



Region C Recovery Audit Contractor (RAC)

February 25, 2010

Subject: Additional Documentation Request



Re: [Redacted] Hospital

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. 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.

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

CONNOLLY
healthcare

recovery audit experts

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

www.connollyhealthcare.com/RAC/



Provider Name: [Redacted]
Request #:
Request Date:

RATIONALE: DRG Validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim, matches both the attending physician description and the information contained in the beneficiary's medical record. Reviewers will validate for MS-DRG 981, previously DRG 468, principal diagnosis, secondary diagnosis, and procedures affecting or potentially affecting the DRG. The RAC Demonstration Project (3-2005 thru 3-2008) found an overwhelming majority of errors in assignment for DRG 468, currently MS-DRG 981, resulting in overpayments to hospitals. The RAC identified errors in the data that could be traced to the hospitals' medical record practice. An analysis of your billing data indicates that a potential aberrant billing practice may exist for this DRG.

Request #: [Redacted]

Claim / Ref#	Med Rec #	Begin DOS	End DOS	Mem DOB	Member	Patient Ctl #	Mem Last Nm
[Redacted]	[Redacted]	01/21/08	01/28/08	[Redacted]	[Redacted]	[Redacted]	[Redacted]

RATIONALE: DRG Validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim, matches both the attending physician description and the information contained in the beneficiary's medical record. Reviewers will validate for MS-DRG 386, previously DRG 179, principal diagnosis, secondary diagnosis, and procedures affecting or potentially affecting the DRG. The RAC Demonstration Project (3/2005 thru 3/2008) found an overwhelming majority of errors in assignment for DRG 179, currently MS-DRG 386, resulting in overpayments to hospitals. The RAC identified errors in the data that could be traced to the hospitals' medical record practice. An analysis of your billing data indicates that a potential aberrant billing practice may exist for this DRG.

Request #: [Redacted]

Claim / Ref#	Med Rec #	Begin DOS	End DOS	Mem DOB	Member	Patient Ctl #	Mem Last Nm
[Redacted]	[Redacted]	10/07/07	10/13/07	[Redacted]	[Redacted]	[Redacted]	[Redacted]

RATIONALE: DRG Validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim, matches both the attending physician description and the information contained in the beneficiary's medical record. Reviewers will validate for MS-DRG 574, previously DRG 263 and 264, principal diagnosis, secondary diagnosis, and procedures affecting or potentially affecting the DRG. The RAC Demonstration Project (3/2005 thru 3/2008) and CERT (2007 and 2008) found an overwhelming majority of errors in assignment for DRG 263 and 264, currently MS-DRG 574, resulting in overpayments to hospitals. The RAC identified errors in the data that could be traced to the hospitals' medical record practice. An analysis of your billing data indicates that a potential aberrant billing practice may exist for this DRG.

Request #: [Redacted]

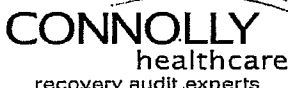
Claim / Ref#	Med Rec #	Begin DOS	End DOS	Mem DOB	Member	Patient Ctl #	Mem Last Nm
[Redacted]	[Redacted]	03/28/09	04/02/09	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	05/01/09	05/05/09	[Redacted]	[Redacted]	[Redacted]	[Redacted]

RATIONALE: DRG Validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim, matches both the attending physician description and the information contained in the beneficiary's medical record. Reviewers will validate for MS-DRG 357, previously DRG 170 and 171, principal diagnosis, secondary diagnosis, and procedures affecting or potentially affecting the DRG. The RAC Demonstration Project (3/2005 thru 3/2008) and CERT (2007 and 2008) findings found an overwhelming majority of errors in assignment for DRG 170 and 171, currently MS-DRG 357, resulting in overpayments to hospitals. The RAC identified errors in the data that could be traced to the hospitals' medical record practice. An analysis of your billing data indicates that a potential aberrant billing practice may exist for this DRG.

Request #: [Redacted]

Claim / Ref#	Med Rec #	Begin DOS	End DOS	Mem DOB	Member	Patient Ctl #	Mem Last Nm
[Redacted]	[Redacted]	11/06/07	11/09/07	[Redacted]	[Redacted]	[Redacted]	[Redacted]

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.



recovery audit experts
One Crescent Drive, Suite 300/Philadelphia, PA 19112 (p) 866.360.2507 (f) 203.529.2995
www.connollyhealthcare.com/RAC/



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