Review Results Letter
No Medical Records Received in Response to Request

Date

RAC Point of Contact
Provider Name
Address 1
Address 2
City, State Zip

Re: Provider Name #123456789
      Letter ID: XXXXXX
      Issue: (Issue Name)

Dear Medicare Provider,

The Centers for Medicare & Medicaid Services (CMS) has retained CGI Federal Inc to carry out the Recovery Audit Contracting (RAC) program in the State of _____. The RAC program is mandated by Congress and has a primary goal of identifying Medicare improper payments. Improper payments include overpayments and underpayments. Improper payments may occur because of incorrect coding, lack of sufficient documentation or no documentation, use of an outdated fee schedule or billing for services that do not meet Medicare's coverage and/or medical necessity criteria etc.

Our request for additional medical documentation, detailed in a letter dated xx/xx/xxxx, constituted reopening under §1869(b) (1) (G) of the Social Security Act (the Act) and 42 CFR 405.980(a) (1). Our good cause to reopen the claim, if required by 42 CFR 405.980(b) (2), was described in the letter as well.

The claim(s) listed on the attached report has been denied because the requested records were not received or not received in a timely manner. Title XVIII of the Social Security Act, Section 1833(e) prohibits Medicare payment for any services which lack the necessary documentation to support the charges billed on the claim. Along with our claims payment determination, we have made limitations on liability decisions for denials of those services subject to provisions of §1879 of the Act.

If you have questions or concerns, please contact us as soon as possible at:

CGI Federal Inc.
1001 Lakeside Avenue, Suite 800
Cleveland, OH 44114
Phone: 877-316-RACB (7222)
Email: RACB@cgi.com
Fax: (216-902-3860)

The claim(s) identified as improper due to missing medical records will be shared with the claim processing contractor and adjustments will be made. After the adjustments are made, an Overpayment Demand Letter requesting repayment of the determined overpayment amount will be sent to you by CGI Federal..

Thank you for your prompt attention to this matter.

Sincerely,

Sabrina Katsaris
RAC Audit Manager
CGI Federal Inc.
Enclosure

Claims Denied 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 documenttaion 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 analysis 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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