGI Federal Inc.

Additional Documentation Request Report

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 documentaion request. If appropriate, include a statement that your analysis has established good cause for reopening. For Example:... the medical necessity of cerumen removal in ths patient. Our analyssis 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 practiontioner, 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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