

FOLLOW UP ADDITIONAL DOCUMENTATION REQUEST

Date: <MM/DD/CCYY>

ATTN: <Title>
ATTN: <Dept.>
<PROVIDER NAME>
<ADDRESS>
<ADDRESS>
<CITY ST ZIP>

Dear <Provider Name>,

The Department of Veterans Affairs (VA) has retained Cotiviti to conduct reviews of claims paid by VA for health care services to ensure the integrity of the payments, including coding validation, reimbursement accuracy, compliance with regulations, policies, contractual requirements, authorizations and utilization standards. The information in this letter is CONFIDENTIAL and may contain protected health information that may only be re-disclosed in accordance with the 45 CFR Parts 160, 162 and 164 (Standards for Privacy of Individually Identifiable Health Information).

Cotiviti previously requested records from you for the claims listed on the enclosed Pull List. To date, this request has gone unfulfilled. Please facilitate this review by responding to this second request for medical documentation within 30 days of the date of this letter. Failure to produce the medical record(s) could result in a finding of unsubstantiated payment and a recommendation for recoupment of payments.

Please submit pertinent medical records for the enclosed Pull List in accordance with the following submission instructions.

INSTRUCTIONS TO SUBMIT RECORDS:

MAIL HARD COPY

- Send the medical record documentation
- Send a copy of this letter along with a copy of the Pull List, highlighting the corresponding claim number(s)
- Please make sure all pages are complete and legible

MAILING ADDRESS:
C/O Cotiviti-1000
731 Arbor Way
Box 12020
Blue Bell, PA 19422

Thank you for your cooperation and prompt attention in this matter. If you have any questions, please contact Provider Services at 855-287-1667, Monday through Friday between 6:00 a.m. and 5:00 p.m. PST.

Sincerely,

Cotiviti

Enclosure: Pull List